Proposal to improve Health and Hygiene Bylaw and Control | 2026

Written Feedback

Local Boards

Regional Organisations

June 2026

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#16

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Albert-Eden

Your feedback:

Which of the sections would you like to provide feedback on?

2. General rules about providing services (including how providers manage health and safety risks),5. Electrolysis, red vein treatments and needling,11. Exfoliation,12. Manicures and pedicures,14. Hair removal,16. Pulsed light and laser treatments

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Think there are some providers who do not practice good hygeine that will get worse without risk of inspections and licensing.

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I don't know

Tell us why?

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I don't know

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

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#21

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Albert-Eden

Your feedback:

Which of the sections would you like to provide feedback on?

12. Manicures and pedicures,17. Public swimming pools

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#20

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Devonport-Takapuna

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),3. General requirements for all services that intentionally pierce the skin,4. Body piercing,5. Electrolysis, red vein treatments and needling,6. Scarification,7. Tattooing,8. Tattooing with tools made of natural materials,9. General requirements for all services that risk or intentionally break the skin,10. Colon hydrotherapy,11. Exfoliation,12. Manicures and pedicures,13. Massage,14. Hair removal,15. Sunbeds,17. Public swimming pools

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Seems logical and sensible

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Seems logical and sensible, improves hygiene a d safety practices.

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Seems logical and sensible. Being specific regarding each activity temoves ambiguity.

If you want to suggest changes to the proposal, what changes do you want?

4. BODY PIERCING: Our proposal makes the following key changes from the current rules: Clarify when to clean and sterilise equipment. What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Seems logical and sensible

If you want to suggest changes to the proposal, what changes do you want?

6. SCARIFICATION: Our proposal makes the following key changes from the current rules:

(a) Add new rules for scarification, to address a regulatory gap in public health (scarification services have specific health risks that are currently unregulated).

(b) Prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions.

(c) Require scarification recipients to confirm, in a consent form, they do not have keloids, diabetes or a family history of these conditions.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Seems sensible amd improves safety

If you want to suggest changes to the proposal, what changes do you want?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Seems sensible

If you want to suggest changes to the proposal, what changes do you want?

8. TATTOOING WITH TOOLS MADE FROM NATURAL MATERIALS: Our proposal makes the following key changes from the current rules for tools made from natural materials:

(a) Clarify that the rules in this subpart of the Control do not regulate the cultural or spiritual aspects of customary tattooing. It focuses on ensuring tools are used hygienically and do not transmit disease or infection.

(b) Replace references to using PeraSafe as a cleaning agent with 'a hospital-grade cleaning agent used by following the manufacturer's instructions and safety data sheets'.

(c) Add an alternative process for protecting tools from blood contamination: covering the tools with an effective sterile barrier, and replacing these after use.

(d) Add an alternative process for cleaning tools covered with an effective sterile barrier and not contaminated with blood: removing the barrier, wiping down with antibacterial wipes and drying the tools overnight.

(e) Add a rule that a needle used to carry out customary tattooing may be given to the recipient of the tattoo if it is placed in a sealed, secure and durable container.

(f) Clarify that tools that have been cleaned, disinfected and sterilised must be stored in containers that are 'covered or sealed'.

(g) Move the rules for washing and drying hands and for using gloves to clauses 32 and 33 of the proposed Control.

(h) Move recommended best practice for premises to be clean and hygienic and for skin-piercing tools and equipment to be sterile to clauses 8 and clause 45 of the proposed Control.

(i) Add best practice note about the hazards of needles, including blood contamination and about the effectiveness of single-use needles at preventing disease transmission and scarring.

(j) Change the name of this section from 'Traditional Tools Tattooing' to 'Tattooing with tools made from natural materials'.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

The customer should be informed that the hygeine standards are different (ie potentially not as effective/safe as scientifically proven sterilisation methods) for cultural tatooing where appropriate, ie they give informed consent.

If you want to suggest changes to the proposal, what changes do you want?

See above

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Just a comment - quite a lot of change, will require education to implement.

If you want to suggest changes to the proposal, what changes do you want?

10. COLON HYDROTHERAPY: Our proposal makes the following key changes from the current rules:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Move requirements for repairs and floors to the general rules for premises in clauses 9 and 13.

(c) Update current New Zealand plumbing and drainage standards.

What do you think of this proposed change?

I don't know

Tell us why?

Unclear whether this change provides adequate safegaurds for the customer.

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Seems logical and sensible

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Seems logical and sensible

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Seems logical and sensible

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

15. SUNBEDS: Our proposal makes the following key changes from the current rules:

(a) Remove reference to providers needing to 'trained' when supervising recipients at all times, because all providers must comply with the training requirements in clauses 30 and 109 of the proposed Control.

(b) Add best practice note that people using photosensitive medication should consult a health practitioner before using a sunbed.

(c) Update the requirements for warning notices, to align with the information in section 3.6.1 of AS/NZS 2635:2008: Solaria for cosmetic purposes and with public health advice.

(d) Minor edits to move rules and related information into related sections (for example to specify who must not receive sunbed services and to record information about how often a recipient has used a sunbed in the previous week).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Seems logical and sensible

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

Seems logical and sensible

18. Do you have any other feedback or changes you want to make?

Hopefully changes will simplify and make the laws easier to adhere to.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#2

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Franklin

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),5. Electrolysis, red vein treatments and needling,7. Tattooing,9. General requirements for all services that risk or intentionally break the skin,11. Exfoliation,12. Manicures and pedicures,13. Massage,14. Hair removal

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

would like to confirm that I support the proposed changes to the general rules for all premises.

In my opinion, these updates are practical, clear, and better suited to current industry practices, especially within the beauty and skin treatment sector.

The combination of rules for permanent, mobile, and temporary premises into one framework makes the requirements easier to understand and follow. This will help business owners maintain compliance more effectively.

I also support the change from specific lighting requirements to “adequate lighting,” as this provides flexibility while still ensuring a safe and hygienic environment for both clients and practitioners

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

would like to confirm that I support the proposed changes to the general rules for all premises.

In my opinion, these updates are practical, clear, and better suited to current industry practices, especially within the beauty and skin treatment sector.

The combination of rules for permanent, mobile, and temporary premises into one framework makes the requirements easier to understand and follow. This will help business owners maintain compliance more effectively.

I also support the change from specific lighting requirements to “adequate lighting,” as this provides flexibility while still ensuring a safe and hygienic environment for both clients and practitioners

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be ‘maintained in good repair’ (to clause 9), requiring floors to be

'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

would like to confirm that I support the proposed changes to the general rules for all premises.

In my opinion, these updates are practical, clear, and better suited to current industry practices, especially within the beauty and skin treatment sector.

The combination of rules for permanent, mobile, and temporary premises into one framework makes the requirements easier to understand and follow. This will help business owners maintain compliance more effectively.

I also support the change from specific lighting requirements to “adequate lighting,” as this provides flexibility while still ensuring a safe and hygienic environment for both clients and practitioners

If you want to suggest changes to the proposal, what changes do you want?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be ‘pre-purchased’, to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

would like to confirm that I support the proposed changes to the general rules for all premises.

In my opinion, these updates are practical, clear, and better suited to current industry practices, especially within the beauty and skin treatment sector.

The combination of rules for permanent, mobile, and temporary premises into one framework makes the requirements easier to understand and follow. This will help business owners maintain compliance more effectively.

I also support the change from specific lighting requirements to “adequate lighting,” as this provides flexibility while still ensuring a safe and hygienic environment for both clients and practitioners

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#5

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: Cosmetologists NZ

Local Board: Franklin

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),3. General requirements for all services that intentionally pierce the skin,9. General requirements for all services that risk or intentionally break the skin,11. Exfoliation,12. Manicures and pedicures,14. Hair removal

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Changes in this area are positive. Two particular changes we view particularly positively are "keep[ing] cleaning supplies at the locations where they are used, at all times" as this is a common-sense approach to cleaning supplies and evidence of their use in a well-run premises. Secondly the change to 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', which reduces reliance on hand sanitiser only, which is not appropriate for services that break the skin, regardless of premises type. We support these general rule changes,

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Requiring providers to do (A) an appropriate allergy test for chemicals applied to skin - I would be interested to learn the exact best practises here.

If you want to suggest changes to the proposal, what changes do you want?

(A) This raises several questions around the frequency of patch testing and which chemicals this is required for, what frequency this would be required to be done or recommend to be done at, whether a client declaring they have had a patch test done elsewhere would be sufficient, or whether evidence would need to be required.

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We support proposed changes, in particular the requirement for providers to give recipients written advice prior to services that risk or intentionally break the skin.

If you want to suggest changes to the proposal, what changes do you want?

Greater clarity on "written advice" in this context needed. Specifically, the control should define the minimum content required - such as disclosure of service-specific risks, contraindications the recipient should declare, and post-service aftercare instructions - as well as the formats that satisfy the requirement, including whether digital consent forms or documented pre-service consultations qualify. A documented consultation, where the recipient reviews and signs off on relevant information prior to the service, would seem to meet the intent of this requirement, and we recommend the control explicitly confirm this. Without such clarification, there is a risk of inconsistent interpretation across providers and enforcement bodies, which would undermine the control's effectiveness.

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Exfoliation is a broad term that covers a wide range of services, including chemical peels, some of which fall under Medsafe regulation or contain ingredients restricted at higher concentrations by the EPA. While we agree that regulation of basic exfoliation is unnecessary, the category as a whole carries significant risk and we do not support removing regulatory oversight entirely. Our data indicates that non-compliant exfoliation products are already in active use across New Zealand, including products that do not meet Medsafe or EPA requirements. Removing regulation from this category without clearer boundaries risks creating a gap that allows this non-compliance to go unchecked.

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We do not support removing manicures and pedicures from the Health Protection Licence requirement or removing the specific rules that apply to these services. While the harms associated with these services may be characterised as low to medium impact, fungal infections and other complications can be serious, difficult to treat, and easily spread between clients in a salon environment. The existing rules exist for good reason and removing them risks a race to the bottom on hygiene standards, particularly among lower-cost operators where the temptation to cut corners is greatest. Relying solely on general rules that apply across all services is not an adequate substitute for requirements tailored to the specific risks of nail services. We recommend these services remain licensed and subject to their own dedicated rules.

If you want to suggest changes to the proposal, what changes do you want?

Keep regulation as is.

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

We have no issues with these changes.

18. Do you have any other feedback or changes you want to make?

We strongly disagree with the proposal to remove licensing from exfoliation, manicures and pedicures, cryolipolysis, etc. The claim that inspections do not prevent harm is not supported by evidence, and removing this accountability mechanism simply makes non-compliance harder to detect, not less likely to occur. Inspections create visibility, catch issues early, and keep operators honest.

We are also concerned that the grouping of services here is too broad. Exfoliation alone spans everything from basic surface treatments to high-strength chemical peels regulated by Medsafe or subject to EPA restrictions on ingredient concentrations. Removing licensing oversight from this category is inappropriate given that risk profile. Our position is not that the current rules are perfect, but that licensing should be modernised to reflect actual risk levels rather than removed entirely.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#9

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Franklin

Your feedback:

Which of the sections would you like to provide feedback on?

14. Hair removal

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#10

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Franklin

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises)

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Totally agree that all providers should be suitably qualified as it makes a mockery of the industry if not and insulting to the providers that have spent money and time qualifying.

However one question if you remove licensing requirements for some lower risk services will these providers go unchecked for being qualified and also if the licensing requirements are removed does the cost of the license be removed or significantly reduced.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#19

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Franklin

Your feedback:

Which of the sections would you like to provide feedback on?

12. Manicures and pedicures

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

I agree that the requirement for a Health Protection Licence should be removed. It is also quite a significant cost for those that are working part time compared to larger salons. The risk of breaking skin is quite minimal, and qualified nail technicians are already aware and are educated of correct protocols that should be followed should a client present with broken skin.

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#36

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: Bessie S Beauty Clinic

Local Board: Franklin

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

How can it be a key improvement to remove licence requirements for services that can cause medium impact harm? This just doesn't make sense. De regulation of the beauty industry just doesn't make sense. Would you go to a nail bar that didn't hold a licence to say it was clean, followed hygienic practices and knowing that the instruments used on your manicure may not be sterile? I certainly wouldn't ! Potential to pierce skin is piercing skin whether it be a low risk or medium risk. Where intentional piercing of skin takes place, I recommend that a blood both pathogens certificate is held by the person doing the procedure.

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

How can it be a key improvement to remove licence requirements for services that can cause medium impact harm. This just doesn't make sense. De regulation of the beauty industry just doesn't make sense. Would you go to a nail bar that didn't hold a licence to say it was clean, followed hygienic practices and knowing that the instruments used on your manicure may not be sterile? I certainly wouldn't ! Potential to pierce skin is piercing

skin whether it be a low risk or medium risk. Where intentional piercing of skin takes place, I recommend that a blood both pathogens certificate is held by the person doing the procedure.

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

4. BODY PIERCING: Our proposal makes the following key changes from the current rules: Clarify when to clean and sterilise equipment. What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

6. SCARIFICATION: Our proposal makes the following key changes from the current rules:

(a) Add new rules for scarification, to address a regulatory gap in public health (scarification services have specific health risks that are currently unregulated).

(b) Prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions.

(c) Require scarification recipients to confirm, in a consent form, they do not have keloids, diabetes or a family history of these conditions.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

8. TATTOOING WITH TOOLS MADE FROM NATURAL MATERIALS: Our proposal makes the following key changes from the current rules for tools made from natural materials:

(a) Clarify that the rules in this subpart of the Control do not regulate the cultural or spiritual aspects of customary tattooing. It focuses on ensuring tools are used hygienically and do not transmit disease or infection.

(b) Replace references to using PeraSafe as a cleaning agent with 'a hospital-grade cleaning agent used by following the manufacturer's instructions and safety data sheets'.

(c) Add an alternative process for protecting tools from blood contamination: covering the tools with an effective sterile barrier, and replacing these after use.

(d) Add an alternative process for cleaning tools covered with an effective sterile barrier and not contaminated with blood: removing the barrier, wiping down with antibacterial wipes and drying the tools overnight.

(e) Add a rule that a needle used to carry out customary tattooing may be given to the recipient of the tattoo if it is placed in a sealed, secure and durable container.

(f) Clarify that tools that have been cleaned, disinfected and sterilised must be stored in containers that are 'covered or sealed'.

(g) Move the rules for washing and drying hands and for using gloves to clauses 32 and 33 of the proposed Control.

(h) Move recommended best practice for premises to be clean and hygienic and for skin-piercing tools and equipment to be sterile to clauses 8 and clause 45 of the proposed Control.

(i) Add best practice note about the hazards of needles, including blood contamination and about the effectiveness of single-use needles at preventing disease transmission and scarring.

(j) Change the name of this section from 'Traditional Tools Tattooing' to 'Tattooing with tools made from natural materials'.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#8

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Henderson-Massey

Your feedback:

Which of the sections would you like to provide feedback on?

7. Tattooing

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#43

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Henderson-Massey

Your feedback:

Which of the sections would you like to provide feedback on?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

I like the current control rules.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

They should keep requirement anybody who wants to start beauty salon should have atleast two years beauty services experience in Nz .

Proposal to improve Health and Hygiene Bylaw and Control 2026

#48

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Henderson-Massey

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

4. BODY PIERCING: Our proposal makes the following key changes from the current rules: Clarify when to clean and sterilise equipment. What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

6. SCARIFICATION: Our proposal makes the following key changes from the current rules:

(a) Add new rules for scarification, to address a regulatory gap in public health (scarification services have specific health risks that are currently unregulated).

(b) Prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions.

(c) Require scarification recipients to confirm, in a consent form, they do not have keloids, diabetes or a family history of these conditions.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

8. TATTOOING WITH TOOLS MADE FROM NATURAL MATERIALS: Our proposal makes the following key changes from the current rules for tools made from natural materials:

(a) Clarify that the rules in this subpart of the Control do not regulate the cultural or spiritual aspects of customary tattooing. It focuses on ensuring tools are used hygienically and do not transmit disease or infection.

(b) Replace references to using PeraSafe as a cleaning agent with 'a hospital-grade cleaning agent used by following the manufacturer's instructions and safety data sheets'.

(c) Add an alternative process for protecting tools from blood contamination: covering the tools with an effective sterile barrier, and replacing these after use.

(d) Add an alternative process for cleaning tools covered with an effective sterile barrier and not contaminated with blood: removing the barrier, wiping down with antibacterial wipes and drying the tools overnight.

(e) Add a rule that a needle used to carry out customary tattooing may be given to the recipient of the tattoo if it is placed in a sealed, secure and durable container.

(f) Clarify that tools that have been cleaned, disinfected and sterilised must be stored in containers that are 'covered or sealed'.

(g) Move the rules for washing and drying hands and for using gloves to clauses 32 and 33 of the proposed Control.

(h) Move recommended best practice for premises to be clean and hygienic and for skin-piercing tools and equipment to be sterile to clauses 8 and clause 45 of the proposed Control.

(i) Add best practice note about the hazards of needles, including blood contamination and about the effectiveness of single-use needles at preventing disease transmission and scarring.

(j) Change the name of this section from 'Traditional Tools Tattooing' to 'Tattooing with tools made from natural materials'.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

10. COLON HYDROTHERAPY: Our proposal makes the following key changes from the current rules:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Move requirements for repairs and floors to the general rules for premises in clauses 9 and 13.

(c) Update current New Zealand plumbing and drainage standards.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Reducing regulatory obligations may encourage some salons to operate with minimal staffing levels, which could compromise essential hygiene practices such as the proper cleaning, disinfection, and sterilisation of equipment between clients.

Manicure and pedicure services extend beyond cosmetic and aesthetic purposes. They are also relied upon by individuals with health conditions, including diabetes, who may be more vulnerable to infections and complications resulting from inadequate hygiene standards. Maintaining robust health protection provisions helps safeguard both public health and the wellbeing of at-risk clients.

For these reasons, existing health and safety requirements should remain in place to ensure consistent infection control practices, client protection, and professional service standards across the industry.

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

15. SUNBEDS: Our proposal makes the following key changes from the current rules:

(a) Remove reference to providers needing to 'trained' when supervising recipients at all times, because all providers must comply with the training requirements in clauses 30 and 109 of the proposed Control.

(b) Add best practice note that people using photosensitive medication should consult a health practitioner before using a sunbed.

(c) Update the requirements for warning notices, to align with the information in section 3.6.1 of AS/NZS 2635:2008: Solaria for cosmetic purposes and with public health advice.

(d) Minor edits to move rules and related information into related sections (for example to specify who must not receive sunbed services and to record information about how often a recipient has used a sunbed in the previous week).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#6

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Hibiscus and Bays

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),3. General requirements for all services that intentionally pierce the skin,4. Body piercing,7. Tattooing,9. General requirements for all services that risk or intentionally break the skin

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

I am a tattoo artist and have been for around 5 years. I started out looking for apprenticeships and courses however these options are not widely available, especially when working full time. I took it apon myself to train and learn from friends who were also in the tattoo industry. I have now been successfully tattooing for years. I feel the proposed changes for training is in theory a good idea however, there is no current standard of training in NZ for tattoo artists. Courses are well over $10,000 and apprenticeships are extremely hard to come by. I think if the council want to implement this rule, they should have subsidized tattoo training courses otherwise it is beyond what most people are capable of affording. Most cannot take a full time unpaid apprenticeship.

This rule i believe should be on a case by case basis. I myself could not go down the conventional path to tattooing but spent years practicing and getting advice before even going near skin. I feel it will disadvantage hard working people like myself if I could no longer tattoo unless I went and did a course just so I can tick a box.

I believe NZ should have a more structured approach to tattooing as quality control is lacking however I feel this approach will hurt a lot of honest, skilled tattooers from continuing to do something they love

If you want to suggest changes to the proposal, what changes do you want?

A case by case review of tattooers work and knowledge to decide if they should be required to take a course/apprenticeships.

An affordable nation wide tattoo training course provided by the council and established tattoo artists. This will ensure a higher quality of work and assist with those that could not afford $10,000 in course fees but still want to continue to work in this field.

Otherwise if it will be implemented, only requiring the courses/apprenticeships for new artists from a certain date forward

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

4. BODY PIERCING: Our proposal makes the following key changes from the current rules: Clarify when to clean and sterilise equipment. What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#18

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Hibiscus and Bays

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),3. General requirements for all services that intentionally pierce the skin,5. Electrolysis, red vein treatments and needling,11. Exfoliation,12. Manicures and pedicures,13. Massage,14. Hair removal,16. Pulsed light and laser treatments

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Beauty therapist should be able to remove skin tags

If you want to suggest changes to the proposal, what changes do you want?

Allow therapists trained in electrolysis to continue to remove skin tags

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Allow glass bead sterilisers to continue being used for tools

Very suita

If you want to suggest changes to the proposal, what changes do you want?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Clients do not need to see Gp before having electrolysis or red vein treatment

Totally unnecessary and just wastes GP time

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Exfoliation can still damage skin

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Creates high risk of infection including risk of cellulitis

Has been many cases from mani pedi salons

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Hygiene and cowboys

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I don't know

Tell us why?

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

Shouldn't need to have pigmented spots checked by Gp first

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#37

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Hibiscus and Bays

Your feedback:

Which of the sections would you like to provide feedback on?

18. Do you have any other feedback or changes you want to make?

I do not support removing licensing requirements for services that can cause low to medium harm, such as fat-freezing, waxing, manicures, and pedicures.

Although these treatments are common, they still carry risks when performed incorrectly. Fat-freezing can cause tissue damage and burns, waxing can result in skin tears, burns, and infections, and poor hygiene during manicures and pedicures can lead to infections and the spread of disease.

Licensing helps ensure providers meet basic standards for training, hygiene, and client safety. Removing these requirements could increase the risk of injury, reduce accountability, and make it harder for consumers to identify qualified practitioners.

For these reasons, licensing should remain in place for services that have the potential to cause harm, even where the risk is considered low to moderate.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#40

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Hibiscus and Bays

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

I think one basin for toilet (hand wash)and one basin for washing other equipment is enough not more

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

For tag removal I trained fully and I don't understand why I shouldn't be able to do it

If you want to suggest changes to the proposal, what changes do you want?

I want we are able to do tag removal ,

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Autoclave every 6 months repair cost a lot and it's not necessary as I am Beautition I use for my simple material ,and Microneedling as I have certification and using good device and well trained why shouldn't be able to do Microneedling and hard and costly for clients to get doctor approval's

If you want to suggest changes to the proposal, what changes do you want?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#42

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Hibiscus and Bays

Your feedback:

Which of the sections would you like to provide feedback on?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

With particular regard to chemical peel application, 'patch testing' needs to be better defined or clarified.

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Manicure and pedicure services should absolutely require a health protection license to be delivered in a safe manner. Regardless of whether these services are deemed 'low risk' or not, the risk of infection (staph, MRSA etc) is undoubtedly present. The implications of infections are not 'low to moderate' risk, they can be life altering for certain individuals.

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

The health practitioner providing skin lesion checks will need to be better clarified. I would exercise great caution around removing the specific training requirements, as light-based treatments carry significant risk IF used incorrectly by an individual without sufficient device, skin and light/wavelength knowledge.

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#46

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: Kate Allen Aesthetics Limited

Local Board: Hibiscus and Bays

Your feedback:

Which of the sections would you like to provide feedback on?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want a completely different rule

Tell us why?

Feedback on Proposed Requirement for Allergy Testing Prior to Application of Chemicals to the Skin

I have concerns regarding the proposed requirement that providers undertake an "appropriate allergy test" before applying chemicals to the skin.

The proposed wording lacks sufficient clarity to be practical or enforceable. Specifically, the terms "chemicals" and "allergy test" are not defined.

Virtually all substances applied to the skin, including cosmetic products, skincare products, topical preparations, disinfectants, gels, creams and treatment solutions, are chemicals. Without a clear definition, it is unclear which products or treatments are intended to be covered by this requirement.

Similarly, the term "allergy test" has a specific clinical meaning. In New Zealand, allergy testing is performed by appropriately qualified medical specialists such as dermatologists and clinical immunologists. Such testing is not routinely available to, or performed by, beauty therapists, skin therapists, laser practitioners, nurses, or other providers covered by the bylaw.

A patch test is not equivalent to a clinical allergy test and cannot reliably predict all allergic or adverse reactions. The current wording risks creating confusion by implying that providers are expected to undertake a medical procedure that falls outside their qualifications and scope of practice. If this bylaw suggests a patch test, it must define what a chemical is. Most commonly purchased supermarket hair dyes carry a higher risk of an allergic response compared to skin treatments available without prescription.

I recommend that the bylaw be revised to:

1. Clearly define which products or treatments and chemicals are subject to the requirement.

2. Replace the term "allergy test" with a more precise description, such as "manufacturer-recommended application.

3. Recognise that formal allergy testing is a specialist medical service and should not be required of providers regulated under the bylaw.

4. Focus on obtaining a relevant medical history, identifying known allergies, following manufacturer instructions, and referring clients to an appropriately qualified health professional where there is concern regarding a potential allergic reaction.

Without these clarifications, the proposed requirement is ambiguous, difficult to comply with, and may create expectations that are inconsistent with current clinical practice in New Zealand.

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Feedback on Proposed Addition of Intravenous Drip Therapy, Infusion Therapy, and Non-Surgical Dermal Filler Injections to the List of Services that Pierce the Skin

I do not support the inclusion of intravenous drip therapy, infusion therapy, and non-surgical dermal filler injections within the scope of this bylaw.

These procedures are medical procedures that carry significant clinical risks and should only be performed by suitably qualified healthcare professionals who have the education, training, clinical competence, and professional accountability required to safely assess, perform, and manage these treatments.

Healthcare professionals who provide these services are already regulated through professional standards, scope of practice requirements, competency frameworks, and infection prevention and control obligations. They are subject to oversight by their regulatory authorities and are accountable for maintaining appropriate standards of care.

Including these procedures within the bylaw creates unnecessary duplication of existing healthcare regulation and may create confusion regarding the respective roles of local government and health professional regulators.

Rather than licensing these procedures under the bylaw, I believe Council should recognise that intravenous therapy, infusion therapy, and dermal filler injections should only be performed by appropriately qualified healthcare professionals and should therefore be exempt from the bylaw.

The bylaw is more appropriately focused on services performed by non-health practitioners where there is currently limited professional regulation and where local licensing may provide a clear public health benefit.

If you want to suggest changes to the proposal, what changes do you want?

I therefore recommend that intravenous drip therapy, infusion therapy, and non-surgical dermal filler injections be excluded from the list of licensed activities and that appropriately qualified healthcare professionals providing these services remain exempt from the bylaw.

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Feedback on Scope of Red Vein Treatments

I note that the proposed section relating to "Electrolysis, Red Vein Treatments and Needling" refers to red vein treatments involving injection or piercing of a vein. However, it is unclear whether laser and IPL vascular treatments are intentionally excluded from this section or have been inadvertently omitted.

Laser and IPL treatments are commonly used for the treatment of superficial vascular lesions, including facial telangiectasia and other visible red veins. These treatments are widely performed in aesthetic and clinical settings and represent a significant proportion of red vein treatments currently provided.

For clarity and consistency, the proposed bylaw should either:

* Explicitly state that laser and IPL vascular treatments are excluded from this section and identify where these treatments are regulated elsewhere within the bylaw; or

* Include laser and IPL vascular treatments within the definition of red vein treatments if Council intends them to be subject to the same requirements.

Without clarification, there is potential for confusion regarding which requirements apply to providers performing laser and IPL vascular treatments and whether these services fall within the scope of the proposed controls.

If you want to suggest changes to the proposal, what changes do you want?

Clear definitions and treatment categories are important to ensure consistent interpretation, compliance, and enforcement of the bylaw.

6. SCARIFICATION: Our proposal makes the following key changes from the current rules:

(a) Add new rules for scarification, to address a regulatory gap in public health (scarification services have specific health risks that are currently unregulated).

(b) Prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions.

(c) Require scarification recipients to confirm, in a consent form, they do not have keloids, diabetes or a family history of these conditions.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want a completely different rule

Tell us why?

Feedback on Proposed Regulation of Scarification

I agree that scarification represents a significant regulatory gap and raises substantial public health and safety concerns. However, I am concerned that the proposed approach may not adequately address the risks associated with this procedure.

Scarification is an invasive procedure that intentionally cuts healthy skin to create permanent scar tissue. The procedure carries significant risks, including infection, bleeding, delayed wound healing, permanent disfigurement, hypertrophic scarring, keloid formation, and transmission of bloodborne pathogens where appropriate infection prevention and control measures are not followed.

Unlike many regulated healthcare procedures involving intentional injury to the skin, scarification does not currently require practitioners to hold recognised healthcare qualifications, infection prevention and control qualifications, or specific competency-based training. It is also unlikely to be performed by regulated healthcare professionals with training in wound management, infection control, anatomy, or management of complications.

My concern is that licensing scarification under the bylaw, without establishing robust minimum qualification, competency, and infection prevention requirements, may create a perception that the procedure is safe and adequately regulated when significant risks remain.

If Council intends to permit and license scarification, I recommend that consideration be given to:

* Mandatory infection prevention and control training.

* Specific competency-based training requirements for scarification practitioners.

* Enhanced informed consent requirements that clearly explain the risks of permanent scarring and complications.

* Clear standards for sterile technique, equipment handling, and wound aftercare.

* Stronger health screening requirements for clients with factors that may increase the risk of complications.

Given the invasive nature of scarification and the permanent harm intentionally caused to the skin, I believe a higher regulatory standard is warranted than that proposed for many other appearance services.

If you want to suggest changes to the proposal, what changes do you want?

8. TATTOOING WITH TOOLS MADE FROM NATURAL MATERIALS: Our proposal makes the following key changes from the current rules for tools made from natural materials:

(a) Clarify that the rules in this subpart of the Control do not regulate the cultural or spiritual aspects of customary tattooing. It focuses on ensuring tools are used hygienically and do not transmit disease or infection.

(b) Replace references to using PeraSafe as a cleaning agent with 'a hospital-grade cleaning agent used by following the manufacturer's instructions and safety data sheets'.

(c) Add an alternative process for protecting tools from blood contamination: covering the tools with an effective sterile barrier, and replacing these after use.

(d) Add an alternative process for cleaning tools covered with an effective sterile barrier and not contaminated with blood: removing the barrier, wiping down with antibacterial wipes and drying the tools overnight.

(e) Add a rule that a needle used to carry out customary tattooing may be given to the recipient of the tattoo if it is placed in a sealed, secure and durable container.

(f) Clarify that tools that have been cleaned, disinfected and sterilised must be stored in containers that are 'covered or sealed'.

(g) Move the rules for washing and drying hands and for using gloves to clauses 32 and 33 of the proposed Control.

(h) Move recommended best practice for premises to be clean and hygienic and for skin-piercing tools and equipment to be sterile to clauses 8 and clause 45 of the proposed Control.

(i) Add best practice note about the hazards of needles, including blood contamination and about the effectiveness of single-use needles at preventing disease transmission and scarring.

(j) Change the name of this section from 'Traditional Tools Tattooing' to 'Tattooing with tools made from natural materials'.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want a completely different rule

Tell us why?

Feedback on Manicure and Pedicure Services

I do not support the proposed removal of manicure and pedicure services from licensing and inspection requirements.

While these services may be perceived as low risk, they can involve activities that create a meaningful risk of infection and skin injury, including cuticle trimming or cutting, use of sharp instruments, treatment of ingrown nails, and work on areas where the skin barrier may already be compromised. These risks are particularly significant for clients with underlying health conditions such as diabetes, poor circulation, or reduced immune function.

In addition, manicure and pedicure services are often able to be performed without any formal qualification requirements specific to infection prevention and control, safe use of instruments, or management of potential complications. This increases the importance of maintaining regulatory oversight to ensure consistent hygiene standards and safe practice.

Given the potential for infection transmission and preventable harm where appropriate infection control practices are not followed, I consider it important that manicure and pedicure services remain within the bylaw framework and continue to be subject to licensing and inspection requirements.

I do not support their removal from regulation.

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I don't know

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

Feedback on Scope of Hair Removal Services (Waxing, Threading, IPL and Laser)

The proposed definition of hair removal services refers to procedures that remove the entire hair, including the follicle, and specifically lists waxing and threading.

However, it is unclear whether laser hair removal and Intense Pulsed Light (IPL) treatments are intended to be included or excluded from this category.

Laser and IPL hair removal are widely used methods of long-term hair reduction that act on the hair follicle through controlled thermal energy rather than physical removal of the hair. As such, they do not clearly fall within the current definition, which is focused on mechanical removal of hair from the follicle.

If you want to suggest changes to the proposal, what changes do you want?

For clarity and consistency, I recommend that the bylaw explicitly state whether laser and IPL hair removal services are:

* included within this category of regulated hair removal services, or

* regulated under a separate section of the bylaw, or

* intentionally excluded from these provisions.

Without clarification, there is a risk of inconsistent interpretation and enforcement, and uncertainty for providers regarding which regulatory requirements apply.

15. SUNBEDS: Our proposal makes the following key changes from the current rules:

(a) Remove reference to providers needing to 'trained' when supervising recipients at all times, because all providers must comply with the training requirements in clauses 30 and 109 of the proposed Control.

(b) Add best practice note that people using photosensitive medication should consult a health practitioner before using a sunbed.

(c) Update the requirements for warning notices, to align with the information in section 3.6.1 of AS/NZS 2635:2008: Solaria for cosmetic purposes and with public health advice.

(d) Minor edits to move rules and related information into related sections (for example to specify who must not receive sunbed services and to record information about how often a recipient has used a sunbed in the previous week).

What do you think of this proposed change?

I don't know

Tell us why?

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

Feedback on Assessment Requirements for Pulsed Light and Laser Treatments

Skin lesions and melanoma

The proposal requires:

assessment of pigmented lesions by a health practitioner before laser treatment

specific medical consent regarding lesions and moles

While clinically sensible, these are medical governance issues rather than hygiene controls.

Auckland Council is not a clinical regulator.

I do not consider it necessary or practical for all clients undergoing routine laser or IPL pigmentation treatments to be assessed by a medical practitioner prior to treatment, provided appropriate screening processes are in place.

Common laser and pulsed light treatments for hair reduction, pigmentation removal, skin rejuvenation, and vascular (laser vein) treatments are routinely performed by suitably trained providers without the need for mandatory medical practitioner clearance, except where there are specific concerns or suspicious findings.

This is consistent with standard practice both in New Zealand and internationally, where these treatments are generally delivered by trained non-medical and medical providers under competency-based training frameworks, with escalation to medical professionals only where clinical concern arises.

A more appropriate and proportionate approach is that providers themselves undertake a structured consultation process, which should include:

* a relevant medical history

* informed consent

* appropriate clinical photography where indicated

* identification of skin type and relevant risk factors

* basic screening for suspicious or atypical lesions

Providers should be trained to recognise basic warning signs of potentially suspicious lesions and, where concerns arise, refer the client to an appropriately qualified medical professional for assessment. This would include referral to a dermatologist, specialist GP with skin cancer expertise, or Dermoscopist for formal evaluation where required.

This approach maintains patient safety while ensuring that medical diagnosis and clearance remain appropriately within the scope of qualified medical practitioners, rather than being required for all routine treatments.

I therefore recommend that the bylaw focus on competency-based screening and referral obligations for providers, rather than requiring routine medical practitioner assessment for all laser and IPL treatments.

If you want to suggest changes to the proposal, what changes do you want?

Re: Pigmented Lesions

A more appropriate and proportionate approach is that providers themselves undertake a structured consultation process, which should include:

* a relevant medical history

* informed consent

* appropriate clinical photography where indicated

* identification of skin type and relevant risk factors

* basic screening for suspicious or atypical lesions

Providers should be trained to recognise basic warning signs of potentially suspicious lesions and, where concerns arise, refer the client to an appropriately qualified medical professional for assessment. This would include referral to a dermatologist, specialist GP with skin cancer expertise, or Dermoscopist for formal evaluation where required.

This approach maintains patient safety while ensuring that medical diagnosis and clearance remain appropriately within the scope of qualified medical practitioners, rather than being required for all routine treatments.

I therefore recommend that the bylaw focus on competency-based screening and referral obligations for providers, rather than requiring routine medical practitioner assessment for all laser and IPL treatments.

A submission could suggest:

Council should regulate hygiene, infection prevention and public health risks. Clinical assessment, diagnosis, treatment planning, informed consent and management of skin lesions should remain within existing healthcare regulatory frameworks.

18. Do you have any other feedback or changes you want to make?

Overall Feedback on the Proposed Health and Hygiene Bylaw and Control

I support the objective of protecting public health through appropriate hygiene, infection prevention and safety standards. However, I have concerns regarding the scope, clarity, proportionality and regulatory overlap within several of the proposed changes.

My key concerns are as follows:

Healthcare professionals should remain exempt

• The proposed framework frequently applies the same regulatory approach to registered healthcare professionals and non-registered operators.

• Registered healthcare professionals are already comprehensively regulated through the Health Practitioners Competence Assurance Act (HPCAA), professional registration requirements, scope of practice restrictions, Medicines legislation, infection prevention and control standards, employer governance, informed consent requirements, and the Health and Disability Commissioner Code.

• The Bylaw should clearly and consistently state that healthcare professionals acting within their regulated scope of practice are exempt from its requirements.

• Local government should not regulate matters that are already comprehensively governed through national healthcare legislation and professional regulatory frameworks.

The Bylaw should focus on public health and hygiene, not clinical practice

• The purpose of the Bylaw should be to regulate hygiene, infection prevention, environmental safety and public health risks.

• Clinical assessment, diagnosis, treatment planning, informed consent, management of skin lesions and other clinical decision-making processes are healthcare matters and should remain within existing healthcare regulatory frameworks.

• Requirements relating to assessment of pigmented lesions and medical clearance before laser or IPL treatments extend beyond public health regulation and into clinical governance. This proposal does not appear to have any clinical foundation and is not consistent with any other council by law or international regulation I am aware of.

• Similarly "appropriate allergy test for chemicals applied to the skin is vague and ambiguous. The proposed wording lacks sufficient clarity to be practical or enforceable. Specifically, the terms "chemicals" and "allergy test" are not defined.

Virtually all substances applied to the skin, including cosmetic products, skincare products, topical preparations, disinfectants, gels, creams and treatment solutions, are chemicals. Without a clear definition, it is unclear which products or treatments are intended to be covered by this requirement.

In New Zealand, allergy testing is performed by appropriately qualified medical specialists such as dermatologists and clinical immunologists.

A patch test is not equivalent to a clinical allergy test and cannot reliably predict all allergic or adverse reactions. The current wording risks creating confusion by implying that providers are expected to undertake a medical procedure that falls outside their qualifications and scope of practice.

Focus on obtaining a relevant medical history, identifying known allergies, following manufacturer instructions, and referring clients to an appropriately qualified health professional where there is concern regarding a potential allergic reaction.

Without these clarifications, the proposed requirement is ambiguous, difficult to comply with, and may create expectations that are inconsistent with current clinical practice in New Zealand.

Emphasis should be placed on unqualified services which pose a health and safety risk to the public and take into consideration that healthcare professionals and qualified skin therapists have undergone extensive hygiene and infection control training.

Greater clarity is required throughout the proposed Control

Several treatment categories and definitions are unclear and may lead to inconsistent interpretation, compliance and enforcement.

Examples include:

• Whether laser and IPL hair removal services are intended to be included within the definition of hair removal services or regulated separately.

• Whether laser and IPL vascular treatments for telangiectasia and other superficial vascular lesions are intended to be included within the definition of red vein treatments or regulated separately.

• Clear and unambiguous definitions are essential to ensure providers understand which requirements apply to which treatments.

Medical procedures should not be regulated through the Bylaw

• Intravenous drip therapy, infusion therapy and non-surgical dermal filler injections are medical procedures that carry significant clinical risks and require comprehensive patient assessment, informed consent, management of complications and professional accountability.

• These procedures should only be performed by appropriately qualified healthcare professionals and are already regulated through existing healthcare frameworks.

• Including these procedures within the Bylaw creates unnecessary duplication of regulation and may create confusion regarding the respective roles of local government and healthcare regulators.

Scarification requires stronger regulatory controls

• I agree that scarification represents a significant regulatory gap and should be subject to regulation.

• However, scarification is an invasive procedure that intentionally causes permanent tissue injury and carries substantial risks including infection, bleeding, delayed wound healing,

disfigurement, hypertrophic scarring, keloid formation and transmission of bloodborne pathogens.

• If Council intends to permit and license scarification, stronger requirements should be considered, including:

* Mandatory infection prevention and control training.

* Specific competency-based training requirements.

* Enhanced informed consent requirements.

* Clear standards for sterile technique and wound aftercare.

* Stronger health screening requirements.

• The proposed restrictions relating to conditions such as diabetes should be evidence-based and proportionate to actual risk.

Manicure and pedicure services should remain licensed and inspected

• I do not support the removal of manicure and pedicure services from licensing and inspection requirements.

• These services can involve cuticle cutting, use of sharp instruments, treatment of ingrown nails and work on compromised skin, all of which create a risk of infection and injury.

• The risks are increased for vulnerable clients, including those with diabetes, impaired circulation and immunosuppression.

• Ongoing licensing and inspection requirements remain an important public health safeguard.

Regulation should be evidence-based and proportionate

• Restrictions, contraindications and mandatory requirements should be supported by current clinical evidence.

• Regulatory controls should be proportionate to the level of risk posed by the procedure.

• Where risks can be appropriately managed through provider training, screening and referral pathways, mandatory medical assessment requirements may not be justified.

Summary

Overall, I encourage Council to ensure the Bylaw remains focused on its primary purpose of protecting public health through hygiene, infection prevention and safe operational practices. The proposed framework should avoid duplication of existing healthcare regulation, provide greater clarity regarding treatment categories and definitions, and ensure that regulatory requirements are evidence-based, proportionate and focused on areas where Council oversight can provide meaningful public health benefit.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#64

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Hibiscus and Bays

Your feedback:

Which of the sections would you like to provide feedback on?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

•Alicia is a laser health and safety training and education officer

•She works with NZ Laser Training

•She works with Cosmetic Injectors Association (CANNZ)

•She would love to see a minimum amount of time required for theory and practical experience in the qualifications section.

•She wants consistency in the qualifications.

•In clause 26(a), the 'Verify the substance being injected is safe' requirement for injectables is not very clear.

•In clause 26(b), the responsibility for "be verified as registered or approved by an appropriate New Zealand central government agency" sits with the wrong role. It should be the product supplier who needs to be responsible. The providers should focus on hygiene and safe handling of the products.

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

•Alicia is a laser health and safety training and education officer

•She works with NZ Laser Training

•She works with Cosmetic Injectors Association (CANNZ)

•She would love to see a minimum amount of time required for theory and practical experience in the qualifications section.

•She wants consistency in the qualifications.

•In clause 26(a), the 'Verify the substance being injected is safe' requirement for injectables is not very clear.

•In clause 26(b), the responsibility for "be verified as registered or approved by an appropriate New Zealand central government agency" sits with the wrong role. It should be the product supplier who needs to be responsible. The providers should focus on hygiene and safe handling of the products.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

•Alicia is a laser health and safety training and education officer

•She works with NZ Laser Training

•She works with Cosmetic Injectors Association (CANNZ)

•She would love to see a minimum amount of time required for theory and practical experience in the qualifications section.

•She wants consistency in the qualifications.

•In clause 26(a), the ‘Verify the substance being injected is safe’ requirement for injectables is not very clear.

•In clause 26(b), the responsibility for “be verified as registered or approved by an appropriate New Zealand central government agency” sits with the wrong role. It should be the product supplier who needs to be responsible. The providers should focus on hygiene and safe handling of the products.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#1

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Howick

Your feedback:

Which of the sections would you like to provide feedback on?

5. Electrolysis, red vein treatments and needling

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Beauty therapist are trained by suppliers to perform cryopen (skintag removal) treatments and are accessed before providing such treatments. Beauty clinics are safe and clean place to provide such treatments and customers feel more comfortable to have consultation with a trained therapist prior to treatment. Beauty therapist are trained so they should be allowed to perform.

If you want to suggest changes to the proposal, what changes do you want?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Needling is safe and only used 1 needle per client at once. This rule is perfect and does not contaminate or spread to anyone else

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

no

Proposal to improve Health and Hygiene Bylaw and Control 2026

#32

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Howick

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#3

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: I don't know

Your feedback:

Which of the sections would you like to provide feedback on?

5. Electrolysis, red vein treatments and needling

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I do not want a rule at all

Tell us why?

Medical note should be required if client has contradictions not for general hair removal treatment. This is not invasive treatment. Better understanding in Electrlolysis service by Auckland Council. This treatment doesn't pierce the skin. Filament inserted in existing opening of hair follicle.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#53

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: I don't know

Your feedback:

Which of the sections would you like to provide feedback on?

18. Do you have any other feedback or changes you want to make?

Thank you for sending this through

The link for the current bylaws didn't work however I've read the New and the only comment I'd like to add, as an owner of a business in question -

When officers come to inspect these businesses Often They don't truly understand what they're asking..

They are ticking from a list where some of the questions aren't applicable

For example, asking a tattooist if they have access to hot water. What exactly is the need of this?

Also, these protection licenses are quite expensive and when an officer comes to a premises and has to reinspect or paperwork changes need to be made I don't believe that the cost should be in addition. We already pay so much it should cover this

So if specific questions could be targeted to each Service would be far better than a generalised one. so maybe to speak to professionals in each field to get an understanding of what require applicable would be a big recommendation

Proposal to improve Health and Hygiene Bylaw and Control 2026

#54

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: I don't know

Your feedback:

Which of the sections would you like to provide feedback on?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

The changes to the bylaw appear relevant and well considered. I would like to bring the sterilising aspects up to date in the document: Health and Hygiene

Code of Practice 2013.

Page 4 - The document refers to AS/NZS 4187:2003 - This standard along with AS/NZS 4815:2006 have been superseded by AS/NZS 5369:2023 Reprocessing of reusable medical devices and other devices in health and non-health related facilities. AS/NZS 5369:2023 is the standard to be referred to by all environments needing to sterilise reusable devices.

Page 19 - current statement: (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: Suggested amendment - (a) thorough cleaning by washing in warm water and appropriate detergent or within an ultrasonic cleaner followed by thorough rinsing in warm running water and exposed to steam in accordance with the following requirements.

Page 21 - current statement: The cleaning, disinfection and sterilising requirements within this code of practice are based on AS/NZS 4187: 2003 – "Australian and New Zealand standard for cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities". Suggested amendment - The cleaning, disinfection and sterilisation requirements within this code of practice are based on AS/NZS 5369:2023 - Australian and New Zealand standard for cleaning, disinfecting and sterilising of reusable medical devices and other devices, equipment and maintenance of the associated environments.

Page 27 - current statement: (d) cleansing with clean water; Suggested amendment - (d) rinsing with warm running water

18. Do you have any other feedback or changes you want to make?

The changes to the bylaw appear relevant and well considered. I would like to bring the sterilising aspects up to date in the document: Health and Hygiene

Code of Practice 2013.

Page 4 - The document refers to AS/NZS 4187:2003 - This standard along with AS/NZS 4815:2006 have been superseded by AS/NZS 5369:2023 Reprocessing of reusable medical devices and other devices in health and non-health related facilities. AS/NZS 5369:2023 is the standard to be referred to by all environments needing to sterilise reusable devices.

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standard for cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities". Suggested amendment - The cleaning, disinfection and sterilisation requirements within this code of practice are based on AS/NZS 5369:2023 - Australian and New Zealand standard for cleaning, disinfecting and sterilising of reusable medical devices and other devices, equipment and maintenance of the associated environments.

Page 27 - current statement: (d) cleansing with clean water; Suggested amendment - (d) rinsing with warm running water

Proposal to improve Health and Hygiene Bylaw and Control 2026

#23

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Kaipātiki

Your feedback:

Which of the sections would you like to provide feedback on?

17. Public swimming pools

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

My primary concern regarding water safety in public swimming pools is the high levels of chemicals or chlorine which affect mant people adversely. My children as well as many other children and adults are coming down with colds or ecezema after swimming at public pools, not due to sickness spreading but we believe it is because of the high chlorine levels. Chlorine can be toxic especially when absorbed in high doses. I personally find I get extremely fatigued after swimming which is unusual because I do not have the same reaction when I swim in a fresh water lake, river or in the ocean. My children have suffered

from fatigue, ecezema, ADHD like behaviour and a lowered immune system after swimming at public pools. I have found this to be more common than not amongst our community.

If you want to suggest changes to the proposal, what changes do you want?

Please consider less harsh alternatives which are still effective in cleaning pool water, such as hydrogen peroxide instead of chlorine. I know there are alternatives that are better for us. Please do your research and consider the side effects of the chemicals used in public swimming pool water because it is causing a lot of stress on our family as well as others.

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#56

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: Jay's Medispa

Local Board: Kaipātiki

Your feedback:

Which of the sections would you like to provide feedback on?

18. Do you have any other feedback or changes you want to make?

We raise six substantive concerns:

1. Clause 26 of the proposed Control should be deleted. The "verified as safe" wording is regulatorily incoherent and the substantive verification requirement duplicates

Medsafe, the Medical Council, the Nursing Council and the HDC.

2. The trademarked term "vampire facial" should be removed from the clause 6 and 7 schedules. It is a registered private trademark, creates conflict with the Trade

Marks Act 2002, and is unnecessary given the existing generic schedule wording.

3. HPCAA-regulated practitioners should be treated consistently. The same logic that exempts Chinese Medicine Council registrants applies to registered nurses regulated by the Nursing Council. The general rules in the proposed Control should not reach into clinical decisions that fall within HPCAA scope of practice, and should not duplicate the HDC Code of Health and Disability Services Consumers' Rights for HPCAA practitioners.

4. The definition of "injected" in clause 5 should be clarified if any version of clause 26 is retained, particularly in relation to topical application via microchannels.

5. The skin lesion removal restriction is supported, but additional guidance on the breadth of the "skin lesion" definition would help consistent application.

We support:

a) the move from six-monthly to annual autoclave servicing a (clause 53)

b) the removal of specific Control rules for exfoliation, manicure, pedicure and massage

c) the new general qualifications rule in clause 30, which sets a sensible baseline for non-HPCAA registered providers without duplicating the practitioner regulators (subject to our concern about evidence base in section 6 above)

d) the expanded recognition of HPCAA practitioners, including Chinese Medicine Council registrants, as exempt from the Bylaw within their scope of practice. This is a clean example of the complementarity principle in action and the right approach for HPCAA-registered practitioners more generally, including the registered nurses who deliver clinical services in nurse-led clinics (developed in section 3 above).

e) the new framework for council approval of alternative practices

f) the explicit listing of services in the proposed clause 6 and clause 7 schedules, subject to the substantive concern in section 2 about the inappropriate inclusion of the trademarked term "vampire facial". The retention of "includes but is not limited to" preserves council flexibility for emerging services.

See attachment for full submission.

Supplement to submission:

I ask the Bylaw Panel to recommend that:

(a) proposed clause 26 not be adopted in its current product-focused form;

(b) to the extent the council regulates injectables, it do so by verifying that the provider operates within the existing national regulatory framework — that is, that injectables are performed by registered health practitioners under an authorised prescriber's standing order — which the council can administer and which directly addresses the risk; and

(c) any concern about the national regulation of injectable products be referred to Medsafe and central government as the bodies equipped to address it.

7.2 I would welcome the opportunity to speak to this submission if the Panel is holding hearings.

See attachment for full supplement to submission.

JAY'S MEDISPA · BIRKENHEAD, AUCKLAND

Submission to Auckland Council

On the proposal to amend the Health and Hygiene Bylaw 2013 and Health and Hygiene Code of Practice 2013

SUBMITTED TO

Auckland Council
Regulatory and Safety Committee, and Governing Body

SUBMITTED BY

[redacted], Operations Manager and Owner
[redacted], Clinical Director, Registered Nurse
Level 1, 9a Birkenhead Avenue, Birkenhead, Auckland 0626

CONSULTATION PERIOD

4 May 2026 to 7 June 2026

TO	Auckland Council, Regulatory and Safety Committee, and Governing Body
FROM	Jay's Medispa, Level 1, 9a Birkenhead Avenue, Birkenhead, Auckland 0626
SUBMITTER	[redacted], Operations Manager and Owner
CLINICAL DIRECTOR	[redacted], Registered Nurse
DATE	6 May 2026

Executive summary

Jay's Medispa is a nurse-led aesthetic and wellness clinic in Birkenhead. All clinical services are delivered by registered nurses. We make this submission on behalf of our clinic and on behalf of the wider nurse-led aesthetic sector that operates under the same regulatory frameworks.

We support most of the proposed amendments, including the move to annual autoclave servicing, the removal of specific Control rules for low-risk services, the recognition of Chinese Medicine Council registrants as HPCAA-exempt, the new framework for council approval of alternative practices, and the broader effort to make the Bylaw and Control easier to read. These changes are consistent with the council's stated principle that the Bylaw and Control should "complement and not duplicate" the wider regulatory framework.

We raise six substantive concerns:

1. **Clause 26 of the proposed Control should be deleted.** The "verified as safe" wording is regulatorily incoherent and the substantive verification requirement duplicates Medsafe, the Medical Council, the Nursing Council and the HDC.
2. **The trademarked term "vampire facial" should be removed from the clause 6 and 7 schedules.** It is a registered private trademark, creates conflict with the Trade Marks Act 2002, and is unnecessary given the existing generic schedule wording.
3. **HPCAA-regulated practitioners should be treated consistently.** The same logic that exempts Chinese Medicine Council registrants applies to registered nurses regulated by the Nursing Council. The general rules in the proposed Control should not reach into clinical decisions that fall within HPCAA scope of practice, and should not duplicate the HDC Code of Health and Disability Services Consumers' Rights for HPCAA practitioners.
4. **The definition of "injected" in clause 5 should be clarified** if any version of clause 26 is retained, particularly in relation to topical application via microchannels.
5. **The skin lesion removal restriction is supported,** but additional guidance on the breadth of the "skin lesion" definition would help consistent application.

6 **The Statement of Proposal does not include the risk-based analysis** required to evidence the section 155(1) Local Government Act 2002 threshold for new general rules. We have made a separate LGOIMA request for the underlying analysis.

We are available to speak at a Have Your Say event in person or online.

About this submission

Jay's Medispa is a nurse-led aesthetic and wellness clinic on Auckland's North Shore. All clinical services at Jay's Medispa are provided by registered nurses; the only non-clinical staff are members of our operations team. Our clinical services include PRP-based treatments, microneedling, dermal fillers, anti-wrinkle injections, polynucleotide injectables, chemical peels, cryotherapy for benign skin lesions, and a range of facial treatments.

We are one of a substantial number of nurse-led aesthetic and wellness clinics across Auckland and New Zealand. The nurse-led model is now a well-established part of the aesthetic medicine sector. While this submission is made by Jay's Medispa, the issues we raise apply equally to other nurse-led clinics operating under the same regulatory frameworks. Where the proposed Bylaw and Control creates duplication, ambiguity or overreach for us, it does so for the sector. We have framed this submission accordingly.

The regulatory framework nurse-led clinics already work under

It is important context for this submission to set out the regulatory layers that already govern our practice and that of other nurse-led aesthetic clinics. These are not aspirational; they are the day-to-day frameworks under which Jay's Medispa and similar businesses operate:

a **Health Practitioners Competence Assurance Act 2003.** Registered nurses providing clinical services at nurse-led clinics hold current Nursing Council registration. This brings with it scope of practice, ongoing competence requirements, professional standards, recertification, and complaint handling through the Nursing Council and the Health and Disability Commissioner. At Jay's Medispa, every member of clinical staff is a registered nurse.

b **Medicines Act 1981 and Medicines (Standing Order) Regulations 2002.** Prescription cosmetic medicines administered at nurse-led clinics are typically governed by a standing order arrangement with an authorised prescriber. Jay's Medispa operates under a standing order arrangement with LA Aire, a New Zealand cosmetic medicine consultancy whose NZSCM-accredited cosmetic doctors provide the clinical oversight required by the Medical Council of New Zealand for category 2 cosmetic procedures. This means every prescription cosmetic medicine we administer sits within a Medical Council-compliant clinical oversight framework, with an authorised prescriber, signed standing order, NZSCM-accredited supervising doctor, and 24/7 access to specialist clinical support. Other nurse-led clinics operate under similar arrangements with NZSCM-accredited oversight doctors.

c **Medsafe.** The medicines and medical devices used in nurse-led clinics, including anti-wrinkle injections, dermal fillers and polynucleotide injectables, are regulated by Medsafe under the Medicines Act 1981 and the Medical Devices Regulations.

d **Health and Disability Commissioner Act 1994 and the Code of Health and Disability Services Consumers' Rights.** Informed consent, quality of clinical care, complaint handling and consumer protection are governed by the Code, with the HDC providing oversight.

e **Health and Safety at Work Act 2015.** Workplace health and safety obligations to staff and clients are covered by the Act, administered by WorkSafe.

f **Privacy Act 2020.** The collection, use, storage and disclosure of health information is governed by the Act and the Health Information Privacy Code 2020.

g **Environmental Protection Authority.** Chemicals used in services are governed by EPA standards, including the EPA's Tattoo and Permanent Makeup Substances Group Standard and the Cosmetic Products Group Standard.

h **Fair Trading Act 1986 and Advertising Standards Authority Therapeutic and Health Advertising Code 2026.** Marketing and consumer-facing communications are subject to the Fair Trading Act and ASA Code, with TAPS pre-vetting available for higher-risk advertising.

i **Trade Marks Act 2002.** Nurse-led clinics, including Jay's Medispa, use generic descriptive terms for services and avoid trademarked names they are not licensed to use, in compliance with the Trade Marks Act and IPONZ-administered trademark rights.

This is the regulatory environment within which the proposed Auckland Council Bylaw and Control will operate. It is comprehensive. It is the framework Auckland Council itself describes as the wider system the Bylaw and Control should "complement and not duplicate."

Overall position and framing

We make this submission to support the council's broader direction and to flag six substantive concerns: three areas of regulatory overreach that should be corrected, one clarification, one observation, and one procedural concern about the evidence base.

Most of the proposed amendments are consistent with the principle of complementarity that the council itself articulates. Three are not, and we set those out first. The concerns we raise affect not just Jay's Medispa but the wider nurse-led aesthetic and wellness sector in Auckland.

SUBSTANTIVE CONCERN 1

Clause 26 of the proposed Control should be deleted

Clause 26 of the proposed Control reads:

> *"Any products injected into a recipient must (a) be verified as safe; and (b) be verified as registered or approved by an appropriate New Zealand central government agency."*

We submit clause 26 should be deleted. There are two independent reasons.

The "verified as safe" wording is regulatorily incoherent

No injectable medicine, medical device or biological product is "safe" in any absolute sense. Every regulated injectable carries known risks that are accepted by regulators on the basis of a benefit-risk assessment. The Medicines Act 1981 does not require Medsafe to find that a medicine is safe; it requires a balanced assessment of benefit and risk before consent to distribute is given. The Medical Devices Regulations are similar. No central government regulator in New Zealand or internationally applies an absolute safety standard to injectables. Requiring providers and council inspectors to verify products as "safe" sets a standard that no regulator applies and that no provider can meaningfully comply with.

The substantive verification requirement duplicates central government regulation

As set out in the regulatory framework section above, prescription cosmetic medicines administered at nurse-led clinics are already subject to:

i. Medsafe consent for distribution under the Medicines Act 1981
ii. a standing order issued by an authorised prescriber under the Medicines (Standing Order) Regulations 2002, with NZSCM-accredited doctor oversight
iii. the Nursing Council of NZ scope of practice and competence requirements for the registered nurse administering the medicine
iv. the HDC Code of Health and Disability Services Consumers' Rights for informed consent

Injectable medical devices such as dermal fillers and polynucleotide injectables are similarly regulated under the Medical Devices Regulations and require notification to Medsafe. Autologous biological preparations such as Platelet-Rich Plasma are produced clinically by registered health practitioners using regulated equipment, within scopes of practice governed by HPCAA and the practitioner's responsible authority.

A council inspector verifying a Medsafe-registered medicine administered under a standing order issued by an NZSCM-accredited oversight doctor adds nothing that Medsafe, the Medical Council, the Nursing Council and the HDC are not already doing. A council inspector second-guessing a Medsafe assessment is overreach. The council does not have the regulatory mandate or the technical capability to assess injectable product safety in a way that adds to what these existing regulators already do. This is reflected in the qualifications framework that applies to the Environmental Health Officers who administer the Bylaw and Control. Under the Environmental Health Officers Qualifications Regulations 1993, the recognised qualifications are environmental and public health degrees covering food safety, water quality, communicable disease control, premises hygiene, building consents and environmental hazards. These are the right qualifications for inspecting premises construction, sterilisation practice, infection control, tattoo ink chemistry and pool water quality, and Environmental Health Officers do that work well. They do not extend to clinical pharmacology, medicines and medical device regulation, HPCAA scopes of practice, or benefit-risk assessment of injectable cosmetic medicines, because those are the domains of Medsafe and the practitioner regulators rather than environmental health. Clause 26 asks the Officer to make an assessment for which the qualification framework provides no foundation, and which the regulators with that foundation are already making. This is true for Jay's Medispa and equally true for every other nurse-led aesthetic clinic in Auckland operating under similar frameworks.

Practical consequence: licensing fees

The Statement of Proposal indicates that providers are charged annual licensing fees based on whether their service is high-risk and on the number of services offered. Fees levied on injectable services that are already regulated by Medsafe, the Medical Council and the Nursing Council, and that should fall within the clause 9 HPCAA exemption, are charges for regulation that should not be occurring. We raise this not as a fee-level concern but as a logical consequence of the regulatory overreach: the fee follows the rule, and where the rule is duplicative, the fee is unjustified.

> PRIMARY RECOMMENDATION
>
> Clause 26 should be deleted. Where a council inspection identifies an injectable product that is not registered, notified or otherwise authorised by the appropriate central government agency, the proper response is referral to that agency rather than independent council enforcement.

ALTERNATIVE RECOMMENDATION

If clause 26 is retained in some form, we submit it should be amended to:

i. delete the words "be verified as safe; and" in subclause (a), which set an impossible standard
ii. replace the remainder with a simple requirement that any injectable product used in a service be of a type that is registered, notified, approved or otherwise authorised by the appropriate New Zealand central government regulator
iii. expressly exclude autologous biological preparations from the requirement, since by definition these are not products that can be registered or approved.

SUBSTANTIVE CONCERN 2

The use of "vampire facial" as a regulatory category is inappropriate

The proposed clause 6 and clause 7 schedules list "vampire facial" as a service category. We submit this is inappropriate and should be removed.

"Vampire Facial®" and "Vampire Facelift®" are registered trademarks of Dr Charles E. Runels Jr. of the Cellular Medicine Association. The trademarks are actively licensed and enforced in New Zealand. Providers who use the trademarked names commercially without a paid licence are required by the trademark holder to cease using them, and the trademark holder pursues legal enforcement against unauthorised use. This affects the entire aesthetic sector, not just Jay's Medispa.

A local bylaw should not adopt a registered private trademark as a regulatory category. There are three reasons.

It creates a conflict with national intellectual property law

The Trade Marks Act 2002, administered by the Intellectual Property Office of New Zealand, governs trademark use. By adopting a trademarked term as a regulatory category, the Bylaw places non-licensed providers in an awkward position: they must identify their service to the council using a name they cannot legally use commercially. This is the kind of cross-jurisdictional duplication that the council's stated complementarity principle counsels against.

It confers quasi-regulatory recognition on a private commercial trademark

Adopting "vampire facial" as a regulatory category gives the term standing in public regulation. Whether intended or not, this advantages the trademark holder and licensed providers over non-licensed providers offering similar procedures. This is not a proper role for a local regulatory instrument.

It is unnecessary given the existing generic schedule wording

The proposed clause 6 and clause 7 schedules already capture services that pierce, break or burn the skin in generic categories. Procedures that involve injection, microneedling or similar techniques are already covered by these existing generic categories without the need to name specific branded or trademarked variants. The schedules use "includes but is not limited to" wording, which preserves council flexibility for any emerging service. There is no regulatory gap that requires naming specific branded procedures, and naming them creates problems without solving any.

> RECOMMENDATION
>
> Remove "vampire facial" wherever it appears in the proposed Bylaw and Control. The existing generic schedule wording, supported by the "includes but is not limited to" framing, is sufficient to capture these services.

SUBSTANTIVE CONCERN 3

HPCAA-regulated practitioners should be treated consistently

We strongly support the proposal in clause 9 of the proposed Bylaw to recognise that practitioners registered with the Chinese Medicine Council of New Zealand are health practitioners under the HPCAA and are exempt from the Bylaw when working within their scope of practice. The Statement of Proposal is explicit that this change is to "align with central government legislation and regulations". This is the right principle.

However, the principle should be applied consistently. Registered nurses are HPCAA-regulated health practitioners on the same statutory footing as Chinese Medicine Council registrants. Both are registered with an Authority under the Health Practitioners Competence Assurance Act 2003. Both are subject to:

a. a published scope of practice
b. ongoing competence assurance and recertification by their Authority
c. professional and ethical standards published by their Authority
d. complaint and disciplinary processes administered by their Authority and the Health and Disability Commissioner
e. the Code of Health and Disability Services Consumers' Rights

The Nursing Council of New Zealand, like the Chinese Medicine Council, holds the technical expertise and statutory mandate to regulate the clinical practice of its registrants. Auckland Council does not, and the Statement of Proposal makes no claim that it does. The qualification framework underlines the point. The Environmental Health Officers Qualifications Regulations 1993 align the recognised qualifications for Environmental Health Officers with environmental and public health expertise (food safety, water quality, communicable disease, premises hygiene, environmental hazards), which is the right foundation for the parts of the Bylaw and Control they administer. The Nursing Council and the Chinese Medicine Council, by contrast, each set qualification, scope of practice and competence assurance frameworks that are specific to the clinical practice of their respective professions. The expertise required to assess clinical injectable practice sits with the practitioner regulators, and the council itself acknowledges this for Chinese Medicine Council registrants. The same acknowledgment should follow for the Nursing Council.

Clause 9 of the proposed Bylaw already provides a general exemption for any service undertaken by a health practitioner in the practice of their profession. This includes services delivered by registered nurses in nurse-led clinics. We support that exemption.

The concern arises because the proposed Control then introduces general rules that reach into matters squarely within the scope of HPCAA practitioner regulation. Clause 26 of the proposed Control (injectable product verification) is the clearest example. The decision to use a particular injectable medicine, prepared autologous biological product or medical device is a clinical decision made by the registered nurse within scope of practice, in accordance with a standing order issued by an authorised prescriber, with NZSCM-accredited doctor oversight, and within the safety and competence framework administered by the Nursing Council and Medsafe. A council-administered verification rule duplicates and second-guesses the regulators with the actual expertise and mandate.

The HDC Code already covers clinical care obligations

The Code of Health and Disability Services Consumers' Rights, administered by the Health and Disability Commissioner, already imposes legally enforceable duties on HPCAA practitioners. These include the right to services of an appropriate standard (Right 4), the right to be fully informed (Right 6), the right to make an informed choice and give informed consent (Right 7), and the right to complain (Right 10). Several of the new general rules in the proposed Control (consent forms, suitability assessments, accident response procedures) replicate Code obligations that already apply to registered nurses delivering clinical services. This is further duplication, this time with the consumer rights framework rather than with the product safety framework.

The complaints pathway already exists

A client with a concern about clinical care delivered by a registered nurse has a clear and well-resourced statutory pathway: a complaint to the Health and Disability Commissioner under the HDC Act, or to the Nursing Council under the HPCAA, or to both. These bodies hold the qualifications, statutory mandate and investigative powers to assess clinical practice. A complaint to Auckland Council about clinical injectable practice would be received by Officers whose qualification framework, as noted, does not extend to clinical assessment. The Officer would either need to refer the complaint to HDC or the Nursing Council (which the client could have done directly), or attempt to assess clinical decisions for which they are not trained and not statutorily mandated. The existing pathway is already correctly resourced for clinical complaints. The Bylaw and Control should not create a parallel pathway that duplicates it without adding capability.

If the council is satisfied (rightly) that Chinese Medicine Council oversight makes additional Bylaw and Control regulation unnecessary for that profession, the same logic applies to Nursing Council oversight. Either HPCAA registration is the basis for an exemption or it is not. It cannot be a basis for full exemption in one case and a basis for partial exemption coupled with overreaching general rules in another.

> RECOMMENDATION
>
> We submit that the council:
>
> i. confirm that the clause 9 exemption for health practitioners working within their scope applies to registered nurses delivering clinical services in nurse-led clinics, and to all other HPCAA-registered practitioners on the same terms as Chinese Medicine Council registrants
> ii. review the general rules in the proposed Control to ensure they do not reach into clinical decisions that fall within the scope of practice of an HPCAA-registered practitioner. Clause 26 is the most pressing example. Other examples include the consent, suitability assessment and incident response rules where they overlap with HDC Code obligations.
> iii. treat the principle of "complementarity, not duplication" as applying with the same force to all HPCAA professions, not selectively, and as applying to the consumer rights framework as well as the product safety framework.

SUBSTANTIVE CONCERN 4

Clause 5 should clarify the meaning of "injected" if clause 26 is retained

If any version of clause 26 is retained, the definition of "injected" in clause 5 should be clarified. It is currently unclear whether "injected into a recipient" captures topical application of serums or other products that absorb through micro-channels created during microneedling. These services do not involve injection by syringe, but the product does enter the dermis through compromised skin. Providers and inspectors will struggle to apply the rule consistently without clarification. The ambiguity affects every clinic offering microneedling-based services.

SUBSTANTIVE CONCERN 5

Practical application of the skin lesion removal restriction

We support clause 25 of the proposed Control and clause 8 of the proposed Bylaw, which restrict the removal of skin tags, lesions and moles to health practitioners. Undetected skin cancer is a real public health concern and clinical assessment before removal is appropriate. This change is consistent with the principle that clinical decisions should be made by clinically qualified professionals.

We note that the existing definition of "skin lesion" in clause 5 ("areas of the skin with abnormal texture or colour") is broad. It captures everything from genuinely benign minor variations (skin tags, sebaceous hyperplasia, milia, cherry angiomas, sun spots) through to lesions that warrant biopsy or surgical excision. We support the principle but suggest the council consider whether additional guidance, perhaps in a related information note, would help providers and inspectors apply the rule consistently across this spectrum.

SUBSTANTIVE CONCERN 6

The Statement of Proposal does not include the risk-based analysis

The Local Government Act 2002 section 155(1) requires the council to determine, before making a bylaw, that the bylaw is the most appropriate way of addressing the perceived problem. That determination should be evidence-led and transparent.

The 2025 Statutory Bylaw Review and Options Report (RSCCC/2025/35) contains a service-by-service risk assessment of 31 health and beauty services in Auckland. We acknowledge this work and the council's effort to apply a risk-based framework. The framework appears appropriate where specific evidence is cited (for example, the absence of ACC claims for colon hydrotherapy since 2008, used to support removing colon hydrotherapy from licensing).

However, the Statement of Proposal does not include or summarise this analysis. Members of the public, including the nurse-led aesthetic sector that is most directly affected by these proposals, must locate the underlying committee reports independently. This weakens the consultation and limits the public's ability to engage with the evidence base.

We also note that the published risk analysis is service-by-service. The proposed amendments include several new general rules that apply across services. The clearest example is clause 26 of the proposed Control. We have been unable to find a published risk analysis specifically supporting clause 26 that:

a quantifies the volume of adverse injectable events in Auckland that the rule addresses

b identifies what proportion of those events involved products not already regulated by Medsafe

c shows why a council inspection layer reduces harm beyond what Medsafe and the HPCAA practitioner regulators already do

d compares the cost and benefit of the new rule against the option of relying on existing central government regulation.

We have separately made a request for the underlying risk-based analysis under the Local Government Official Information and Meetings Act 1987, so that we can engage substantively with the evidence base.

> RECOMMENDATION
>
> We submit that the council:
>
> i. publish a summary of the risk-based analysis as part of the consultation material, so the public can engage with the evidence base for each significant change
> ii. identify specifically what risk evidence supports each new general rule, including clause 26 (injectable product verification) and clause 30 (general qualifications rule)
> iii. where no specific risk evidence is available for a new general rule, reconsider whether the rule meets the section 155(1) threshold of being the most appropriate way of addressing a perceived problem.

Other supportive comments

We support:

a the move from six-monthly to annual autoclave servicing (clause 53)

b the removal of specific Control rules for exfoliation, manicure, pedicure and massage

c the new general qualifications rule in clause 30, which sets a sensible baseline for non-HPCAA-registered providers without duplicating the practitioner regulators (subject to our concern about evidence base in section 6 above)

d the expanded recognition of HPCAA practitioners, including Chinese Medicine Council registrants, as exempt from the Bylaw within their scope of practice. This is a clean example of the complementarity principle in action and the right approach for HPCAA-registered practitioners more generally, including the registered nurses who deliver clinical services in nurse-led clinics (developed in section 3 above).

e the new framework for council approval of alternative practices

f the explicit listing of services in the proposed clause 6 and clause 7 schedules, subject to the substantive concern in section 2 about the inappropriate inclusion of the trademarked term "vampire facial". The retention of "includes but is not limited to" preserves council flexibility for emerging services.

Closing

We thank the council for the consultation. With clause 26 deleted (or substantially amended), the trademarked term "vampire facial" removed from the schedules, the parity of treatment for HPCAA-regulated practitioners confirmed, and the risk-based evidence base published, the proposed amendments are a meaningful improvement on the 2013 framework and consistent with the council's own principle of complementarity. They will also work better for the nurse-led aesthetic and wellness sector that operates under the comprehensive central government regulatory framework set out in this submission.

We are available to discuss any of the points above further, including by attending a Have Your Say event in person or online.

SIGNED ON BEHALF OF JAY'S MEDISPA

[redacted]

Operations Manager and Owner
Jay's Medispa
DATE: 05/06/2026

[redacted]

Clinical Director
Jay's Medispa
REGISTERED NURSE
DATE: 05/06/2026

JAY'S MEDISPA

• NURSE-LED SKIN & HAIR CLINIC, BIRKENHEAD, AUCKLAND

Level 1, 9a Birkenhead Avenue, Birkenhead, Auckland 0626 · [redacted]

SUBMISSION · HEALTH & HYGIENE BYLAW REVIEW

Submission to the Bylaw Panel

Proposed clause 26 of the Health and Hygiene Code of Practice ("the Control") — injectable services

Submitter: [redacted], Jay's Medispa

Contact: [redacted]

Level 1, 9a Birkenhead Avenue

Birkenhead, Auckland 0626

Date: 4 June 2026

I wish to be heard in support of this submission: Yes

> *Note on status: This submission supplements feedback I have already provided, which the council has confirmed the Bylaw Panel will consider. It draws on material released to me under LGOIMA reference 8140019089 (response dated 3 June 2026). If the Panel cannot accept supplementary written material at this stage, I ask that it be treated as the basis for an oral submission and that I be advised of the process and any deadline.*

1. Scope and position

1.1 I am the operator of Jay's Medispa, an Auckland appearance-medicine business. Our injectable treatments are performed by registered nurses working under an authorised prescriber's (doctor's) standing order. I have a direct interest in the proposal as a regulated operator, and I support the responsible management of the risk associated with injectables.

1.2 This submission is confined to **proposed clause 26 of the Control**, which (as I understand it) regulates injectables by reference to whether the **product** is safe.

1.3 My submission is that the appropriate and proportionate way to manage this risk through the bylaw is to focus on the **provider** — by verifying that injectables are performed within the existing national regulatory framework — and **not** on a council assessment of whether the **product** is "safe". I ask that clause 26 be amended to that effect. In its present product-focused form, I submit it should not be adopted.

2. The risk is already managed by a national framework — which the council already defers to

2.1 In responsible practice, injectables are performed by registered health practitioners operating within a comprehensive national framework. In our case, registered nurses administer under a doctor's **standing order** made under the Medicines (Standing Order) Regulations 2002 and the Medicines Act 1981. Within that framework:

- the product used is a medicine or medical device already regulated by Medsafe;
- an authorised prescriber issues the standing order and carries clinical responsibility for it;
- the nurse administering is registered with the Nursing Council under the Health Practitioners Competence Assurance Act 2003 and is personally accountable; and
- the Ministry of Health may audit standing orders at any time.

2.2 The council already recognises and defers to this principle. Clause 26 itself **exempts registered health practitioners**. And the council is updating the bylaw to recognise registered **Chinese medicine practitioners**, following the regulation of Chinese medicine as a profession under the Health Practitioners Competence Assurance Act 2003, with the Chinese Medicine Council of New Zealand as the responsible authority. In each case the council steps back where a national framework regulates the **provider**.

2.3 That instinct is the correct one, and it should govern clause 26 as well.

3. Clause 26 focuses on the product — which is the wrong focus

3.1 A rule that turns on whether the injectable **product** is "safe" misdirects the regulation in three ways.

3.2 **It is Medsafe's field, not the council's.** The safety of injectable medicines and medical devices is regulated nationally by Medsafe under the Medicines Act 1981. A territorial authority has neither the mandate nor the expertise to make product-safety determinations about medicines and devices.

3.3 **"Safe" is not a workable criterion.** Medicines and devices are regulated on an assessment of benefits against risks — their consumer information states they carry "risks and benefits" — and most dermal fillers, being medical devices, are subject to notification rather than any pre-market safety approval in New Zealand. There is no national determination of "safe" for the council to apply, and no injectable is free of risk.

3.4 **The council cannot administer it.** Environmental health officers are not pharmacists, Medsafe assessors or clinicians, and are not equipped to verify whether an injectable product is "safe".

4. The appropriate and proportionate focus is the provider

4.1 The risk that the council can meaningfully and competently manage through the bylaw is a **provider** risk: that injectables might be performed by people outside the national regulatory framework. The proportionate response is to address that directly.

4.2 I therefore **accept and support** that the council may, as a condition of operating, verify that injectables are performed by appropriately registered health practitioners operating within the national framework — for example, registered nurses administering under an authorised prescriber's standing order. That is an appropriate way to manage the risk.

4.3 A provider-focused approach has clear advantages over the product-focused clause 26:

- **It is administrable.** The council can readily verify registration and standing-order documentation, unlike a product-safety assessment it is not equipped to make.
- **It targets the real risk** — that an unqualified person performs the procedure — rather than duplicating the national regulation of the product.
- **It is consistent** with the bylaw's existing treatment of registered health practitioners and of registered Chinese medicine practitioners.
- **It closes the gap** the council is concerned about, because only providers operating within the national framework would satisfy it.

4.4 For the avoidance of doubt, I am **not** seeking to allow unqualified or unregistered persons to inject. A provider-verification requirement addresses that concern squarely; a product-safety requirement does not.

5. Section 155

5.1 Under section 155 of the Local Government Act 2002 the council must be satisfied a bylaw is the most appropriate **way**, and the most appropriate **form**, of addressing the perceived problem. A provider-verification requirement meets that test; a council product-safety regime does not, given Medsafe's role and the council's lack of competence to administer it.

5.2 I accept that a bylaw may deal with a matter also dealt with by national law (section 14 of the Bylaws Act 1910), provided it is not repugnant to that law. The point is that a council product-safety layer is not the most *appropriate* response where Medsafe already governs the field; a provider check, by contrast, complements the national framework rather than duplicating it.

6. Supporting point — absence of Auckland evidence

6.1 The harm and complaint data released by the council contain no category for injectables, and the council's own comments on my feedback acknowledge that the analysis does not quantify adverse injectable events in Auckland or demonstrate the added value of a council layer. This confirms that a product-focused council layer has not been shown to be necessary.

7. Relief sought

7.1 I ask the Bylaw Panel to recommend that:

- **(a)** proposed clause 26 not be adopted in its current product-focused form;
- **(b)** to the extent the council regulates injectables, it do so by **verifying that the provider operates within the existing national regulatory framework** — that is, that injectables are performed by registered health practitioners under an authorised prescriber's standing order — which the council can administer and which directly addresses the risk; and
- **(c)** any concern about the national regulation of injectable products be referred to Medsafe and central government as the bodies equipped to address it.

7.2 I would welcome the opportunity to speak to this submission if the Panel is holding hearings.

Ngā mihi

[redacted]

[redacted]
Owner and Operations Manager, Jay's Medispa
Date: 4 June 2026

Proposal to improve Health and Hygiene Bylaw and Control 2026

#35

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Māngere-Ōtāhuhu

Your feedback:

Which of the sections would you like to provide feedback on?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Im used to do with the old way

If you want to suggest changes to the proposal, what changes do you want?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

********** long it good for customer I don't mind

18. Do you have any other feedback or changes you want to make?

No

Proposal to improve Health and Hygiene Bylaw and Control 2026

#39

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Manurewa

Your feedback:

Which of the sections would you like to provide feedback on?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

I support removing the licensing requirement for low-risk exfoliation services that do not use machines, chemicals, or needles. The proposed general hygiene rules are sufficient to maintain client safety.

18. Do you have any other feedback or changes you want to make?

As a provider of non-invasive facial treatments, I support removing the licensing requirement for services that do not intentionally pierce, break, or burn the skin.

Treatments such as manual exfoliation and other low-risk beauty services can be performed safely by following appropriate hygiene standards. The proposed general hygiene requirements provide sufficient protection for clients while reducing unnecessary costs and administrative burden for small businesses.

I believe council resources should focus on higher-risk services that intentionally break the skin or involve needles, chemicals, heat, or specialised devices.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#4

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Maungakiekie-Tāmaki

Your feedback:

Which of the sections would you like to provide feedback on?

5. Electrolysis, red vein treatments and needling,12. Manicures and pedicures,13. Massage,14. Hair removal

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

It strikes a practical balance between health of the customer and the work load on the operator/s of the premises.

If you want to suggest changes to the proposal, what changes do you want?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Yes, yes, yes please. It is important that a doctor checks the it's not something else that is causing the abundance of hair growth, like a cancer growth. I have always asked if they have spoken to a doctor first. They have all explained they have and most are due to age.

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

The are good practical suggestions and it is common sense to do so.

If you want to suggest changes to the proposal, what changes do you want?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

It is common sense and sticking to the general rule still requires compliance. It also shows the changing of time. People getting their nails change more often prevents suffocation of the nail-plate.

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

It is a practical move and general rules are good.

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I don't know

Tell us why?

I don't know what the minor edits are.

18. Do you have any other feedback or changes you want to make?

Finding a place to calibrate electrolysis machine is becoming a nightmare due to less technical electricians in Auckland. Places that do offer calibration are quadrupling the price because it is not one of their machines. If I buy one of their electrolysis machine then the price will come down by $300. Places who do this are truly abusing the market. So, is their anyway the Council can have a list of suggested place to have beauty machines get their W.O.F (as it were), listed on the council website? It would even up the playing field from coercion. I need to have calibration papers because I my paper work check by the council and if I don't get it done, I will get a fine and also told off too.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#24

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Maungakiekie-Tāmaki

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),9. General requirements for all services that risk or intentionally break the skin,15. Sunbeds,16. Pulsed light and laser treatments,17. Public swimming pools

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

more hygene is better, sometimes more rules are needed

If you want to suggest changes to the proposal, what changes do you want?

I would suggest optional masking and ventilation rules so risk averse customers can more easily find safer premises. Maybe an optional displayable notice of ventilation level.

This would be targeted to control of respiratory or airborne diseases.

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are

that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

more hygiene is better

If you want to suggest changes to the proposal, what changes do you want?

I would suggest optional masking and ventilation rules so risk averse customers can more easily find safer premises. Maybe an optional displayable notice of ventilation level.

This would be targeted to control of respiratory or airborne diseases.

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

more hygiene and choice is better

If you want to suggest changes to the proposal, what changes do you want?

I would suggest optional masking and ventilation rules so risk averse customers can more easily find safer premises. Maybe an optional displayable notice of ventilation level.

This would be targeted to control of respiratory or airborne diseases.

Also possibly vaccination status of employees or even customers could be made visible.

15. SUNBEDS: Our proposal makes the following key changes from the current rules:

(a) Remove reference to providers needing to 'trained' when supervising recipients at all times, because all providers must comply with the training requirements in clauses 30 and 109 of the proposed Control.

(b) Add best practice note that people using photosensitive medication should consult a health practitioner before using a sunbed.

(c) Update the requirements for warning notices, to align with the information in section 3.6.1 of AS/NZS 2635:2008: Solaria for cosmetic purposes and with public health advice.

(d) Minor edits to move rules and related information into related sections (for example to specify who must not receive sunbed services and to record information about how often a recipient has used a sunbed in the previous week).

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want a completely different rule

Tell us why?

Sunbeds are bad and should be banned or restricted to Adults at least after mandatory warnings.

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

looks good

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

These changes are good but I would suggest ventilation and air quality improvements also.

If you want to suggest changes to the proposal, what changes do you want?

I would suggest optional masking and ventilation rules so risk averse customers can more easily find safer premises. Maybe an optional displayable notice of ventilation level.

This would be targeted to control of respiratory or airborne diseases.

18. Do you have any other feedback or changes you want to make?

left blank

Proposal to improve Health and Hygiene Bylaw and Control 2026

#31

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Ōtara-Papatoetoe

Your feedback:

Which of the sections would you like to provide feedback on?

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

When I worked in Leisure Services for Manukau City Council, we upheld optimum standards in Aotearoa NZ. This should continue. My cousin worked at local swimming pool and would divulge that public secretions would be habitual reasoning for thorough cleansing and hygienic practices. Some families have no idea on personal hygiene in a public setting and in shared facilities.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

Children should have limited access to spa pools so that Adults can enjoy at correct temperatures. ie allow young children during set times of the day or week, not a blanket temperature setting, nor excess bubbles allowed for safety reasons, which is too cold and redundant for Adults, who contribute to funding the facilities through our taxes.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#55

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Ōtara-Papatoetoe

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

See attachment for readable table of suggestions

13 (2) (C) have all toilets and changing rooms regularly checked and cleaned during operating times. Add "bathrooms, wash areas"

15 (C) sterile equipment or single-use disposable pre-steralised equipment - Clean and sterile equipment or single-use disposable pre-steralised equipment

21 (2) (h) a hygienic place to store or dispose of used water. - change to "a hygienic place to store clean water and a drain to dispose of used water."

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

See attachment for readable table of suggestions

23 Duty to manage risks to public health and safety - should be duty of care to manage risks to public health and safety

27 (a) meets any age requirements for the service under this Control - Meets the age of 18 years and older and must provide proof of ID. Under 16 years must have parental/guardian consent for services under this Control.

30 Providers must be competent and appropriately qualified. - 30 will change to 31. Add a new clause 30. This clause is a standard set for the Provider about their personal health and wellbeing to take responsibility for their own health. 30 Providers and their assistants or workers, must take responsibility for their personal health and wellbeing to prevent the health and safety risks to themselves, their workers, recipients and others by – Having a shower every day before they start their work on a recipient and at the end of the day.

•

Having a regular health monitoring review or health screening te, at their GP.

•

Updating their vaccination status. For example Covid-19 vaccinations and getting vaccinated, Tetanus and Diphtheria (Td) vaccination or booster.

•

Check Hepatitis B status regularly.

•

Be competent competent and appropriately qualified with an officially recognised qualifications that are relevant to their area of work. For example a Certificate in Infection, Prevention and Control, Certificate in Hand Hygiene, Certificate in Bloodborne Pathogens, relevant courses on Chronic Diseases.

32 Providers must wash and dry their hands in a hygienic way - Should become (33) Providers must wash and dry their hands by following the World Health Organisation 5 moments of hand hygiene procedure.

32 (1) (2) and (3) - water or use hand rub.

32 (1) A provider must thoroughly clean their hands.

(1) Before touching a client

(2) Before a procedure

(3) After a procedure or body fluid exposure risk

(4) After touching a client

(5) After touching a client’s surroundings

Remove 32 (1) (b).

32 (1) (C) immediately after (i) touching blood or body fluids (ii) using a toilet. (iii) blowing nose, using hands to sneeze or cough. (vi) smoking or vaping and (d)before putting on, and after removing gloves, when providing a service that intentionally pierces the skin.

Add (e) Brushing hands and fingernails when visibly soiled, with suitable soap or handwashing liquid.

Add (2) After cleaning their hands, a provider must dry their hands using a single use towel for example a towel paper towel or a single-sue cloth.

Remove 32 (3) (a) and (b)

Remove 32 (2) (A) and (C)

Hand rub can be used if their hands are not visibly dirty.

33 A provider must wear clean single-use disposable surgical gloves that fit properly - add "Fitted" for glove

33 (iii) is known to have a communicable disease. Add "infectious"

33 (b) (iii) is handling blood-soiled items, body fluids, body waste (for example urine or faeces), excretions, and secretions. Add "For example, blood"

34 - add "work garments must be appropriate for delivering a service and maintained in a clean and hygienic condition"

Add "linen and work garments used on, under, or over a recipient when carrying out a service must be disinfected and laundered including ensuring that.."

34C - add "items are disinfected and laundered"

35 Chemicals must be contained and used safely and hygienically. Add "chemicals must be stored, contained and used in safe and hygienic manner"

35 (c) not reuse a container (for example a bottle, jar or canister) unless it is refilled with the original product. - change to MUST NOT be reused.

36 (1) (a) All sharps in a sharps container and all biohazardous waste in a biohazard waste bin.

(2) Used sharps containers and biohazard waste bins must be collected or disposed of by an approved waste collector. - add example sharps "used stainless steel needles and syringes and other sharp objects) in a yellow disposable sharps container and all biohazardous waste in a biohazard waste bin." Change (2) to 2) Used disposable sharps containers and biohazard waste bins must be collected or disposed of when they have reached the ‘fill line’ or three-quarters full) at an approved waste collector (For example a Pharmacy or licensed hazardous waste management company). You must ensure that the lid of the disposable sharps container is securely sealed or use heavy-duty tape to secure the lid.

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

See attachment for readable table of suggestions.

40 Skin-piercing services must not be carried out on people under a certain age. - specify underage

41 The recipient's skin and medical history must be assessed as suitable - add general health

41 (a) (b) obtain and assess relevant aspects of the recipient's medical history, including whether the recipient has or suspects they have –

(i) A communicable disease

(ii)A skin disease

(vii) is taking medication s that thin the blood or interfere with blood clotting ...

Add "Acute illness for example covid-19, the flu or flu symptoms."

Add (ii)

A communicable or infectious disease (For example Hep B, Hep C, Tuberculosis (Tb), Sexual Transmitted Infection (STI)

(iii)

Compromised Immune system and medical treatment (For example HIV/AIDS, Chemotherapy, radiation).

(iv)

Active skin disease (For example Eczema, Psoriasis, Dermatitis).

(v)

Blood disorder (Hemophilia or taking blood-thinning medication)

(vii) Chronic Disease (For example – Heart Disease, Type 2 Diabetes, High Blood Pressure) or an autoimmune disease.

(viii) is taking medications that thins the blood or interfere with blood clotting.

(v1) A diagnosed Chronic Disease, communicable disease or serious illness.

42 (a) their suitability to receive the service, if the provider determines they are not suitable. - Add 42 (d) recipients who are not suitable for a service that intentionally pierce the skin –

(a) Diagnosed Hepatitis B carrier, Hepatitis C carrier, HIV positive, Tuberculosis (Tb), Blood disorder, active skin conditions

(b) Compromised immune system and treatment.

(c) Recipients who are on certain medications

(d) Does not have a medical clearance letter from a registered Medical Doctor

Change 47 to "47 Piercing equipment must be packaged and verified by recipient, when requested."

Change 48 to "48 (a) all single-use piercing equipment must be disposed of immediately, in accordance with the New Zealand standards for disposable sharps containers, and 48 (b) Before any reusable piercing equipment is used again – either on another recipient or on the same recipient at a later time- it must be –

(i) stored or covered to prevent contamination of people or other items until it is cleaned thoroughly and sterilised (for example by placing in a container that is ONLY items contaminated with blood and body fluids)

50 (1) (a) be correctly cleaned using

(i)

clean water to wash instruments or tools and using hospital grade detergent and if necessary, soaking the equipment in disinfectant to remove all contaminants.

(ii)

An ultrasonic cleaner and autoclave steriliser

(iii)

Another cleaning method that removes contaminants such as blood, body fluids or ink, to the nature of the equipment (For example glass, wood or plastic containers used to hold ink for customary tattooing).

50 (A) Sterilisation Process using Dry Heat or Autoclave/Steam Sterilisation. No changes to (A) and (B)

50 (2) Cleaning process using the Ultrasonic Cleaner.

(The Ultrasonic cleaning process should be (1) before the sterilization process)

(B) Ultrasonic cleaner to remove and clean contaminants off surfaces such as blood, skin tissue, ink from equipment or tools (For example stainless steel needles, medical instruments, jewelry) to ensure that –

(a) the ultrasonic cleaner is the suitable tank size and capacity for equipment or tools and has a lid,

(b) Correct frequency for the type of equipment to be cleaned.

(c) Correct power watts suitable for the type of equipment to be cleaned.

(d) Has heating function to enhance cleaning efficiency to loosen stubborn contaminants.

(e) Use distilled water and correct ultrasonic cleaning solution and measurements recommended by manufacturer.

(e)

Set time & Temperature for the cycle needed and run the cleaner cycle.

(f)

Rinse the instruments and tools thoroughly under clean water and dry them with a clean microfiber cloth or air dry.

(g)

Check that contaminants have been removed.

(h)

If contaminants are still visible, run another cycle.

(i)

Clean and dry ultrasonic machine by following the manufacturers instructions.

(j)

If sterilizing the clean instruments, follow (c) - the process for Autoclave/Steam sterilisation.

(C) Instruments to be processed for Autoclave/Steam sterilisation –

(a)

Instruments or tools such as stainless steel needles, medical instruments that are to be sterilized in the autoclave MUST be thoroughly cleaned in an Ultrasonic and follow the Ultrasonic cleaning process (B).

(b)

Following the Ultrasonic cleaning process, the instruments or tools must be dried and then packed into individual autoclave pouches and sealed with autoclave tape.

(c)

Avoid Overcrowding: Do not overfill the pouch. Keep it filled to a maximum of 75% capacity to ensure adequate steam circulation and proper air removal. Leave at least 3 cm (about 1 inch) of space between the seal and the instruments.

50 (2) Table for ‘Recommended best practice for cleaning’ to be reviewed to align with the 50 (2) (B) Cleaning process using the Ultrasonic Cleaner.

Change 41 (2) (d) - remove "any other"

Add "must" to 70

71 - "skin around the tattoo site should be covered"

The area of the body surrounding the skin to be tattooed must be covered with a single-use disposable product or clean linen (for example clean absorbent underlay or underpad.

Change 73 - 73 Separate sterilised ink containers or containers covered with a disposable plastic wrap, must be used for each recipient.

New insert.

(c) containers used to hold ink for customary tattooing MUST be covered with a disposable plastic wrap and disposed appropriately, after each tattoo session.

74 (a) - Must NOT be reused

76 - add "plastic mats or mats made of natural materials"

Subpart 7 Tattooing with tools made from natural materials

- Customary tattooing has deep cultural significance in Aotearoa New Zealand, particularly for Māori and Pacific peoples, including tā moko and tatau. Auckland Council recognizes and respects the traditions, cultural knowledge, mana, and authority of customary tattooing and the significance of the Traditional tattooists (e.g le matua o faiva, tufuga tāga tatau – traditional master tattooists).

This control does not regulate the cultural or spiritual aspects of cultural or spiritual aspects of customary tattooing. It is focused on ensuring that the workspaces for example a marae, garage or apisā (sacred tattooing area for customary Samoan tattooing) of where the customary tattooing takes place and, the customary tools and materials used, are hygienic and do not transmit disease or infection.

Customary tattooing often:

•

Takes place in temporary settings that require specific hygiene practices for the Tufuga, the Tufuga’s assistance, the client and their family members

•

Uses tools and equipment made from natural materials that may be fragile for autoclave sterilisation, increasing the risk of using unsuitable equipment and materials, increasing the risk of blood-borne infection and illness, if not cleaned correctly.

•

Involves large areas of the body tattooed in a relatively short time, which can heighten infection risk and health complications.

•

Involves keeping the tattooed sites as open wounds to be regularly washed and massaged under water with antibacterial soap (for example every 2-3 hours) to prevent infection and promote healing.

Add "materials" to 77

79 add "may use a sterile or clean barrier"

80A For tools covered with an effective barrier and NOT contaminated with blood, a provider must

•

Remove the barrier (for example plastic cover)

(B) for other tools and any effective barrier, including tools or materials that have been contaminated with blood, body fluids or ink a provider must –

(a) place the tools under water, and scrub them with a soft scrubbing implement using a hospital-grade cleaning agent (a substance or chemical used to remove dirt, ink, blood or body fluids, skin, tissue and other contaminants.

(f) where custom made tools and natural materials are clearly contaminated or damaged, they MUST be disposed and NOT be reused.

81 Recommended best practices for handling needles.

•

Needles contaminated with blood or body fluids are extremely hazardous. They can transmit serious blood-borne diseases such as Hepatitis B, Hepatitis C and HIV AIDS, transfer other communicable diseases and cause health complications.

•

Single use disposable needles are more effective and safer than reusable needles, to prevent unintended skin damage, scarring and other health complications.

4. BODY PIERCING: Our proposal makes the following key changes from the current rules: Clarify when to clean and sterilise equipment. What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

8. TATTOOING WITH TOOLS MADE FROM NATURAL MATERIALS: Our proposal makes the following key changes from the current rules for tools made from natural materials:

(a) Clarify that the rules in this subpart of the Control do not regulate the cultural or spiritual aspects of customary tattooing. It focuses on ensuring tools are used hygienically and do not transmit disease or infection.

(b) Replace references to using PeraSafe as a cleaning agent with 'a hospital-grade cleaning agent used by following the manufacturer's instructions and safety data sheets'.

(c) Add an alternative process for protecting tools from blood contamination: covering the tools with an effective sterile barrier, and replacing these after use.

(d) Add an alternative process for cleaning tools covered with an effective sterile barrier and not contaminated with blood: removing the barrier, wiping down with antibacterial wipes and drying the tools overnight.

(e) Add a rule that a needle used to carry out customary tattooing may be given to the recipient of the tattoo if it is placed in a sealed, secure and durable container.

(f) Clarify that tools that have been cleaned, disinfected and sterilised must be stored in containers that are 'covered or sealed'.

(g) Move the rules for washing and drying hands and for using gloves to clauses 32 and 33 of the proposed Control.

(h) Move recommended best practice for premises to be clean and hygienic and for skin-piercing tools and equipment to be sterile to clauses 8 and clause 45 of the proposed Control.

(i) Add best practice note about the hazards of needles, including blood contamination and about the effectiveness of single-use needles at preventing disease transmission and scarring.

(j) Change the name of this section from 'Traditional Tools Tattooing' to 'Tattooing with tools made from natural materials'.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

See attachment for readable table of suggestions.

85 (b) discuss with the recipient any skin condition that may lead to skin irritation. - add "for example eczema, dermatitis, psoriasis"

86 - Add

86 Recipient must be advised of their suitability, risks and mitigation measures.

(a) their suitability to receive a service if a provider determines they are not suitable. For example Diagnosed Hepatitis B carrier, Hepatitis C carrier, HIV positive, Tuberculosis (Tb), Blood disorder, active skin conditions.

(b) Compromised immune system and treatment.

(c) Recipients who are on certain medications. Does not have a medical clearance letter from a registered Medical Doctor.

87 - Skin must be clean before carrying out a service that may break skin.

Before carrying out a service that risks or intentionally breaks the skin, the external areas of the recipient's skin must be clean by-

(a) Advising the recipient to take a shower

(b) Provider will use a clean, single-use swab

90 A provider must wear clean single-use fitted disposable surgical gloves before touching a person or any object (including surfaces, equipment and tools) which may be contaminated with blood, body fluids or other contaminants.

18. Do you have any other feedback or changes you want to make?

N/A

Auckland Council Services with Health and Hygiene Bylaw and Control – Feedback

Date: 4 June 2026

From: [redacted] – Public Health Advisor to Tufuga taga tatau tattooists who practice in Aotearoa, NZ.

Bylaw and control	Auckland Council	Feedback/Changes to be made
Part 1 Premises. Subpart 1 – General condition of premises.		
		No Feedback
Subpart 2 – Work Areas	13 (2) (C) have all toilets and changing rooms regularly checked and cleaned during operating times.	13 (2) (C) have all toilets, **bathrooms, wash areas** and changing rooms regularly checked and cleaned during operating times.
Subpart 3 – Supplies and Storage	15 (C) sterile equipment or single-use disposable pre-steralised equipment	**Clean and** sterile equipment or single-use disposable pre-steralised equipment
Subpart 4 – Cleaning areas	21 (2) (h) a hygienic place to store or dispose of used water.	a hygienic place to store clean **water and a drain** to dispose of used water.
Part 2 – General rules about Services.		
Subpart 1 – Managing health and safety risks	23 Duty to manage risks to public health and safety	**Duty of care** to manage risks to public health and safety
	27 (a) meets any age requirements for the **service** under this Control	Meets **the age of 18 years and older and must provide proof of ID. Under 16 years must have parental/guardian consent for services under this Control.**
	30 Providers must be competent and appropriately qualified.	30 will change to 31.
	Add a new clause 30. This clause is a standard set for the Provider about their personal health and wellbeing to take responsibility for their own health.	30 **Providers** and their **assistants or workers**, must take responsibility for their personal health and wellbeing to prevent the health and safety risks to themselves, their workers, recipients and others by –

Feedback by [redacted]. 7 June 2026

		• Having a shower every day before they start their work on a recipient and at the end of the day. • Having a regular health monitoring review or health screening te, at their GP. • Updating their vaccination status. For example Covid-19 vaccinations and getting vaccinated, Tetanus and Diphtheria (Td) vaccination or booster. • Check Hepatitis B status regularly. • Be competent competent and appropriately qualified with an officially recognised qualifications that are relevant to their area of work. For example a Certificate in Infection, Prevention and Control, Certificate in Hand Hygiene, Certificate in Bloodborne Pathogens, relevant courses on Chronic Diseases.
	32 Providers must wash and dry their hands in a hygienic way	Should become (33) Providers must wash and dry their hands by following the World Health Organisation 5 moments of hand hygiene procedure.
	32 (1) (2) and (3)	32 A provider must wash their hands with soap and water or use hand rub. 32 (1) A provider must thoroughly clean their hands. (1) Before touching a client (2) Before a procedure (3) After a procedure or body fluid exposure risk (4) After touching a client (5) After touching a client's surroundings

Feedback by [redacted] 7 June 2026

		
		Remove 32 (1) (b). 32 (1) (C) immediately after (i) touching blood or body fluids (ii) using a toilet. (iii) blowing nose, using hands to sneeze or cough. (vi) smoking or vaping and (d)

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		before putting on, and after removing gloves, when providing a service that intentionally pierces the skin. Add (e) Brushing hands and fingernails when visibly soiled, with suitable soap or handwashing liquid. Add (2) After cleaning their hands, a provider must dry their hands using a single use towel for example a towel paper towel or a single-sue cloth. Remove 32 (3) (a) and (b) **Remove** 32 (2) (A) and (C) Hand rub can be used if their hands are not visibly dirty.

Feedback by [redacted]. 7 June 2026

		
	33 A provider must wear clean single-use disposable surgical gloves that fit properly -	33 A provider must wear clean**, fitted,** single-use disposable surgical gloves -

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	33 (iii) is known to have a communicable disease.	33 (iii) is known to have a communicable or infectious disease.
	33 (b) (iii) is handling blood-soiled items, body fluids, body waste (for example urine or faeces), excretions, and secretions	33 (b) (iii) is handling blood-soiled items, body fluids **(for example blood),** body waste (for example urine or faeces), excretions, and secretions.
Subpart 3 Maintaining cleanliness of premises	34 Linen and protective garments must be clean and hygienic. Linen and protective garments used on, under, or over a recipient when carrying out a service must be clean and disinfected before they are used. (b) any item has been cleaned and disinfected after its most recent use. (C) items are cleaned and disinfected as often as necessary to keep them clean and hygienic (for example after a period not being used) (d) linen cleaned in (b) and (c) is laundered in a washing machine with laundry detergent, or by a regular commercial laundry service.	34 Linen and **work garments must be appropriate for delivering a service and maintained in a clean and hygienic condition.** **Linen and work garments used on, under, or over a recipient when carrying out a service must be disinfected and laundered including ensuring that** (b) any item has been disinfected and laundered before it is reused. (C) items are **disinfected and laundered** as often as necessary to keep them clean and hygienic (for example after a period not being used) (d) linen cleaned in (b) and (c) is laundered in a washing machine with laundry detergent, or by a regular commercial laundry service.
	35 Chemicals must be contained and used safely and hygienically.	35 Chemicals must be stored, contained and used in a safe and hygienic manner.

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	35 (c) not reuse a container (for example a bottle, jar or canister) unless it is refilled with the original product.	35 (c) containers like bottles, jars or canisters MUST NOT be reused unless they are filled again with the original product.
	36 (1) (a) All sharps in a sharps container and all biohazardous waste in a biohazard waste bin. (2) Used sharps containers and biohazard waste bins must be collected or disposed of by an approved waste collector.	36 (1) (a) All sharps (for example used stainless steel needles and syringes and other sharp objects) in a yellow disposable sharps container and all biohazardous waste in a biohazard waste bin. 2) Used disposable sharps containers and biohazard waste bins must be collected or disposed of when they have reached the 'fill line' or three-quarters full) at an approved waste collector (For example a Pharmacy or licensed hazardous waste management company). You must ensure that the lid of the disposable sharps container is securely sealed or use heavy-duty tape to secure the lid.
Part 3 Services that intentionally pierce the skin		
Subpart 1 General requirements for all services that intentionally pierce skin	40 Skin-piercing services must not be carried out on people under a certain age.	40 Skin-piercing services must not be carried out on persons underage.
	41 The recipient's skin and medical history must be assessed as suitable	41 The recipient's skin, medical history and general health must be assessed as suitable.
	41 (a) (b) obtain and assess relevant aspects of the recipient's medical history, including whether the recipient has or suspects they have – (i) A communicable disease (ii) A skin disease	41 (b) obtain and assess relevant aspects of the recipient's general health and medical history, including whether the recipient has or suspects they have – (i) Acute illness for example Covid-19, the flu or flu symptoms.

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	(vii) is taking medication s that thin the blood or interfere with blood clotting …	(ii) A communicable or infectious disease (For example Hep B, Hep C, Tuberculosis (Tb), Sexual Transmitted Infection (STI) (iii) Compromised Immune system and medical treatment (For example HIV/AIDS, Chemotherapy, radiation). (iv) Active skin disease (For example Eczema, Psoriasis, Dermatitis). (v) Blood disorder (Hemophilia or taking blood-thinning medication) (vii) Chronic Disease (For example – Heart Disease, Type 2 Diabetes, High Blood Pressure) or an autoimmune disease. (viii) is taking medications that thins the blood or interfere with blood clotting. (v1) A diagnosed Chronic Disease, communicable disease or serious illness.
	42 (a) their suitability to receive the service, if the provider determines they are not suitable	42 (a) their suitability to receive the service, if the provider determines they are **not** suitable **Add** 42 (d) recipients who **are not** suitable for a service that intentionally pierce the skin – (a) Diagnosed Hepatitis B carrier, Hepatitis C carrier, HIV positive, Tuberculosis (Tb), Blood disorder, active skin conditions

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		(b) Compromised immune system and treatment. (c) Recipients who are on certain medications (d) Does not have a medical clearance letter from a registered Medical Doctor
	47 Piercing equipment must be packaged and opened in front of the recipient	47 Piercing equipment must be packaged and verified by recipient, when requested.
	48 (a) all single-use piercing equipment must be disposed of immediately, in accordance with the current New Zealand standards for sharps containers, and	48 (a) all single-use piercing equipment must be disposed of immediately, in accordance with the New Zealand standards for **disposable** sharps containers, and
	48 (b) (i) stored, until it can be cleaned in a way that prevents contamination of other items or people (for example, in a container for items that have contacted blood or body fluids).	48 (b) Before any reusable piercing equipment is used again – either on another recipient or on the same recipient at a later time- it must be – (i) stored or covered to prevent contamination of people or other items until it is cleaned thoroughly and sterilised (for example by placing in a container that is ONLY items contaminated with blood and body fluids)
	50 (1) (a) be thoroughly cleaned using (i) Washing in water and detergent	50 (1) (a) be correctly cleaned using (i) clean water to wash instruments or tools and using hospital grade detergent and if necessary, soaking the equipment in disinfectant to remove all contaminants. (ii) An ultrasonic cleaner and autoclave steriliser (iii) Another cleaning method that removes contaminants such as blood, body fluids or ink, to the nature of the equipment (For

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		example glass, wood or plastic containers used to hold ink for customary tattooing). **<u>50 (A) Sterilisation Process using Dry Heat or Autoclave/Steam Sterilisation.</u>** No changes to (A) and (B) 50 (2) **<u>Cleaning process using the Ultrasonic Cleaner.</u>** **(The Ultrasonic cleaning process should be (1) before the sterilization process)** (B) **Ultrasonic cleaner** to remove and clean contaminants off surfaces such as blood, skin tissue, ink from equipment or tools (For example stainless steel needles, medical instruments, jewelry) to ensure that – (a) the ultrasonic cleaner is the suitable tank size and capacity for equipment or tools and has a lid, (b) Correct frequency for the type of equipment to be cleaned. (c) Correct power watts suitable for the type of equipment to be cleaned. (d) Has heating function to enhance cleaning efficiency to loosen stubborn contaminants. (e) Use distilled water and correct ultrasonic cleaning solution and measurements recommended by manufacturer.

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		(e) Set time & Temperature for the cycle needed and run the cleaner cycle. (f) Rinse the instruments and tools thoroughly under clean water and dry them with a clean microfiber cloth or air dry. (g) Check that contaminants have been removed. (h) If contaminants are still visible, run another cycle. (i) Clean and dry ultrasonic machine by following the manufacturers instructions. (j) If sterilizing the clean instruments, follow (c) - the process for Autoclave/Steam sterilisation. (C) Instruments to be processed for Autoclave/Steam sterilisation – (a) Instruments or tools such as stainless steel needles, medical instruments that are to be sterilized in the autoclave MUST be thoroughly cleaned in an Ultrasonic and follow the Ultrasonic cleaning process (B). (b) Following the Ultrasonic cleaning process, the instruments or tools must be dried and then packed into individual autoclave pouches and sealed with autoclave tape. (c) **Avoid Overcrowding:** Do not overfill the pouch. Keep it filled to a maximum of **75% capacity** to ensure adequate steam circulation and proper air removal. Leave at least 3 cm (about 1 inch) of space between the seal and the instruments.

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		(d) **Remove excess air** — Press the air out of the pouch from bottom to top before sealing. (e) **Fold the adhesive line** — If using a self-sealing pouch, fold the adhesive strip down firmly along the perforated line to make a tight seal. (f) **Label the pouch** — Write the date, your initials, and the contents on the paper side only using a non-toxic autoclave marker. Never write on the plastic side because ink chemicals can leach through during heating (g) Load into the autoclave laying flat on the tray in a single layer or vertically. (h) Follow the manufacturers instructions to ensure there is adequate water in the autoclave to steam the instruments, set the timer, temperature and pressure and turn the autoclave sterilizer on.
		50 (2) Table for 'Recommended best practice for cleaning' to be reviewed to align with the 50 (2) (B) **Cleaning process using the Ultrasonic Cleaner.**
	41 (2) (d) follow any other manufacturer's instructions	41 (2) (d) follow manufacturer's instructions.
Subpart 6 - Tattooing	70 Only inks manufactured for tattooing may be used	70 Only inks manufactured for tattooing **must** be used
	71 Skin around the tattoo site must be covered. The area of the body surrounding the skin to be tattooed must be covered	71 Skin around the tattoo site **should** be covered. The area of the body surrounding the skin to be tattooed must be covered with a single-use

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	with a single-use disposable paper product or clean linen.	disposable product or clean linen (for example clean absorbent underlay or underpad.
	73 Separate sterilised ink containers or containers must be used for each recipient	73 Separate sterilised ink containers or containers covered with a disposable plastic wrap, must be used for each recipient. New insert. (c) containers used to hold ink for customary tattooing MUST be covered with a disposable plastic wrap and disposed appropriately, after each tattoo session.
	74 (a) be immediately disposed of in sharps containers that comply with the current New Zealand standard for sharps containers and Must not be reused.	74 (a) be immediately disposed of in disposable sharps containers that comply with the current New Zealand standard for disposable sharps containers and Must **NOT** be reused.
	76 Any supplies (for example mattresses, squabs, cushions, or linen) that come into contact with blood or body fluids must be -	76 Any supplies (for example mattresses, squabs, cushions, linen, **plastic mats or mats made of natural materials**) that come into contact with blood or body fluids must be -
Subpart 7 Tattooing with tools made from natural materials	Related information about customary tattooing comment box.	Customary tattooing has deep cultural significance in Aotearoa New Zealand, particularly for Māori and Pacific peoples, including tā moko and tatau. Auckland Council recognizes and respects the traditions, cultural knowledge, mana, and authority of customary tattooing and the significance of the Traditional tattooists (e.g le matua o faiva, tufuga tāga tatau – traditional master tattooists).

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		This control does not regulate the cultural or spiritual aspects of cultural or spiritual aspects of customary tattooing. It is focused on ensuring that the workspaces for example a marae, garage or apisā (sacred tattooing area for customary Samoan tattooing) of where the customary tattooing takes place and, the customary tools and materials used, are hygienic and do not transmit disease or infection. **Customary tattooing often:** • Takes place in temporary settings that require specific hygiene practices for the Tufuga, the Tufuga's assistance, the client and their family members • Uses tools and equipment made from natural materials that may be fragile for autoclave sterilisation, increasing the risk of using unsuitable equipment and materials, increasing the risk of blood-borne infection and illness, if not cleaned correctly. • Involves large areas of the body tattooed in a relatively short time, which can heighten infection risk and health complications. • Involves keeping the tattooed sites as open wounds to be regularly washed and massaged under water with antibacterial soap (for example every 2-3 hours) to prevent infection and promote healing.

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	77 Tattooing with natural-material tools and equipment, must comply with general requirements	7 Tattooing with custom-made natural-material tools, equipment and materials, must comply with general requirements
	79 Tattooing tools made of natural material may use a sterile	79 Tattooing tools custom made with natural materials may use a sterile or clean barrier.
	80 (2) Process	80 (A) For tools covered with an effective barrier and NOT contaminated with blood, a provider must • Remove the barrier (for example plastic cover) (B) for other tools and any effective barrier, including tools or materials that have been contaminated with blood, body fluids or ink a provider must – (a) place the tools under water, and scrub them with a soft scrubbing implement using a hospital-grade cleaning agent (a substance or chemical used to remove dirt, ink, blood or body fluids, skin, tissue and other contaminants. (f) where custom made tools and natural materials are clearly contaminated or damaged, they MUST be disposed and NOT be reused.
	81 Recommended best practices for handling needles.	81 Recommended best practices for handling needles. • Needles contaminated with blood or body fluids are extremely hazardous. They can transmit serious blood-borne diseases such as Hepatitis B, Hepatitis C and HIV AIDS, transfer other communicable diseases and cause health complications.

Feedback by [redacted] a. 7 June 2026

		• Single use disposable needles are more effective and safer than reusable needles, to prevent unintended skin damage, scarring and other health complications.
Part 4 – Services that risk or intentionally break the skin		
Subpart 1 – General requirements for all services that risk or intentionally break the skin.	85 (b) discuss with the recipient any skin condition that may lead to skin irritation.	85 (b) discuss with the recipient any skin condition for example Eczema, dermatitis, psoriasis that may lead to skin irritation.
	86	**Add** 86 Recipient must be advised of their suitability, risks and mitigation measures. (a) their suitability to receive a service if a provider determines they are not suitable. For example Diagnosed Hepatitis B carrier, Hepatitis C carrier, HIV positive, Tuberculosis (Tb), Blood disorder, active skin conditions. (b) Compromised immune system and treatment. (c) Recipients who are on certain medications. Does not have a medical clearance letter from a registered Medical Doctor.
	87	87 Skin must be clean before carrying out a service that may break skin. Before carrying out a service that risks or intentionally breaks the skin, the external areas of the recipient's skin must be clean by- (a) Advising the recipient to take a shower (b) Provider will use a clean, single-use swab

Feedback by [redacted] 7 June 2026

	90	90 A provider must wear clean single-use fitted disposable surgical gloves before touching a person or any object (including surfaces, equipment and tools) which may be contaminated with blood, body fluids or other contaminants.

Feedback by [redacted]. 7 June 2026

Proposal to improve Health and Hygiene Bylaw and Control 2026

#65

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Ōtara-Papatoetoe

Your feedback:

Which of the sections would you like to provide feedback on?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Attendee 1: Beauty operator

•Owns a studio where she offers facials, massage, lashes, waxing, pedicures

•Thinks she needs a licence

•Skin conditions are contagious

•Need knowledge for beauty operators

•She wants qualifications to stay in place

•If no qualifications - dangerous - she needs to protect the customer

•Risks she has seen: hygiene very important, been to pedicure shop, never been again, they tricked her, pay money and they don't do a proper pedicure

•Businesses scam people sometimes

•Lack of assessments is a risk!

•New people need assessments for safety, especially for eyelashes

•Dangerous to not have licences

•Hair is fine for no licence

•Beauty therapy you NEED a qualification and licence

•Skin diseases are hard to treat, she focusses on hygiene a lot

•Example - contagious conditions, in NZ skin is number 1 problem

•Lots of people want to save money and don’t want to pay for treatments

•Lack of sanitised tools at other places

•Brushes and ANY tools need to be sanitised

•Lots of unlicensed salons and there are too many beauty shops

•If no licence there will be even more, which makes it hard for customers and operators

•Customers find it hard to choose reputable places because there are too many shops

•Safest for customer to have licence and qualifications

•Supports keeping what is in place right now

•Contagious (infections / diseases) are so scary

•Beauty therapy is big for new people coming to NZ

•Beauty therapy needs to have beauty licences

•Prices will come down and people will be more exposed

•Control the market

•Too many shops, it's too easy (to set up a business)

•Beauty therapy diploma - NZQA qualified (helps maintain quality)

If you want to suggest changes to the proposal, what changes do you want?

Supports keeping what is in place right now

18. Do you have any other feedback or changes you want to make?

Attendee 1: Beauty operator

•Owns a studio where she offers facials, massage, lashes, waxing, pedicures

•Thinks she needs a licence

•Skin conditions are contagious

•Need knowledge for beauty operators

•She wants qualifications to stay in place

•If no qualifications - dangerous - she needs to protect the customer

•Risks she has seen: hygiene very important, been to pedicure shop, never been again, they tricked her, pay money and they don't do a proper pedicure

•Businesses scam people sometimes

•Lack of assessments is a risk!

•New people need assessments for safety, especially for eyelashes

•Dangerous to not have licences

•Hair is fine for no licence

•Beauty therapy you NEED a qualification and licence

•Skin diseases are hard to treat, she focusses on hygiene a lot

•Example - contagious conditions, in NZ skin is number 1 problem

•Lots of people want to save money and don’t want to pay for treatments

•Lack of sanitised tools at other places

•Brushes and ANY tools need to be sanitised

•Lots of unlicensed salons and there are too many beauty shops

•If no licence there will be even more, which makes it hard for customers and operators

•Customers find it hard to choose reputable places because there are too many shops

•Safest for customer to have licence and qualifications

•Supports keeping what is in place right now

•Contagious (infections / diseases) are so scary

•Beauty therapy is big for new people coming to NZ

•Beauty therapy needs to have beauty licences

•Prices will come down and people will be more exposed

•Control the market

•Too many shops, it's too easy (to set up a business)

•Beauty therapy diploma - NZQA qualified (helps maintain quality)

Proposal to improve Health and Hygiene Bylaw and Control 2026

#49

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: Acupuncture New Zealand

Local Board: Outside Auckland

Your feedback:

Which of the sections would you like to provide feedback on?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

Acupuncture New Zealand supports the change in the proposed version of the Health and Hygiene Bylaw and Control that recognises that the Chinese medicine profession is now a regulated profession under the HPCA Act 2003 and that Chinese medicine practitioners (inclusive of acupuncturists are classed as health professionals.

We support Clause 9 which gives practitioners covered under the Health Practitioners Competence Assurance Act 2003 an exemption from the Bylaw rules.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#7

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Papakura

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),3. General requirements for all services that intentionally pierce the skin,4. Body piercing,6. Scarification,7. Tattooing,9. General requirements for all services that risk or intentionally break the skin

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

I mostly support this, but would like to see an amendment to clients consent that piercing services to intimate areas such as nipples and genitals are restricted to clients aged 18 years and older. Currently these services are legally available to clients aged 16 years and over, which is widely seen in the body piercing industry as inappropriate and dangerous. We are one of the few countries in the world that currently allows genital piercings at such a young age.

If you want to suggest changes to the proposal, what changes do you want?

Changing age of consent for nipple and genital piercings to ages 18 years and over.

4. BODY PIERCING: Our proposal makes the following key changes from the current rules: Clarify when to clean and sterilise equipment. What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

6. SCARIFICATION: Our proposal makes the following key changes from the current rules:

(a) Add new rules for scarification, to address a regulatory gap in public health (scarification services have specific health risks that are currently unregulated).

(b) Prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions.

(c) Require scarification recipients to confirm, in a consent form, they do not have keloids, diabetes or a family history of these conditions.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want a completely different rule

Tell us why?

Scarification is fundamentally not too different from skin piercing and tattooing. If we allow people with a family history of keloids and diabetes, or existing history of these to get tattooed and pierced, where is the logic behind preventing them from getting scarification services? Additionally, these are not common, mainstream procedures, and are often sought out by people more deeply involved in body modification culture. This rule will not prevent these people from accessing scarification, but it can prevent them accessing safe providers. It would make much more sense to regulate these practices in terms of minimum aftercare requirements, better record keeping and required consent questions, and industry standard training on what to look out for and troubleshooting.

If you want to suggest changes to the proposal, what changes do you want?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

I would like to see how these inks made by tattooists are checked and regulated to be sure that they meet standards.

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

I want to stress again how important I think it is to look at restricting piercing services of clients nipples and genitals to clients aged 18 and over. This would better bring us in line with skin piercing best practices internationally. Please see https://safepiercing.org/piercing-faq/#1603239055039-1b010e26-1439 and https://www.safepiercing.org.au/piercing-minors/

Proposal to improve Health and Hygiene Bylaw and Control 2026

#15

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Papakura

Your feedback:

Which of the sections would you like to provide feedback on?

17. Public swimming pools

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

I visit ACC Pools & Leisure Cenlres. And some of them need stricter Administration

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#34

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Papakura

Your feedback:

Which of the sections would you like to provide feedback on?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

There are no significant changes here that would benefit the wider community.

If you want to suggest changes to the proposal, what changes do you want?

Calling for a complete BAN on home tattooing. We have proof that the number of home tattooists have tripled in 2 years due to equipment being readily available and due to lack of regulations.

They don't have to comply with studio regulations and there are weekly cases of people being scarred , damaged and left waiting & clogging up ER rooms to be treated for infections that can be avoided.

There needs to be a complete overhaul of this and a training provider needs to be implemented to certify these people.

They should be in sterile environments that are susceptible to regular cleaning, not just when the inspector comes around.

Complete ban on home tattooing and also tighter regulations and advanced training to protect public health prevent further disruption and strain on our medical staff so they are able to focus on real emergencies.

8. TATTOOING WITH TOOLS MADE FROM NATURAL MATERIALS: Our proposal makes the following key changes from the current rules for tools made from natural materials:

(a) Clarify that the rules in this subpart of the Control do not regulate the cultural or spiritual aspects of customary tattooing. It focuses on ensuring tools are used hygienically and do not transmit disease or infection.

(b) Replace references to using PeraSafe as a cleaning agent with 'a hospital-grade cleaning agent used by following the manufacturer's instructions and safety data sheets'.

(c) Add an alternative process for protecting tools from blood contamination: covering the tools with an effective sterile barrier, and replacing these after use.

(d) Add an alternative process for cleaning tools covered with an effective sterile barrier and not contaminated with blood: removing the barrier, wiping down with antibacterial wipes and drying the tools overnight.

(e) Add a rule that a needle used to carry out customary tattooing may be given to the recipient of the tattoo if it is placed in a sealed, secure and durable container.

(f) Clarify that tools that have been cleaned, disinfected and sterilised must be stored in containers that are 'covered or sealed'.

(g) Move the rules for washing and drying hands and for using gloves to clauses 32 and 33 of the proposed Control.

(h) Move recommended best practice for premises to be clean and hygienic and for skin-piercing tools and equipment to be sterile to clauses 8 and clause 45 of the proposed Control.

(i) Add best practice note about the hazards of needles, including blood contamination and about the effectiveness of single-use needles at preventing disease transmission and scarring.

(j) Change the name of this section from 'Traditional Tools Tattooing' to 'Tattooing with tools made from natural materials'.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

18. Do you have any other feedback or changes you want to make?

Keep licensing for everyone! Services are services whether they pierce the skin or not.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#45

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Puketāpapa

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#12

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: Chinese Medicine Council of New Zealand

Local Board: Regional Organisation

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),3. General requirements for all services that intentionally pierce the skin,9. General requirements for all services that risk or intentionally break the skin

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We support the proposed exemption for practitioners registered with the Chinese Medicine Council of New Zealand, as they are already regulated under the Health Practitioners Competence Assurance Act with defined scopes of practice, competency standards, and mandatory annual practising certification, providing an equivalent public safety and accountability framework.

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We support the proposed exemption for practitioners registered with the Chinese Medicine Council of New Zealand, as they are already regulated under the Health Practitioners Competence Assurance Act with defined scopes of practice, competency standards, and mandatory annual practising certification, providing an equivalent public safety and accountability framework.

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We support the proposed exemption for practitioners registered with the Chinese Medicine Council of New Zealand, as they are already regulated under the Health Practitioners Competence Assurance Act with defined scopes of practice, competency standards, and mandatory annual practising certification, providing an equivalent public safety and accountability framework.

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We support the proposed exemption for practitioners registered with the Chinese Medicine Council of New Zealand, as they are already regulated under the Health Practitioners Competence Assurance Act with defined scopes of practice, competency standards, and mandatory annual practising certification, providing an equivalent public safety and accountability framework.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#26

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: New Zealand Cosmetic Dermatologic Surgery Group of the New Zealand Dermatological Society Inc.

Local Board: Regional Organisation

Your feedback:

Which of the sections would you like to provide feedback on?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#28

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: NZ Association of Registered Beauty Professionals, Advanced Aesthetic Training

Local Board: Regional Organisation

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Presentation Feedback – Michaella Messenger

Good morning, and thank you for the opportunity to provide feedback.

My name is Michaella Messenger. I am here today as an educator, industry representative, and Executive Committee member of the New Zealand Association of Registered Beauty Professionals, where I currently hold the portfolios for Cosmetic Tattooing and Government Regulations.

I work within the beauty, electrolysis, and cosmetic tattooing sectors, and I'm also involved in blood-borne pathogen and infection control education. In addition, I currently participate in wider national discussions relating to healthcare waste management and industry regulation.

Firstly, I want to acknowledge that I support the intent behind both the Health and Hygiene Bylaw review and the Code of Practice review. Public safety, infection prevention, and clear standards are essential, and our industry welcomes regulation where it improves hygiene outcomes and protects both clients and providers.

My key concern is ensuring the Code remains practical, evidence-based, enforceable, and appropriate for the industries it regulates.

There are several proposed changes where the wording appears unclear, difficult to apply in practice, or may unintentionally create increased risk rather than reduce it.

1. Removal of licensing requirements for manicure and pedicure services

Our strongest concern as an association is the proposal to remove licensing requirements for services that do not intentionally pierce, break, or burn the skin—specifically manicure and pedicure services.

This is concerning.

A significant number of complaints within our sector relate to infections arising from manicure and pedicure services. These infections can become severe and may lead to tissue damage, digit loss, and in rare circumstances, limb-threatening complications.

Removing licensing in this area does not improve public safety. In our view, it reduces oversight in one of the highest-risk service categories currently regulated.

The bylaw exists to minimise the risk of physical harm resulting from poor hygiene and unsafe practice. We believe manicure and pedicure services remain firmly within that category and should continue to require approval and licensing.

Many of these services are also offered within clinics providing advanced treatments such as cosmetic tattooing and skin services, making hygiene oversight especially important.

2. Ventilation requirements and home-based permanent premises

I would also like clarification around ventilation requirements for permanent premises.

Later in the document there is reference to laser and light-based treatment standards. However, fibroblast or plasma pen services are mentioned within the bylaw but are not clearly addressed within the Code of Practice itself.

This creates uncertainty for providers around what standard is expected.

Plasma pen treatments intentionally create thermal injury to the skin and carry specific risks relating to:

•skin integrity and wound healing

•infection prevention

•contraindications and skin assessment

•post-treatment care

•and plume or smoke management

If these services are recognised under the bylaw, they should also be clearly referenced within the Code with practical guidance around hygiene, ventilation, competency, and safe treatment protocols.

I would also ask Council to reconsider hand basin requirements for home-based operators.

For many compliant home-based beauty or cosmetic tattoo clinics, requiring multiple dedicated hand basins solely for clinic use can become disproportionate to the actual level of risk involved.

3. Allergy testing requirements

Clause 24 states that allergy testing must be carried out before any chemical application to the skin.

As currently written, this feels extremely broad.

Almost every service within the personal appearance industry involves some form of chemical application—tints, waxes, cleansers, peels, treatment solutions, and skin preparation products.

This wording could unintentionally require allergy testing across nearly every treatment we perform.

It would be helpful to clarify exactly which products this applies to and under what circumstances.

It is also important to recognise that allergic responses generally occur after repeated exposure rather than first-time exposure.

4. Injectable products

I also want to comment on the section referring to injectable products being verified as safe and approved.

From our perspective, injectable treatments sit outside the scope of personal appearance services regulated under this Code.

Within our sector, practitioners are not administering injectables such as Botox or Dysport unless they are nurses, medical practitioners, or appropriately regulated health professionals.

Including injectables within this Code risks creating confusion around scope of practice and unintentionally blurring the distinction between medical services and personal appearance services.

My view is that injectable treatments should remain under the relevant health practitioner legislation and medical regulation.

5. Consent requirements – Section 27

Regarding Section 27 on consent, clarification would be very helpful.

Many of our services are recurring. Clients may return monthly, every six weeks, or as part of an ongoing treatment plan.

The Code refers to written consent, but it is unclear whether this is expected:

•at every treatment,

•only at the initial appointment,

•or periodically throughout the treatment journey.

Clear guidance here would help providers remain compliant while keeping documentation practical and workable.

6. Requirement to stop treatment if skin is pierced, broken, or burnt – Section 28

I also have concerns around the wording that a provider must immediately stop a service if the skin is unintentionally pierced, broken, or burnt.

As written, this feels very broad and difficult to apply in practice.

Minor skin breaks can occur during manicures, pedicures, electrolysis, tattooing, and advanced skin treatments and are often safely managed as part of normal infection control procedures.

The current wording may unintentionally require providers to stop treatments unnecessarily in low-risk situations that are routinely managed safely.

I recommend this wording be reviewed to better reflect practical treatment realities.

7. Competency and qualification requirements – Section 30

One of my strongest concerns relates to competency and qualification requirements.

Many advanced services—including cosmetic tattooing, electrolysis, plasma pen, tattooing, and advanced skin procedures—do not currently have nationally recognised qualification pathways in New Zealand.

If the Code requires providers to be “appropriately qualified” without recognising this, experienced and competent practitioners may be unfairly excluded.

Where no formal qualification exists, the Code should acknowledge:

•recognised industry training

•professional certification

•continuing education

•and professional association standards

including those promoted through the New Zealand Association of Registered Beauty Professionals.

8. Subpart 39 – Health practitioner wording

A small but important wording point relates to Subpart 39.

As currently written, it could be interpreted as requiring a health practitioner to be present on site for services that intentionally pierce the skin.

If this is not the intended meaning, clarification would be appreciated.

9. Under 18s and cosmetic tattooing – Section 41

Regarding the restriction around tattooing recipients under 18, I ask that consideration be given to cosmetic tattooing for medical or restorative reasons.

We regularly see young people with:

•alopecia

•medically related hair loss

•scarring

•or eyebrow loss due to health conditions

seeking cosmetic tattooing to restore confidence and wellbeing.

A blanket restriction may unintentionally prevent access for those recipients.

10. Sterilisation and bead sterilisers

I would also like to raise concern around the removal of dry heat bead sterilisation from the Code.

During the webinar we were advised bead sterilisers may no longer be accepted.

I ask that this be reconsidered.

There is published evidence supporting bead sterilisation as effective when used correctly for appropriate instruments.

Our sector is not the same as hospital or dental environments, and sterilisation requirements should reflect the actual procedures and tools used within personal appearance services.

A related technical point:

Hospital-grade disinfectant is not sterilisation.

It disinfects, but it does not sterilise.

These terms are not interchangeable and should be clearly distinguished in the Code.

11. Medical consent – electrolysis, red vein and dermal needling

Clarification is also needed regarding statements made during the webinar around medical consent requirements for electrolysis, red vein treatment, and dermal needling.

When reading Subpart 4, this does not appear clearly written.

My understanding would be that medical practitioner involvement is only relevant where a client presents with additional medical risk factors such as:

•pacemakers

•cochlear implants

•metal plates

•or other implanted devices

If that is the intention, it would be helpful to state this more clearly within the written Code.

12. Dermarolling and stamping devices – Section 66

I also question the allowance for dermarolling or stamping devices of 0.5mm or less being reused on the same client.

At 0.5mm, skin can still be broken—particularly on mature or thinner skin.

Although the wording refers to storage preventing contamination, the practical risk of accidental reuse remains.

From an infection prevention perspective, I believe this presents unnecessary risk and would recommend removal of this allowance.

13. Cosmetic tattooing terminology

I would strongly recommend that the Code use the term cosmetic tattooing consistently throughout.

This sector has grown significantly over the past 5–10 years.

“Permanent makeup” is older terminology and no longer accurately reflects the services being delivered today.

Cosmetic tattooing should be clearly named and recognised throughout the Code.

14. Healthcare waste standards

I would also like to note that the current New Zealand standard NZS 4304:2002 – Management of Healthcare Waste is currently under national review, and I am part of that review committee.

Because of that, it is important that any references to sharps handling, sterilisation, infection prevention, and waste management within this Code remain aligned with upcoming national standards.

15. Exposed cuts and abrasions – Part 4 / Subpart 184

Finally, clarification would be helpful regarding the wording that a provider must not carry out services on a recipient with exposed cuts or abrasions.

Does this refer specifically to the treatment area?

Or does it refer to cuts or abrasions located anywhere on the recipient's body?

Clarification would make this easier for providers to interpret and apply consistently.

Closing

Insurance requirements

I would also like to note that the current Code does not appear to require providers to hold professional indemnity or public liability insurance.

While insurance may sit outside direct hygiene controls, I believe this would be a valuable requirement to consider including within provider obligations.

Requiring providers to hold appropriate insurance offers an additional layer of protection for both the client and the practitioner. It promotes professionalism, accountability, and safer business practice across the sector.

For clients, it provides reassurance that there is appropriate cover in place should complications or claims arise. For providers, it supports responsible risk management and encourages a higher standard of business operation.

Given the level of risk involved in many personal appearance services—particularly those involving skin penetration, electrical devices, advanced skin procedures, or cosmetic tattooing—I believe consideration should be given to making professional indemnity and/or public liability insurance a requirement, or at minimum a strongly recommended best practice for providers operating under this Code.

Throughout the Code there are references to recommended best practice guidelines, standards, and industry codes.

Because the New Zealand Association of Registered Beauty Professionals is referenced throughout, it is important that ongoing industry consultation continues so that association guidance, safety standards, and hygiene expectations remain aligned with Auckland Council's Code moving forward.

Our industry supports regulation.

We support public safety.

We support high standards.

We simply ask that those standards remain clear, practical, evidence-based, enforceable, and workable within the real environments providers operate in every day.

Thank you again for the opportunity to present today.

If you want to suggest changes to the proposal, what changes do you want?

Have a woman who is experienced in the industry on your team would be a priority.

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and

hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

•Key concern is that the bylaw remains practical and enforceable. A number of clauses should be amended to increase clarity and enforceability, including clauses:

o20

o24

o28

o30

o66

•Manicures and pedicures need to be part of licensing requirements. This is our strongest concern as association

•All operators should be required to have public liability insurance.

•Supports the intent behind the bylaw and code of practice review, particularly where it improves hygiene outcomes. Public safety and infection prevention is very important.

•Several proposed changes where the wording is unclear, difficult to put into practice. Eg

oVentilation – needs clarification. Plasma something in the code itself not mentioned as a service – created uncertainty. Really important to reference this in the code

oClause 20 - hand basins that are required on a permanent premise. The way that this currently read would require a home based clinic that does cosmetic tattooing to have 4 hand basins - disproportionate to the risk involved

oClause 24 allergy testing requirements – very broadly written. Everything's a chemical (including water). Would require test patching for every service in our registry. Allergy testing also does not indicate allergy – it takes multiple exposures to have a reaction. Unnecessary to have in there and would not reduce allergic reactions

oIt's unclear when consent is required re treatment – before the first one? At every appt? Throughout the appt? Clarify when (and how often) the consent needs to be completed.

o28 – very broad and difficult to apply in practice. Electrolysis actually doesn't pierce the skin. This is managed as part of our normal infection control procedures. There are unintended consequences in this wording.

o30 – competency and qualification requirements. Real concern among the industry . Many advanced services do not have any nationally recognised qualification pathways in NZ. May result in unfair exclusion and others may be included when they don't have any qualifications in the sector. Providers need to hold appropriate qualifications and competency – but there is no clear requirement for these things

oUnder 18s for tattooing – should be some wording around allowing younger people. Does a lot for younger people with alopecia

o66 – Derma-rolling and derma-stamping: Proposal (and current Code?) allows the equipment to be reused on the same person. To us, this is an unnecessary risk. For example, what if two customers have the same name and the provider gets confused? Practical risk of accidental reuse is too great.

See attachment for full submission.

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

As above

If you want to suggest changes to the proposal, what changes do you want?

As above

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

The code is not clear on item two as explained earlier. And only states medical practitioner consult required where needed or unsure.

If you want to suggest changes to the proposal, what changes do you want?

Electrologist should always be sure

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Removal of bead sterilizer

If you want to suggest changes to the proposal, what changes do you want?

Overkill

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

These areas are the most complaint about services with infection. "•Injectable products – from an association perspective, this sits outside of the association and would fall under the nurses/medical associations. Not something they do

•Hospital grade disinfectant does not equal sterilisation. This does not work for tattooing.

•Evidence that sterilisation is just as effective as ???

•There are no standards for fibroblasting / plasma pens in the code. Plasma pens intentionally burn the skin and leave a plume (vapourised flesh?) that needs to be evacuated. It is really important to include a standard for fibroblasting / plasma pens in the Ccode.

•Permanent makeup is an out-of-date way of referring to cosmetic tattooing. Cosmetic tattoos should be clearly named and recognised in the Tattooing part of the Code.

•Health care waste standards are being reviewed.

See attachment for full submission."

If you want to suggest changes to the proposal, what changes do you want?

Keep up the lisencing requirements and check ups.

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

These areas are the most complaint about services with infection. "•Manicures and pedicures should continue to require licensing because:

othey are probably the most likely service to pierce the skin

othey receive complaints about manicure and pedicure related infections – and these infections can become severe with tissue damage, digit loss, or limb threating complication

oRemoving the licence from this area does not improve health and safety. The purpose of the Bylaw is to minimise the risk of health and safety consequences, so it should continue to require mani-pedi providers to be licensed not just rule following

oIt reduces oversight in one of the highest volume (?) areas

oLots of the places that do manis and pedis also do other things like cosmetic tattooing

"

If you want to suggest changes to the proposal, what changes do you want?

Keep as is

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I don't know

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Presentation Feedback – [redacted]

Good morning, and thank you for the opportunity to provide feedback.

My name is [redacted]. I am here today as an educator, industry representative, and Executive Committee member of the **New Zealand Association of Registered Beauty Professionals**, where I currently hold the portfolios for **Cosmetic Tattooing** and **Government Regulations**.

I work within the beauty, electrolysis, and cosmetic tattooing sectors, and I'm also involved in blood-borne pathogen and infection control education. In addition, I currently participate in wider national discussions relating to healthcare waste management and industry regulation.

Firstly, I want to acknowledge that I support the intent behind both the Health and Hygiene Bylaw review and the Code of Practice review. Public safety, infection prevention, and clear standards are essential, and our industry welcomes regulation where it improves hygiene outcomes and protects both clients and providers.

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Removing licensing in this area does not improve public safety. In our view, it reduces oversight in one of the highest-risk service categories currently regulated.

The bylaw exists to minimise the risk of physical harm resulting from poor hygiene and unsafe practice. We believe manicure and pedicure services remain firmly within that category and should continue to require approval and licensing.

Many of these services are also offered within clinics providing advanced treatments such as cosmetic tattooing and skin services, making hygiene oversight especially important.

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- infection prevention
- contraindications and skin assessment
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including those promoted through the New Zealand Association of Registered Beauty Professionals.

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A small but important wording point relates to Subpart 39.

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seeking cosmetic tattooing to restore confidence and wellbeing.

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A related technical point:

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It disinfects, but it does not sterilise.

These terms are not interchangeable and should be clearly distinguished in the Code.

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- metal plates
- or other implanted devices

If that is the intention, it would be helpful to state this more clearly within the written Code.

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12. Dermarolling and stamping devices – Section 66

I also question the allowance for dermarolling or stamping devices of **0.5mm or less** being reused on the same client.

At 0.5mm, skin can still be broken—particularly on mature or thinner skin.

Although the wording refers to storage preventing contamination, the practical risk of accidental reuse remains.

From an infection prevention perspective, I believe this presents unnecessary risk and would recommend removal of this allowance.

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13. Cosmetic tattooing terminology

I would strongly recommend that the Code use the term **cosmetic tattooing** consistently throughout.

This sector has grown significantly over the past 5–10 years.

“Permanent makeup” is older terminology and no longer accurately reflects the services being delivered today.

Cosmetic tattooing should be clearly named and recognised throughout the Code.

14. Healthcare waste standards

I would also like to note that the current New Zealand standard **NZS 4304:2002 – Management of Healthcare Waste** is currently under national review, and I am part of that review committee.

Because of that, it is important that any references to sharps handling, sterilisation, infection prevention, and waste management within this Code remain aligned with upcoming national standards.

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15. Exposed cuts and abrasions – Part 4 / Subpart 184

Finally, clarification would be helpful regarding the wording that a provider must not carry out services on a recipient with exposed cuts or abrasions.

Does this refer specifically to the treatment area?

Or does it refer to cuts or abrasions located anywhere on the recipient's body?

Clarification would make this easier for providers to interpret and apply consistently.

Closing

Insurance requirements

I would also like to note that the current Code does not appear to require providers to hold professional indemnity or public liability insurance.

While insurance may sit outside direct hygiene controls, I believe this would be a valuable requirement to consider including within provider obligations.

Requiring providers to hold appropriate insurance offers an additional layer of protection for both the client and the practitioner. It promotes professionalism, accountability, and safer business practice across the sector.

For clients, it provides reassurance that there is appropriate cover in place should complications or claims arise. For providers, it supports responsible risk management and encourages a higher standard of business operation.

Given the level of risk involved in many personal appearance services—particularly those involving skin penetration, electrical devices, advanced skin procedures, or cosmetic tattooing—I believe consideration should be given to making professional indemnity and/or public liability insurance a requirement, or at minimum a strongly recommended best practice for providers operating under this Code.

Throughout the Code there are references to recommended best practice guidelines, standards, and industry codes.

Because the **New Zealand Association of Registered Beauty Professionals** is referenced throughout, it is important that ongoing industry consultation continues so that association guidance, safety standards, and hygiene expectations remain aligned with Auckland Council's Code moving forward.

Our industry supports regulation.
We support public safety.
We support high standards.

We simply ask that those standards remain **clear, practical, evidence-based, enforceable, and workable within the real environments providers operate in every day.**

Thank you again for the opportunity to present today.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#52

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: New Zealand Board of Professional Skin Therapies

Local Board: Regional Organisation

Your feedback:

Which of the sections would you like to provide feedback on?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Council's following points are either ambiguous, or the requirement dose not fully cover the full range of risk factors when following these requirements.

• Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency. -

26] Injectable products- does not mention any requirement for test patching or who is allowed to conduct these treatments. Injectables can only be administered by health practitioners {HPCAA]. Nurses must hold a practicing certificate and have medical oversight. Strick description of who can administer what must be included. Injecting substances into a client is not legal under the Misuse of drugs Act 1975. The administration of Vitamin B, Botox and dermal fillers, skin threads is regulated by the Medical Council of NZ.

• Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control.

- The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

Providers must be competent and appropriately qualified (1) If a service has no officially recognised qualification, the provider must – (a) hold a relevant qualification that shows they can carry out the service safely and hygienically, and that is – (i) issued by their employer (for example, a corporate or in-house training certificate); (ii)

Disagree with [a] If the provider has no recognised qualification, then any other so called relevant qualification from some obscure trainer or employer may not necessarily prove the provider is safe, hygienic or competent.

[i]. Many employers aren't industry qualified. Beauty therapy chain businesses often have their own in house training that is substandard but provide certification. These certificates are worthless and meaningless The Board reviews many injury complaints from these types of businesses.

(b) recognised by an association that represents the service or industry; The NZ Board of Professional Skin Therapies is the only industry organisation that provides a list of approved unrecognised course providers who are not on the NZ Qualification framework. These course providers are vetted by use to make sure their courses are up to standard. or have other training, knowledge or skills that show they can carry out the service safely and hygienically (for example an apprenticeship); Here again, apprenticeship providers are not qualified and who defines them as knowledgeable. One of our worst injuries was caused by an apprentice, under poor supervision.

Please define a chemical as anything that contacts the skin including a natural substance can be interpreted as a chemical. It is impractical to test every product in a test patch as a facial for example could involve over ten different products. It's also unrealistic for clients to make multiple appointments for patch testing as well as coming for the following treatments. It may be necessary for hairdressers to test hair dyes for allergy prone clients.

The most likely risk involving an allergic reaction is via a puncture or penetration treatment. E.g. injectables-botox, lip fillers, needling serums, IPL/laser, micropigmentation/tattooing inks. Patch testing is highly recommended for these treatments

It is inconsistent to insist that surgical tap guards or motion sensor taps are used in hand washing, when jewellery worn by the provider is in direct contact with the recipient's hair, skin, linen and bacteria and can pass contaminants from recipient to recipient. No one will remove jewellery after every client and individually wash each piece of jewellery, dry it and put it back on. Jangling jewellery also interrupts the relaxation of the client and can get caught in their hair.

Long false fingernails also cause a huge bacterial risk, contamination and infection. There is a lot of medical documentation about the large colonies of bacteria found under long false nails and in nail polish. That is why nurses are not allowed to wear nail polish, fake nails and jewellery in medical situations where there is a risk of broken, open skin, body fluids or blood.

If you want to suggest changes to the proposal, what changes do you want?

For recipients who have a history of allergies or allergic reactions, a test patch must be carried out first.

Test Patch testing must be carried out before treatments that penetrate or puncture the skin begins. This includes, injectables-botox, lip fillers, needling serums, IPL/laser, micropigmentation/tattooing inks.

Recommend- bracelets, bangles are prohibited while treating clients. Providers must have short clean nails free of nail polish, and artificial attachments. Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

Services that risk damaging the skin

should also include; the provider must stop treatment at the request of the recipient for whatever reason. Failing to do so is a breach of their Human Rights. Right 7 [7] Every consumer has the right to refuse service and to withdraw consent to service

Procedures for Accident and Injury

A specific incident logbook must be kept for logging all accidents, injuries and complaints. Such book must include nature of complaint or injury. Date, time, location, providers name contacts details, recipient's name contact details and statements from both parties and/or witnesses in relation to the injury complaint.

To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ

Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

More clarification around definition of scarification and who can do the above treatments as many of these treatments are outside a beauty therapist's scope of practice. What qualifications are needed.

If you want to suggest changes to the proposal, what changes do you want?

Explain the difference between scarification and scar revision

For scar revision, we recommend a minimum of a level 5 beauty therapy diploma is held, alongside micro-credentials in IPL/laser and other scar revision treatment qualifications.

•Intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

- Must include who is qualified to provide these treatments e.g. a Health Practitioner under HPCAA

See above comments for qualifications

Recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

Change to -Any person providing skin treatments must be qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases. With treatments being provided behind closed doors, an unqualified person with no knowledge of the above can cause and transmit an infection. It is during this time that clients are most at risk.

Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

In respect to dermal rollers and needles, they must be single us and disposable. Even rollers that are reused for that recipient only can't be perfectly cleaned and the needle can be bend and made blunter with constant cleaning. Injuries have occurred with rollers with bent needles.

To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Terminology In electrolysis, the hair does not have a root. The hair follicle contains a bulb at the end. This bulb captures the sodium hydroxide [lye] and/or the heat that cauterises the dermal cells and capillaries in the bottom. There are two other methods of electrical hair epilation that need quantifying as they are widely practiced.

They are diathermy and thermolysis.

It is only necessary for a recipient to consult a doctor if there is an underlying medical issue that requires clarification. E.g. elevated blood sugar levels but not necessarily diabetes, blood clotting or blood thinning medication, a blood pressure issue or hairs growing from moles.

A pacemaker is a contra indication and a recipient can’t be treated with electrolysis, thermolysis or diathermy. Cardiologists give strict instructions to pacemaker wearers as to what electrical devices they can come in contact with.

If you want to suggest changes to the proposal, what changes do you want?

Change electrolysis definition to the following,

Electrolysis, thermolysis and diathermy are all electrical epilation treatments used to destroy the hair bulb. A fine probe is inserted down alongside the hair to the bulb. An electrical current is applied to destroy the bulb.

Diathermy is also used for the removal of red veins.

Medical clarification must be sort if the recipient has any underlying health issues.

Qualifications must state what method has been taught, as different training and skill sets are required. All electrologists, thermologists and diathermists should hold a level 5 beauty therapy diploma alongside their electrical epilation qualifications.

To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

6. SCARIFICATION: Our proposal makes the following key changes from the current rules:

(a) Add new rules for scarification, to address a regulatory gap in public health (scarification services have specific health risks that are currently unregulated).

(b) Prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions.

(c) Require scarification recipients to confirm, in a consent form, they do not have keloids, diabetes or a family history of these conditions.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

The term scarification is not understood or defined properly. In the beauty/skin therapy context, scar revision is more appropriate and relevant, rather than scarification that can also mean inducing or causing scarring.

Scarification is the cutting, burning and branding of the skin to create scars in a set pattern or design. Some indigenous cultures use scarification for ritualistic practices.

In western society social practices are used for aesthetic or self-expression.

For the purpose of this document, more details need to be considered as to what is and who can perform scarification

Qualifications in each modality is necessary as different principals are involved.

If you want to suggest changes to the proposal, what changes do you want?

For scar revision, we recommend a level 5 beauty therapy diploma is held, alongside micro-credentials in IPL/laser and other scar revision treatments.

To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

More information is needed. There are two different forms of tattooing [outside of traditional tattooing]. Tattooing is the impregnation of ink into deep layers of the skin using handheld [traditional implements] or electrical devices. Tattooing is used on the body as it lasts longer. This includes fine line tattooing.

Micropigmentation [permanent makeup] is the application of ink into the shallower layers of the skin and is less permanent and is usually limited to the face.

Different hand pieces and inks are used depending on whether it is tattooing or micropigmentation.

If you want to suggest changes to the proposal, what changes do you want?

To include;

Regardless of the type of tattooing or micropigmentation being used, a non-return flow valve or membrane must be present in all electrical devices.

Without it contaminated ink, blood and bacteria stay in the hand piece and is then transported to the next recipient.

To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Need to retain Health Protection License. A large number of injury complaints are caused by microdermabrasion [hydra and granules], chemical peels and laser skin resurfacing [exfoliation].

If you want to suggest changes to the proposal, what changes do you want?

Retain exfoliation requiring a Health Protection Licence and inspections.

All providers must have recognised beauty therapy level 4 or 5 qualifications and/or recognised IPL/Laser qualifications in laser skin resurfacing. Not just a laser safety certificate.

To Include; Recommended Best Practice, Codes and Standards, The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want a completely different rule

Tell us why?

Manicures and pedicures carry a high risk of infection as fungi is easily spread and is contagious. These infections can go unnoticed for long periods of time and once discovered permanent damage is often done. With so many nail operators being immigrants, they are often unqualified and untrained. This increases the risk of poor practices and the spread of

infection. Operators can't perform best practice if they don't know what it is or how to perform it. It would be more cost effective to exempt qualified registered therapists from requiring a licence and keep inspecting those who are unqualified or trained, or any person who has had a complaint laid against them for infecting or injuring a client.

Recommend all nail operators to have a minimum of a Blood Bourne Pathogens Certificate Must be licenced. Retain specific rules for manicures and pedicures services. E.g. heel savers are prohibited to be used useless you are a qualified Podiatrist.

Electric nail files cannot be used on natural nails.

Air extractor fans or other good ventilation must be used to extract nail filings and dust particles. Prolonged inhalation of dust particles contributes to health issues. To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you want to suggest changes to the proposal, what changes do you want?

To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

18. Do you have any other feedback or changes you want to make?

On behalf of the NZ Board of Professional Skin Therapies, I am pleased to inform you that as a leading industry organisation representing the beauty/skin therapy industry, the New Zealand Board of Professional Skin Therapies has recently been accepted into Allied Health Aotearoa New Zealand as health providers.

This development marks a significant step forward as the NZ Board of Professional Skin Therapies continues to provide robust governance, standards, procedures, and protocols and advocate on behalf of the beauty/skin therapy industry.

As a leading industry body, I remain an advisor to HDC and assist WorkSafe NZ. As industry advisors, we remain available to review council health and hygiene bylaws and consult on complaints. Since 2013 I assisted your policy writer, Emma Pilkington draft Auckland Council's Health and Hygiene Bylaw. Attended Council industry stakeholder meetings and wrote the first health and Hygiene Guidelines for the beauty therapy industry while on the executive committee of the NZ Association of Beauty Professionals.

While the NZ Board of Professional Skin Therapies does support some changes, e.g. title change to the bylaw, we do not agree with some of the existing and proposed changes you are suggesting and we are very concerned about other changes that will increase the risk of harm to the public. While some good points are made, there are inconsistences that weaken the objective and allows for contamination or injuries to occur.

The NZ Board would also like to see more direct contact and meetings with industry representatives to advocate on industry's behalf. In addition to our own complaints process for industry and the public, we also catalogue incidents received from the public regarding injuries inflicted by therapists.

With our wealth of experience, we believe consultation should begin at the design stage not the final public consultation stage. Filling out feedback forms which are difficult to download and ticking boxes that are clearly worded to support councils' direction is not

appropriate given the profound effect this bylaw will have on businesses that rent or lease premises that cannot be altered or expanded to accommodate this bylaw or the changes that will allow providers to slip through the cracks.

Our concerns with removing licenses for manicure/pedicure operators and exfoliation providers that have in the past been a major concern regarding infections and a major cause of facial injuries is astounding. Our worst national client injury was a death related to a nail salon that had dreadful hygiene. Ignorance, unrecognisable qualifications and a lack of discipline was responsible. Another serious injury was caused by a therapist performing a cryolipolysis ('fat-freezing') treatment. The client was hospitalised for a week and received skin grafts from her thighs to her stomach. Yet you claim these are low risk treatments.

With most providers being beauty therapy trained in manicures/pedicures and who include exfoliation as part of a treatment, how do you separate them out as exempt when they apply for a licence.

To reduce expenditure and resource costs, it would be much safer to exempt registered providers with national and internation qualifications who are trained in hygiene and safe practice than exempt providers who cause infections and injuries through ignorance and lack of professional discipline. Should a registered and/or qualified therapist have a complaint laid against them, then they are added to a regular yearly inspection list.

All members of the Board of Professional Skin Therapies have recognised qualification, receive health, hygiene and safety manuals, Code of Ethics, procedures and protocol instructions, available to blood bourn pathogen courses and our complaints process for the industry and the public. All our members are vetted and have not had a complaint laid against them.

In your comment that "These services either cause harms with a low to medium impact or inspections do not prevent the harm from occurring". Is incorrect and can be applied to this whole bylaw as injuries keep occurring in all modalities listed in your bylaw. Between 2019 – 2020, injury complaints increased by 50% in Auckland. By exempting high risk providers, changing qualification definition, who can provide or certify a qualification and recognition of qualifications will only open the flood gates to more substandard treatments and increase the risk of harm to the public.

GENERAL RULES FOR ALL PREMISES #52

(Including permanent, mobile and temporary premises)

The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics:

- The general condition of premises
- Work areas
- Supplies and storage
- Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises

- Combine the current rules for permanent premises and for mobile and temporary premises into one Part.
- Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.
- Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.
- Minor edits to group related rules together (for example all of the rules about repairs).

For work areas

- Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.
- Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed
- Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.
- Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage

#52

- Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.
- Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas

- Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.
- Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.
- Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.
- Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.
- Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

1. What do you think of this proposed change?

☐ I fully support the proposal (and do not want to change it)

☐ Yes, we do not fully support or oppose the proposal, and I would like to suggest changes

☐
- I do not support the proposal at all

☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

☐ I want to keep the current rule

☐ Yes, we wish to rewrite the rule I want a completely different rule

☐ I do not want a rule at all

Tell us why

If you want to suggest changes to the proposal, what changes do you want?

GENERAL RULES ABOUT PROVIDING SERVICES

The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks

- Require providers to carry out services safely and hygienically.
- Require providers to do an appropriate allergy test for chemicals applied to skin.
- Prohibit providers from removing skin tags or lesions unless they are a health practitioner.
- Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.
- Move the elements of consent into clause 27(3) of the proposed control
- Add a related information note about consent.
- Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.
- Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.
- Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control.
    - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.
    - Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene

- Add requirement for providers to keep any jewellery they are wearing clean.
- Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

- Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.
- Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.
- Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises

- Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

2. What do you think of this proposed change?

☐ I fully support the proposal (and do not want to change it)

☐ Yes, we would like to see changes I do not fully support or oppose the proposal, and I would like to suggest changes

☐ I do not support the proposal at all

☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

☐ I want to keep the current rule

☐ I want a completely different rule

☐ I do not want a rule at all

We want to make alterations and changes

Tell us why

Council's following points are either ambiguous, or the requirement dose not fully cover the full range of risk factors when following these requirements.

- Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

26] **Injectable products**- does not mention any requirement for test patching or who is allowed to conduct these treatments.
Injectables can only be administered by health practitioners {HPCAA]. Nurses must hold a practicing certificate and have medical oversight. Strick description of who can administer what must be included.
Injecting substances into a client is not legal under the Misuse of drugs Act 1975.
The administration of Vitamin B, Botox and dermal fillers, skin threads is regulated by the Medical Council of NZ

- Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. **#52**
    - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically and lists the types of qualifications and experience that a provider must have.
    - Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

Providers must be competent and appropriately qualified (1)

. If a service has no officially recognised qualification, the provider must – (a) hold a relevant qualification that shows they can carry out the service safely and hygienically, and that is – (i) issued by their employer (for example, a corporate or in-house training certificate); (ii)

Disagree with [a] If the provider has no recognised qualification, then any other so called relevant qualification from some obscure trainer or employer may not necessarily prove the provider is safe, hygienic or competent.

[i]. Many employers aren't industry qualified. Beauty therapy chain businesses often have their own in house training that is substandard but provide certification. These certificates are worthless and meaningless The Board reviews many injury complaints from these types of businesses.

(b) recognised by an association that represents the service or industry; The NZ Board of Professional Skin Therapies is the only industry organisation that provides a list of approved unrecognised course providers who are not on the NZ Qualification framework. These course providers are vetted by use to make sure their courses are up to standard.

or have other training, knowledge or skills that show they can carry out the service safely and hygienically (for example an apprenticeship); Here again, apprenticeship providers are not qualified and who defines them as knowledgeable. One of our worst injuries was caused by an apprentice, under poor supervision.

Please define a chemical as anything that contacts the skin including a natural substance can be interpreted as a chemical. It is impractical to test every product in a test patch as a facial for example could involve over ten different products. It's also unrealistic for clients to make multiple appointments for patch testing as well as coming for the following treatments. It may be necessary for hairdressers to test hair dyes for allergy prone clients. The most likely risk involving an allergic reaction is via a puncture or penetration treatment. E.g. injectables-botox, lip fillers, needling serums, IPL/laser, micropigmentation/tattooing inks. Patch testing is highly recommended for these treatments

It is inconsistent to insist that surgical tap guards or motion sensor taps are used in hand washing, when jewellery worn by the provider is in direct contact with the recipient's hair, skin, linen and bacteria and can pass contaminants from recipient to recipient. No one will remove jewellery after every client and individually wash each piece of jewellery, dry it and

put it back on. Jangling jewellery also interrupts the relaxation of the client and can get caught in their hair. #52

Long false fingernails also cause a huge bacterial risk, contamination and infection. There is a lot of medical documentation about the large colonies of bacteria found under long false nails and in nail polish. That is why nurses are not allowed to wear nail polish, fake nails and jewellery in medical situations where there is a risk of broken, open skin, body fluids or blood.

If you want to suggest changes to the proposal, what changes do you want?

- **Require providers to do an appropriate allergy test for chemicals applied to skin**.

For recipients who have a history of allergies or allergic reactions, a test patch must be carried out first.

Test Patch testing must be carried out before treatments that penetrate or puncture the skin begins. This includes, injectables-botox, lip fillers, needling serums, IPL/laser, micropigmentation/tattooing inks.

- **Add requirement for providers to keep any jewellery they are wearing clean.**

Recommend- bracelets, bangles are prohibited while treating clients.

Providers must have short clean nails free of nail polish, and artificial attachments.

Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

Services that risk damaging the skin

should also include; the provider must stop treatment at the request of the recipient for whatever reason. Failing to do so is a breach of their Human Rights. Right 7 [7] *Every consumer has the right to refuse service and to withdraw consent to service*

-

Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

Procedures for Accident and Injury

A specific incident logbook must be kept for logging all accidents, injuries and complaints. Such book must include nature of complaint or injury. Date, time, location, providers name contacts details, recipient's name contact details and statements from both parties and/or witnesses in relation to the injury complaint.

To Include; Recommended Best Practice, Codes and Standards The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards

for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetic Industry, Scope of Practice and provides a Complaints Process for Industry and the Public #52

GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN #52

The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

- Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.
- Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.
- Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.
- Add related information note about obtaining consent and providing aftercare.
- Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.
- Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.
- Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.
- Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)
- Minor edits to update technical standards in introduction to this Part.
- Minor edits to move rules into related sections of the proposed control.
    - For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

3. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ Yes, I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

We want changes made

If you do not support the proposed change, which of the following explains why you do not support the proposal? #52

- [ ] I want to keep the current rule
- [ ] I want a completely different rule
- [ ] I do not want a rule at all

The Board would like to see changes to some of the requirements.

Tell us why

Intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

More clarification around definition of scarification and who can do the above treatments as many of these treatments are outside a beauty therapist's scope of practice. What qualifications are needed.

- **If you want to suggest changes to the proposal, what changes do you want?**
- **Explain the difference between scarification and scar revision**
  For scar revision, we recommend a minimum of a level 5 beauty therapy diploma is held, alongside micro-credentials in IPL/laser and other scar revision treatment qualifications.
-
- Intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.
- Must include who is qualified to provide these treatments e.g. a Health Practitioner under HPCAA
- See above comments for qualifications
- Recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.
- Change to -Any person providing skin treatments must be qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases. With treatments being provided behind closed doors, an unqualified person with no knowledge of the above can cause and transmit an infection. It is during this time that clients are most at risk.

- Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control. #52
- In respect to dermal rollers and needles, they must be single us and disposable. Even rollers that are reused for that recipient only can't be perfectly cleaned and the needle can be bend and made blunter with constant cleaning. Injuries have occurred with rollers with bent needles.

To Include; Recommended Best Practice, Codes and Standards The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

BODY PIERCING #52

Body piercing of the skin for decorative purposes, includes inserting jewellery and implanting material under the skin to alter appearance (also known as dermal implants).

Our proposal makes the following key changes from the current rules:

- Clarify when to clean and sterilise equipment.

4. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

Tell us why

If you want to suggest changes to the proposal, what changes do you want?

ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING #52

Electrolysis involves inserting a sterilised needle into individual hair follicles. Red vein treatments involve injecting or piercing a vein, to shrink red veins. Needling is a term covering a variety of services that intentionally pierce the skin with micro-needles, including derma-rolling and derma-stamping.

Our proposal makes the following key changes from the current rules for these services:

- Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.
- Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

5. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ We do not fully support this proposal do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all.

We want alterations made

Tell us why

Terminology In electrolysis, the hair does not have a root. The hair follicle contains a bulb at the end. This bulb captures the sodium hydroxide [lye] and/or the heat that cauterises the dermal cells and capillaries in the bottom. There are two other methods of electrical hair epilation that need quantifying as they are widely practiced.

They are diathermy and thermolysis.

- Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

It is only necessary for a recipient to consult a doctor if there is an underlying medical issue that requires clarification. E.g. elevated blood sugar levels but not necessarily diabetes, blood clotting or blood thinning medication, a blood pressure issue or hairs growing from moles.

A pacemaker is a contra indication and a recipient can't be treated with electrolysis, thermolysis or diathermy. Cardiologists give strict instructions to pacemaker wearers as to what electrical devices they can come in contact with.

If you want to suggest changes to the proposal, what changes do you want?

Change electrolysis definition to the following,

Electrolysis, thermolysis and diathermy are all electrical epilation treatments used to destroy the hair bulb. A fine probe is inserted down alongside the hair to the bulb. An electrical current is applied to destroy the bulb.

Diathermy is also used for the removal of red veins.

Medical clarification must be sort if the recipient has any underlying health issues.

Qualifications must state what method has been taught, as different training and skill sets are required. All electrologists, thermologists and diathermists should hold a level 5 beauty therapy diploma alongside their electrical epilation qualifications.

To Include; Recommended Best Practice, Codes and Standards The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

SCARIFICATION

Scarification involves cutting patterns in skin and letting the scars heal.

Our proposal makes the following key changes from the current rules:

- Add new rules for scarification, to address a regulatory gap in public health (scarification services have specific health risks that are currently unregulated).
- Prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions.
- Require scarification recipients to confirm, in a consent form, they do not have keloids, diabetes or a family history of these conditions.

6. What do you think of this proposed change?

#52

☐ I fully support the proposal (and do not want to change it)

☐ I do not fully support or oppose the proposal, and I would like to suggest changes

☐ No we don't support these changes. do not support the proposal at all

☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

☐ I want to keep the current rule

☐ I want a completely different rule

☐ I do not want a rule at all

We want to make changes to these requirements

Tell us why

Scarification

The term scarification is not understood or defined properly. In the beauty/skin therapy context, scar revision is more appropriate and relevant, rather than scarification that can also mean inducing or causing scarring.

Scarification is the cutting, burning and branding of the skin to create scars in a set pattern or design. Some indigenous cultures use scarification for ritualistic practices.
In western society social practices are used for aesthetic or self-expression.
For the purpose of this document, more details need to be considered as to what is and who can perform scarification

Qualifications in each modality is necessary as different principals are involved.

If you want to suggest changes to the proposal, what changes do you want?

For scar revision, we recommend a level 5 beauty therapy diploma is held, alongside micro-credentials in IPL/laser and other scar revision treatments.

To Include; Recommended Best Practice, Codes and Standards The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards

TATTOOING

Tattooing makes indelible marks in human skin by inserting pigments or dyes into punctures. It includes cosmetic tattoos (also known as pigment implantation or permanent makeup).

Our proposal makes the following key changes from the current rules:

- Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.
- Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.
- Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.
- Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

7. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ Yes, we want to make changes. do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

We want to add more information and requirements

Tell us why

More information is needed.
There are two different forms of tattooing [outside of traditional tattooing]

#52

Tattooing is the impregnation of ink into deep layers of the skin using handheld [traditional implements] or electrical devices. Tattooing is used on the body as it lasts longer. This includes fine line tattooing.
Micropigmentation [permanent makeup] is the application of ink into the shallower layers of the skin and is less permanent and is usually limited to the face.
Different hand pieces and inks are used depending on whether it is tattooing or micropigmentation.

If you want to suggest changes to the proposal, what changes do you want?

To include;
Regardless of the type of tattooing or micropigmentation being used, a non-return flow valve or membrane must be present in all electrical devices.
Without it contaminated ink, blood and bacteria stay in the hand piece and is then transported to the next recipient.

To Include; Recommended Best Practice, Codes and Standards The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

TATTOOING WITH TOOLS MADE FROM NATURAL MATERIALS

Customary tattooing, including tā moko and tatau, often uses tools made from natural materials. These materials may be too fragile for autoclave sterilisation, increasing the risk of blood-borne infection if not effectively cleaned.

Our proposal makes the following key changes from the current rules for tools made from natural materials:

- Clarify that the rules in this subpart of the Control do not regulate the cultural or spiritual aspects of customary tattooing. It focuses on ensuring tools are used hygienically and do not transmit disease or infection.
- Replace references to using PeraSafe as a cleaning agent with ‘a hospital-grade cleaning agent used by following the manufacturer’s instructions and safety data sheets’.

- Add an alternative process for protecting tools from blood contamination: covering the tools with an effective sterile barrier, and replacing these after use.
- Add an alternative process for cleaning tools covered with an effective sterile barrier and not contaminated with blood: removing the barrier, wiping down with antibacterial wipes and drying the tools overnight
- Add a rule that a needle used to carry out customary tattooing may be given to the recipient of the tattoo if it is placed in a sealed, secure and durable container.
- Clarify that tools that have been cleaned, disinfected and sterilised must be stored in containers that are 'covered or sealed'.
- Move the rules for washing and drying hands and for using gloves to clauses 32 and 33 of the proposed Control.
- Move recommended best practice for premises to be clean and hygienic and for skin-piercing tools and equipment to be sterile to clauses 8 and clause 45 of the proposed Control.
- Add best practice note about the hazards of needles, including blood contamination and about the effectiveness of single-use needles at preventing disease transmission and scarring.
- Change the name of this section from 'Traditional Tools Tattooing' to 'Tattooing with tools made from natural materials'.

8. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal? #52

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

Tell us why

If you want to suggest changes to the proposal, what changes do you want?

GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN

The proposed control has general requirements that apply to all services that risk or intentionally break the skin.

Our proposal makes the following key changes from the current rules:

- Require the provider to give the recipient written advice.
- Prohibit carrying out a service on recipients who have exposed cuts or abrasions before the service, or whose skin is broken during the service.
- Add requirement to evaluate the recipient's skin before carrying out a service and discuss any condition that may lead to skin irritation.
- Add requirement to clean the recipient's skin with antiseptic and clean single-use swabs before carrying out a service.
- Add requirement for providers to wear gloves before touching anything that may have been contaminated with blood (including serum).

- Add requirement for providers to take reasonable measures to minimise the risk of unintentionally breaking the skin while carrying out a service.
- Add requirement for providers to disinfect any furniture or attachments the previous recipient may have touched before carrying out another service.
- Minor edits to move rules into related sections (for example, 'maintaining floors in good repair' has been moved to clause 9 of the proposed control).

#52

9. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ Yes, we want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

Tell us why

If you want to suggest changes to the proposal, what changes do you want?

To Include; Recommended Best Practice, Codes and Standards The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

#52

COLON HYDROTHERAPY #52

Colon hydrotherapy is a service that introduces liquids into the rectum and colon via the anus. It is intended to remove faeces and non-specific toxins from the colon and intestinal tract. Colon hydrotherapy risks breaking internal skin and can transmit infections.

Our proposal makes the following key changes from the current rules:

- Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.
- Move requirements for repairs and floors to the general rules for premises in clauses 9 and 13.
- Update current New Zealand plumbing and drainage standards.

10. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

Tell us why

If you want to suggest changes to the proposal, what changes do you want?

EXFOLIATION #52

Exfoliation remove dead skin. It can be performed by microdermabrasion, or physical or chemical peels.

Our proposal makes the following key changes from the current rules:

- Remove as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).
- Remove specific rules for exfoliation services. Note: Providers of exfoliation services must still comply with the general rules that apply to all services in the proposed Control.

11. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ We do not support all the changes. I do not support the proposal at all
- ☐ I don't know

Need to retain Health Protection Licence

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

Tell us why

A large number of injury complaints are caused by microdermabrasion [hydra and granules], chemical peels and laser skin resurfacing [exfoliation].

If you want to suggest changes to the proposal, what changes do you want?

Retain exfoliation requiring a Health Protection Licence and inspections.

All providers must have recognised beauty therapy level 4 or 5 qualifications and/or recognised IPL/Laser qualifications in laser skin resurfacing. Not just a laser safety certificate.

To Include; Recommended Best Practice, Codes and Standards

The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public #52

MANICURES AND PEDICURES #52

Manicures and pedicures involve shaping and polishing of fingernails and toenails.

Our proposal makes the following key changes from the current rules:

- Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).
- Remove specific rules for manicures and pedicures services. Note: Providers of these services must still comply with the general rules that apply to all services in the proposed Control.

12. What do you think of this proposed change?

☐ I fully support the proposal (and do not want to change it)

☐ I do not fully support or oppose the proposal, and I would like to suggest changes

☐ NO, we do not support these changes I do not support the proposal at all

☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

☐ I want to keep the current rule

☐ Yes, the suggested changes are not agreed with. I want a completely different rule

☐ I do not want a rule at all

Tell us why

Manicures and pedicures carry a high risk of infection as fungi is easily spread and is contagious. These infections can go unnoticed for long periods of time and once discovered permanent damage is often done. With so many nail operators being immigrants, they are often unqualified and untrained. This increases the risk of poor practices and the spread of infection. Operators can't perform best practice if they don't know what it is or how to perform it. It would be more cost effective to exempt qualified registered therapists from requiring a licence and keep inspecting those who are unqualified or trained, or any person who has had a complaint laid against them for infecting or injuring a client.

If you want to suggest changes to the proposal, what changes do you want?

Recommend all nail operators to have a minimum of a Blood Bourne Pathogens Certificate

#52

Must be licenced. Retain specific rules for manicures and pedicures services. E.g. heel savers are prohibited to be used useless you are a qualified Podiatrist.

Electric nail files cannot be used on natural nails.

Air extractor fans or other good ventilation must be used to extract nail filings and dust particles. Prolonged inhalation of dust particles contributes to health issues.

To Include; Recommended Best Practice, Codes and Standards The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

MASSAGE

#52

Massage involves applying lotions, soft wax, stones or pressure to another person's face or body.

Our proposal makes the following key changes from the current rules:

- Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin). Note: Massage injuries such as sprains or bone fractures are addressed by ACC and other agencies, rather than the proposed Bylaw and Control.
- Remove specific rules for massage services. Note: Providers of massage services must still comply with the general rules that apply to all services in the proposed Control.

13. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

Tell us why

If you want to suggest changes to the proposal, what changes do you want?

To Include; Recommended Best Practice, Codes and Standards The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics

HAIR REMOVAL

The proposed rules are for services that remove the entire hair, including the follicle. These services include but not limited to, threading and waxing. They exclude haircuts.

Our proposal makes the following key changes from the current rules:

- Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

14. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

Tell us why

If you want to suggest changes to the proposal, what changes do you want?

#52

To Include; Recommended Best Practice, Codes and Standards The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

SUNBEDS #52

Sunbeds (or tanning units) use ultra-violet radiation to tan human skin. This service can burn the skin and does lead to longer-term skin conditions, including skin cancer.

Our proposal makes the following key changes from the current rules:

- Remove reference to providers needing to 'trained' when supervising recipients at all times, because all providers must comply with the training requirements in clauses 30 and 109 of the proposed Control.
- Add best practice note that people using photosensitive medication should consult a health practitioner before using a sunbed.
- Update the requirements for warning notices, to align with the information in section 3.6.1 of AS/NZS 2635:2008: Solaria for cosmetic purposes and with public health advice.
- Minor edits to move rules and related information into related sections (for example to specify who must not receive sunbed services and to record information about how often a recipient has used a sunbed in the previous week).

15. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

Tell us why

If you want to suggest changes to the proposal, what changes do you want?

PULSED LIGHT AND LASER TREATMENTS #52

Pulsed light treatments involve using powerful flashes of light to treat the skin.

Laser treatments involve using a device to amplify light and produce an extremely narrow beam of a single wavelength (one colour). These services are intended to remove hair or for skin photo-rejuvenation.

Our proposal makes the following key changes from the current rules for these services:

- Allow people with a family history of melanoma to receive laser and pulsed light treatments
- Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.
- Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.
- Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.
- Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.
- Add recommended best practice note about the training and knowledge providers of laser treatments should have.
- Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.
- Move requirement to display qualifications to clause 30(4) of the proposed Control.
- Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

16. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

Tell us why

If you want to suggest changes to the proposal, what changes do you want?

To Include; Recommended Best Practice, Codes and Standards The NZ Board of Professional Skin Therapies a member of Allied Health Aotearoa NZ, provides, protocols, procedures for best professional practice. Members of the NZ Board of Professional Skin Therapies adhere to the Health, Hygiene and Safety Standards for the NZ Aesthetic Industry, Code of ethics for the NZ Aesthetics Industry, Scope of Practice and provides a Complaints Process for Industry and the Public

PUBLIC SWIMMING POOLS #52

Public swimming pools means all pools that are open for the public to use. This includes:

- Commercial pools
- School pools
- Institutional pools
- Club pools
- Pools in hospitality industry premises
- Community and local authority pools (such as council-owned pools)
- Splash pads
- Spa pools
- Mobile pools.

This does not include pools for domestic use.

Our proposal makes the following key changes from the current rules:

- Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.
- Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.
- Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

17. What do you think of this proposed change?

- ☐ I fully support the proposal (and do not want to change it)
- ☐ I do not fully support or oppose the proposal, and I would like to suggest changes
- ☐ I do not support the proposal at all
- ☐ I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

- ☐ I want to keep the current rule
- ☐ I want a completely different rule
- ☐ I do not want a rule at all

Tell us why

#52

If you want to suggest changes to the proposal, what changes do you want?

OTHER CHANGES #52

Here are some examples of other changes we are proposing. You can compare the current and proposed versions of the Bylaw and Control, for more detail:

- Change the name of the Bylaw and Control
- Add branding and fibroblast therapy to the list of services that must be licensed and that must comply with rules in the proposed Control.
- Clarify that health practitioners include registered Chinese medicine practitioners (like acupuncturists). Health practitioners do not need to comply with the Bylaw if they are offering services they are qualified for.
- Remove specific rules for commercial sexual services, as they duplicate central government Acts.
- Add the power for council to approve an alternative way to comply with the Control's rules.
- Stop licensing services that do not intentionally pierce, break or burn skin or tissue. These services include exfoliation, manicures and pedicures, cryolipolysis ('fat-freezing') and thermal shock lipolysis (fat removal using hot and cold temperatures).
    - These services must still follow the general rules that apply to all services.
    - These services either cause harms with a low to medium impact or inspections do not prevent the harm from occurring.
- Minor edits to update definitions in the Interpretation section, references to legislation, references to technical standards, and the Bylaw History

18. Do you have any other feedback or changes you want to make?

On behalf of the NZ Board of Professional Skin Therapies, I am pleased to inform you that as a leading industry organisation representing the beauty/skin therapy industry, the New Zealand Board of Professional Skin Therapies has recently been accepted into Allied Health Aotearoa New Zealand as health providers.

This development marks a significant step forward as the NZ Board of Professional Skin Therapies continues to provide robust governance, standards, procedures, and protocols and advocate on behalf of the beauty/skin therapy industry.

As a leading industry body, I remain an advisor to HDC and assist WorkSafe NZ. As industry advisors, we remain available to review council health and hygiene bylaws and consult on complaints. Since 2013 I assisted your policy writer, Emma Pilkington draft Auckland Council's Health and Hygiene Bylaw. Attended Council industry stakeholder meetings and wrote the first health and Hygiene Guidelines for the beauty therapy industry while on the executive committee of the NZ Association of Beauty Professionals.

While the NZ Board of Professional Skin Therapies does support some changes, e.g. title change to the bylaw, we do not agree with some of the existing and proposed changes you are suggesting and we are very concerned about other changes that will increase the risk of harm to the public. While some good points are made, there are inconsistences that weaken the objective and allows for contamination or injuries to occur.

The NZ Board would also like to see more direct contact and meetings with industry representatives to advocate on industry's behalf. In addition to our own complaints process for industry and the public, we also catalogue incidents received from the public regarding injuries inflicted by therapists.

With our wealth of experience, we believe consultation should begin at the design stage not the final public consultation stage. Filling out feedback forms which are difficult to download and ticking boxes that are clearly worded to support councils' direction is not appropriate given the profound effect this bylaw will have on businesses that rent or lease premises that cannot be altered or expanded to accommodate this bylaw or the changes that will allow providers to slip through the cracks.

Our concerns with removing licenses for manicure/pedicure operators and exfoliation providers that have in the past been a major concern regarding infections and a major cause of facial injuries is astounding. Our worst national client injury was a death related to a nail salon that had dreadful hygiene. Ignorance, unrecognisable qualifications and a lack of discipline was responsible. Another serious injury was caused by a therapist performing a cryolipolysis ('fat-freezing') treatment. The client was hospitalised for a week and received skin grafts from her thighs to her stomach. Yet you claim these are low risk treatments.

With most providers being beauty therapy trained in manicures/pedicures and who include exfoliation as part of a treatment, how do you separate them out as exempt when they apply for a licence.

To reduce expenditure and resource costs, it would be much safer to exempt registered providers with national and internation qualifications who are trained in hygiene and safe practice than exempt providers who cause infections and injuries through ignorance and lack of professional discipline. Should a registered and/or qualified therapist have a complaint laid against them, then they are added to a regular yearly inspection list.

All members of the Board of Professional Skin Therapies have recognised qualification, receive health, hygiene and safety manuals, Code of Ethics, procedures and protocol instructions, available to blood bourn pathogen courses and our complaints process for the industry and the public. All our members are vetted and have not had a complaint laid against them.

In your comment that "*These services either cause harms with a low to medium impact or* ***inspections do not prevent the harm from occurring".*** Is incorrect and can be applied to this whole bylaw as injuries keep occurring in all modalities listed in your bylaw. Between 2019 – 2020, injury complaints increased by 50% in Auckland. By exempting high risk providers, changing qualification definition, who can provide or certify a qualification and recognition of qualifications will only open the flood gates to more substandard treatments and increase the risk of harm to the public.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#57

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: National Public Health Service Region, Te Whatu Ora

Local Board: Regional Organisation

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

NPHS-NR supports all definitions provided in c(6)(1) of the Control, and the health and safety stipulations in Part 1: Premises. This includes the general condition of premises, work areas, supplies and storage, and cleaning areas. We particularly support the provision of rules associated with sterilisation in the Control, given the critical role of infection prevention and control in mitigating cross-contamination risks.

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and

hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

NPHS-NR supports all updates and changes in Part 2 of the Control, particularly in relation to clauses 24-28, which strengthen requirements for informed consent, hygiene, and safe service delivery. We support changes to c30 of the Control.

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

NPHS-NR supports:

• The addition of a best practice note to subpart 4 of the Control recommending that recipients consult a medical practitioner before receiving electrolysis and Red Vein

Treatments, to ensure suitability and reduce the risk of adverse outcomes for individuals with underlying conditions.

• The addition of rules in subpart 5 of the Control that prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions, and that require scarification recipients to confirm this information in a consent form. This is a proportionate, evidence-based approach to reducing the risk of poor healing, infection, and long-term complications.

The changes and additions made to subpart 7 of the Control regarding tattooing with tools made from natural materials, which improve safety while recognising cultural practices.

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

NPHS-NR supports all additions and changes made to Part 5 of the Control: Services that risk or intentionally burn the skin. These services carry a range of known and potential health risks. NPHS-NR particularly supports c110-115 of the Control in relation to reducing harm from sunbed use, including skin cancer risk and burns.

If you want to suggest changes to the proposal, what changes do you want?

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

NPHS-NR supports all changes and additions to Part 6 of the Control: Public Swimming Pools. In particular, NPHS-NR supports requiring a water-treatment plan for public pools if the provider repeatedly fails to maintain chemical balancing, as this strengthens accountability and reduces the likelihood of outbreaks of water-borne and gastrointestinal illness.

We also support the clarification of rules for frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards, as this improves monitoring and early identification of risks.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

This technical advice is made on behalf of the National Public Health Service – Northern Region (NPHS-NR), part of Health New Zealand | Te Whatu Ora. NPHS-NR recognises its responsibilities to improve, promote and protect the health and wellbeing of people and communities under the Pae Ora (Healthy Futures) Act 2022 and our statutory obligations under the Health Act 1956. To achieve healthy communities and equitable health outcomes, we work together with other sectors to address the determinants of health. This includes supporting regulatory frameworks that ensure aesthetic services, cultural practices and public swimming pools in Auckland are safe and appropriately managed. These controls are an important mechanism for reducing preventable harm and supporting consistent public health standards across the region.

See attachment for full submission.

4 June 2026

#57

Auckland Council

healthandhygienebylaw@aucklandcouncil.govt.nz

Health and Hygiene Bylaw and Control

Thank you for the opportunity for the National Public Health Service – Northern Region, Health New Zealand I Te Whatu Ora, to provide technical advice on Auckland Council's Health and Hygiene Bylaw and Control.

The primary contact point for this submission is:

[redacted]

Senior Public Health Policy and Equity Advisor

National Public Health Service – Northern Region

[redacted]

Ngā mihi,

[redacted]

Medical Officer of Health

National Public Health Service – Northern Region

Health New Zealand | Te Whatu Ora

[redacted]

Regional Director

National Public Health Service – Northern Region

Health New Zealand | Te Whatu Ora

1. Introduction and overview

This technical advice is made on behalf of the National Public Health Service – Northern Region (**NPHS-NR**), part of Health New Zealand | Te Whatu Ora. NPHS-NR recognises its responsibilities to improve, promote and protect the health and wellbeing of people and communities under the Pae Ora (Healthy Futures) Act 2022 and our statutory obligations under the Health Act 1956. To achieve healthy communities and equitable health outcomes, we work together with other sectors to address the determinants of health. This includes supporting regulatory frameworks that ensure aesthetic services, cultural practices and public swimming pools in Auckland are safe and appropriately managed. These controls are an important mechanism for reducing preventable harm and supporting consistent public health standards across the region.

NPHS-NR acknowledges its role as a key stakeholder in the development of the Auckland Council's Health and Hygiene Bylaw (**the Bylaw**) and Control (**the Control**), including providing evidence-based public health advice for new and updated sections.

NPHS-NR supports the proposed changes and updates to the Bylaw and Control. The changes are evidence-based, reasonable, and provide communities with assurance that aesthetic services, cultural practices and public swimming pools are safe and promote good health and hygiene. These activities carry inherent risks, including the transmission of blood-borne and water-borne infections, as well as risks of injury, adverse reactions, and long-term harm. NPHS-NR in particular supports:

- Updating the standards for premises that perform certain services, including those that break or pierce the skin;
- Requirements for all providers to be suitably qualified and competent;
- Restricting the provision of eyeball tattooing and the treatment of skin lesions and moles to appropriately qualified health practitioners;
- New rules for emerging and higher-risk services, including scarification;

- Including the power for Council to require a water treatment plan for high risk swimming pools where ongoing compliance issues are identified; and
- Updating rules in the Control to reflect current best available evidence and practice.

Where NPHS-NR does not mention a part, subpart or clause of the Bylaw or the Control, it can be assumed that NPHS-NR is in general support.

Appendix 1 provides an overview of the specific proposed amendments to the Bylaw. These changes are referred to in the body of our submission.

2. Technical Advice on the Bylaw

2.1 Definitions in the Bylaw

NPHS-NR supports the definitions used by Auckland Council in the Bylaw. These are medically and technically accurate, and reflect the full scope of the services regulated under the Bylaw. NPHS-NR does recommend two minor changes:

- Defining a Vampire Facial mentioned in Part 2 (Regulation of certain services for health protection) c6(1)(c) and c7(1). Providing a clear definition in Part 1 (Preliminary Provisions) c5(1) would improve clarity, support consistent interpretation, and reduce ambiguity for enforcement.
- In reference to eyeball tattooing in c8(1), using more specific language in the definition stated in c5(1). We suggest the following refinement:
    - 'Eyeball tattooing means a practice of piercing any part of the eye (including but not limited to the sclera, *conjunctiva or adjacent structures*) and inserting pigments, dyes or any objects.'

2.2 Controls and Licenses

NPHS-NR supports all changes to Part 3 of the Health and Hygiene Bylaw. The use of a minimum standard in c10(1-2) is evidence-based and establishes a clear baseline for hygiene and health protection across providers, which is beneficial to communities.

NPHS-NR supports the requirement in c11(1)(b)(i) for Auckland Council to consult with Medical Officers of Health when making, amending or revoking a control in clause 10, as this ensures that public health expertise informs regulatory decisions.

3. Technical Advice on the Health and Hygiene Control #57

3.1 Interpretation and General Rules for all Premises

NPHS-NR supports all definitions provided in c(6)(1) of the Control, and the health and safety stipulations in Part 1: Premises. This includes the general condition of premises, work areas, supplies and storage, and cleaning areas. We particularly support the provision of rules associated with sterilisation in the Control, given the critical role of infection prevention and control in mitigating cross-contamination risks.

3.2 General Rules about Providing Services

NPHS-NR supports all updates and changes in Part 2 of the Control, particularly in relation to clauses 24-28, which strengthen requirements for informed consent, hygiene, and safe service delivery. We support changes to c30 of the Control.

3.3 General Requirements for all Services that Intentionally Pierce the Skin

NPHS-NR supports:

- The addition of a best practice note to subpart 4 of the Control recommending that recipients consult a medical practitioner before receiving electrolysis and Red Vein Treatments, to ensure suitability and reduce the risk of adverse outcomes for individuals with underlying conditions.
- The addition of rules in subpart 5 of the Control that prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions, and that require scarification recipients to confirm this information in a consent form. This is a proportionate, evidence-based approach to reducing the risk of poor healing, infection, and long-term complications.

- The changes and additions made to subpart 7 of the Control regarding tattooing with tools made from natural materials, which improve safety while recognising cultural practices.

3.4 All Services that Risk or Intentionally Burn the Skin

NPHS-NR supports all additions and changes made to Part 5 of the Control: Services that risk or intentionally burn the skin. These services carry a range of known and potential health risks. NPHS-NR particularly supports c110-115 of the Control in relation to reducing harm from sunbed use, including skin cancer risk and burns.

3.5 Public Swimming Pools

NPHS-NR supports all changes and additions to Part 6 of the Control: Public Swimming Pools. In particular, NPHS-NR supports requiring a water-treatment plan for public pools if the provider repeatedly fails to maintain chemical balancing, as this strengthens accountability and reduces the likelihood of outbreaks of water-borne and gastrointestinal illness.

We also support the clarification of rules for frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards, as this improves monitoring and early identification of risks.

4. Conclusion

Thank you for the opportunity to provide technical advice on the Health and Hygiene Bylaw and Control. NPHS-NR values the ongoing partnership with Auckland Council and welcomes continued engagement on the implementation of these provisions.

Appendix 1: Overview of Suggested Amendments to the Health and Hygiene Bylaw and Control #57

Document	Chapter and/or Section	Suggested Change
Bylaw	Part 1; s5(1)	Suggest refining the wording of 'pierce the eyeball'. Piercing may be interpreted as limited to penetration of the sclera. Recommend wording such as "could pierce the eyeball, conjunctiva or adjacent structures" to better reflect the range of risk.
Bylaw	Part 1; s5(1)	Recommend further defining Vampire Facial mentioned in s6(1)(c) and s7(1). Including a definition in Part 1 (Preliminary Provisions) s5(1) would improve clarity and support consistent interpretation and enforcement.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#60

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: Cosmetic Clinic New Zealand

Local Board: Regional Organisation

Your feedback:

Which of the sections would you like to provide feedback on?

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

•Strongly supports the change around family history of melanoma and laser hair removal

•Family history alone does not determine whether someone should or should not receive laser treatment. While there is a genetic component, family history does not dictate whether an individual has melanomas or a pre-disposition to them.

•People unnecessarily excluded from receiving laser due to their family history of melanoma. Some Aucklanders travel down to Hamilton where there are no such restrictions

•There are some privacy and safety concerns with displaying qualifications that contain people's full names. For example, one staff member was stalked. Supports flexibility about how qualifications are shown.

•Strongly recommend people need to be suitably qualified, with guidance about what 'suitably qualified' means. Strongly encourage council to provide minimum competency and suitable qualification requirements For example, Cosmetic Clinic franchises require new laser providers to complete extensive online training and a minimum of 25 hours of supervised practice before they can offer treatments - ensures they are very competent before they offer treatments to a paying client

See attachment for full submission.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

•Overall, she supports many of the proposed changes

•Strongly supports the change around family history of melanoma and laser hair removal

•Support proposal to stop requiring qualifications be publicly displayed for beauty therapists [Note: This is not what clause 30(4) of proposal says. Display is required. Currently, only IPL and Laser trainees are required to display qualifications.]

•Strongly supports the requirement that all providers be qualified and competent.

•More consistency of enforcement and inspections

•Improved clarity about treatments under the code. Clinics need practical guidelines that are easy to interpret

•Family history alone does not determine whether someone should or should not receive laser treatment. While there is a genetic component, family history does not dictate whether an individual has melanomas or a pre-disposition to them.

•People unnecessarily excluded from receiving laser due to their family history of melanoma. Some Aucklanders travel down to Hamilton where there are no such restrictions

•There are some privacy and safety concerns with displaying qualifications that contain people's full names. For example, one staff member was stalked. Supports flexibility about how qualifications are shown.

•Strongly recommend people need to be suitably qualified, with guidance about what 'suitably qualified' means. Strongly encourage council to provide minimum competency and suitable qualification requirements For example, Cosmetic Clinic franchises require new laser providers to complete extensive online training and a minimum of 25 hours of supervised practice before they can offer treatments - ensures they are very competent before they offer treatments to a paying client

•Consistency of enforcement and inspections – one of the biggest issues we currently face

oDifferent inspectors interpret the same rules in different ways which causes stress and uncertainty for clinics trying to operate at the best standard. Recommend having dedicated inspectors of the beauty and cosmetics industry

•Things move quickly in the beauty space so there needs to be more clarity about what's included in the code. As an example, some home visits are taking place where people put IV lines into people and inject unregulated vitamins – not currently included in the code?

See attachment for full submission.

Good morning, and thank you for the opportunity to speak today.

My name is [redacted] from the Cosmetic Clinic New Zealand. I have owned my clinic for 6 years and I have worked for The Cosmetic Clinic for the past 10 tens since it first opened in NZ as the National Trainer. Prior to that, I was one of the lead teachers at Elite Beauty School for 12 years. I oversee multiple beauty and laser clinics across Auckland and New Zealand. I attend every one of our Auckland Council inspections personally, so I have had extensive experience working with the current Health and Hygiene Bylaw and Code of Practice, and with the proposed amendments currently under consultation.

Firstly, I would like to acknowledge that overall, I support many of the proposed changes. I believe several of them are practical, modern, and better aligned with current industry practice.

One change I strongly support is the proposal to remove a family history of melanoma as a blanket contraindication for laser and pulsed light treatments.

While there absolutely can be a genetic component to melanoma risk, family history alone does not determine whether someone should or should not receive laser hair removal. My own experience is a good example of this. My father has had melanoma, largely due to years of outdoor work and limited sun protection. However, I personally am extremely sun smart, I have regular skin checks, and I have never had skin cancer.

Under the current rules, many Aucklanders are unnecessarily excluded from receiving laser hair removal purely because of family history, despite being low risk and medically appropriate candidates for treatment. Meanwhile, the rest of the country already operates more practically in this area.

The proposed change still maintains appropriate safety measures through medical consent requirements for suspicious lesions and detailed medical history forms, which I think is the right balance between safety and accessibility.

I also support the proposal to stop requiring qualifications to be publicly displayed.

I understand the original intent behind this requirement was transparency. However, in practice, publicly displaying staff members' full qualifications has created privacy and safety concerns. In our clinics, we have experienced incidents of online stalking and unwanted contact directed at employees after their personal details were visible publicly.

I believe staff privacy must also be considered.

That being said, I strongly agree with the proposal requiring all providers to be suitably qualified and competent.

Lasers are not harmless beauty devices. In untrained hands, they can cause severe burns, pigmentation damage, and permanent injury.

At The Cosmetic Clinic, our standards are intentionally high. We follow Queensland Radiation Health guidelines as best practice. Before any staff member treats a paying client, they must complete:

- a Laser Safety Certificate
- extensive online theoretical training
- and a minimum of 25 hours of supervised practical training.

Unfortunately, not every clinic operates this way. We have hired staff from other clinics who told us they received only half a day of training before being put onto clients. Some admitted they had already burned multiple people during that process.

That is extremely concerning.

So while I support flexibility around how qualifications are demonstrated, I would strongly encourage Council to provide clearer minimum competency expectations across the industry. A general statement requiring providers to be "suitably qualified" is a good start, but there needs to be guidance around what "suitably qualified" actually means in high-risk treatments such as laser.

Another key point I would like to raise is consistency of enforcement and inspections.

The proposal itself acknowledges that implementation has been challenging, including difficulties verifying qualifications and inconsistent enforcement.

From an operator's perspective, this inconsistency is one of the biggest issues we currently face.

I attend inspections across 10 Auckland clinics, and honestly, it can feel like Russian roulette depending on which inspector attends.

For example:

- Some inspectors want to inspect cosmetic injectable rooms and equipment for Botox and filler, while others say injectables are outside the scope of practice entirely.
- Some test hot water temperatures, while others never mention it.
- Some insist on protective eyewear during microneedling treatments, while others do not.
- Different inspectors interpret the same rules in completely different ways.

This creates confusion, stress, and uncertainty for clinics trying to comply properly.

My recommendation would be for Council to consider having dedicated inspectors for the beauty and cosmetic industry who have an actual beauty therapy or cosmetic laser background, and ideally a smaller, consistent team that inspects all beauty clinics across Auckland.

Consistency is incredibly important — not only for businesses, but for public safety.

If all clinics are being assessed differently, then standards across the city inevitably become inconsistent as well.

I would also encourage Council to continue improving clarity around the scope of treatments covered under the Code, especially as the cosmetic industry evolves rapidly. Treatments such as fibroblast therapy, vampire facials, IV therapy, and needleless filler are already specifically referenced in the proposal, which I think is a positive step.

However, clinics need practical guidance that is easy to interpret and consistently enforced.

Finally, I would like to acknowledge that Auckland Council's review clearly recognises that the industry lacks strong national regulation, and that Council is often left filling those gaps.

Because of that, it is even more important that the rules are practical, modern, enforceable, and consistently applied.

Overall, I support the direction of these proposed changes. I believe they are moving toward a more balanced and realistic framework that protects public safety while also reflecting modern industry practice.

Thank you again for the opportunity to speak today, and I appreciate the work Council has done in reviewing and modernising these regulations.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#61

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: Caci

Local Board: Regional Organisation

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Please see attached submission

If you want to suggest changes to the proposal, what changes do you want?

please see attached submission

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

please see attached submission

If you want to suggest changes to the proposal, what changes do you want?

please see attached submission

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We strongly support the inclusion of dermal filler injections, IV drips and infusion therapies, and vampire facials as services that intentionally pierce the skin and require a

licence under clause 7 of the Bylaw. This is a significant and welcome improvement. The council's own consultation material acknowledges that dermal fillers can currently be administered by anyone, with competence only recommended, and bringing these services into the licensing regime is an important step for public safety.

However, we are concerned that the Control does not match this step with any service specific standard for these treatments. The Control provides dedicated subparts of specific rules for tattooing, acupuncture, body piercing, electrolysis and needling, sunbeds, and laser and pulsed light. There is no equivalent subpart for dermal filler injection, for IV drips

and infusion therapy, or for vampire facials. As drafted, these services are governed only by the general skin-piercing requirements of Part 3, Subpart 1, and by the general qualification requirement in clause 30, which can be satisfied by an in-house training certificate, an apprenticeship, or working under supervision.

For treatments of this consequence, that is not a sufficient competence bar. Dermal filler injection carries a risk of vascular occlusion, skin necrosis and permanent visual loss, all of which are time-critical emergencies. IV infusion carries risks of anaphylaxis, extravasation, fluid overload and bloodstream infection. A licensed provider should be required to demonstrate the competence to recognise and manage these specific complications, not merely to have completed a generic qualification.

We recommend that the council add a dedicated subpart to Part 3 of the Control for cosmetic injectables (dermal filler) and a further subpart for IV and infusion therapy, and that, for these services, clause 30 be supplemented to require demonstrable competence in recognising and managing their serious complications, together with written emergency management protocols and defined escalation pathways held on the premises. Registered health practitioners acting within their scope remain exempt under clause 9 of the Bylaw, so this recommendation raises the standard at the unregulated end of the market without

affecting practitioners who are already clinically governed.

See attachment for full submission.

If you want to suggest changes to the proposal, what changes do you want?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We support removing the licensing requirement for genuinely lower-risk services such as manual hair removal (waxing, threading and tweezing), manicures, pedicures, and exfoliation. We note, and support, that these services continue to be subject to the general

requirements of the Control, including Part 1 (Premises), Part 2 (General rules about services), and Part 4 (services that risk or break the skin). In particular, the requirements for single-use or sterile equipment (clause 88), gloves (clauses 90 and 102), skin cleaning and antiseptic (clause 87), suitability assessment (clause 85), and infection-risk advice (clause 86) appropriately address the residual, lower infection risk these services carry. Deregulation here is not a blanket exemption from hygiene oversight, and we welcome that.

Our one concern with this tier is verification. Because these services would no longer require a licence, they would not be subject to proactive inspection, and compliance with the

Control would rest on reactive enforcement after harm occurs. We ask the council to confirm how it intends to verify and maintain these standards in practice, including for home-based and mobile premises, so that the retained Control requirements remain a real safety floor rather than an unverified one. We address two supporting mechanisms for this in section 7 (a public register and adequate enforcement capacity).

See attachment for full submission.

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We support removing the licensing requirement for genuinely lower-risk services such as manual hair removal (waxing, threading and tweezing), manicures, pedicures, and exfoliation. We note, and support, that these services continue to be subject to the general requirements of the Control, including Part 1 (Premises), Part 2 (General rules about services), and Part 4 (services that risk or break the skin). In particular, the requirements for single-use or sterile equipment (clause 88), gloves (clauses 90 and 102), skin cleaning and antiseptic (clause 87), suitability assessment (clause 85), and infection-risk advice (clause 86) appropriately address the residual, lower infection risk these services carry. Deregulation here is not a blanket exemption from hygiene oversight, and we welcome that.

Our one concern with this tier is verification. Because these services would no longer require a licence, they would not be subject to proactive inspection, and compliance with the

Control would rest on reactive enforcement after harm occurs. We ask the council to confirm how it intends to verify and maintain these standards in practice, including for home-based and mobile premises, so that the retained Control requirements remain a real safety floor rather than an unverified one. We address two supporting mechanisms for this in section 7 (a public register and adequate enforcement capacity).

See attachment for full submission.

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

We support removing the licensing requirement for genuinely lower-risk services such as manual hair removal (waxing, threading and tweezing), manicures, pedicures, and exfoliation. We note, and support, that these services continue to be subject to the general requirements of the Control, including Part 1 (Premises), Part 2 (General rules about services), and Part 4 (services that risk or break the skin). In particular, the requirements for single-use or sterile equipment (clause 88), gloves (clauses 90 and 102), skin cleaning and antiseptic (clause 87), suitability assessment (clause 85), and infection-risk advice (clause 86) appropriately address the residual, lower infection risk these services carry. Deregulation here is not a blanket exemption from hygiene oversight, and we welcome that.

Our one concern with this tier is verification. Because these services would no longer require a licence, they would not be subject to proactive inspection, and compliance with the

Control would rest on reactive enforcement after harm occurs. We ask the council to confirm how it intends to verify and maintain these standards in practice, including for home-based and mobile premises, so that the retained Control requirements remain a real safety floor rather than an unverified one. We address two supporting mechanisms for this in section 7 (a public register and adequate enforcement capacity).

See attachment for full submission.

If you want to suggest changes to the proposal, what changes do you want?

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

We strongly support the decision to retain laser treatment and pulsed light (IPL) as services requiring a licence under clause 7 of the Bylaw, and we support the detailed, device specific standards the Control sets for them in Part 5, Subpart 2, including provider competency in Fitzpatrick skin typing and AS/NZS laser safety standards (clause 122), the

controlled treatment area (clause 127), protective eyewear (clause 128), and annual equipment calibration with records (clause 129). This is the correct approach: the harm from these treatments, principally burns and tissue injury, is operator-dependent and equipment dependent,

and the licence, inspection and competency standards target that risk precisely.

We ask the council to apply the same logic to cryolipolysis (fat-freezing) and radiofrequency lipolysis. The Control itself identifies these, alongside laser, pulsed light and sunbeds, as services that can burn the skin (Part 5, related information), and the council acknowledges that cryolipolysis risks cold burns or frostbite if applied incorrectly. Yet neither cryolipolysis nor radiofrequency lipolysis appears in the clause 7 licence list, and, unlike

sunbeds (Part 5, Subpart 1) and laser and pulsed light (Part 5, Subpart 2), neither is given a dedicated subpart in the Control setting operator competency, contraindication screening, patch testing, or device calibration and maintenance. These two device-based treatments

therefore fall outside both the licence and any device-specific safety standard.

We recommend that cryolipolysis and radiofrequency lipolysis be added to clause 7 of the Bylaw as services requiring a licence, or, at minimum, that a dedicated subpart be added to Part 5 of the Control that sets operator-competency, screening, and device calibration and maintenance standards for them, mirroring the approach already taken for sunbeds and for

laser and pulsed light. Regulating by delivery method, and matching the standard to the device-based source of risk, would close this gap without affecting genuinely low-risk, nondevice services.

More generally, we recommend that the Control apply a consistent principle across all energy-based and device-driven treatments: that the provider hold documented training and demonstrated competency in the safe operation of the specific device and in recognising and

managing its associated harms, and that each clinic maintain a documented device maintenance, servicing, and calibration regime with records available for inspection. The risk profile of these treatments is consistently a function of operator competence and equipment condition, so a uniform training-and-compliance requirement, rather than standards that vary by device type, would provide clearer and more durable protection. This reflects the standard

to which our own clinics already operate.

We strongly support the patient-safety intent of the proposed changes to the laser and pulsed light rules concerning pigmented lesions. Treating an undiagnosed melanoma with laser or pulsed light can destroy the lesion without histological diagnosis, with serious consequences, and we welcome the council's focus on this. We cannot, however, support the mechanism as drafted, and we ask the council to consider an alternative that achieves

the same safety outcome in a workable way.

As drafted, the proposal would require any pigmented skin lesion to be assessed by a health practitioner with expertise in skin cancer detection before that lesion is treated with

laser or pulsed light, and would require specific medical consent for treating any existing mole or pigmented lesion. In a high-volume aesthetic setting such as ours, where pigment-

spot treatment for sun damage and age spots is one of the most common reasons clients present,

this would require an external referral to a doctor or dermatologist with skin-cancer expertise for every such client, before any treatment could proceed. The practical effect would be to make this category of treatment substantially harder to access through licensed aesthetic

clinics. We do not think this best serves the patient-safety outcome the council is seeking, and we believe the alternative we propose at clause 2.8 below achieves the safety outcome more effectively.

The mechanism also does not reflect the existing competence of trained skin therapists in New Zealand. Skin therapists working in licensed laser and pulsed light settings undergo extensive training in skin analysis, Fitzpatrick typing, contraindication screening, and the identification of suspicious lesions, including the standard ABCDE criteria of asymmetry, border irregularity, colour variation, diameter and evolution. In practice, the most effective

safety net for melanoma detection in aesthetic settings is the trained therapist applying these criteria at the point of every assessment, and referring on for medical review where any suspicious feature is present. This is the model Caci already operates: our skin therapists assess every pigmented lesion against a defined protocol before any treatment, and refer for medical review where the lesion meets any suspicious criterion. Only clearly benign lesions

are treated.

We therefore recommend that, in place of mandatory health-practitioner assessment for every pigmented lesion, the Control require that the provider hold documented training or education in the identification of suspicious skin lesions and skin cancer recognition; that the provider assess every pigmented lesion at the point of consultation against these recognised criteria; and that, where a suspicious lesion is identified during consultation, the recipient be

escalated to a medical practitioner for assessment before any treatment is undertaken. This places the safety net where it can actually function, at the point of every assessment by a competent provider, rather than in a referral pathway that is not operationally workable at

scale.

We also ask the council to clarify how the proposed rule is intended to interact with laser and pulsed light treatments that are not targeting a pigmented lesion, such as laser hair

removal, vascular treatments, or photorejuvenation, where moles or pigmented lesions may be incidentally present in the treatment area. Established practice in licensed clinics is to identify these at consultation and to protect them from treatment using opaque covers

or careful targeting. We would welcome clarification in the Control that, for non-pigment-specific treatments, the obligation is to identify and protect existing pigmented lesions from incidental

treatment, rather than to refer the recipient for medical assessment of unrelated, incidental lesions before any treatment can proceed.

See attachment for full submission.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

More comments on health practitioner exemption and standing orders, qualifications, training and combination treatments in full submission. See attachment.

caci

Submission on the Proposed Services with Health and Safety Risks Bylaw 2026

Review of the Health and Hygiene Bylaw 2013 and its associated Practices Control

Submission to	Auckland Council, Regulatory and Safety Committee, Bylaw Review Team
Re	Proposed Services with Health and Safety Risks Bylaw 2026 and associated Practices Control
Submitter	Caci (FAB NZ Limited)
Prepared by	John Boy Jerry Csapo-Camu and Bradley Csapo-Camu, Clinical Directors
Contact	[redacted]
Date	3 June 2026
Submission closes	7 June 2026

Tēnā koutou,

Caci welcomes the opportunity to submit on the proposed Services with Health and Safety Risks Bylaw 2026 and its associated Practices Control. We have reviewed both the proposed amended Bylaw (Appendix A) and the proposed amended Control (Appendix B), and we support the review and its underlying intent. A risk-proportionate framework that lifts hygiene and safety standards across the sector, while removing compliance where the risk is genuinely low and maintaining safeguards where the risk of harm remains real, is the right direction, and we commend the council for pursuing it.

We submit as one of New Zealand's established appearance and skin treatment networks. Caci delivers treatments through two complementary streams: qualified skin therapists, and registered nurses operating under standing orders within a documented clinical governance framework. Across our clinics we maintain treatment protocols, defined escalation pathways, adverse event management processes, and regular internal audit. Practitioner qualifications and ongoing competency are developed and maintained through the Caci Training Academy. We make this submission as an operator whose existing standards already meet or exceed the proposed baseline, and our comments are offered in that spirit: cooperative, safety-focused, and practical.

1. Lower-risk services and the verification of hygiene standards

1.1 We support removing the licensing requirement for genuinely lower-risk services such as manual hair removal (waxing, threading and tweezing), manicures, pedicures, and exfoliation. We note, and support, that these services continue to be subject to the general requirements of the Control, including Part 1 (Premises), Part 2 (General rules about services), and Part 4 (services that risk or break the skin). In particular, the requirements for single-use or sterile equipment (clause 88), gloves (clauses 90 and 102), skin cleaning and

antiseptic (clause 87), suitability assessment (clause 85), and infection-risk advice (clause 86) appropriately address the residual, lower infection risk these services carry. Deregulation here is not a blanket exemption from hygiene oversight, and we welcome that.

1.2 Our one concern with this tier is verification. Because these services would no longer require a licence, they would not be subject to proactive inspection, and compliance with the Control would rest on reactive enforcement after harm occurs. We ask the council to confirm how it intends to verify and maintain these standards in practice, including for home-based and mobile premises, so that the retained Control requirements remain a real safety floor rather than an unverified one. We address two supporting mechanisms for this in section 7 (a public register and adequate enforcement capacity).

2. Energy-based and device treatments

2.1 We strongly support the decision to retain laser treatment and pulsed light (IPL) as services requiring a licence under clause 7 of the Bylaw, and we support the detailed, device-specific standards the Control sets for them in Part 5, Subpart 2, including provider competency in Fitzpatrick skin typing and AS/NZS laser safety standards (clause 122), the controlled treatment area (clause 127), protective eyewear (clause 128), and annual equipment calibration with records (clause 129). This is the correct approach: the harm from these treatments, principally burns and tissue injury, is operator-dependent and equipment-dependent, and the licence, inspection and competency standards target that risk precisely.

2.2 We ask the council to apply the same logic to cryolipolysis (fat-freezing) and radiofrequency lipolysis. The Control itself identifies these, alongside laser, pulsed light and sunbeds, as services that can burn the skin (Part 5, related information), and the council acknowledges that cryolipolysis risks cold burns or frostbite if applied incorrectly. Yet neither cryolipolysis nor radiofrequency lipolysis appears in the clause 7 licence list, and, unlike sunbeds (Part 5, Subpart 1) and laser and pulsed light (Part 5, Subpart 2), neither is given a dedicated subpart in the Control setting operator competency, contraindication screening, patch testing, or device calibration and maintenance. These two device-based treatments therefore fall outside both the licence and any device-specific safety standard.

2.3 We recommend that cryolipolysis and radiofrequency lipolysis be added to clause 7 of the Bylaw as services requiring a licence, or, at minimum, that a dedicated subpart be added to Part 5 of the Control that sets operator-competency, screening, and device calibration and maintenance standards for them, mirroring the approach already taken for sunbeds and for laser and pulsed light. Regulating by delivery method, and matching the standard to the device-based source of risk, would close this gap without affecting genuinely low-risk, non-device services.

2.4 More generally, we recommend that the Control apply a consistent principle across all energy-based and device-driven treatments: that the provider hold documented training and demonstrated competency in the safe operation of the specific device and in recognising and managing its associated harms, and that each clinic maintain a documented device maintenance, servicing, and calibration regime with records available for inspection. The risk profile of these treatments is consistently a function of operator competence and equipment condition, so a uniform training-and-compliance requirement, rather than standards that vary by device type, would provide clearer and more durable protection. This reflects the standard to which our own clinics already operate.

2.5 We strongly support the patient-safety intent of the proposed changes to the laser and pulsed light rules concerning pigmented lesions. Treating an undiagnosed melanoma with laser or pulsed light can destroy the lesion without histological diagnosis, with serious consequences, and we welcome the council's focus on this. We cannot, however, support

the mechanism as drafted, and we ask the council to consider an alternative that achieves the same safety outcome in a workable way.

2.6 As drafted, the proposal would require any pigmented skin lesion to be assessed by a health practitioner with expertise in skin cancer detection before that lesion is treated with laser or pulsed light, and would require specific medical consent for treating any existing mole or pigmented lesion. In a high-volume aesthetic setting such as ours, where pigment-spot treatment for sun damage and age spots is one of the most common reasons clients present, this would require an external referral to a doctor or dermatologist with skin-cancer expertise for every such client, before any treatment could proceed. The practical effect would be to make this category of treatment substantially harder to access through licensed aesthetic clinics. We do not think this best serves the patient-safety outcome the council is seeking, and we believe the alternative we propose at clause 2.8 below achieves the safety outcome more effectively.

2.7 The mechanism also does not reflect the existing competence of trained skin therapists in New Zealand. Skin therapists working in licensed laser and pulsed light settings undergo extensive training in skin analysis, Fitzpatrick typing, contraindication screening, and the identification of suspicious lesions, including the standard ABCDE criteria of asymmetry, border irregularity, colour variation, diameter and evolution. In practice, the most effective safety net for melanoma detection in aesthetic settings is the trained therapist applying these criteria at the point of every assessment, and referring on for medical review where any suspicious feature is present. This is the model Caci already operates: our skin therapists assess every pigmented lesion against a defined protocol before any treatment, and refer for medical review where the lesion meets any suspicious criterion. Only clearly benign lesions are treated.

2.8 We therefore recommend that, in place of mandatory health-practitioner assessment for every pigmented lesion, the Control require that the provider hold documented training or education in the identification of suspicious skin lesions and skin cancer recognition; that the provider assess every pigmented lesion at the point of consultation against these recognised criteria; and that, where a suspicious lesion is identified during consultation, the recipient be escalated to a medical practitioner for assessment before any treatment is undertaken. This places the safety net where it can actually function, at the point of every assessment by a competent provider, rather than in a referral pathway that is not operationally workable at scale.

2.9 We also ask the council to clarify how the proposed rule is intended to interact with laser and pulsed light treatments that are not targeting a pigmented lesion, such as laser hair removal, vascular treatments, or photorejuvenation, where moles or pigmented lesions may be incidentally present in the treatment area. Established practice in licensed clinics is to identify these at consultation and to protect them from treatment using opaque covers or careful targeting. We would welcome clarification in the Control that, for non-pigment-specific treatments, the obligation is to identify and protect existing pigmented lesions from incidental treatment, rather than to refer the recipient for medical assessment of unrelated, incidental lesions before any treatment can proceed.

3. Cosmetic injectables and IV infusion therapy

3.1 We strongly support the inclusion of dermal filler injections, IV drips and infusion therapies, and vampire facials as services that intentionally pierce the skin and require a licence under clause 7 of the Bylaw. This is a significant and welcome improvement. The council's own consultation material acknowledges that dermal fillers can currently be administered by anyone, with competence only recommended, and bringing these services into the licensing regime is an important step for public safety.

3.2 However, we are concerned that the Control does not match this step with any service-specific standard for these treatments. The Control provides dedicated subparts of specific rules for tattooing, acupuncture, body piercing, electrolysis and needling, sunbeds, and laser and pulsed light. There is no equivalent subpart for dermal filler injection, for IV drips and infusion therapy, or for vampire facials. As drafted, these services are governed only by the general skin-piercing requirements of Part 3, Subpart 1, and by the general qualification requirement in clause 30, which can be satisfied by an in-house training certificate, an apprenticeship, or working under supervision.

3.3 For treatments of this consequence, that is not a sufficient competence bar. Dermal filler injection carries a risk of vascular occlusion, skin necrosis and permanent visual loss, all of which are time-critical emergencies. IV infusion carries risks of anaphylaxis, extravasation, fluid overload and bloodstream infection. A licensed provider should be required to demonstrate the competence to recognise and manage these specific complications, not merely to have completed a generic qualification.

3.4 We recommend that the council add a dedicated subpart to Part 3 of the Control for cosmetic injectables (dermal filler) and a further subpart for IV and infusion therapy, and that, for these services, clause 30 be supplemented to require demonstrable competence in recognising and managing their serious complications, together with written emergency-management protocols and defined escalation pathways held on the premises. Registered health practitioners acting within their scope remain exempt under clause 9 of the Bylaw, so this recommendation raises the standard at the unregulated end of the market without affecting practitioners who are already clinically governed.

4. The health practitioner exemption and standing orders

4.1 We support clause 9 of the Bylaw, which exempts a service undertaken by a health practitioner in the practice of their profession from both the minimum standards in clause 6 and the licensing requirement in clause 7, with the council continuing to defer to the relevant responsible authority, including the Nursing Council of New Zealand. This exemption is foundational to nurse-delivered care within our network and across the wider sector, and we support its retention as drafted.

4.2 We ask the council to confirm, in the Control's explanatory material, that care delivered by a registered nurse under a standing order falls within the practice of their profession for the purpose of the clause 9 exemption. Registered nurses operating under standing orders do so within a recognised legal framework under the Medicines (Standing Order) Regulations 2002, supported by clinical oversight, documented protocols, and audit. Express confirmation would remove any doubt that this established and well-governed model is captured by the exemption rather than by the Bylaw.

5. Qualifications, training, and combination treatments

5.1 We support clause 30 of the Control. Its recognition that a provider may be qualified through an officially recognised qualification, an employer or in-house training certificate, an apprenticeship, or direct supervision is sensible and proportionate. It accommodates robust internal training systems, such as the Caci Training Academy, that demonstrably produce competent practitioners, alongside external qualifications. We support this flexibility, subject to the higher competence bar we have recommended for cosmetic injectables and IV infusion in section 3.

5.2 We ask the council to clarify the rules for combination and blended treatments. Some treatments combine a lower-risk step, such as a facial or exfoliation, with a higher-risk step. The Bylaw already lists vampire facials, extraction and needling as services that pierce the

skin, which illustrates the point. We ask that the Control state clearly that a treatment is regulated according to its highest-risk component, and that it resolve any ambiguity around chemical peels and dermaplaning, so that a penetrating or skin-injuring step is not inadvertently treated as a low-risk service because of how the overall treatment is described or marketed.

6. Product safety and avoiding duplication

6.1 We support clause 26 of the Control, which requires that any product injected into a recipient be verified as safe and verified as registered or approved by an appropriate New Zealand central government agency. Legitimate product provenance is fundamental to patient safety, and this rule is well targeted at unsafe or unverified supply. We note that our own model already meets and exceeds this requirement: Caci holds a distribution licence, and all clinics procure product directly from a central head office function, so provenance is controlled and documented end to end. We support the rule and encourage the council to recognise that a centralised, licensed distribution model of this kind provides strong, auditable assurance of product safety.

6.2 More broadly, where services are already governed under the Health Practitioners Competence Assurance Act 2003, the Medicines Act 1981 and Medsafe, and the standing order framework, we ask that the council's role remain focused on premises hygiene and general safety, rather than re-regulating clinical competence or product controls that are already managed under national health legislation. This preserves a high standard of patient safety while avoiding double compliance and unnecessary cost, consistent with the council's stated intention to focus on areas where it can effectively prevent harm.

7. Implementation

7.1 We support the council having the ability to approve alternative safe practices that achieve the same or better health outcomes, and we ask that the approval process be clear, predictable and time-bound, so that it enables safe innovation rather than becoming a bottleneck or a source of commercial uncertainty.

7.2 We ask that any reclassification of services be accompanied by a reasonable transition period and clear written guidance, so that operators can adjust without disruption to continuity of care.

7.3 Where practicable, we ask that the council align its requirements with national frameworks and with neighbouring jurisdictions, so that networks operating across multiple council areas are not managing materially different rules without good reason.

7.4 We encourage the council to maintain a publicly accessible register of licensed providers. A register would let consumers verify that a provider is licensed and inspected before booking a treatment, reward operators who meet the standards, and help the public avoid unsafe or unregulated providers, including home-based clinics offering higher-risk treatments. This is a low-cost, high-value transparency measure that directly supports the public-safety purpose of the Bylaw.

7.5 Finally, because the proposal relies on education and reactive enforcement for the lower-risk services that no longer require a licence, we ask the council to ensure it has the enforcement capacity to respond effectively when harm occurs in that now-unlicensed space. A proportionate model depends on a credible enforcement backstop, which also protects the operators who continue to meet the standards.

8. Closing

Caci shares the council's commitment to protecting public health and to ensuring that services carrying genuine risk are delivered safely and hygienically. We support a balanced, risk-proportionate Bylaw and Control that raises standards for all providers while remaining practical for those already operating to a high clinical standard. We would welcome the opportunity to contribute our clinical and training expertise to the council as the review progresses, and we are happy to be contacted to discuss any aspect of this submission.

Ngā mihi,

[redacted]
Clinical Director, Caci

[redacted]
Clinical Director, Caci

Proposal to improve Health and Hygiene Bylaw and Control 2026

#62

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: MObyJC

Local Board: Regional Organisation

Your feedback:

Which of the sections would you like to provide feedback on?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We support the intent of clause 32 of the Practices Control, which sets clear expectations for

hand hygiene at defined moments during a service. Effective hand hygiene is fundamental to

preventing infection, and we welcome the council's focus on it. However, we are concerned that the

clause, as drafted, limits compliant hand hygiene to washing with soap and water and does not

recognise alcohol-based hand rub as a compliant method. This is at odds with current healthcare

hand-hygiene practice and, in our view, is not proportionate to the risk it is intended to manage.

The World Health Organization's Guidelines on Hand Hygiene in Health Care (2009), which

underpin hand-hygiene practice in New Zealand healthcare settings and inform the WHO 5 Moments

for Hand Hygiene used by Te Whatu Ora, recommend alcohol-based hand rub as the preferred

means of routine hand antisepsis when hands are not visibly soiled, with soap and water reserved

for visibly soiled hands and specific situations. This position has been reaffirmed in the 2025 World

Health Organization and UNICEF Guidelines on Hand Hygiene in Community Settings, which state

that, when hands are not visibly dirty, alcohol-based hand rub containing at least 60 per cent alcohol

is an effective alternative to handwashing. Alcohol-based hand rub of 60 to 80 per cent alcohol is

faster, more effective against the pathogens most relevant to skin-piercing and injectable services,

and less damaging to skin with frequent use, which is why it is the established standard between

patient contacts in clinical settings.

The practical effect of clause 32 as drafted is most significant for mobile and out-of-clinic care.

A nurse providing cosmetic injectables or IV infusion in a client's home, in a peer-to-peer setting, or

at a satellite location is bound by clause 32 to wash with soap and water at every defined moment,

and is given no recognised alternative. Mobile and temporary premises do not always provide ready

access to a compliant hand-wash basin with hot and cold water and a no-touch tap, and even where

they do, the requirement is impractical at the frequency that clinical safety demands. The likely

consequence is reduced hand-hygiene frequency, not improved safety, and a meaningful barrier to

safe, well-governed mobile delivery of regulated care.

We therefore recommend that clause 32 be amended to recognise alcohol-based hand rub of

at least 60 per cent alcohol as a compliant method of hand hygiene at the listed moments where

hands are not visibly soiled, alongside washing with soap and water, with soap and water required

where hands are visibly soiled and at other clinically appropriate points. This brings the rule into line

with established healthcare hand-hygiene standards, makes it deliverable in mobile and temporary

clinical settings, and supports rather than restricts safe, accessible care. Regulation should match

the risk it addresses, and in this case current healthcare practice already provides the appropriate,

evidence-based standard.

See attachment for full submission.

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We support the inclusion of IV drips and infusion therapies as licensed services under clause 7

of the Bylaw. IV infusion is a growing part of the aesthetic and wellness sector, and it carries real

clinical risk, including anaphylaxis, extravasation, fluid overload, and bloodstream infection. As with

injectables, we encourage the council to look beyond the procedure itself to the framework around

it.

MObyJC provides nurse-practitioner-led oversight for IV infusion, supported by standing orders,

branded cocktail formulations with defined protocols, and a structured cannulation and access

credentialling pathway delivered through our Injector Academy. We recommend that, for IV and

infusion services, the council verify that the provider is credentialed in cannulation and venous

access, operates under an appropriate standing order or prescriber relationship, and holds protocols

and an adverse event pathway for the management of infusion reactions and emergencies. Verifying

this framework, rather than the treatment in isolation, is the most effective way to protect the public.

We strongly support the inclusion of dermal filler injection as a service that intentionally pierces

the skin and requires a licence under clause 7 of the Bylaw. Dermal fillers are classified as medical

devices rather than medicines, and there is currently no legal restriction on who may inject them. In

practice, New Zealand's authorised distributors supply these products only to registered health

professionals, so legitimate access is already largely limited to qualified practitioners. However, that

restriction rests on the voluntary supply policies of distributors rather than on regulation. Bringing

dermal filler injection into the licensing regime gives this principle a clear regulatory footing, and we

support it.

We would, however, encourage the council to recognise that the safeguard for these treatments

is not the licence alone, but the clinical framework that sits behind safe practice. Dermal filler injection can cause vascular occlusion, skin necrosis, and permanent blindness, and these are time-critical

emergencies. In our experience, what makes injecting safe is not simply that a provider is qualified,

but that they practise within a defined framework: an appropriate prescriber relationship or standing

order where applicable, documented clinical protocols, a tested adverse event and complicationmanagement

pathway, the means and knowledge to respond to a vascular occlusion, and ongoing

professional development. This is precisely the framework we provide to the practitioners under our

oversight.

1.3 We recognise that it is not the council's role to set clinical curricula, which sit with the professional

bodies and education providers. The council's role, appropriately, is to verify safe practice at the

point of licensing. We therefore recommend that, for cosmetic injectables, the council satisfy itself

that a provider holds and maintains appropriate qualifications and professional development,

operates under an appropriate prescriber relationship or standing order where applicable, and holds

documented protocols, complication-management capability, and a defined escalation pathway at

the premises. We would welcome the opportunity to share our oversight framework as a practical

model of what safe, well-governed independent practice looks like.

See attachment for full submission.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

We support clause 9 of the Bylaw, which exempts services undertaken by a registered health

practitioner in the practice of their profession, with the council continuing to defer to the relevant

responsible authority such as the Nursing Council of New Zealand. We ask the council to confirm

that care delivered by a registered nurse under a standing order falls within the practice of their

profession for the purpose of this exemption. Standing orders operate within a recognised legal

framework under the Medicines (Standing Order) Regulations 2002 and within documented clinical

oversight.

3.2 We make this point not only for ourselves but for the wider sector. Oversight relationships and

standing orders are the established mechanism by which safe, independent aesthetic and IV practice

operates in New Zealand across a range of regulated professions, including registered and enrolled

nurses, nurse practitioners, midwives, paramedics, pharmacists, dentists, oral health therapists, and

medical practitioners. Clear recognition of this model in the Bylaw and Control supports both patient

safety and regulatory certainty.

We support the requirement that all providers be suitably qualified, and we support clause 30 of

the Control in recognising legitimate training pathways, including structured in-house and recognised

training, alongside formal qualifications. We ask only that the standard be meaningful, particularly

for higher-risk procedures, so that a qualification requirement genuinely reflects competence and

complication-readiness.

We bring direct experience to this point. Through the MObyJC Injector Academy we deliver

nurse-practitioner-designed, CPD-aligned training in aesthetic foundations, anatomy, IV cannulation,

and complication management, and our Academy training is endorsed by the College of Nurses. We

mention this to demonstrate that structured, accountable training to a high standard is both

achievable and already operating in this sector, and we would be glad to contribute this experience

to the council as it gives effect to the suitably qualified requirement.

We strongly support clause 26 of the Control, which requires that any product injected into a

recipient be verified as safe and as registered or approved by an appropriate New Zealand agency.

This is an important and timely protection. We are seeing a rise in counterfeit and unverified

injectable product entering the market, often sourced outside legitimate channels, and this poses a

serious and growing risk to the public. A clear regulatory requirement that injected product be safe

and verifiable is exactly the right response.

6.2 We support this rule from the position of an operator who already meets it. MObyJC holds a

distribution licence and supplies product to the practitioners under our oversight through controlled,

documented channels, so provenance is assured end to end. We encourage the council to recognise

that a licensed, prescriber-backed and oversight-controlled supply chain of this kind provides strong,

auditable assurance of product safety, and to direct its attention to the unverified and counterfeit

supply that this rule is rightly intended to address.

See attachment for full submission

Submission on the Proposed Services with Health and Safety Risks Bylaw 2026

Review of the Health and Hygiene Bylaw 2013 and its associated Practices Control

Submission to: Auckland Council, Regulatory and Safety Committee, Bylaw Review Team
Re: Proposed Services with Health and Safety Risks Bylaw 2026 and associated Practices Control
Submitter: MObyJC (MO by JC Injectables)
Contact: [redacted]
Date: 21 May 2026
Submission closes: 7 June 2026

Kia ora,

MObyJC welcomes the opportunity to submit on the proposed Services with Health and Safety Risks Bylaw 2026 and its associated Practices Control. We support the review and its intent, and we offer this submission from a particular vantage point: MObyJC is a nurse-practitioner-led clinical oversight provider for independent aesthetic and IV infusion practitioners across Aotearoa. Our work is the very infrastructure this proposal is, in effect, seeking to encourage. We issue nurse-practitioner standing orders, we build the clinical protocols and adverse event response pathways our practitioners work to, we credential practitioners through structured training, and we provide ongoing professional support. We work only with regulated health professionals, and we are recognised by the Clinical Aesthetic Network New Zealand (CANNZ). We make this submission with patient safety and high standards of practice as our central concern.

Because oversight, standing orders, competence and complication management are our daily work, our comments focus on the parts of the proposal that concern injectables, IV infusion, practitioner competence, and product safety, where we believe we can be most useful to the council.

1. Cosmetic injectables: licensing is right, but the safeguard is the framework

1.1 We strongly support the inclusion of dermal filler injection as a service that intentionally pierces the skin and requires a licence under clause 7 of the Bylaw. Dermal fillers are classified as medical devices rather than medicines, and there is currently no legal restriction on who may inject them. In practice, New Zealand's authorised distributors supply these products only to registered health professionals, so legitimate access is already largely limited to qualified practitioners. However, that restriction rests on the voluntary supply policies of distributors rather than on regulation. Bringing dermal filler injection into the licensing regime gives this principle a clear regulatory footing, and we support it.

1.2 We would, however, encourage the council to recognise that the safeguard for these treatments is not the licence alone, but the clinical framework that sits behind safe practice. Dermal filler injection

can cause vascular occlusion, skin necrosis, and permanent blindness, and these are time-critical emergencies. In our experience, what makes injecting safe is not simply that a provider is qualified, but that they practise within a defined framework: an appropriate prescriber relationship or standing order where applicable, documented clinical protocols, a tested adverse event and complication-management pathway, the means and knowledge to respond to a vascular occlusion, and ongoing professional development. This is precisely the framework we provide to the practitioners under our oversight.

1.3 We recognise that it is not the council's role to set clinical curricula, which sit with the professional bodies and education providers. The council's role, appropriately, is to verify safe practice at the point of licensing. We therefore recommend that, for cosmetic injectables, the council satisfy itself that a provider holds and maintains appropriate qualifications and professional development, operates under an appropriate prescriber relationship or standing order where applicable, and holds documented protocols, complication-management capability, and a defined escalation pathway at the premises. We would welcome the opportunity to share our oversight framework as a practical model of what safe, well-governed independent practice looks like.

2. IV infusion therapy

2.1 We support the inclusion of IV drips and infusion therapies as licensed services under clause 7 of the Bylaw. IV infusion is a growing part of the aesthetic and wellness sector, and it carries real clinical risk, including anaphylaxis, extravasation, fluid overload, and bloodstream infection. As with injectables, we encourage the council to look beyond the procedure itself to the framework around it.

2.2 MObyJC provides nurse-practitioner-led oversight for IV infusion, supported by standing orders, branded cocktail formulations with defined protocols, and a structured cannulation and access credentialling pathway delivered through our Injector Academy. We recommend that, for IV and infusion services, the council verify that the provider is credentialed in cannulation and venous access, operates under an appropriate standing order or prescriber relationship, and holds protocols and an adverse event pathway for the management of infusion reactions and emergencies. Verifying this framework, rather than the treatment in isolation, is the most effective way to protect the public.

3. Oversight frameworks and the health practitioner exemption

3.1 We support clause 9 of the Bylaw, which exempts services undertaken by a registered health practitioner in the practice of their profession, with the council continuing to defer to the relevant responsible authority such as the Nursing Council of New Zealand. We ask the council to confirm that care delivered by a registered nurse under a standing order falls within the practice of their profession for the purpose of this exemption. Standing orders operate within a recognised legal framework under the Medicines (Standing Order) Regulations 2002 and within documented clinical oversight.

3.2 We make this point not only for ourselves but for the wider sector. Oversight relationships and standing orders are the established mechanism by which safe, independent aesthetic and IV practice operates in New Zealand across a range of regulated professions, including registered and enrolled nurses, nurse practitioners, midwives, paramedics, pharmacists, dentists, oral health therapists, and medical practitioners. Clear recognition of this model in the Bylaw and Control supports both patient safety and regulatory certainty.

4. Training, competence, and continuing development

4.1 We support the requirement that all providers be suitably qualified, and we support clause 30 of the Control in recognising legitimate training pathways, including structured in-house and recognised training, alongside formal qualifications. We ask only that the standard be meaningful, particularly for higher-risk procedures, so that a qualification requirement genuinely reflects competence and complication-readiness.

4.2 We bring direct experience to this point. Through the MObyJC Injector Academy we deliver nurse-practitioner-designed, CPD-aligned training in aesthetic foundations, anatomy, IV cannulation, and complication management, and our Academy training is endorsed by the College of Nurses. We mention this to demonstrate that structured, accountable training to a high standard is both achievable and already operating in this sector, and we would be glad to contribute this experience to the council as it gives effect to the suitably qualified requirement.

5. Hand hygiene: aligning the standard with current healthcare practice

5.1 We support the intent of clause 32 of the Practices Control, which sets clear expectations for hand hygiene at defined moments during a service. Effective hand hygiene is fundamental to preventing infection, and we welcome the council's focus on it. However, we are concerned that the clause, as drafted, limits compliant hand hygiene to washing with soap and water and does not recognise alcohol-based hand rub as a compliant method. This is at odds with current healthcare hand-hygiene practice and, in our view, is not proportionate to the risk it is intended to manage.

5.2 The World Health Organization's Guidelines on Hand Hygiene in Health Care (2009), which underpin hand-hygiene practice in New Zealand healthcare settings and inform the WHO 5 Moments for Hand Hygiene used by Te Whatu Ora, recommend alcohol-based hand rub as the preferred means of routine hand antisepsis when hands are not visibly soiled, with soap and water reserved for visibly soiled hands and specific situations. This position has been reaffirmed in the 2025 World Health Organization and UNICEF Guidelines on Hand Hygiene in Community Settings, which state that, when hands are not visibly dirty, alcohol-based hand rub containing at least 60 per cent alcohol is an effective alternative to handwashing. Alcohol-based hand rub of 60 to 80 per cent alcohol is faster, more effective against the pathogens most relevant to skin-piercing and injectable services, and less damaging to skin with frequent use, which is why it is the established standard between patient contacts in clinical settings.

5.3 The practical effect of clause 32 as drafted is most significant for mobile and out-of-clinic care. A nurse providing cosmetic injectables or IV infusion in a client's home, in a peer-to-peer setting, or at a satellite location is bound by clause 32 to wash with soap and water at every defined moment, and is given no recognised alternative. Mobile and temporary premises do not always provide ready access to a compliant hand-wash basin with hot and cold water and a no-touch tap, and even where they do, the requirement is impractical at the frequency that clinical safety demands. The likely consequence is reduced hand-hygiene frequency, not improved safety, and a meaningful barrier to safe, well-governed mobile delivery of regulated care.

5.4 We therefore recommend that clause 32 be amended to recognise alcohol-based hand rub of at least 60 per cent alcohol as a compliant method of hand hygiene at the listed moments where hands are not visibly soiled, alongside washing with soap and water, with soap and water required where hands are visibly soiled and at other clinically appropriate points. This brings the rule into line with established healthcare hand-hygiene standards, makes it deliverable in mobile and temporary clinical settings, and supports rather than restricts safe, accessible care. Regulation should match the risk it addresses, and in this case current healthcare practice already provides the appropriate, evidence-based standard.

References: World Health Organization, Guidelines on Hand Hygiene in Health Care, 2009; World Health Organization and UNICEF, Guidelines on Hand Hygiene in Community Settings, 2025.

6. Product safety and provenance

6.1 We strongly support clause 26 of the Control, which requires that any product injected into a recipient be verified as safe and as registered or approved by an appropriate New Zealand agency. This is an important and timely protection. We are seeing a rise in counterfeit and unverified injectable product entering the market, often sourced outside legitimate channels, and this poses a serious and growing risk to the public. A clear regulatory requirement that injected product be safe and verifiable is exactly the right response.

6.2 We support this rule from the position of an operator who already meets it. MObyJC holds a distribution licence and supplies product to the practitioners under our oversight through controlled, documented channels, so provenance is assured end to end. We encourage the council to recognise that a licensed, prescriber-backed and oversight-controlled supply chain of this kind provides strong, auditable assurance of product safety, and to direct its attention to the unverified and counterfeit supply that this rule is rightly intended to address.

7. Closing

MObyJC supports this review and its goal of protecting the public while regulating in proportion to risk. Our central message is drawn from what we do every day: where the council has rightly decided to license higher-risk procedures such as cosmetic injectables and IV infusion, the most effective safeguard is to verify the clinical framework around the practitioner, namely appropriate qualification and oversight, documented protocols, complication-management capability, and verified product. We would welcome the opportunity to contribute our clinical oversight and training expertise to the council as the review progresses, and we are happy to be contacted to discuss any aspect of this submission.

Ngā mihi,

[redacted]

[redacted]
Nurse Practitioner and Clinical Director, MObyJC

[redacted]

[redacted]

Co-Founder and Director, MObyJC

Proposal to improve Health and Hygiene Bylaw and Control 2026

#63

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: New Zealand Institute of Environmental Health

Local Board: Regional Organisation

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Part 1: premises

Clauses 10, 11 and 12 – the three grey related information boxes on pages 7 and 8 should be removed from the bylaw. The second box, which refers to ventilation, appears more relevant to operator health and safety than public health and is therefore outside the scope of this bylaw.

Subpart 2: Work areas

Clause 13 – the grey related information box on page 8 should be removed. The Building Code is publicly available and does not need to be quoted within the bylaw.

Clause 14 – the grey related information box should be removed. Best practice guidance is not usually appropriate within a bylaw, which should focus on legal requirements rather than education.

Clause 16 – the grey related information box should be removed. If reference to the New Zealand clause for biohazard waste bins is considered necessary, it could be moved to an appendix.

Clause 20 – Table under subclause (3):

Table Clause (b) – the reference to water temperature not exceeding 50°C may need explanation or supporting justification.

Table Clause (c) – the requirement for basins to be kept in a hygienic condition may need revision, as this term is not defined and may be difficult to enforce consistently. Simpler wording such as kept clean at all times may be clearer.

Table Clause (f), column 2 – this appears to indicate that toilet hand basins do not require appropriate hand-drying facilities. This may be an error.

The grey related information box below this table should also be removed. Building Code requirements for toilets and hand basins are already publicly available and do not need to be repeated within the bylaw.

Table under Clause 21(2)

Table Clause (b) – this clause again refers to hand-washing facilities being kept in a hygienic condition. As this term is not defined in the bylaw, clearer wording such as kept clean at all times may be preferable.

Table Clause (c) – this clause requires hand basins to be supplied with soap. I suggest specifying that this be liquid soap.

The grey related information table beneath this section should be removed, as best practice commentary is better suited to guidance material than the bylaw itself.

A few terms used throughout the bylaw/code could benefit from clearer wording to help avoid confusion. For example:

'Hospital grade disinfectant' – this term may be worth reconsidering, as it is not a recognised technical classification and is often used more as a marketing phrase. Using it in the bylaw could create confusion, so I suggest replacing it with more precise wording.

'Hygienically' (with reference to administering services hygienically) – this term may need further clarification, as it is difficult to define in a way that can be consistently measured, applied, or enforced. This wording should be removed from the bylaw.

'Single use surgical gloves' – this wording could also be simplified, as the services covered by this bylaw are not surgical procedures. A clearer term would be single use disposable gloves.

See attachment for full submission

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

Clause 24 – Allergy tests. The current wording appears very broad, as it requires an allergy test before applying 'any chemical' to the skin. It would be helpful to clarify what is intended by chemical, whether this includes products such as ointments and lotions, and what evidence of compliance would be expected from operators.

Clause 26 – subclause (a) states that any infected product must be verified as safe. It would be helpful to clarify how this verification is intended to occur and what threshold would be considered safe, as this is not currently defined and may be difficult to enforce.

Clause 30, subclause (3)(a)(i) refers to in-house training and a relevant qualification issued by an employer where no formally recognised qualification exists. It would be useful to clarify what is expected under this clause, including what form of evidence is required, what training content is intended, and how this would apply to sole traders such as tattooists.

A clearer alternative may be to require operators who provide services that pierce the skin, such as tattooists and skin piercers, to complete bloodborne pathogen training within 12 months of this bylaw taking effect, or within 12 months of registration thereafter.

Clause 33 – subclause (a) refers to disposable surgical gloves. As the services covered by this bylaw are not surgical procedures, simpler wording such as single use disposable gloves may be clearer.

Clause 34 – the requirement for linen and protective garments to be clean and disinfected before use may need review, particularly in relation to items such as towels. Simpler wording such as all linen and protective garments must be clean may be more practical. A similar amendment may also be needed in subclause (c).

Clause 35 – the phrase chemicals being used safely and hygienically would benefit from clarification. In particular, hygienically is not defined and may be difficult to apply meaningfully in this context.

Clause 37 – the greyed recommended best practice in guidelines, codes and clauses text box refers to specific industry groups and associations. As a bylaw is a legislative and enforcement tool rather than an educational document, I suggest removing this text box.

See atttachment for full submission

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

Clause 39 – it may be helpful to clarify the rationale for requiring providers to hold a first aid qualification, particularly in terms of the public health risk being addressed. On that basis, this requirement may sit outside the intended scope of the bylaw.

The greyed best practice text box at the end of clause 39 states that there should be at least one provider onsite with qualifications in infection prevention and control. If this is

considered important, it may be more appropriate to include it as a mandatory requirement within the bylaw rather than as a non-enforceable recommendation.

Clause 40 – subclause (1)(b) addresses skin-piercing services for persons under 16 years of age but does not require a parent or legal guardian to be present during the procedure. I suggest amending the clause to require both parental or guardian consent and their presence during the procedure.

Clause 42 – subclause (b) refers to clause 39, which relates to first aid certificate requirements. It is unclear how risks identified through a medical history assessment are intended to relate to clause 39. This linkage may need clarification.

Clause 50 – the greyed text box on page 24, recommended best practice for cleaning, includes a warning about submerging part of the body in an ultrasonic cleaner water tank and possible long-term arthritic conditions. This appears to be a workplace health and safety matter rather than a public health issue and therefore sits outside the scope of the bylaw. I strongly suggest removing this wording.

See attachment for full submission

4. BODY PIERCING: Our proposal makes the following key changes from the current rules: Clarify when to clean and sterilise equipment. What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

If you want to suggest changes to the proposal, what changes do you want?

Clause 58 – the jewellery carat requirements may be difficult for inspectors and authorised officers to enforce in practice. Consider removing this section and, if retained, relocating it to best practice guidance or an appendix.

The greyed text box on page 27 already refers to the Ministry of Health Guidelines for Safe Piercing of Skin, which set out jewellery clauses. Alternatively, the bylaw could require operators to comply with those guidelines, avoiding duplication while making the clause enforceable.

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

The grey related information box at the top of page 28 appears to duplicate definitions already provided elsewhere in the bylaw. I also suggest removing the grey recommended best practice text box further down the page.

Clause 62 – these requirements appear to duplicate those already provided for autoclaves. Consider consolidating them to improve clarity and reduce repetition.

Clause 66 – this provision is highly specific to derma rolling as an exception to the general requirement for single-use equipment. It would be helpful to clarify why this process needs to be addressed separately, as this level of specificity is not consistent with the broader structure of the bylaw. A general exemption clause may provide a more streamlined approach.

If you want to suggest changes to the proposal, what changes do you want?

The grey related information box at the top of page 28 appears to duplicate definitions already provided elsewhere in the bylaw. I also suggest removing the grey recommended best practice text box further down the page.

Clause 62 – these requirements appear to duplicate those already provided for autoclaves. Consider consolidating them to improve clarity and reduce repetition.

Clause 66 – this provision is highly specific to derma rolling as an exception to the general requirement for single-use equipment. It would be helpful to clarify why this process needs to be addressed separately, as this level of specificity is not consistent with the broader structure of the bylaw. A general exemption clause may provide a more streamlined approach.

The grey recommended best practice text box at the bottom of page 29 should also be removed.

6. SCARIFICATION: Our proposal makes the following key changes from the current rules:

(a) Add new rules for scarification, to address a regulatory gap in public health (scarification services have specific health risks that are currently unregulated).

(b) Prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions.

(c) Require scarification recipients to confirm, in a consent form, they do not have keloids, diabetes or a family history of these conditions.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

It is positive to see scarification included within the scope of the bylaw. However, clauses 67 and 68 could be consolidated into a general consent requirements section that applies across multiple services. This would reduce duplication, improve readability, and streamline the bylaw. The related information box in this subpart also repeats the definition of scarification, which already appears elsewhere and may therefore be unnecessary.

If you want to suggest changes to the proposal, what changes do you want?

It is positive to see scarification included within the scope of the bylaw. However, clauses 67 and 68 could be consolidated into a general consent requirements section that applies across multiple services. This would reduce duplication, improve readability, and streamline the bylaw. The related information box in this subpart also repeats the definition of scarification, which already appears elsewhere and may therefore be unnecessary.

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

The greyed text box definition of tattooing duplicates the definition already provided elsewhere and could be removed.

The recommended best practice text box for tattoo ink and permanent makeup could also be removed, with any essential requirements incorporated into the bylaw itself so they are enforceable.

Clause 71 – this requirement does not appear to be practical or commonly followed in tattooing practice. I suggest removing the clause.

Clause 72 – consider expanding this clause to specify that marker pens and stencils must be single use per client and not reused.

Clause 73 – the wording in the clause title and subclause 73(a) may need revision. Ink caps cannot be sterilised, so inks should instead be placed in clean, ideally single-use, containers.

The text box relating to sharps standards could be removed and, if needed, moved to an appendix for additional information or standards.

Page 32 – in the greyed text box, the recommendation to use single-use disposable barriers for tools and equipment could be incorporated as a bylaw requirement. The requirement to provide aftercare advice, ideally in writing, could also be included in the bylaw. The remaining content in this box appears unnecessary and could be removed.

8. TATTOOING WITH TOOLS MADE FROM NATURAL MATERIALS: Our proposal makes the following key changes from the current rules for tools made from natural materials:

(a) Clarify that the rules in this subpart of the Control do not regulate the cultural or spiritual aspects of customary tattooing. It focuses on ensuring tools are used hygienically and do not transmit disease or infection.

(b) Replace references to using PeraSafe as a cleaning agent with 'a hospital-grade cleaning agent used by following the manufacturer's instructions and safety data sheets'.

(c) Add an alternative process for protecting tools from blood contamination: covering the tools with an effective sterile barrier, and replacing these after use.

(d) Add an alternative process for cleaning tools covered with an effective sterile barrier and not contaminated with blood: removing the barrier, wiping down with antibacterial wipes and drying the tools overnight.

(e) Add a rule that a needle used to carry out customary tattooing may be given to the recipient of the tattoo if it is placed in a sealed, secure and durable container.

(f) Clarify that tools that have been cleaned, disinfected and sterilised must be stored in containers that are 'covered or sealed'.

(g) Move the rules for washing and drying hands and for using gloves to clauses 32 and 33 of the proposed Control.

(h) Move recommended best practice for premises to be clean and hygienic and for skin-piercing tools and equipment to be sterile to clauses 8 and clause 45 of the proposed Control.

(i) Add best practice note about the hazards of needles, including blood contamination and about the effectiveness of single-use needles at preventing disease transmission and scarring.

(j) Change the name of this section from 'Traditional Tools Tattooing' to 'Tattooing with tools made from natural materials'.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

The related information text box on customary tattooing may be better presented as an explanatory note. It may also be worth reviewing the term tools made from natural materials, as some traditional tattooing tools include components such as needle bars attached to sticks and are not solely made from natural materials.

Clause 79, subclause (1) – the reference to a sterile barrier appears inaccurate, as barriers are not sterile. Clearer wording would be clean and single use. A similar amendment may also be needed near the end of subclause 79(2).

Clause 80 – the term sterilised may need to be removed from the clause title and subclauses 80(1) and 80(2). Traditional tattooing tools are generally cleaned and disinfected rather than sterilised, while the components that pierce the skin, such as needle bars, should be single use and sterile.

The table under clause 80(2)(a), section A(a), also appears to use the term sterile incorrectly, as barriers should be described as single use rather than sterile. In section B(c),

the term hospital grade disinfectant should be reconsidered, as it is not a recognised technical classification. Clause 80(2)(b) also refers to natural material piercing equipment maintaining its sterility, which may be better expressed as stored in a way that avoids contamination.

Clause 80 (3) – this clause again refers to sterilising equipment and may need to be reworded for consistency with the points above.

The greyed text box under clause 81 on page 34, and the table on page 35, could both be removed.

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

I suggest removing all related information boxes on page 36. Referencing specific industry documents in these boxes may also reduce the bylaw's durability over time, as document titles are likely to change.

Clause 90 – consider replacing disposable surgical gloves with single use gloves. This clause also appears more focused on operator health and safety than on customer protection, which is generally the primary focus of a public health bylaw.

The grey recommended best practice text box on glove use should also be removed.

10. COLON HYDROTHERAPY: Our proposal makes the following key changes from the current rules:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Move requirements for repairs and floors to the general rules for premises in clauses 9 and 13.

(c) Update current New Zealand plumbing and drainage standards.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

I suggest removing all greyed text boxes in this subpart on pages 38–40.

Clause 99, subclause (2)(b) – it may be worth confirming whether colon hydrotherapy equipment can in fact be sterilised. Equipment with hollow lumens or tubing is generally not suitable for autoclaving and may instead need to be single use or subject to high-level disinfection rather than sterilisation.

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Iwould encourage retaining a licensing requirement for manicure and pedicure services, or at minimum for the higher-risk procedures often carried out within nail salons. While simpler treatments such as nail painting may be low risk and may not require full licensing, procedures that involve pushing or cutting cuticles can create a medium to high risk of disease transmission.

As noted in my second research report (Table 2)1, these services can present risks relating to communicable disease, fungal infections, and bloodborne pathogens. Where services are not carried out correctly by properly trained staff, there is also potential for significant adverse health effects.

I have also included, as an appendix to this submission, a research project completed by an Australian colleague as part of proposed thesis work on nail salons. It includes a thorough literature review that clearly outlines the health risks associated with nail services, including manicures and pedicure. Though this has an Australian lens applied to

it, the concept apply worldwide, and support my view that these activities should remain covered by the bylaw and continue to require licensing.

As one of only 14 bylaws of this kind currently in place in New Zealand, and the one covering the largest population base, Auckland's bylaw is likely to be influential for other councils. Reducing the regulation of higher-risk nail services would, in my view, weaken an otherwise important public health framework and may increase the risk of adverse health outcomes over time.

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

it may also be helpful to review whether this needs to be defined in the bylaw, particularly if it is only minimally addressed, if at all, in the main body of the bylaw or code. As it is not an invasive procedure and does not appear to create a significant public health risk, there may be limited benefit in including it.

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

The greyed text boxes in this subpart on pages 46, 47, 49, 50 and 51 should be removed.

The wording in the greyed text box on page 46 referring to lasers breaking the skin during tattoo removal should be removed, as this would not reflect correct application of the procedure.

Clause 127, subclause (3)(a) – it would be helpful to clarify the relevance of requiring a door lock and the public health risk this is intended to address.

Clauses 129 and 130 – these could be consolidated into a general section on equipment servicing and calibration. This would reduce duplication and improve readability.

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

I suggest removing the grey related information text box on page 52.

Clause 134(2) appears redundant. Compliance with clause 132(1) would also achieve clause 132(2), so this may be unnecessary duplication.

Clauses 135 and 138 address pool testing frequencies and records. If compliance with NZS 5826:2010 were required by the bylaw, these matters would already be covered for both pools and spa pools and may not need to be restated.

On that basis, much of Part 6 could potentially be replaced with a general requirement to comply with NZS 5826:2010.

Clauses 136, 137 and 139 are useful additions that strengthen the guidance in NZS 5826:2010, and I recommend retaining them.

18. Do you have any other feedback or changes you want to make?

Acupuncture: The first greyed text box on page 26, related information about acupuncture, appears redundant, as this information is already covered by the exemption provisions earlier in the bylaw.

Clause 56 – the requirement for needles to be removed from packaging hygienically would benefit from clarification, as this term is not defined. Clearer wording such as removed in a way that avoids contamination may be preferable.

The second greyed text box at the bottom of page 26 should also be removed. In the final bullet point relating to cupping, the term sterilised does not appear accurate. Unless cups are individually packaged and autoclaved, they cannot be sterilised; disinfected would be the more appropriate term.

Enforcement powers, offences, penalties

The first greyed box on page 10, Related information about Council's enforcement powers, may not need to sit within the bylaw itself. As this information is already covered by other legislation, including it here may add unnecessary repetition and could make the bylaw more difficult for operators to navigate.

The second greyed table on page 10, Related information about fines, appears to be more than supporting information. As these are the actual bylaw penalties, it may be clearer to include them formally within the bylaw itself rather than presenting them as related information, so operators can more easily understand the consequences of non-compliance.

The table on page 11, Related information, Bylaw History, may be better placed in an appendix rather than within the main body of the bylaw. Moving it there could help improve the overall flow of the document and make the bylaw easier for operators to read and follow.

Controls and Licences

As noted earlier, it may be helpful to decide on one term and use it consistently throughout the bylaw, rather than alternating between code of practice, rules, controls, and other terms. Given that this is legislation, requirements may be the clearest term to use consistently.

The greyed box titled Related information about Controls for minimum clauses and best practice may also be worth reconsidering. It is not immediately clear what purpose it serves within the bylaw itself and removing it may help keep the document more focused and easier to follow.

Exempt practitioners registered with the Chinese Medical Council

I support this proposal, as it would avoid unnecessary duplication where practitioners are already registered with the Chinese Medical Council.

See attachment for full submission.

New Zealand Institute of Environmental Health

#63

Auckland Health and Hygiene Bylaw Review – Feedback on Consultation document

5 June 2026

Dear bylaw hearings committee,

Thank you for the opportunity to submit feedback on your bylaw. To provide my comments clearly and make them easy to follow, I have set them out in this document rather than using the online form. The feedback below covers both broader observations on the overall structure of the bylaw and specific comments on selected proposed provisions where relevant.

Overall, I support the statement of proposal to maintain a Bylaw for these Industries, however, I believe some changes need to be made before this bylaw is finalised and implemented. In the absence of any national legislation currently for these industries, a bylaw remains the most effective way to regulate these industries otherwise, so I commend you for continuing to have such provisions in place for these industries.

By way of introduction, I am the National President for the New Zealand Institute of Environmental Health (NZIEH), a position I have held for over 6 years. I am also an Environmental Health Officer with near 16 years' experience, and the current Team Leader for Environmental Health & Alcohol Licensing at Dunedin City Council. I am also the President-Elect for The International Federation of Environmental Health. **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, and again during 2024-2025. 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 throughout New Zealand over several years. In 2023 I attended Masterclass training in Australia in relation to these industries, and in July 2024, spent two days in America undertaking extensive Body Art Facility inspection training, under the umbrella of the National Environmental Health Association of America.

I have also undertaken extensive personal research in the 'Appearance Industries' areas (namely covering Beauty Therapy, Tattooing and Skin Piercing industries) within New Zealand. This work has resulted in two publications released publicly in May 2024 and October 2024. Please refer to: https://www.nzieh.org.nz/publications to view both publications.

The first publication gives an extensive review of the 14 current bylaws of this kind currently in existence (as of the time of writing) within New Zealand. The second report includes an international perspective of these industries, alongside a thorough risk assessment of common procedures undertaken within these industries. Both reports have been presented to, and discussed with Ministry of Health staff, as well as the former New Zealand Health Minister Dr Shane Reti in 2024, and current Health Minister Mr Simeon Brown in July 2025.

Through this work alongside additional education and training I have undertaken here and overseas; I therefore hold extensive knowledge in the current state of the appearance industries within New Zealand.

A summary of key feedback on your bylaw:

Overall, I found the bylaw a little difficult to follow in its current format, particularly because it appears to be presented in two parts: the bylaw itself, which is quite brief, and then a longer accompanying Code of Practice/set of 'Controls'.

It was also not always clear whether this second part is intended to be a code, a set of rules, or controls. Using one term consistently throughout would help make the document clearer and more user-friendly. The words 'control' and rules' have been frequently used, however, I would recommend using the word 'clause' throughout where possible, in relation to 'bylaw requirements'.

Bylaw terminology.

A few terms used throughout the bylaw/code could benefit from clearer wording to help avoid confusion. For example:

'Hospital grade disinfectant' – this term may be worth reconsidering, as it is not a recognised technical classification and is often used more as a marketing phrase. Using it in the bylaw could create confusion, so I suggest replacing it with more precise wording.

'Hygienically' (with reference to administering services hygienically) – this term may need further clarification, as it is difficult to define in a way that can be consistently measured, applied, or enforced. This wording should be removed from the bylaw.

'Single use surgical gloves' – this wording could also be simplified, as the services covered by this bylaw are not surgical procedures. A clearer term would be **single use disposable gloves**.

Use of 'Related information' boxes and text throughout the bylaw

It may be helpful for the bylaw to focus more clearly on setting out the legal requirements that must be complied with by operators, with only limited explanatory material included where necessary.

At present, the 'related information' boxes and supporting text make the document feel quite conversational in places, and some of this content is repetitive or reads more like guidance on how to carry out a service.

In my view, a more streamlined approach would strengthen the bylaw and make the legal requirements easier to follow. If there is value in referring to other organisations, clauses, legislation, or supporting material, this could be gathered in an appendix rather than included throughout the body of the bylaw.

The role and purpose of a bylaw

This bylaw is made under the provisions of The Local Government Act 2002 and Health Act 1956, which have a defined scope about what can or cannot be included in such a bylaw.

Section 145 of The Local Government Act outlines the bylaw making provisions for territorial authorities, noting bylaws can be made for one of three reasons: A) To protect the public from nuisance; B) Protecting, promoting, and maintaining public health and safety; C) Minimising the potential for offensive behaviour in public places.

Section 64 of The Health Act 1956 also provides powers for local authorities to make bylaws for the following relevant matters: A) Section 64 (1) (a): Improving, promoting, or protecting public health, and preventing or abating nuisances; and B) Section 64 (1) (t): Prescribing the sanitary precautions to be adopted in respect of any business or trade.

A exert of a legal opinion, shared with me by a colleague who was liaising with Selwyn Council in relation to the 'education versus enforcement' role of bylaws, reads as follows:

> *If the Council is unlikely to routinely prosecute for breaches of the Bylaw, encouragement and education are likely to remain its primary tools to achieve compliance. However, it is likely that such tools will not be effective in all circumstances, with members of the community looking to the Council to enforce the Bylaw where breaches are identified.*
>
> *In this circumstance, an absence of practical enforcement tools could put the Council in a difficult position. If the Council is unable or unwilling to prosecute breaches of the Bylaw, there is a risk that it may become widely known in the community that the Bylaw is not being enforced. That may undermine the realisation of any benefits that the Bylaw is trying to achieve and may result in negative publicity for the Council. It may also result in increased non-compliance with other bylaws if a public perception is formed that the Council was not able or willing to enforce the laws that it put in place.*
>
> *In the case of New Zealand Motor Caravan Association Inc v Thames-Coromandel District Council 6, the High Court was considering the enforcement of a bylaw made under the Freedom Camping Act 2011. The Court held that it would be wrong in principle for a local authority to maintain a bylaw but not to enforce it, saying "a Council should not maintain bylaws that, on the fact of it, declare conduct unlawful if there is no intention or ability to enforce it". This highlights the importance of ensuring that there is a clear and workable enforcement programme to support any bylaw that is introduced.*

The relevance of the above wording, though the original author is unknown, is that a bylaw is legislation, not a guidance document, best practice guide, or advisory resource.

By setting out clear, enforceable requirements, the bylaw will also provide direction to operators and enforcement staff.

In its current form, the bylaw is lengthy and repetitive, with a substantial amount of educational and best practice material that appears unnecessary and inconsistent with the usual purpose and structure of a bylaw.

My recommendation would be to heavily condense and consolidate the bylaw's format overall, removing all unnecessary related information and guidance commentary, to improve the overall readability and useability of the bylaw.

New Zealand Institute of Environmental Health

#63

Specific Feedback: Statement of Proposal.

Proposal to improve our health and hygiene bylaw and control document: Part 4: Main proposals – remove services from requiring an approval (licence)

Manicure and Pedicure services.

I would encourage retaining a licensing requirement for manicure and pedicure services, or at minimum for the higher-risk procedures often carried out within nail salons. While simpler treatments such as nail painting may be low risk and may not require full licensing, procedures that involve pushing or cutting cuticles can create a medium to high risk of disease transmission.

As noted in my second research report (Table 2)[1], these services can present risks relating to communicable disease, fungal infections, and bloodborne pathogens. Where services are not carried out correctly by properly trained staff, there is also potential for significant adverse health effects.

I have also included, as an appendix to this submission, a research project completed by an Australian colleague as part of proposed thesis work on nail salons. It includes a thorough literature review that clearly outlines the health risks associated with nail services, including manicures and pedicure. Though this has an Australian lens applied to it, the concept apply worldwide, and support my view that these activities should remain covered by the bylaw and continue to require licensing.

As one of only 14 bylaws of this kind currently in place in New Zealand, and the one covering the largest population base, Auckland's bylaw is likely to be influential for other councils. Reducing the regulation of higher-risk nail services would, in my view, weaken an otherwise important public health framework and may increase the risk of adverse health outcomes over time.

Exempt practitioners registered with the Chinese Medical Council

I support this proposal, as it would avoid unnecessary duplication where practitioners are already registered with the Chinese Medical Council.

Add new rules for Scarification

I support this proposal. Scarification is an emerging practice within the body art industry, and including provisions for it would help ensure the bylaw remains responsive to the health risks associated with these services over time. Consider though, other emerging practices such as branding too.

Add power to approve alternative practices to Control rules

I support this proposal to allow alternative practices to be approved. It reflects a practical, outcomes-focused and risk-based approach, which is a positive direction for the bylaw.

[1] T Morrison and K Ryan, October 2024: Health Risks associated with the Appearance Industries in New Zealand, and options for achieving adequate regulation. Table 2: Beauty Therapy Procedures risk and impact rating. Accessible via: https://www.nzieh.org.nz/publications/health-risks-associated-with-the-appearance-industries-in-nz

Update general standards for premises and services that break or pierce the skin
I would suggest reconsidering the wording **'supply their services safely and hygienically'**. In particular, the term **'hygienically'** may be difficult to define clearly, which can make it challenging to measure and enforce consistently. It may be helpful to use wording that more directly reflects the intended outcome, namely that services are provided safely and in a way that minimises health risks or adverse effects.

Require all providers to be suitably qualified, using a general rule.
It may be helpful to keep in mind that officially recognised, industry-specific qualifications do not always exist for some services, including tattooing. One option could be to require any operator who may pierce or break the skin to complete bloodborne pathogen training. A 12-month transition period for existing operators would also support practical implementation. It may also be useful to include an explanatory note that this training can be completed through either national or international providers.

Alternatively, you may wish to consider how in-house training could be recognised where external training is not available for particular industries, with operators required to keep records demonstrating that appropriate training has been completed.

Specific feedback to Appendix to Statement of Proposal Document:

Definitions

A few definitions may benefit from further review or clarification:

Acupuncture – it may be worth reconsidering whether acupuncture needs to remain within the scope of this bylaw. Registered acupuncturists are already exempt, as is acupuncture provided for therapeutic purposes, such as in physiotherapy clinics. It may be helpful to consider how many practitioners would remain who are not already regulated through a relevant medical council or another body under the Health Practitioners Competence Assurance Act 2003.

Commercial ear-piercing – it may be helpful to consider whether this needs to be defined separately in the bylaw, as it appears it could already sit within the broader definition of piercing. Ear-piercing provided in settings such as pharmacies is also exempt, so this separate definition may not add much practical value.

Massage – it may be useful to review whether massage needs to be included within the bylaw at all. Hot stone massage appears to be the main form that may present a tangible health risk, primarily through the potential for burns. Most other bylaws in New Zealand specifically exempt massage, including hot stone massage therapy, due to the generally low health risks associated with these practices. On that basis, there may be limited value in retaining this within the bylaw.

Mobile premises – this definition could be expanded to include itinerant trading (or door-to-door trading), if that is intended to be permitted under the bylaw. At present, this does not appear to be

clearly defined. It may be able to sit under the definition of temporary premises, although that definition could also be clarified to confirm whether itinerant trading is intended to be included.

Scarification – there appears to be a minor wording issue in this definition. The practice involves cutting patterns **into** the skin, rather than **onto** the skin.

Tattooing – this definition may benefit from being expanded to include semi-permanent makeup, for example cosmetic tattooing of eyebrows. This definition should also include micro-blading, which is a manual form of tattooing (inserting ink into an insertion).

Therapeutic massage – it may also be helpful to review whether this needs to be defined in the bylaw, particularly if it is only minimally addressed, if at all, in the main body of the bylaw or code. As it is not an invasive procedure and does not appear to create a significant public health risk, there may be limited benefit in including it.

Absent definitions:

The following terms do not currently appear to be defined:

- Approval
- Licence
- Registration

It may be helpful to choose one term and use it consistently throughout the bylaw. For example, it would be useful to clarify whether an operator requires an approval, a licence, or a registration. At present, all three terms are used, along with a fourth term, regulation, which may make the document more difficult to follow.

Part 2: Regulation of certain services for health protection

The table under 6(1)(c) includes acupuncture under services that may pierce the skin. While that is technically correct, I refer to my earlier comment about whether acupuncture needs to remain within the scope of this bylaw at all.

Similarly, the list of services that burn the skin includes sunbeds and hot stone massage. While these services can cause burns, it may be worth reconsidering whether either need to remain within the scope of the bylaw.

The table under 7(1) may also benefit from a similar review. I suggest removing acupuncture from the first column if it is no longer intended to sit within the scope of the bylaw. In the third column, under **Services that burn the skin**, item (xiv) **Branding** should be bolded, and item (xviii) **sunbeds** could also be reconsidered for removal if it is not intended to remain within scope.

Part 3: Controls and Licences

As noted earlier, it may be helpful to decide on one term and use it consistently throughout the bylaw, rather than alternating between code of practice, rules, controls, and other terms. Given that this is legislation, **requirements** may be the clearest term to use consistently.

The greyed box titled **Related information about Controls for minimum clauses and best practice** may also be worth reconsidering. It is not immediately clear what purpose it serves within the bylaw itself and removing it may help keep the document more focused and easier to follow.

Section 12: Approvals.

Approvals do not currently appear to be defined in the bylaw. As with the earlier point about terminology, it may be helpful to decide whether the document is referring to an approval, a control, a rule, or a requirement, and then use that term consistently throughout.

Part 4: Enforcement powers, offences, penalties

The first greyed box on page 10, **Related information about Council's enforcement powers**, may not need to sit within the bylaw itself. As this information is already covered by other legislation, including it here may add unnecessary repetition and could make the bylaw more difficult for operators to navigate.

The second greyed table on page 10, **Related information about fines**, appears to be more than supporting information. As these are the actual bylaw penalties, it may be clearer to include them formally within the bylaw itself rather than presenting them as related information, so operators can more easily understand the consequences of non-compliance.

The table on page 11, **Related information, Bylaw History**, may be better placed in an appendix rather than within the main body of the bylaw. Moving it there could help improve the overall flow of the document and make the bylaw easier for operators to read and follow.

Appendix B to Statement of Proposal

The greyer **Summary text box on page 2** is an exact repeat of the Summary text box from appendix A – why repeat it here? What values does this add or purpose does this serve?

Clause 6: interpretation:

Cupping – it is unclear why this is included within the scope of the bylaw. I suggest it be treated as an exempt procedure.

Moxibustion – it is unclear why this is included within the bylaw. If traditional tattooing and cultural tattooing are exempt, consideration could also be given to exempting moxibustion as a traditional Chinese medicine practice. In most cases, practitioners would likely already be registered with the Chinese Medical Council and covered by the Health Practitioners Competence Assurance Act 2003.

Ointments – it is unclear why this term needs to be specifically defined.

Piercing equipment – this definition should be expanded to include tattooing equipment, as this also pierces the skin.

Solarium – I suggest removing this definition if sunbeds are not intended to remain within the scope of the bylaw.

Absent definition:
Tattooing – this term does not currently appear to be defined in this section. The definition should include semi-permanent tattooing and microblading, which is a form of manual tattooing.

Part 1: premises
Clauses 10, 11 and 12 – the three grey related information boxes on pages 7 and 8 should be removed from the bylaw. The second box, which refers to ventilation, appears more relevant to operator health and safety than public health and is therefore outside the scope of this bylaw.

Subpart 2: Work areas
Clause 13 – the grey related information box on page 8 should be removed. The Building Code is publicly available and does not need to be quoted within the bylaw.

Clause 14 – the grey related information box should be removed. Best practice guidance is not usually appropriate within a bylaw, which should focus on legal requirements rather than education.

Clause 16 – the grey related information box should be removed. If reference to the New Zealand clause for biohazard waste bins is considered necessary, it could be moved to an appendix.

Clause 20 – Table under subclause (3):

Table Clause (b) – the reference to water temperature not exceeding 50°C may need explanation or supporting justification.

Table Clause (c) – the requirement for basins to be kept in a hygienic condition may need revision, as this term is not defined and may be difficult to enforce consistently. Simpler wording such as **kept clean at all times** may be clearer.

Table Clause (f), column 2 – this appears to indicate that toilet hand basins do not require appropriate hand-drying facilities. This may be an error.

The grey related information box below this table should also be removed. Building Code requirements for toilets and hand basins are already publicly available and do not need to be repeated within the bylaw.

Table under Clause 21(2)

Table Clause (b) – this clause again refers to hand-washing facilities being kept in a hygienic condition. As this term is not defined in the bylaw, clearer wording such as **kept clean at all times** may be preferable.

Table Clause (c) – this clause requires hand basins to be supplied with soap. I suggest specifying that this be liquid soap.

The grey related information table beneath this section should be removed, as best practice commentary is better suited to guidance material than the bylaw itself.

Part 2: general rules about services

Clause 24 – Allergy tests. The current wording appears very broad, as it requires an allergy test before applying 'any chemical' to the skin. It would be helpful to clarify what is intended by **chemical**, whether this includes products such as ointments and lotions, and what evidence of compliance would be expected from operators.

Clause 26 – subclause (a) states that any infected product must be verified as safe. It would be helpful to clarify how this verification is intended to occur and what threshold would be considered **safe**, as this is not currently defined and may be difficult to enforce.

Clause 30, subclause (3)(a)(i) refers to in-house training and a relevant qualification issued by an employer where no formally recognised qualification exists. It would be useful to clarify what is expected under this clause, including what form of evidence is required, what training content is intended, and how this would apply to sole traders such as tattooists.

A clearer alternative may be to require operators who provide services that pierce the skin, such as tattooists and skin piercers, to complete bloodborne pathogen training within 12 months of this bylaw taking effect, or within 12 months of registration thereafter.

Clause 33 – subclause (a) refers to **disposable surgical gloves**. As the services covered by this bylaw are not surgical procedures, simpler wording such as **single use disposable gloves** may be clearer.

Clause 34 – the requirement for linen and protective garments to be **clean and disinfected** before use may need review, particularly in relation to items such as towels. Simpler wording such as **all linen and protective garments must be clean** may be more practical. A similar amendment may also be needed in subclause (c).

Clause 35 – the phrase **chemicals being used safely and hygienically** would benefit from clarification. In particular, **hygienically** is not defined and may be difficult to apply meaningfully in this context.

Clause 37 – the greyed **recommended best practice in guidelines, codes and clauses** text box refers to specific industry groups and associations. As a bylaw is a legislative and enforcement tool rather than an educational document, I suggest removing this text box.

Subpart 1: General requirements for all services that intentionally pierce skin.

Clause 39 – it may be helpful to clarify the rationale for requiring providers to hold a first aid qualification, particularly in terms of the public health risk being addressed. On that basis, this requirement may sit outside the intended scope of the bylaw.

The greyed best practice text box at the end of clause 39 states that there **should** be at least one provider onsite with qualifications in infection prevention and control. If this is considered important, it may be more appropriate to include it as a mandatory requirement within the bylaw rather than as a non-enforceable recommendation.

Clause 40 – subclause (1)(b) addresses skin-piercing services for persons under 16 years of age but does not require a parent or legal guardian to be present during the procedure. I suggest amending the clause to require both parental or guardian consent and their presence during the procedure.

Clause 42 – subclause (b) refers to clause 39, which relates to first aid certificate requirements. It is unclear how risks identified through a medical history assessment are intended to relate to clause 39. This linkage may need clarification.

Clause 50 – the greyed text box on page 24, **recommended best practice for cleaning**, includes a warning about submerging part of the body in an ultrasonic cleaner water tank and possible long-term arthritic conditions. This appears to be a workplace health and safety matter rather than a public health issue and therefore sits outside the scope of the bylaw. I strongly suggest removing this wording.

Subpart 2: Acupuncture

The first greyed text box on page 26, **related information about acupuncture**, appears redundant, as this information is already covered by the exemption provisions earlier in the bylaw.

Clause 56 – the requirement for needles to be removed from packaging **hygienically** would benefit from clarification, as this term is not defined. Clearer wording such as **removed in a way that avoids contamination** may be preferable.

The second greyed text box at the bottom of page 26 should also be removed. In the final bullet point relating to cupping, the term **sterilised** does not appear accurate. Unless cups are individually packaged and autoclaved, they cannot be sterilised; **disinfected** would be the more appropriate term.

Subpart 3: Body piercing

Clause 58 – the jewellery carat requirements may be difficult for inspectors and authorised officers to enforce in practice. Consider removing this section and, if retained, relocating it to best practice guidance or an appendix.

The greyed text box on page 27 already refers to the Ministry of Health **Guidelines for Safe Piercing of Skin**, which set out jewellery clauses. Alternatively, the bylaw could require operators to comply with those guidelines, avoiding duplication while making the clause enforceable.

Subpart 4: Electrolysis, red vein treatments and needling

The grey related information box at the top of page 28 appears to duplicate definitions already provided elsewhere in the bylaw. I also suggest removing the grey recommended best practice text box further down the page.

Clause 62 – these requirements appear to duplicate those already provided for autoclaves. Consider consolidating them to improve clarity and reduce repetition.

Clause 66 – this provision is highly specific to derma rolling as an exception to the general requirement for single-use equipment. It would be helpful to clarify why this process needs to be addressed separately, as this level of specificity is not consistent with the broader structure of the bylaw. A general exemption clause may provide a more streamlined approach.

The grey recommended best practice text box at the bottom of page 29 should also be removed.

Subpart 5: Scarification

It is positive to see scarification included within the scope of the bylaw. However, clauses 67 and 68 could be consolidated into a general consent requirements section that applies across multiple services. This would reduce duplication, improve readability, and streamline the bylaw. The related information box in this subpart also repeats the definition of scarification, which already appears elsewhere and may therefore be unnecessary.

Subpart 6: Tattooing

The greyed text box definition of tattooing duplicates the definition already provided elsewhere and could be removed.

The recommended best practice text box for tattoo ink and permanent makeup could also be removed, with any essential requirements incorporated into the bylaw itself so they are enforceable.

Clause 71 – this requirement does not appear to be practical or commonly followed in tattooing practice. I suggest removing the clause.

Clause 72 – consider expanding this clause to specify that marker pens and stencils must be single use per client and not reused.

Clause 73 – the wording in the clause title and subclause 73(a) may need revision. Ink caps cannot be sterilised, so inks should instead be placed in clean, ideally single-use, containers.

The text box relating to sharps standards could be removed and, if needed, moved to an appendix for additional information or standards.

Page 32 – in the greyed text box, the recommendation to use single-use disposable barriers for tools and equipment could be incorporated as a bylaw requirement. The requirement to provide aftercare advice, ideally in writing, could also be included in the bylaw. The remaining content in this box appears unnecessary and could be removed.

Subpart 7: Tattooing with tools made from natural materials

The related information text box on customary tattooing may be better presented as an explanatory note. It may also be worth reviewing the term **tools made from natural materials**, as some traditional tattooing tools include components such as needle bars attached to sticks and are not solely made from natural materials.

Clause 79, subclause (1) – the reference to a **sterile barrier** appears inaccurate, as barriers are not sterile. Clearer wording would be **clean and single use**. A similar amendment may also be needed near the end of subclause 79(2).

Clause 80 – the term **sterilised** may need to be removed from the clause title and subclauses 80(1) and 80(2). Traditional tattooing tools are generally cleaned and disinfected rather than sterilised, while the components that pierce the skin, such as needle bars, should be single use and sterile.

The table under clause 80(2)(a), section A(a), also appears to use the term **sterile** incorrectly, as barriers should be described as **single use** rather than sterile. In section B(c), the term **hospital grade disinfectant** should be reconsidered, as it is not a recognised technical classification. Clause 80(2)(b) also refers to natural material piercing equipment maintaining its sterility, which may be better expressed as **stored in a way that avoids contamination**.

Clause 80 (3) – this clause again refers to sterilising equipment and may need to be reworded for consistency with the points above.

The greyed text box under clause 81 on page 34, and the table on page 35, could both be removed.

Part 4: Services that risk or intentionally break the skin.

I suggest removing all related information boxes on page 36. Referencing specific industry documents in these boxes may also reduce the bylaw's durability over time, as document titles are likely to change.

Clause 90 – consider replacing **disposable surgical gloves** with **single use gloves**. This clause also appears more focused on operator health and safety than on customer protection, which is generally the primary focus of a public health bylaw.

The grey recommended best practice text box on glove use should also be removed.

Subpart 2: Colon hydrotherapy

I suggest removing all greyed text boxes in this subpart on pages 38–40.

Clause 99, subclause (2)(b) – it may be worth confirming whether colon hydrotherapy equipment can in fact be sterilised. Equipment with hollow lumens or tubing is generally not suitable for autoclaving and may instead need to be single use or subject to high-level disinfection rather than sterilisation.

Subpart 3 – Hair removal

I suggest removing all greyed text boxes in this subpart on page 41.

Part 5: Services that risk or intentionally burn the skin

I suggest removing all greyed text boxes in this part on pages 42, 43, 45 and 46.

Subpart 2: Pulsed light and laser treatments

The greyed text boxes in this subpart on pages 46, 47, 49, 50 and 51 should be removed.

The wording in the greyed text box on page 46 referring to lasers breaking the skin during tattoo removal should be removed, as this would not reflect correct application of the procedure.

Clause 127, subclause (3)(a) – it would be helpful to clarify the relevance of requiring a door lock and the public health risk this is intended to address.

Clauses 129 and 130 – these could be consolidated into a general section on equipment servicing and calibration. This would reduce duplication and improve readability.

Part 6: Swimming Pools

I suggest removing the grey related information text box on page 52.

Clause 134(2) appears redundant. Compliance with clause 132(1) would also achieve clause 132(2), so this may be unnecessary duplication.

Clauses 135 and 138 address pool testing frequencies and records. If compliance with NZS 5826:2010 were required by the bylaw, these matters would already be covered for both pools and spa pools and may not need to be restated.

#63

On that basis, much of Part 6 could potentially be replaced with a general requirement to comply with NZS 5826:2010.

Clauses 136, 137 and 139 are useful additions that strengthen the guidance in NZS 5826:2010, and I recommend retaining them.

Summary

I thank you again for the opportunity to provide feedback, and I would welcome the opportunity to speak to your hearing committee, or staff working on this bylaw review directly if I can be of any assistance to answer any clarification questions there may be.

Nga mihi,

[redacted]

[redacted]

NZIEH National President

[redacted]

Proposal to improve Health and Hygiene Bylaw and Control 2026

#66

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: Health and Disability Commissioner

Local Board: Regional Organisation

Your feedback:

Which of the sections would you like to provide feedback on?

18. Do you have any other feedback or changes you want to make?

HDC receives a relatively small number of complaints about non-surgical cosmetic services (around five a year). However the profile of these complaints is serious, and many involve treatment injuries and inadequate informed consent processes. Similarly, HDC receives a small number of complaints about massage services (around six a year), but the complaints we receive can raise concerns around informed consent processes and serious professional conduct issues. In HDC's view, the bylaws therefore provide an important layer of regulation and public protection.

I appreciate the proposal's discussion material references the wider systems or laws and agencies that deal with public health and safety, including HDC, but I suggest there would be value in more explicit promotion of the Code of Rights. I therefore recommend that the Bylaw and Control make reference to the need for relevant providers to familiarise themselves with and provide services in accordance with the Code of Rights.

I appreciate and support the proposed change that will require that all providers are suitably qualified. However, I am concerned that qualifications on their own are insufficient to ensure quality or provide suitable accountability, if a provider is not a member of an association or other professional body that has standards and codes of practice, they must adhere to. I therefore recommend the Council make it a requirement that providers of health and wellness services covered by the Bylaw and Control, maintain membership with their relevant association or professional body (where one is available) as a prerequisite to practice.

See attachment for full submission

HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA

5 June 2026

Auckland Council | Te Kaunihera o Tāmaki Makaurau

By email: healthandhygienebylaw@aucklandcouncil.govt.nz

Tēnā koutou

HDC's submission on the *Proposed changes to the Health and Hygiene Bylaw and Control*

Thank you for the opportunity to provide feedback on the Auckland Council | Te Kaunihera o Tāmaki Makaurau (the Council's) *Proposed changes to the Health and Hygiene Bylaw and Control.*

HDC's role is to promote and protect the rights of people using health and disability services as set out in the Code of Health and Disability Services Consumers' Rights (the Code of Rights). The Code of Rights gives all New Zealanders using health and disability services the right to an appropriate standard of care which meets their needs and upholds their dignity and mana. It also gives them the right to make an informed choice about their care, be effectively communicated with and to make a complaint when they have concerns.

The Code of Rights is legally enforceable through the powers of HDC, and places corresponding obligations on all providers of health and disability services, including both organisational providers and individual practitioners.

HDC's role is restricted to the assessment of complaints about the quality of health and disability services provided to people. We note that some services covered by the Bylaw and Control do not fall within HDC's jurisdiction, for example tattooing. However, some appearance, wellness and cosmetic services do meet the definition of a health care provider under the HDC Act and are therefore required to comply with the Code. It is therefore important that providers of cosmetic and wellness services covered by the Bylaw and Control have sound knowledge and awareness of their responsibilities under the Code of Rights.

HDC receives a relatively small number of complaints about non-surgical cosmetic services (around five a year). However the profile of these complaints is serious, and many involve treatment injuries and inadequate informed consent processes. Similarly, HDC receives a small number of complaints about massage services (around six a year), but the complaints we receive can raise concerns around informed consent processes and serious professional conduct issues. In HDC's view, the bylaws therefore provide an important layer of regulation and public protection.

I appreciate the proposal's discussion material references the wider systems or laws and agencies that deal with public health and safety, including HDC, but I suggest there would be value in more explicit promotion of the Code of Rights. I therefore recommend that the Bylaw and Control make reference to the need for relevant providers to familiarise themselves with and provide services in accordance with the Code of Rights.

I appreciate and support the proposed change that will require that all providers are suitably qualified. However, I am concerned that qualifications on their own are insufficient to ensure quality or provide suitable accountability, if a provider is not a member of an association or other professional body that has standards and codes of practice, they must adhere to. I therefore recommend the Council make it a requirement that providers of health and wellness services covered by the Bylaw and Control, maintain membership with their relevant association or professional body (where one is available) as a prerequisite to practice.

Thank you again for the opportunity to comment. I would be happy to discuss these comments further if that would be helpful.

Nāku iti noa, nā

[redacted]

[redacted]

Deputy Health and Disability Commissioner

Proposal to improve Health and Hygiene Bylaw and Control 2026

#14

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Rodney

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),3. General requirements for all services that intentionally pierce the skin,17. Public swimming pools

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I don't know

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#22

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Rodney

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),17. Public swimming pools

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

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(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#44

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Rodney

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We support the intent of Cause 32, which establishes clear expectations for hand hygiene during services delivery. Effective hand hygine is fundimental to infection prevention. However, we are concerned about the support the intent of Clause 32, which establishes clear expectations for hand hygiene during service delivery. Effective hand hygiene is fundamental to infection prevention.

However, we are concerned about the proposal to remove the existing allowance for alcohol-based hand rubs as an alternative to handwashing in mobile and temporary premises.

We respectfully submit that this change is inconsistent with current healthcare evidence and practice.

The World Health Organization's Guidelines on Hand Hygiene in Health Care (2009) and the WHO and UNICEF Guidelines on Hand Hygiene in Community Settings (2025) both recognise alcohol-based hand rub containing at least 60% alcohol as the preferred method of routine hand antisepsis when hands are not visibly soiled.

If you want to suggest changes to the proposal, what changes do you want?

We recommend retaining the current provision allowing alcohol-based hand rubs containing at least 60% alcohol as an approved method of hand hygiene when hands are not visibly soiled.

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We fully support these changes except the section where the provider must keep jewellery clean. it is easy for small blood particulares, skin (from exfoliation) or communiclable diceases to sit in the cravises of a bracelet, ring or watch and can cause cross contamination from one person to another.

If you want to suggest changes to the proposal, what changes do you want?

We recommend the removal of all jewellery on hands and wrists to be removed during all treatments that requires a provider to touch the skin.

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard

waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We strongly support the inclusion of dermal filler treatments as a licensed activity under Clause 7 of the Bylaw. Due to the potential risks of this treatment, it is important that the treatment provider is a healthcare professional trained in their use. We support the inclusion of IV drips and infusion therapies as licensed services under Clause 7 of the Bylaw.

If you want to suggest changes to the proposal, what changes do you want?

Distributors of the dermal fillers ensure that those purchasing products are suitably trained and have current qualifications. It is potentially easier to approach license and regulation of these products by placing the responsibility on the distributors rather than the council. Criteria for license ensures proper training in administering IV drips. Clarification around the word ‘injected’ should also be defined.

For example, hyaluronic acid dermal fillers ensure is injected via a needle and syringe. Hyaluronic acid serums are used as a glide topically during microneedling

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We agree on red vein treatment if the treatment provider breaks the skin and there is a risk of exposure to blood or blood born pathagens. However with the treatment of electrolysis for hair removal, if the treatment is conducted correctly which is entering the folical shaft there should be no blood visible.

If you want to suggest changes to the proposal, what changes do you want?

We recommend proper evedince of training in electrolysis for hair removal to be provided to council during inspection for a licence. Training qualification to be aquavalent to a Level 5 Beauty Therapist diploma.

6. SCARIFICATION: Our proposal makes the following key changes from the current rules:

(a) Add new rules for scarification, to address a regulatory gap in public health (scarification services have specific health risks that are currently unregulated).

(b) Prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions.

(c) Require scarification recipients to confirm, in a consent form, they do not have keloids, diabetes or a family history of these conditions.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We fully support this proposal

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

We fully suport this proposal although we recommend changing around the workding for clarification.

''Breaking the skin' and 'broken skin'

For example, purposely break the skin when performing microneedling. We would not provide treatment on broken skin, for example active acne lesions

If you want to suggest changes to the proposal, what changes do you want?

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

We support the continued inclusion of laser and intense pulsed light (IPL) treatments as licensed activities under Clause 7 of the Bylaw. As currently drafted, the proposal would require all pigmented lesions to be assessed by a health practitioner with expertise in skin cancer detection before laser or IPL treatment could proceed. It would also require specific medical approval for the treatment of any existing mole or pigmented lesion.

Requiring specialist assessment for every pigmented lesion would introduce delays, increase costs for consumers, and place additional pressure on already stretched primary care and dermatology services. In many cases, treatment would become impractical or inaccessible.

We have used lasers and IPL for 15 years, worked with many beauty therapists and nurses and the risk of a suitably trained provider accidentally treating a melanoma is incredibly low. The regulation needs to match the risk and this risk is low.

If you want to suggest changes to the proposal, what changes do you want?

We encourage the Council to adopt a consistent approach across all energy-based and device-driven treatments. The industry is evolving and many devices are coming to market that fall outside of the definition of 'light based' however they carry similar risks. We also recommend that Laser, IPL and energy devices have a set standard of training. This may be elected training academies or a standardised outline of what training must include. For example, treatment provider must have completed 16 hours theory, 3 days hands-on training to operate a basic IPL.

Recommendation: rather than having every pigment spot signed off by a specialist, ask that the treatment provider (the laser operator)prove training in the identification of pigmented lesions.

18. Do you have any other feedback or changes you want to make?

We strongly support this proposal. We would also like to add the following:

Further 'General Recommendations'

The language and words chosen in the draft should be standardised to prevent confusion.

For example, 'infusion' can mean multiple things:

IV infusion

Skin infusion with a serum on the skin

Sonophoresis facial (infusion of a serum through using a current)

Hydradermabrasion for exfoliation and infusion

Proposal to improve Health and Hygiene Bylaw and Control 2026

#47

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Rodney

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

8. TATTOOING WITH TOOLS MADE FROM NATURAL MATERIALS: Our proposal makes the following key changes from the current rules for tools made from natural materials:

(a) Clarify that the rules in this subpart of the Control do not regulate the cultural or spiritual aspects of customary tattooing. It focuses on ensuring tools are used hygienically and do not transmit disease or infection.

(b) Replace references to using PeraSafe as a cleaning agent with 'a hospital-grade cleaning agent used by following the manufacturer's instructions and safety data sheets'.

(c) Add an alternative process for protecting tools from blood contamination: covering the tools with an effective sterile barrier, and replacing these after use.

(d) Add an alternative process for cleaning tools covered with an effective sterile barrier and not contaminated with blood: removing the barrier, wiping down with antibacterial wipes and drying the tools overnight.

(e) Add a rule that a needle used to carry out customary tattooing may be given to the recipient of the tattoo if it is placed in a sealed, secure and durable container.

(f) Clarify that tools that have been cleaned, disinfected and sterilised must be stored in containers that are 'covered or sealed'.

(g) Move the rules for washing and drying hands and for using gloves to clauses 32 and 33 of the proposed Control.

(h) Move recommended best practice for premises to be clean and hygienic and for skin-piercing tools and equipment to be sterile to clauses 8 and clause 45 of the proposed Control.

(i) Add best practice note about the hazards of needles, including blood contamination and about the effectiveness of single-use needles at preventing disease transmission and scarring.

(j) Change the name of this section from 'Traditional Tools Tattooing' to 'Tattooing with tools made from natural materials'.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#51

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Waiheke

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Re bullet point: Prohibit providers from removing skin tags/lesions unless they are a health practitioner

If such skin lesions are checked and confirmed safe for removal by a health practitioner, a provider with suitable qualifications, knowledge and skills to perform such procedures safely and hygienically, should be allowed to do so.

I have spoken with Dr Jophia Kommunuri, an expert in skin health and skin cancer diagnosis, regarding this point, who is in support of this change to the proposal.

If you want to suggest changes to the proposal, what changes do you want?

Providers qualified in the removal of skin tags or lesions must ensure such lesions are assessed by a health practitioner, confirming the provider is able to proceed, ensuring safe practice.

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

RE removing the ability to use glass bead sterilisers to sterilise reuseable tools.

Query if used correctly - bead height level maintained, timeframe of implement in bead steriliser is 60 seconds, effective in use for tweezers.

And/or use of chemical sterilisation to submerge reuseable implements, for relevant holding time as per Manufacturers Instructions.

If you want to suggest changes to the proposal, what changes do you want?

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

To confirm where states best practice to recommend recipients consult a medical practitioner before receiving electrolysis/red vein treatments - refers to point (a) and (b) in updated notes/proposal, 61, additional consent.

If so, I support the proposal.

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

#51

There have been concerns in the past regarding fungal infections being transmitted through manicure/pedicure services. Publicity has informed clients to some extent and presume through licensing assurances such health and hygiene standards have improved. Are these concerns no longer an issue to now stop inspections / licensing?

Proposal to improve Health and Hygiene Bylaw and Control 2026

#13

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Waitākere Ranges

Your feedback:

Which of the sections would you like to provide feedback on?

13. Massage

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

it's all common sense but you love writen rules as part of health and safety requirements.

If you want to suggest changes to the proposal, what changes do you want?

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

18. Do you have any other feedback or changes you want to make?

no

Proposal to improve Health and Hygiene Bylaw and Control 2026

#17

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Waitākere Ranges

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),12. Manicures and pedicures,16. Pulsed light and laser treatments

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

As a medical doctor/GP and cosmetic medicine doctor I see far more harm in my day to day practice from a quanitty perspective from manicures and pedicures then any other health related activity.

This range from fungal nail infections (which I would argue are not minor, once a fungal infection has imbeded in the nail bed the only proven effective options for resolution are oral antifungal medications- which have some signficiant potential side effects).

We also see frequent skin trauma and infections from where the skin has been broken- this is becoming more frequent with the increased used of electric files- it is not uncomon for skin to be broken to the point of blood being present.

I think there should be more stringent rules that cover the risk of breaking the skin, and adequate sterilisation of tools used client to client. There should be no cross over of the same tools or files being used between patietns and clear protocols in place of how to manage tools and patient injuries when skin is broken.

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

Tell us why?

Those with a famiy hisotry of melanoma should be able to have laser treatments only after a clear skin check by a doctor or nurse trained in dermoscopy.

Having a first degre relative with melanoma increases an individuals risk of skin cancer by 50%. The nature of treating pigmented lesions with laser and light based treatments means that small melanomas can be uknowingly in the treatment field- which takes away the pigmentaiton of the lesion without destroying the abnomal cancer cells- this essentially takes away the only visual clue of the cancer and causes a huge potential risk to that patient.

It would be also worth considering that anyone with a singifcant number of moles, or any mole meeting an ABCD criteria, requires a clear skin check by a medical professional with specific dermoscopy training prior to treatment.

In my opinion- the treatment of pigmentation/ pigmented lesions in a high skin cancer population such as ours is the single greatest risk of all the procedures covered by the bylaw (in both mortality risk due to undiagnosed melaomas and light/laser based treatments resulting in delayed diagnosis for the resason given above- and due to the frequency of the likelihood of this happening). Given the increasing popularity and variable skill set of providers offering these services, appropriate safetynets and requirements must be put in place.

18. Do you have any other feedback or changes you want to make?

I would like to see that those working under the medical oversight of a Doctor where laser treatments are part of their defined scope of practice (noteably Dermatologists and New Zelanad Society of Cosmetic Medicine Doctors)- should be exempt from the bylaw.

I am a GP and Cosmetic Medicine Doctor- the requirements and standards I am held to under my own Medical Council and Society requirements are much higher than that of the bylaw. Any staff working under my oversight are held to this same high standard.

It is unnecessary and a waste of time and resources to apply the rules of the bylaw to those working in medical practices under suitably qualified ocersight, where these higher standards are required and reviewed by our own governing bodies.

It is essential however that this is only to those who specifically cover laser/ IPL safety training as part of their formal scope of practice and they are maintating ceritfication of those credentials with their governing body. I have been made away that optomotrists have started having free access to the use of laser device withiout being aware of the requirements for basic safety standards like laser safety certification.

Proposal to improve Health and Hygiene Bylaw and Control 2026

#27

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Waitākere Ranges

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#11

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Waitematā

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),3. General requirements for all services that intentionally pierce the skin,4. Body piercing

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

•The code of practice needs to be improved and clarified. It needs to identify what is good practice and what is not.

•Ideally would like a grading license like food, so people don't have to understand the rules - they get the rating. The only reason this is too hard to administer is because the code of practice isn't up to par

•Autoclave testing – currently requires being tested twice a year following the Bylaw - personally found that punitive.

oCr Winiata asked why six months is too much.

oIt starts to add up: It's financially punitive, spore testing, so taking an autoclave to somebody to service them on that basis is more than necessary given you're operating a tight business. Can't pierce at all without having a means of sterilisation.

•Sees a huge problem with how the bylaw is administered

•The code of practice is left open to interpretation, or misinterpretation

•From a risk management perspective, the code of practice doesn't work – How can EHOs hold providers to account if they do not know what they're supposed to be doing?

•There are other things that are broken at the moment:

oIf I was to put up a sign saying free piercings or cheap piercings and offer services on the street, council would shut me down very quickly. But we have shops operating like this as we speak now[AK1.1]

oEnvironmental officers have no idea what they're inspecting - no understanding of airflow, splash zones, sterilisation tracking system, disinfectant kill times. EHOs don't know how many piercings each provider is inspecting per week (there are lot including replacements and tidy-ups). They've (providers) been given nothing to work with.

oWhen I started, learning safe practices was the first step taught for three months. Nowadays you only need to train for three days for it to be considered that you know how to pierce. Safe practices don't come into that.

oNew shops that are opening up aren't teaching their staff safe practices because they don't know either (?). From his perspective, those business owners don't care about their staff

•There are people that are piercing without sterilisation facilities. Doesn't believe that you can pierce at all without sanitising. Single use piercing equipment not the solution as people come in asking for different things that always need equipment

See attachment for full submission.

If you want to suggest changes to the proposal, what changes do you want?

4. BODY PIERCING: Our proposal makes the following key changes from the current rules: Clarify when to clean and sterilise equipment. What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want a completely different rule

18. Do you have any other feedback or changes you want to make?

N/A

Proposal to improve Health and Hygiene Bylaw and Control 2026

#25

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Waitematā

Your feedback:

Which of the sections would you like to provide feedback on?

1. General rules for all premises (including how to set up permanent, mobile and temporary premises),2. General rules about providing services (including how providers manage health and safety risks),3. General requirements for all services that intentionally pierce the skin,9. General requirements for all services that risk or intentionally break the skin,11. Exfoliation,12. Manicures and pedicures,13. Massage,14. Hair removal,17. Public swimming pools

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Do not change from alcohol-based antiseptic hand gel to water & soap method because alcohol-based antiseptic is more effective at sanitising and removing bacteria than hand washing with water and soap.

If you want to suggest changes to the proposal, what changes do you want?

Remove this section: "Change the current alternative for hand-washing in mobile and temporary premises from ‘waterless alcohol-based antiseptic hand gels’ (and their equivalents) to a ‘water and soap’, to ensure contaminated matter is removed effectively."

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient’s skin, and for burns (including ‘cold’ burns such as frostbite) for any service that intentionally burns the recipient’s skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

All manages health and safety risks

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Manages health and safety risks

If you want to suggest changes to the proposal, what changes do you want?

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Manages health & safety risks

If you want to suggest changes to the proposal, what changes do you want?

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Continued regulation, monitoring, and evaluation of health and safety on a national scale requires inspection and rules to be followed

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Continued regulation, monitoring, and evaluation of health and safety on a national scale requires inspection and rules to be followed

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I do not support the proposal at all

If you do not support the proposed change, which of the following explains why you do not support the proposal?

I want to keep the current rule

Tell us why?

Continued regulation, monitoring, and evaluation of health and safety on a national scale requires inspection and rules to be followed

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

Simplification of documents and policies are easier to follow

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

Overall regulation, monitoring, and evaluation of ongoing processes to ensure standards are being followed requires a plan and clear guidelines

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

No additional suggestions

Proposal to improve Health and Hygiene Bylaw and Control 2026

#33

Note: This simplified version of the feedback form has been created for the purpose of publishing submissions. As such, contact and demographic information has been removed, and handwritten submissions have been transcribed.

Submitter details:

Organisation: N/A

Local Board: Waitematā

Your feedback:

Which of the sections would you like to provide feedback on?

1. GENERAL RULES FOR ALL PREMISES (Including permanent, mobile and temporary premises): The proposed Control has rules for how to construct, maintain and equip the areas where services are provided. These rules applies to permanent premises, mobile and temporary premises, which can include dwellings (for example a business operating out of a home).

These general rules are about four topics: The general condition of premises; Work areas; Supplies and storage; Clean areas.

Our proposal makes the following key changes from the current rules:

For the general condition of premises:

(a) Combine the current rules for permanent premises and for mobile and temporary premises into one Part.

(b) Replace specific lighting requirements with a rule that premises must have adequate lighting for enabling cleaning and inspections, to make the rules more practice and easier to comply with.

(c) Add related information notes about other regulations that are relevant to premises and about the New Zealand Building Code's requirements for ventilation and lighting.

(d) Minor edits to group related rules together (for example all of the rules about repairs).

For work areas:

(a) Add related information about the New Zealand Building Code's requirements for the disposal of foul water on permanent premises, including drainage and the gradient of plumbing.

(b) Add that, in mobile and temporary premises, the method of separating the clean work areas from other activities must prevent the aerosols (such as blood droplets) and liquids from spreading to any other part of the premises and can include providing a defined area where only the provider and recipient are allowed

(c) Add best practice notes about the separation of the work area, including about using a floor covering to prevent contamination.

(d) Minor edits to group related rules together. These include, for example, all rules about repairs, and the construction of floors of areas where skin-piercing services are offered.

For supplies and storage:

(a) Add a requirement for all premises to keep cleaning supplies at the locations where they are used, at all times.

(b) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

For cleaning areas:

(a) Add requirement for permanent premises that any area for cleaning and sterilising skin-piercing tools must effectively prevent aerosols and liquids from spreading to any other part of the premises.

(b) Add tables to clarify the requirements for different types of washing basins in permanent premises and in mobile and temporary premises.

(c) Add related information about the New Zealand Building Code's requirements for toilet basins and wash-hand basins.

(d) Change the current alternative for hand-washing in mobile and temporary premises from 'waterless alcohol-based antiseptic hand gels' (and their equivalents) to a 'water and soap', to ensure contaminated matter is removed effectively.

(e) Replace the waiver for unnecessary basins with a general power for council to approve alternative practices to the Control rules, in clause 12 of the proposed Bylaw.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Subject-patient health administered by legally qualified operators above all else.

If you want to suggest changes to the proposal, what changes do you want?

2. GENERAL RULES ABOUT PROVIDING SERVICES: The proposed Control has general rules for how providers should carry out their services.

These general rules are about three topics: managing health and safety risks; the hygiene of providers; and maintaining the cleanliness of premises.

Our proposal makes the following key changes from the current rules:

For managing health and safety risks:

(a) Require providers to carry out services safely and hygienically.

(b) Require providers to do an appropriate allergy test for chemicals applied to skin.

(c) Prohibit providers from removing skin tags or lesions unless they are a health practitioner.

(d) Require providers to verify any products injected into a recipient are safe and are registered or approved by an appropriate New Zealand central government agency.

(e) Move the elements of consent into clause 27(3) of the proposed control

(f) Add a related information note about consent.

(g) Require providers to stop carrying out a service if they unintentionally pierce, break or burn the skin.

(h) Require providers to have accident procedures for unintentional piercing, breaking or burning of a recipient's skin, and for burns (including 'cold' burns such as frostbite) for any service that intentionally burns the recipient's skin.

(i) Replace specific training requirements in the current Control with general training requirements in clause 30 of the proposed Control. - The proposed requirements are that a provider must have the knowledge and skills to carry out a service safely and hygienically, and lists the types of qualifications and experience that a provider must have.

Note: The current Control rules only have competency requirements (such as specific qualifications) for specific services rather than all services.

For hygiene:

(a) Add requirement for providers to keep any jewellery they are wearing clean.

(b) Combine hand-washing requirements from different sections of the current Control into clause 32 of the proposed Control.

(c) Add recommended best practice note for providers to wash their hands when leaving the area where they are carrying out the service.

(d) Change requirement for accident and bleeding procedures from 'must be in view of the operator' to 'must be available'.

(e) Minor edit to change 'contagious disease' to 'communicable disease' in the glove rules, to align with Health Act 1956.

For maintaining the cleanliness of premises:

(a) Add a related information note about where to get disposable sharps containers and biohazard waste bins from, and where to dispose of sharps.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Patient-subject health for all services provided in a legitimately controlled hygienic environment.

If you want to suggest changes to the proposal, what changes do you want?

3. GENERAL REQUIREMENTS FOR ALL SERVICES THAT INTENTIONALLY PIERCE THE SKIN: The proposed control has general requirements that apply to all services that intentionally pierce the skin.

Our proposal makes the following key changes from the current rules:

(a) Add intravenous drip therapy, infusion therapy, non-surgical dermal filler injections, scarification, and vampire facials to the list of services that pierce the skin that must be licensed and that must comply with Control rules.

(b) Update the first aid training requirement to provide alternatives such as taking a practical / in-person course and being a health practitioner.

(c) Add recommended best practice note that there should be at least one provider on the premises qualified in infection prevention and control, and in preventing transmission of bloodborne pathogens and communicable diseases.

(d) Add related information note about obtaining consent and providing aftercare.

(e) Clarify how to store contaminated reuseable piercing equipment, in clause 48(b) of the proposed Control.

(f) Remove the ability to use glass bead sterilisers to sterilise reuseable tools and equipment, as these sterilisers are unsuitable for this purpose.

(g) Update pressure specifications for autoclaves (steam sterilisers), to align with current technical standards.

(h) Decrease servicing frequency for autoclaves from six months to annually (with the option for more often if required)

(i) Minor edits to update technical standards in introduction to this Part.

(j) Minor edits to move rules into related sections of the proposed control. For example, requiring floors to be 'maintained in good repair' (to clause 9), requiring floors to be 'impervious to water' (to clause 13), availability of sharps containers and biohazard waste bins (to clause 16), hand-washing rules (to clause 32) and use of gloves (to clause 33), and demonstrate appropriate disposal arrangements for sharps and biohazards (to clause 36)

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Rationalisation of common shared prerequisite legal requirements to maintaine overall hygiene, safety, and continuous on-going up-to-date professional training of all operators is best practice.

If you want to suggest changes to the proposal, what changes do you want?

4. BODY PIERCING: Our proposal makes the following key changes from the current rules: Clarify when to clean and sterilise equipment. What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If any form of skin-piercing is part of any procedure performed sterility is paramount for safety.

5. ELECTROLYSIS, RED VEIN TREATMENTS AND NEEDLING: Our proposal makes the following key changes from the current rules for these services:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Add a best practice note to recommend that recipients consult a medical practitioner before receiving electrolysis and red vein treatments.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If any form of skin-piercing is part of any procedure performed sterility is paramount for safety with professional or patient's professional oversight and approval.

If you want to suggest changes to the proposal, what changes do you want?

6. SCARIFICATION: Our proposal makes the following key changes from the current rules:

(a) Add new rules for scarification, to address a regulatory gap in public health (scarification services have specific health risks that are currently unregulated).

(b) Prohibit providers from carrying out scarification on people with keloids, diabetes or a family history of these conditions.

(c) Require scarification recipients to confirm, in a consent form, they do not have keloids, diabetes or a family history of these conditions.

What do you think of this proposed change?

I do not fully support or oppose the proposal, and I would like to suggest changes

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Clarification of the patient-subject's motives in seeking scarifaction to establish whether there is an underlying psychosis motivating them to seek independently administered self-harm.

If you want to suggest changes to the proposal, what changes do you want?

Clarification of the patient-subject's motives in seeking scarifaction to establish whether there is an underlying psychosis motivating them to seek independently administered self-harm.

7. TATTOOING: Our proposal makes the following key changes from the current rules:

(a) Update the standard for sharps containers, as AS/NZS 4031: 1992 has been superseded.

(b) Remove the requirement for ink to only be 'pre-purchased', to enable providers to make their own ink that is compliant with the Environmental Protection Authority (EPA) standard for tattoo inks and permanent makeup substances.

(c) Add related information notes about the EPA standard for tattoo inks and the disposal of healthcare waste.

(d) Add best practice note about tattoo aftercare, about the recipient using their own soaps and towels to shower and wash to prevent contamination and infection.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Tattooing is a matter of personal choice but need always be conducted and observant of all health, safety and hygiene regulations.

If you want to suggest changes to the proposal, what changes do you want?

8. TATTOOING WITH TOOLS MADE FROM NATURAL MATERIALS: Our proposal makes the following key changes from the current rules for tools made from natural materials:

(a) Clarify that the rules in this subpart of the Control do not regulate the cultural or spiritual aspects of customary tattooing. It focuses on ensuring tools are used hygienically and do not transmit disease or infection.

(b) Replace references to using PeraSafe as a cleaning agent with 'a hospital-grade cleaning agent used by following the manufacturer's instructions and safety data sheets'.

(c) Add an alternative process for protecting tools from blood contamination: covering the tools with an effective sterile barrier, and replacing these after use.

(d) Add an alternative process for cleaning tools covered with an effective sterile barrier and not contaminated with blood: removing the barrier, wiping down with antibacterial wipes and drying the tools overnight.

(e) Add a rule that a needle used to carry out customary tattooing may be given to the recipient of the tattoo if it is placed in a sealed, secure and durable container.

(f) Clarify that tools that have been cleaned, disinfected and sterilised must be stored in containers that are 'covered or sealed'.

(g) Move the rules for washing and drying hands and for using gloves to clauses 32 and 33 of the proposed Control.

(h) Move recommended best practice for premises to be clean and hygienic and for skin-piercing tools and equipment to be sterile to clauses 8 and clause 45 of the proposed Control.

(i) Add best practice note about the hazards of needles, including blood contamination and about the effectiveness of single-use needles at preventing disease transmission and scarring.

(j) Change the name of this section from 'Traditional Tools Tattooing' to 'Tattooing with tools made from natural materials'.

What do you think of this proposed change?

I don't know

Tell us why?

Tattooing is a matter of personal choice which may be an indivdual's cultural expression but need always be conducted and observant of all health, safety and hygiene regulations.

9. GENERAL REQUIREMENTS FOR ALL SERVICES THAT RISK OR INTENTIONALLY BREAK THE SKIN: The proposed control has general requirements that apply to all services that risk or intentionally break the skin. What do you think of these proposed changes?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

All skin-piercing services providers must comply with all relevant health, safety and hygiene requirements of their licence classifaction.

If you want to suggest changes to the proposal, what changes do you want?

10. COLON HYDROTHERAPY: Our proposal makes the following key changes from the current rules:

(a) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(b) Move requirements for repairs and floors to the general rules for premises in clauses 9 and 13.

(c) Update current New Zealand plumbing and drainage standards.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

Colon hydrotherapy here is described as a lower level form of medically-delivered colonoscopy and needs commensurate standards to prevent patient-subject internal damage, as well as sanitary control of disposal of contaminated effluent.

11. EXFOLIATION: Our proposal makes the following key changes from the current rules:

(a) Remove exfoliation from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for exfoliation services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

Any practice which can pierce the skin requires due care and constant attention to health, safety and hygiene requirements.

12. MANICURES AND PEDICURES: Our proposal makes the following key changes from the current rules:

(a) Remove manicures and pedicures from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example fungal infections).

(b) Remove specific rules for manicures and pedicures services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

If you do not support the proposed change, which of the following explains why you do not support the proposal?

Tell us why?

If compliance with general rules provides sufficient practice legal oversight, then further specification is redundant.

13. MASSAGE: Our proposal makes the following key changes from the current rules:

(a) Remove massage from requiring a Health Protection Licence and inspections, as this service generally causes harms with low to medium impacts (for example minor unintentional breaks in the skin).

(b) Remove specific rules for massage services.

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

If compliance with general rules provides sufficient practice legal oversight, then further specification is redundant.

14. HAIR REMOVAL: Our proposal makes the following key changes from the current rules:

(a) Minor edits to move rules and best practice notes into related sections (for example shifting best practice notes for waxing and threading into clauses about those topics).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

If compliance with general rules is no longer specific enough to the service offered to provide sufficient practice legal oversight, separate defined rules for the service are warranted.

15. SUNBEDS: Our proposal makes the following key changes from the current rules:

(a) Remove reference to providers needing to 'trained' when supervising recipients at all times, because all providers must comply with the training requirements in clauses 30 and 109 of the proposed Control.

(b) Add best practice note that people using photosensitive medication should consult a health practitioner before using a sunbed.

(c) Update the requirements for warning notices, to align with the information in section 3.6.1 of AS/NZS 2635:2008: Solaria for cosmetic purposes and with public health advice.

(d) Minor edits to move rules and related information into related sections (for example to specify who must not receive sunbed services and to record information about how often a recipient has used a sunbed in the previous week).

What do you think of this proposed change?

I don't know

Tell us why?

Limited-to-none knowlege of sunbed use and operator best practice for health, safety and hygiene standards in evaluating all potential patients-subjects prevents further comment.

16. PULSED LIGHT AND LASER TREATMENTS: Our proposal makes the following key changes from the current rules for these services:

(a) Allow people with a family history of melanoma to receive laser and pulsed light treatments.

(b) Add requirement that pigmented skin lesions must be assessed by a health practitioner who has expertise in skin cancer detection before carrying out a service.

(c) Add requirement to obtain specific medical consent to treat existing moles or pigmented skin lesions.

(d) Require recipients to provide relevant information about their medical history, including skin type, specific medical conditions and medications, history of melanoma, and details about skin lesions.

(e) Replace specific training requirements with the general qualification requirements in clause 30 of the proposed Control.

(f) Add recommended best practice note about the training and knowledge providers of laser treatments should have.

(g) Add new information to recommended best practice notes about moles, skin lesions, melanomas, types of lasers and patch tests.

(h) Move requirement to display qualifications to clause 30(4) of the proposed Control.

(i) Minor edits to group related information together (for example moving 'best practice notes' to relevant clauses and 'requirements for providers of laser services that risk breaking the skin' to the Introduction).

What do you think of this proposed change?

I don't know

Tell us why?

Limited-to-none knowlege of pulsed light and laser treatment uses and operator best practice for health, safety and hygiene standards in evaluating all potential patients-subjects prevents further comment.

17. PUBLIC SWIMMING POOLS: Our proposal makes the following key changes from the current rules:

(a) Enable council to require a water-treatment plan for a public swimming pool, if the provider repeatedly fails to maintain chemical balancing.

(b) Clarify the rules for the frequency and type of water-quality tests for pools that are likely to have a high level of use or that are not maintaining chemical standards.

(c) Minor edits to group related rules together (for example all of the rules about water quality, and all the rules about warning signs and operating procedures).

What do you think of this proposed change?

I fully support the proposal (and do not want to change it)

Tell us why?

All forms of public accessible swimming pools, baths, and paddle and wading pools require consistent adherence to legal water controlled hygiene standards.

If you want to suggest changes to the proposal, what changes do you want?

18. Do you have any other feedback or changes you want to make?

No.