



**Te Whakaūnga o Te Ture ā-Rohe (ngā
Tikanga) mō ngā Ratonga a Te
Kaunihera o Tāmaki Makaurau me
ngā Tūraru ā-Hauora me te Haumaruru**

**Auckland Council Services with
Health and Safety Risks Bylaw
(Practices) Control 2013**

(as at **DD MM** 2026)

Summary

This summary is not part of the Control but explains the general effects.

For both personal and cultural reasons, Aucklanders use a variety of services that can have health and safety risks. These services can range from appearance, wellness and beauty services, cultural practices to public swimming pools.

These services can pierce, burn or break the skin or spread infections due to poor health and safety practices. Most harms are minor, but some have higher risks, including hepatitis B and C, physical injuries and gastrointestinal infections.

The purpose of this Control is to minimise the risk of physical harm to recipients and providers of these services in Auckland by:

- setting rules that managers and providers of these services must follow
- recommending best practice
- providing information on other regulations that must also be complied with.

Other parts of this Control assist with its administration, for example commencement and definitions.

The rules in this Control are organised into 'Parts'. Each Part covers different aspects of providing a service. For example, there are rules about where a service is provided (Part 1), how a service is carried out (Part 2) and rules for specific services (Part 3 to 6).

The manager and provider are each responsible for complying with all the rules that relate to their service and the premises where it is carried out in this Control. For example, while some rules may refer to the provider, their manager (if any) is also accountable for ensuring compliance with the same rule.

Anyone providing a health and beauty service in Auckland needs to follow the rules in all the Parts that apply to them.

This Control is part of a wider framework to address risks to Public Health and Safety, including:

- [Auckland Council Services with Health and Safety Risks Bylaw 2013](#) which identifies services that must have a health protection licence and service that must comply with this Control
- [Health Act 1956](#) which enables council to exercise enforcement powers to protect public health
- [Health and Safety at Work Act 2015](#) which provides a framework for securing the health and safety of workers and workplaces
- MedSafe which approves '[medical devices](#)' for use in or on humans for therapeutic purposes
- [Prostitution Reform Act 2003](#) which promotes public health and occupational health and safety
- [Crimes Act 1961](#) which defines consent for [surgical operations](#) and [sexual activity](#)
- [The Art of Safe Tatau](#), published by Le Va, which provides best practice guidelines for tufuga tā tatau (Samoan master tattooists).

Failure to comply with a rule in this Control is a breach of the Services with Health and Safety Risks Bylaw. This is an offence under the Local Government Act 2002 and Health Act 1956 and may result in the cancellation or suspension of a Health Protection Licence and a Court fine of up to \$20,000.

Contents

[Title](#)

[Issuing Authority](#)

[Commencement](#)

[Application](#)

[Purpose](#)

[Interpretation](#)

Part 1: Premises

[Subpart 1: General condition of premises](#)

[Subpart 2: Work areas](#)

[Subpart 3: Supplies and Storage](#)

[Subpart 4: Cleaning areas](#)

Part 2: General rules about services

[Subpart 1: Managing health and safety risks](#)

[Subpart 2: Hygiene](#)

[Subpart 3: Maintaining cleanliness of premises](#)

Part 3: All services that risk or intentionally pierce the skin

[Subpart 1: General requirements for all services that intentionally pierce the skin](#)

[Subpart 2: Acupuncture](#)

[Subpart 3: Body piercing](#)

[Subpart 4: Electrolysis, red vein treatments and needling](#)

[Subpart 5: Scarification](#)

[Subpart 6: Tattooing](#)

[Subpart 7: Tattooing with tools made from natural materials](#)

Part 4: Services that risk or intentionally break the skin

[Subpart 1: General requirements for all services that risk or intentionally break the skin](#)

[Subpart 2: Colon hydrotherapy](#)

[Subpart 3: Hair removal](#)

Part 5: All services that risk or intentionally burn the skin

[Subpart 1: Sunbeds](#)

[Subpart 2: Pulsed light and laser treatments](#)

Part 6: Public swimming pools

1 Title

This control is the Auckland Council Services with Health and Safety Risks Bylaw (Practices) Control 2013.

2 Issuing Authority

This control is made by **Council** under clause 10 of the Auckland Council Services with Health and Safety Risks Bylaw 2013.

3 Commencement

This control comes into force on the same date as amendments to the Bylaw by resolution **GB/2026/##**.

4 Application

- (1) This Control applies to Auckland.
- (2) This Control applies to any **service** identified in clause 6 of the **Bylaw**.
- (3) Both the **manager** and **provider** must each comply with all requirements in this Control that apply to the **service** and the **premises**.

Example

A tattoo artist working from a studio must comply with Part 1 (Premises), Part 2 (General rules about **services**), and subparts 1 (XX) and 6 (Tattooing) of Part 3.

A tufuga tā tatau (Samoan master tattooist) providing tatau at a person's home using tools made of natural materials must comply with Part 1 (Premises), Part 2 (General rules about **services**), and subparts 1, 6 (Tattooing) and 7 (Tattooing with tools made from natural materials) of Part 3.

A manicurist working at a booth in a mall must comply with Part 1 (Premises), Part 2 (General rules about **services**) and subpart 1 (General requirements for all **services** that risk or intentionally break the **skin**) of Part 4.

5 Purpose

This Control sets minimum standards and recommended best practices to provide a **service**.

6 Interpretation

- (1) In this control, unless the context otherwise requires:

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

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

Controlled area means an area where laser **services** are provided and that is constructed to protect **providers**, **recipients** and bystanders from damage to the eyes or other parts of the body.

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

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

Ink means any dyes, pigments and solutions used in **tattooing**.

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

Linen and protective garments means any furniture coverings or other protective garments including, but not limited to towels, sheets, cloths, pillows, permanent covers of mattresses, squabs and cushions.

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

Mucous membrane means the moist inner lining of body cavities (for example mouth, nostrils, throat, ears, genitals and anus).

Non-piercing equipment means any equipment, tools, articles, instruments, supplies and other materials (for example towels, tubes and protective wear) that have been used as part of a **skin-piercing service** but have not pierced the **skin**. They may have been contaminated (for example by blood or other body fluids) during the **skin-piercing service**, and they do not need to be sterile.

Officially recognised qualification means a qualification relevant to the **service** being provided that is either:

- (a) specified in this Code;
- (b) a New Zealand Qualification Authority (NZQA) unit standard; or
- (c) an international qualification recognised by NZQA.

Ointments means any lotions, lubricating gels or similar products used to moisten the **skin** before applying a stencil to the area that will be tattooed.

Piercing equipment means any tool, device, instrument, or other article used to intentionally pierce the **skin** as part of a **skin-piercing service**.

Sauna means a small room commonly constructed out of wood that is designed as a place to experience dry or wet heat sessions.

Skin piercing means a practice that intentionally involving piercing, cutting and puncturing the **skin** or any other part of the human body and includes such **services** as **acupuncture**, **body piercing**, derma rolling/stamping, **electrolysis**, **extractions**, **red vein treatment**, **tattooing**, and traditional tools tattooing.

Solarium means a commercial establishment containing one or more **sunbeds** (tanning units).

Steam room means an enclosed space with large amounts of high temperature steam, creating a high humidity environment.

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

Tools and equipment means instruments, appliances, machines, furniture, consumables (including swabs and dressings), reusable and single-use items used to provide a **service**.

- (2) Unless the context requires otherwise, a term or expression used in this Control has the same meaning given in the Bylaw.
- (3) Related information (in grey shaded text boxes titled “Related information”, including recommended best practice, or italic text) and links to an external resource (for example a webpage or online document) are for information purposes only and may be inserted, changed or removed without any formality.

Part 1

Premises

7 Manager and provider responsible for complying with rules

- (1) The **manager** and **provider** must each comply with the requirements in this Part that apply to the **premises** in which the **service** is provided.
- (2) The obligations in this Part are in addition to, and do not limit, any other requirements in this Control that apply to the **service**.

Subpart 1

General condition of premises

8 Premises must be suitable, clean and tidy

The **premises** must –

- (a) be designed, constructed and arranged so that they are suitable for their intended purpose; and
- (b) be kept clean and tidy, and free from any accumulation of rubbish or other materials.

Related information about premises

Other regulations that may apply to suitability of **premises** include:

- for **permanent premises**, the Building Act 2004, [New Zealand Building Code](#) and Ministry of Business, Innovation and Employment [acceptable solutions and verification methods for buildings](#).
- for all **premises**, the Auckland Unitary Plan for where **services** are allowed to be provided
- for **mobile and temporary premises**, the Auckland Council Trading, Events and Filming Bylaw 2022 for where activities are allowed in council controlled public places.

9 Premises, tools and equipment must be in a good repair and properly installed

The **premises** (including walls, ceilings, floors, fixtures and fittings) and all **tools and equipment** (including appliances and furniture) used on the **premises**, must –

- (a) be kept in good repair;
- (b) be properly installed, where installation is required; and
- (c) comply with any relevant standards, if such standards exist.

10 Permanent premises maintenance and repair work to be carried out promptly

Any maintenance or repair work to **permanent premises** (for example renovations or structural plumbing or drainage work) must be carried out as soon as practicable.

Related information about repairs and proper installation

Other regulations that apply to repairs of **premises** and proper installation include:

- The [Building Act 2004](#) in relation to how buildings should be designed and constructed.
- The [New Zealand Building Code](#) (Schedule 1 of the Building Regulations 1992) in relation to how a building and its components must address health issues such as personal hygiene facilities, ventilation, adequate lighting, and water.
- [New Zealand Guidelines for the Control of Legionellosis](#) in relation to reducing the potential of an outbreak of Legionnaires disease.

You can find out if you need to apply for a building consent for a project at the [Auckland Council website](#).

11 Premises must be adequately ventilated

All parts of the **premises** must be adequately ventilated.

Related information about ventilation

Other regulations that may apply to ventilation of **premises** include:

- [Clause G4 Ventilation of the New Zealand Building Code](#)
- Ministry of Business, Innovation and Employment's [Acceptable Solutions G4/AS1: Ventilation of buildings](#) factsheet requirements for natural and mechanical ventilation.

Recommended best practice for ventilation in **manicure** and **pedicure premises** include:

- installing a ventilation system near worktables where shellac, gel or acrylic nails will be applied
- to protect against inhaling dust when filing nails, **providers** should:
 - wear dust masks when using an electric nail file or hand file
 - apply an oil or solution to the artificial nail before filing, if the manufacturer recommends it.

12 Premises must include adequate lighting for cleaning and inspection

(1) All parts of the **premises** must be illuminated by a lighting system that:

- (a) is adequate for enabling **cleaning** and inspections;
- (b) is installed above the floor; and
- (c) illuminates:
 - (i) all surfaces on or next to every area where a **service** is carried out; and
 - (ii) all surfaces where instruments and tools are cleaned and sterilised.

Related information about lighting

Other regulations that may apply to lighting of **premises** include clause [G8.3 of the New Zealand Building Code](#) and the Ministry of Business, Innovation and Employment's [Acceptable Solutions and Verification Methods For New Zealand Building Code Clause G8: Artificial Light](#) factsheet.

Subpart 2

Work areas

13 Work areas on premises must be easy to clean and disinfect

- (1) Any area of the **premises** where a **service** is carried out (including all walls, floors, ceilings, fixtures and fittings) and all **tools and equipment** (including appliances and furniture) used in the area, must –
 - (a) be capable of being easily cleaned and disinfected; and
 - (b) have floors with a smooth surface made of a durable material that water cannot penetrate (for example tiles or impervious material).
- (2) Areas of the **premises** that are likely to become moist or wet (for example walls, floors, ceilings and other surfaces in showers, pools, steam rooms, or washrooms) or fouled (for example with blood or body fluids) must –
 - (a) have a smooth surface made of a durable material that water cannot penetrate (for example tiles or impervious material);
 - (b) have all floors and walls cleaned and disinfected daily and more often if needed; and
 - (c) have all toilets and changing rooms regularly checked and cleaned during operating times.

Related information about wet areas

Other regulations that apply to disposal of foul water on **permanent premises** include:

- Clause G13 of the New Zealand Building Code which requires **premises** to have adequate systems for disposing of foul water (the discharge from sanitary fixtures and sanitary appliances).
- Ministry of Business, Innovation and Employment's [Acceptable Solutions for clause G13: Foul Water](#) requirements for disposal systems, including for drainage and the gradient of plumbing.

- (3) All mattresses, squabs, cushions and furniture used to provide a **service** must have a cover or surface that is –
 - (a) impervious to liquids (for example so water, blood and body fluids cannot soak into the item);
 - (b) durable (for example resistant to damage, ripping or corrosion); and
 - (c) easy to clean if permanently covered, or replaced after each **recipient** if single-use or disposable.

14 Work and cleaning areas in mobile or temporary premises must be separate from other activities

In a **mobile or temporary premises**, the area where a **service** is carried out and any area for **cleaning tools and equipment**, must –

- (a) be separated from all other activities (for example household activities), either –
 - (i) physically; or
 - (ii) with a defined area where only the **provider** and **recipient** are allowed; and
- (b) effectively prevent aerosols and liquids from spreading to any other part of the **premises** (for example a door, wall or partition to contain blood droplets in the air);
- (c) protect surfaces, **tools and equipment** from contamination at all times (for example from dust, dirt, blood, bodily fluids, or members of the public); and
- (d) be cleaned and disinfected as required.

Recommended best practice for separation of work areas to prevent infection or contamination

Separating the work area from other activities protects people from infection. For example it can stop family members in the same house from walking through the area while a **service** is being carried out. The **provider** determines the best way to keep their work area separate.

If you are providing a **service** that risks or intentionally pierces the **skin** (such as tattooing), you should put a cover on the floor to help prevent blood and other contaminants from spreading to other areas of the **premises**.

Subpart 3

Supplies and Storage

15 Supply of tools, equipment, chemicals and cleaning products must be available

The **premises** must maintain a supply of **tools and equipment**, and products that is both sufficient in quantity and adequate in quality to ensure the safe delivery of the **service** and the hygiene of the **premises**, including, where applicable to the **service** –

- (a) chemicals, creams, lotions, sprays needed to carry out the **service**;
- (b) disinfectants and sanitising products needed to keep the **premises** clean and tidy and works areas disinfected; and
- (c) sterile equipment or single-use disposable pre-sterilised equipment.

16 Linen, chemicals and cleaning equipment must be stored in separate areas

The **premises** must include adequate and separate areas for storing –

- (a) clean **linen and protective garments**, tissues and single-use disposable paper products, in storage that is enclosed, dust-proof and readily accessible;
- (b) used or soiled **linen and protective garments**, in a closed or covered container until they are laundered or disposed of;
- (c) chemicals, products, materials and **cleaning** equipment, in a safe location (for example a locker or cupboard) that is separate from:
 - (i) any area used to provide the **service**; and
 - (ii) **tools and equipment** used when providing a **service**.
- (d) sharps containers and biohazard waste bins (if required), which must comply with current relevant New Zealand sharps container and biohazard waste standards.

Related information about standards for sharps containers and biohazard waste bins

The current New Zealand standard for sharps containers is [AS/NZS 23907:2023](#): *Sharps injury protection – Requirements and tests methods – Sharps containers*.

17 Permanent premises must include storage for providers

Permanent premises must include a separate room or other suitable facilities for **providers** to store their clothing and personal effects.

18 Mobile and temporary premises must include before, after and in-transit storage

Mobile and temporary premises must have containers that can safely and separately store all clean and used **tools and equipment, linen and garments**, and waste –

- (a) before and after use; and
- (b) while in transit (moving between locations).

Subpart 4

Cleaning areas

19 Permanent premises for skin piercing must include separate cleaning areas

If the **permanent premises** is used for a **service** that intentionally pierces the **skin**, the **premises** must include –

- (a) an area solely for **cleaning** and sterilising **tools and equipment** that –
 - (i) is physically separate from any other part of the **premises**;
 - (ii) prevents aerosols and liquids from spreading to any other part of the **premises** (for example by using a door, wall or partition to contain blood droplets in the air);
 - (iii) includes a basin used only for **cleaning skin-piercing tools and equipment**; and

- (b) a location for any ultrasonic cleaner that is separate from the area described in (a).

20 Permanent premises must include water and wash basins

- (1) **Permanent premises** must include running water that is safe to drink.
- (2) **Permanent premises** must have the following basins –
- (a) a hand-wash basin near any toilet, bidet or urinal;
- (b) a **service** hand-wash basin in the area where a **service** is carried out;
- (c) a cleaner’s basin used only for **cleaning** the **premises**; and
- (d) if clause 15A applies, a **skin** piercing basin required by clause 15A(a)(iii).
- (3) Every basin listed in (2) must meet the requirements in this Table.

Requirements for basins	Hand-wash in (2)(a)	Service in (2)(b)	Cleaner’s in (2)(c)	Skin-piercing in (2)(d)
(a) be accessible;	✓	✓	✓	✓
(b) have hot and cold water or tempered water not exceeding 50 degrees Celsius;	✓	✓	✓	✓
(c) be kept in a hygienic condition;	✓	✓	✓	✓
(d) be provided with soap;	✓	✓	✓	✓
(e) be provided with adequate hand drying facilities;	✓	-	-	-
(f) be provided with single-use cloths or towels, or paper towels for hand drying; and	-	✓	✓	✓
(g) be installed in a way that prevents contamination of any hand-wash basin required in (2)(a) and (b).	-	-	✓	✓

Related information about toilet basins and wash-hand basins

Other regulations that apply to basins include:

- Section 6.14.1 of the Ministry of Business, Innovation and Employment’s factsheet, [Acceptable Solutions and Verification Methods For New Zealand Building Code Clause G12: Water Supplies](#) has requirements for basins and other sanitary fixtures, including maximum temperature.
- The factsheet, [Compliance Document for New Zealand Building Code Clause G1: Personal Hygiene – Second Edition](#) has requirements for adequate protection of the public water supply from contamination.

21 Mobile and temporary premises must have hand-washing facilities

- (1) **Mobile and temporary premises** must include a hand-washing facility that —
- (a) has hot and cold running water provided, if possible, from a single spout; or
- (b) if (a) is not practicable, uses a temporary water supply in a container (for example a water drum with tap, jerry can or canteen).

- (2) Every basin listed in (1) must meet the requirements in this Table.

Requirements for hand-washing facilities	Facility in (1)(a)	Temporary facility in (1)(b)
(a) be directly accessible to the provider ;	✓	✓
(b) be kept in a hygienic condition;	✓	✓
(c) be provided with soap;	✓	✓
(d) be provided with single-use cloths or towels, or paper towels for hand drying;	✓	✓
(e) be designed to prevent aerosols and liquids from spreading to any other part of the premises ;	✓	✓
(g) a place to wash hands where water can be changed between hand-washes (for example a bowl); and	-	✓
(h) a hygienic place to store or dispose of used water.	-	✓

Related information about spreading of aerosols and liquids

Recommended best practice to avoid spreading of aerosols and liquids is to avoid use of electric hand dryers as they can blow contaminants to the floor or walls, or create airborne particles that can be inhaled.

Part 2

General rules about services

22 Manager and provider responsible for complying with rules

- (1) The **manager** and **provider** must each comply with the requirements in this Part that apply to the **service**.
- (2) The obligations in this Part are in addition to, and do not limit, any other requirements in this Control that apply to the same **service**.

Subpart 1

Managing health and safety risks

23 Duty to manage risks to public health and safety

A **service** must be carried out in a way that manages the risks to public health and safety arising from the **service**.

24 Allergy tests must be carried out for chemical applications to skin

An appropriate allergy test (for example a patch test) must be conducted before any chemical is applied to a **recipient's skin**.

25 Skin tags and lesions must not be removed

Skin tags and lesions must not be removed, unless the **provider** is a **health practitioner**.

26 Injectable products must be verified as safe and approved

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.

27 Consent of recipients must be obtained

- (1) The **recipient's** consent must be obtained before carrying out a **service**.
- (2) To obtain consent, the **recipient** must be given, as verbal and written advice, full information about the risks of the **service** and any mitigation measures to manage those risks (for example precautions or post-**service** procedures).
- (3) A **provider** may accept a **recipient's** consent only if the **recipient** —
 - (a) meets any age requirements for the **service** under in this Control;
 - (b) allows any assessment and provides any information required under this Control;
 - (c) is determined to be a suitable candidate for the **service**;
 - (d) voluntarily agrees to receive the **service** and to comply with any mitigation measures required to manage risks;
 - (e) has the capacity to consent (for example, is not affected by an intellectual, mental, or physical condition or impairment that prevents the **recipient** from consenting or refusing to consent); and
 - (f) is not, and is not suspected to be, under the influence of alcohol, drug or other mind-altering substance, except as provided in (4).
- (4) However, (3)(f) does not apply to any drug lawfully prescribed for a medical condition, if the drug does not impair the **recipient's** ability to consent and safely receive the **service**.
- (5) The **recipient's** consent must be recorded in a written consent form (for example in paper or electronic form) and the form must –
 - (a) be kept in a secure and confidential location;
 - (b) be kept for at least two years; and
 - (c) be made available for the **council** for inspection on request.

Related information about consent

Other regulations that apply to consent includes the [Crimes Act 1961](#) where any **service** that invades someone's body without their permission may be regarded as assault.

Recommended best practice for tatau includes the '[The Art of Safe Tatau](#)' factsheet which lists recommended actions the Tufuga and person receiving tatau before tattooing, including gaining consent.

28 Services that risk damaging skin must stop if skin is pierced, broken, or burned

- (1) A **provider** must immediately stop a **service** that risks piercing, breaking, or burning **skin** if the **recipient's skin** is unintentionally pierced, broken, or burned.
- (2) The **provider** must follow the procedures in clause 29.

29 Procedures for accidents and injuries required and must be followed

- (1) Procedures for treating people on the **premises** must be available if any of the following occurs –
 - (a) accidental exposure to another person's blood or bodily fluids;
 - (b) prolonged or unexpected bleeding;
 - (c) unintentional piercing, breaking or burning of a **recipient's skin**; or
 - (d) burns (including 'cold' burns such as frostbite) for a **service** that intentionally burns the **recipient's skin**.
- (2) Procedures for cleaning, disinfecting and sterilising the **premises, tools and equipment** must be available if they are accidentally exposed to another person's blood or bodily fluids.
- (3) The procedures must be –
 - (a) in written form; and
 - (b) kept on the **permanent premises**; or
 - (c) kept in the work area of a **mobile or temporary premises**.
- (4) A **provider** must be trained and must comply with the procedures in (1).
- (5) A **provider** must record any incidents where exposure to another person's blood or bodily fluids occurs on the **premises**, including –
 - (a) the name and contact details (phone, email, address) of each person exposed;
 - (b) the steps undertaken in response to the incident;
 - (c) keeping the record in a secure and confidential location;
 - (d) keeping the record for two years; and
 - (e) making the record available for the **council** for inspection on request.

Related information about first aid training and procedures

Recommended best practice includes:

- examples of procedures can be found in [first aid guides](#) from Hato Hone | St John and the [Guidelines for the Safe Piercing of Skin](#) from Te Whatu Ora | Ministry of Health
- completing a first aid training course from people accredited by the New Zealand Qualifications Authority that includes practical in-person training (rather than an online-only course)
- checking the first aid course teaches procedures for accidents relevant to the **services** you provide, before booking. For example, for a **skin-piercing service**, it would be important to learn about bleeding and fainting.

30 Providers must be competent and appropriately qualified

- (1) A **provider** must have the knowledge and skills needed to carry out their **service** safely and hygienically.
- (2) If a **service** has an **officially recognised qualification**, a **provider** must –
 - (a) hold that qualification; or
 - (b) be working towards that qualification while carrying out the **service** under the direct supervision of a person who holds it.
- (3) 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) recognised by an association that represents the **service** or industry; or
 - (b) have other training, knowledge or skills that show they can carry out the **service** safely and hygienically (for example an apprenticeship); or
 - (c) work under the direct supervision of a person who meets the requirements in (a) or (b).
- (4) A **provider** must display any **officially recognised qualification** issued in their name in a place where **recipients** can easily see and read it.

Related information about qualifications

There are several officially recognised qualifications in New Zealand, including the New Zealand Diploma in Beauty Therapy and National Certificate in Nail Technology which are the NZQA-approved qualification recommended for people to provide beauty treatments. Specific industry and **service** associations can also recommend officially recognised qualifications and alternatives for each **service**.

Subpart 2 Hygiene

31 Providers must be clean and must cover any affected skin

While in the **premises**, **providers** must –

- (a) keep their clothing, jewellery (if worn), hands, and fingernails clean; and
- (b) cover any infected, damaged or inflamed **skin** with a waterproof dressing that prevents leakage.

32 Providers must wash and dry their hands in a hygienic way

- (1) A **provider** must thoroughly clean their hands –
 - (a) before starting to carry out each **service**;
 - (b) after finishing each **service**;
 - (c) immediately after –
 - (i) using a toilet;
 - (ii) using any handkerchief or nasal tissue; or
 - (iii) smoking or vaping; and
 - (d) before putting on, and after removing, gloves when providing a **service** that intentionally pierces the **skin**.
- (2) A **provider** must thoroughly clean their hands by –
 - (a) washing up to the wrist for at least 20 seconds using soap and water;
 - (b) operating any tap by using an effective sterile barrier (for example a paper towel, an elbow or a hands-free sensor); and
 - (c) brushing their hands and fingernails when necessary.
- (3) After **cleaning** their hands, a **provider** must dry their hands –
 - (a) using hand-drying equipment (for example, a single-use cloth, towel, or paper towel); and
 - (b) in a way that does not spread aerosols or liquids to any other part of the **premises**.

Related information about hand-washing

Recommended best practice for **mobile premises** includes **providers** and **recipients** washing their hands when leaving the area where the **service** is performed.

Recommended best practice is to avoid the use of electric hand dryers which can blow contaminants onto the floor or walls or create airborne particles that can be inhaled.

33 Providers must use gloves if there is a risk of contact with blood or bodily fluids

A **provider** must wear clean single-use disposable surgical gloves that fit properly –

- (a) if the **recipient** –
 - (i) is bleeding;
 - (ii) has open lesions; or
 - (iii) is known to have a communicable disease;
- (b) if the **provider** –
 - (i) has cuts or wounds on their hands;
 - (ii) has a **skin** infection or lesion;

- (iii) is handling blood-soiled items, body fluids, body waste (for example urine or faeces), excretions, and secretions (for example saliva); or
 - (iv) is touching surfaces, materials, and objects that are contaminated by blood, body fluids, excretions or secretions; and
- (c) if the **service** intentionally pierces the **skin**, including at the following times —
- (i) before preparing the work area where they will carry out the **service**;
 - (ii) before starting the **service** on any **recipient**; and
 - (iii) after touching any object which has not been **cleaned** and **sterilised**, unless the **provider** uses an effective sterile barrier.

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, including ensuring that –

- (a) any item that has not been previously used is clean and hygienic;
- (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); and
- (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

A **provider** must –

- (a) follow the manufacturer's instructions when using any chemical, cream, lotion, spray, or other product;
- (b) ensure that every chemical container is labelled clearly enough to identify its contents;
- (c) not reuse a container (for example a bottle, jar or canister) unless it is refilled with the original product;
- (d) dispense creams and lotions from the container using –
 - (i) a disposable applicator (for example a stick or spoon); or
 - (ii) an applicator that has been cleaned and disinfected; and
- (e) dispense sprays from a purpose-specific pump, if possible.

36 Sharps and biohazards must be disposed of safely

- (1) A **provider** must dispose of –
 - (a) all sharps in a sharps container; and
 - (b) 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.

Related information about disposing of medical waste such as sharps and biohazards

You can dispose of sharps (for example used needles) at medical centres, hospitals labs, and the New Zealand Needle Exchange. Some (but not all) pharmacies have a sharps disposal bin. Check [Auckland Council's website](#) for more information. Sharps bins can be purchased from waste companies or surgical supply companies.

Biohazards can be disposed of at a waste company that processes medical waste.

Part 3

Services that intentionally pierce the skin

37 Manager and provider responsible for complying with rules

- (1) The **manager** and **provider** must each comply with the requirements in this Part that apply to the **service**.
- (2) The obligations in this Part are in addition to, and do not limit, any other requirements in this Control that apply to the same **service**.

Recommended best practice in guidelines, codes and standards

The following guidelines, codes and standards contain best practice related to **services** that pierce the **skin**:

- The New Zealand Association of Registered Beauty Therapists promotes professional beauty care and best practice in the beauty therapy industry. Members of the association adhere to the [Code of Ethics for Members of the New Zealand Association of Registered Beauty Therapists Inc](#), [The New Zealand Association of Registered Beauty Professionals Health, Hygiene and Safety Standards](#), and [Rules of the New Zealand Association of Registered Beauty Therapists Inc](#).
- The New Zealand Acupuncture Standards Authority (NZASA) promotes professionalism and best practice in **acupuncture** and Chinese Medicine. Registered members adhere to NZASA [Standards of Practice and Codes of Ethics and Safe Practice 2015](#), and [Code of Safe Practice \(Acupuncture\)](#).
- The New Zealand Register of Acupuncturists (also known as Acupuncture New Zealand) promotes professionalism and best practice in **acupuncture** and Chinese Medicine. Registered members adhere to the [“Code of Professional Ethics 2016”](#), [“Clinical Procedures and Safe Clinical Practice 2016”](#) and [“New Zealand Register of Acupuncturists \(Acupuncture NZ\) Rules 2020”](#).
- The Ministry of Health | Manatū Hauora [Guidelines for the Safe Piercing of Skin](#) help **providers** better understand how to protect themselves and their customers from the risk of infection. It also aims to encourage operators to reduce harm from skin piercing and promote healthy skin piercing practices.

- The Ministry of Health also provides [Customary Tattooing Guidelines for Operators](#), primarily for tatau (Samoan tattooing) in [English](#) and in [Samoan](#). The guidelines address measures to improve the safety and are of relevance to customary tattooists, public health units and Medical Officers of Health.
- The Le Va [The Art of Safe Tatau](#) factsheet provides information on safe **customary tattooing** practices. This factsheet focuses on health and safety practices to prevent contamination and to reduce the risk of infection. Cultural and spiritual processes associated with **customary tattooing** are in a [companion video](#) of highlights from a fono attended by Tufuga ta tatau from both Samoa and New Zealand.
- The Environmental Protection Agency has a standard to manage the chemical risks associated with [tattoo inks and permanent makeup substances](#). This includes a list of substances that tattoo inks and inks made from natural materials should also not contain. **Providers** should ensure the products they buy, make or use comply with this standard.

Related information about rules for services that risk or intentionally pierce the skin

The rules in this Part of the Control are based on the following standards:

- [AS 23907:2023](#) Sharps injury protection - Requirements and test methods - Sharps containers
- [NZS 4304: 2002](#) New Zealand Standard for the management of healthcare waste
- [AS/NZS 4261:1994 A1](#): Reusable containers for the collection of sharp items used in human and animal medical applications: Amendment (sharps containers)
- [AS 5369:2023](#) Reprocessing of reusable medical devices and other devices in health and non-health related facilities (for **cleaning**, disinfection and sterilising requirements).

Subpart 1

General requirements for all services that intentionally pierce skin

38 Services that intentionally pierce skin must comply with general requirements

The rules in this subpart are in addition to or provide ways to, comply with the requirements in Part 1 Premises and Part 2 General rules about **services**.

39 At least one provider on the premises must be qualified to provide first aid

At least one **provider** on the **premises** carrying out a **service** that intentionally pierces the **skin** must –

- (a) hold a current first aid certificate that is –
 - (i) issued by a training provider accredited the New Zealand Qualifications Authority; and
 - (ii) obtained through practical, in-person training (not online-only training); or
- (b) be a **health practitioner**.

Recommended best practice for preventing infections and disease

There should be at least one provider on the **premises** who has qualifications in infection prevention and control, and preventing the transmission of bloodborne pathogens and communicable diseases.

Health Ed (www.healthed.govt.nz) provides resources about [infectious diseases and viruses](#). The [Hepatitis B and C](#) and [Body piercing and tattooing](#) sections may be particularly helpful.

40 Skin-piercing services must not be carried out on persons under a certain age

- (1) A **provider** must not carry out a **service** that intentionally pierces the **skin** on a **recipient** who is –
 - (a) under 18 years of age, for **tattooing**; or
 - (b) under 16 years of age, for any other **service** that intentionally pierces the **skin**; unless, before the **service** is carried out, the **provider** obtains written permission from the **recipient's** parent or guardian.
- (2) The written permission in (1) must be included in the written consent form, kept and made available in accordance with clause 27(5).

41 The recipient's skin and medical history must be assessed as suitable

Before carrying out a **service** that intentionally pierces the **skin**, a **provider** must –

- (a) assess the area of the **recipient's skin** to be treated;
- (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;
 - (iii) a history of bleeding disorders (for example haemophilia);
 - (iv) allergies or adverse reactions to products used during the **service** (for example, reactions to latex, cleansers, wipes, pigments or dyes);
 - (v) **skin** sensitivities;
 - (vi) a history of epilepsy or seizures; and
 - (vii) is taking medications that thin the blood or interfere with blood clotting (for example anticoagulants or non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen).
- (c) determine whether the **recipient** is a suitable candidate for the **service** based on the assessment in (b).

42 Recipient must be advised of their suitability, risks and mitigation measures

The information given to a **recipient** under clause 27(2) for a **service** that intentionally pierces the **skin** must include verbal and written advice about —

- (a) their suitability to receive the **service**, if the **provider** determines they are not suitable;
- (b) the risks associated with the **service**, including any risks identified from the **skin** and medical history assessment in clause 39;
- (c) the potential for infection during and after the **service**;
- (d) any conditions or precautions the **recipient** must follow before, during and after receiving the **service**; and
- (d) any post-**service** procedures the **recipient** must follow.

Related information about consent and aftercare

The Ministry of Health's '[Guidelines for the Safe Piercing of Skin](#)' list issues to consider about consent and aftercare. For aftercare, these issues include how to recognise infections and common problems, and how to clean wounds.

The Le Va factsheet about '[The Art of Safe Tatau](#)' suggests encouraging clients to talk with their doctor before providing consent (this could include having a blood test to detect any diseases). 'The Art of Safe Tatau' also has a list of recommended things the Tufuga and the person receiving tatau should do before tattooing. The factsheet also provides additional information on general self-care for clients such as rest, adequate food and fluids, and recommends advising clients on **services** or persons to contact if they are unwell.

43 Additional records for skin-piercing services must be kept

- (1) The written consent form required under clause 27(5) for a **service** that intentionally pierces the **skin** must include —
 - (a) the date the **service** was provided;
 - (b) the type of the **service** provided;
 - (c) the location on the **recipient's** body where the **service** was provided;
 - (d) any conditions, precautions and post-**service** procedures given to the **recipient**; and
 - (e) the **recipient's** signature.
- (2) The written consent form must be kept and made available in accordance with clause 27(5).

44 Skin must be cleaned before carrying out a skin-piercing service

Before carrying out a **service** that intentionally pierces the **skin**, a **provider** must clean the area of the **recipient's skin** that will be pierced by –

- (a) using a clean, single-use swab to apply an antiseptic; and
- (b) ensuring the antiseptic remains in contact with the **skin** for the time recommended in the manufacturer's instructions.

45 Piercing equipment must be single-use or sterile

Piercing equipment used to intentionally pierce the **skin** must —

- (a) be single-use and disposable; or
- (b) be **clean** and **sterile**.

Example

A **body piercing service provider** at a festival stall (a **temporary premises**), uses ear or body studs, rings, ear keepers and similar jewellery that are pre-packaged and opened in front of the **recipient**.

46 Tools and equipment must be single-use in high-risk situations

- (1) **Tools and equipment** used to intentionally pierce the **skin**, must be single-use and disposable if they are used on any mucous membrane of a **recipient**; and
- (2) **Piercing equipment** with a hollow lumen (the interior tube of an instrument such as a needle or piercing gun) used to intentionally pierce the **skin**, must –
 - (a) be single-use and disposable;
 - (b) unless, it is a needle that can be effectively **cleaned** and **sterilised**.

47 Piercing equipment must be packaged and opened in front of the recipient

- (1) **Piercing equipment** used to intentionally pierce the **skin** of a **recipient** must be contained in a sterile and sealed package.
- (2) The package in (1) must be opened in a manner that allows the **recipient** to verify that it –
 - (a) is unbroken and undamaged;
 - (b) is marked “sterile”, or displays an indicator tape that shows the package has not been tampered with since being **cleaned**, disinfected and sterilised; and
 - (c) if the equipment is pre-sterilised by the manufacturer, is labelled to confirm that the contents is sterile.

48 Piercing equipment must be disposed of or reprocessed after use

After completing a **service** that intentionally pierces the **skin**–

- (a) all single-use **piercing equipment** must be disposed of immediately, in accordance with the current New Zealand standards for sharps containers; and
- (b) before any reusable **piercing equipment** is reused on another **recipient**, or the same **recipient** at a later time, the equipment must be –
 - (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);
 - (ii) **cleaned, disinfected** and **sterilised** in accordance with subpart 7 of Part 3, for tools made of natural materials such as bone or wood or clause 50 for all other piercing equipment; and
 - (iii) stored in a manner that keeps it sterile, in accordance with clause 50(d).

49 Surfaces used for reprocessing reusable piercing equipment must be disinfected

All surfaces used for processing reusable **piercing equipment** must be disinfected before the processing begins, and again after each stage cleaning, disinfecting, sterilising, and packaging in clause 48.

50 Reusable piercing equipment must be cleaned, disinfected, sterilised and stored

- (1) After each use, all reusable **piercing equipment** used to intentionally pierce the **skin** must –
- (a) be thoroughly cleaned using –
 - (i) washing in water and detergent;
 - (ii) an ultrasonic cleaner; or
 - (iii) another **cleaning** method that is appropriate to the nature of the equipment (for example, its material or construction);
 - (b) be thoroughly **disinfected**; and
 - (c) be sterilised using one of the following processes in this Table.

Process
<p>(A) Dry-heat sterilisation, expose the equipment to dry heat for —</p> <ul style="list-style-type: none"> (a) at least 60 minutes at not less than 180°C; or (b) at least 120 minutes at not less than 160°C.
<p>(B) Autoclave / Steam sterilisation, expose the equipment to steam in a steriliser (autoclave), and ensure that —</p> <ul style="list-style-type: none"> (a) the autoclave has time, temperature and pressure gauges; (b) before use, a chemical indicator strip is inserted to confirm that the required temperatures in (c), below, are reached; (c) the equipment is exposed to steam under one of the following combinations: <ul style="list-style-type: none"> (i) 105 KPa (15psi) for at least 15 minutes at not less than 121°C; (ii) 140KPa (21psi) for at least 10 minutes at not less than 126°C; or (iii) 204KPa (30psi) for at least 4 minutes at not less than 134°C; (d) the gauges are monitored during each use to ensure that the correct times, temperatures and pressures are reached; (e) the time, temperature and pressure readings are recorded after each use; (f) the records in (e) are kept for at least two years; and (g) the sterilisation is repeated if — <ul style="list-style-type: none"> (i) the chemical indicator strip does not show that the required temperature in (c) was not reached; or (ii) the gauges do not show the correct time, temperature or pressure were reached.
<p>(C) Natural materials, for equipment made of natural materials (for example wood, bone or shell) that cannot withstand Processes (A) or (B), follow the steps in clause 80.</p>
<p>(D) Other, use another sterilising process that is appropriate to the nature, material or construction of the equipment.</p>

- (d) be individually packaged and stored in a way that maintains its sterility, and be marked “sterile” or display an indicator tape (or similar indicator) that shows —
- (i) the equipment is still sterile; and
 - (ii) whether the package has been tampered with.
- (2) Any ultrasonic cleaner used in connection with sterilising **piercing equipment** must comply with [AS 2773: 2019](#): Ultrasonic cleaners for health service organisations.

Recommended best practice for cleaning

- The purpose of cleaning is to remove microbial, organic and inorganic matter.
- To reduce the risk of cross contamination, you should not clean or decontaminate equipment at the same time as packaging or sterilising it.
- Cleaning agents used for manual cleaning should be biodegradable, non-corrosive, non-toxic, non-abrasive, low foaming, free rinsing and preferably a mild alkali liquid formulation.
- Detergents should be suitable for the tools and equipment used in the **service**. Alkaline detergents are much more effective at removing blood and fat than plain surfactant-based detergents.
- All chemicals, detergents and disinfectants should be used according to the manufacturer’s directions, including guidance on water temperature, cleaning frequency, chemical use and replacement, and any maintenance requirements.
- Note, ultrasonic cleaners clean but do not disinfect instruments and equipment. An ultrasonic cleaner should be operated with the lid closed to prevent emission of aerosols (for example blood droplets in the air) and isolated from the work area to reduce exposure to high frequency noise. **Warning:** Do not submerge any part of your body into the water tank while an ultrasonic cleaner is operating. This is thought to cause long-term arthritic conditions.

Recommended best practice for disinfection

- Fresh disinfectant should be prepared for each disinfection, and should be discarded after use. **Warnings:**
 - Chlorine solutions may corrode metals.
 - Glutaraldehyde and phenol are not recommended because of associated health risks.
 - Equipment should not be soaked in chemical disinfectants unless specified by the manufacturer.
 - Chemical disinfectants may have limited contact times and can become ineffective if left for long periods before use.
 - The more items immersed in a disinfectant solution, the less effective the solution will be.

Recommend best practice for sterilising

- The times listed in the above Table are holding times only (the time it takes to sterilise the equipment) and do not include the time taken for the autoclave contents to reach the required temperature.
- Steam sterilisers should comply with a recognised national or international standard.
- **Warning:** Bench top steam sterilisers without a drying cycle are suitable only for unwrapped items.

Recommend best practice for storage

- Indicator tape helps prevent non-sterile equipment being used by mistake.
- Equipment should be stored in a way that protects it from UV light (including sunlight) because indicator tape may not be UV-stable and can degrade if exposed.

51 Non-piercing equipment must be cleaned and disinfected

- (1) **Non-piercing equipment** used for a **service** that intentionally pierces the **skin**, must be **cleaned** and then **disinfected** using heat or chemicals —
 - (a) after being used in a **skin-piercing service**; and
 - (b) if they have been, or may have been, contaminated by activities in the **premises**, including where the **non-piercing equipment** is stored.
- (2) The **non-piercing equipment** must be **disinfected** with heat or chemicals that —
 - (a) are appropriate for the equipment's materials and construction;
 - (b) match the level of **disinfection** needed;
 - (c) use a suitable chemical (if applicable), following the manufacturer's recommended contact time; and
 - (d) follow any other manufacturer's instructions.

52 Instructions for operating cleaning and sterilisation equipment must be available

- (1) Written instructions must be available on the **premises** that —
 - (a) explain how to use the **sterilisation** equipment and ultrasonic **cleaning** equipment;
 - (b) comply with clauses 50 and 51; and
 - (c) follow the manufacturer's specifications for the equipment.
- (2) The written instructions must be —
 - (a) displayed next to each place in **permanent premises** where **piercing equipment** and **non-piercing equipment** is **cleaned** or **sterilised**; and
 - (b) readily available in **mobile premises** and **temporary premises**.

53 Autoclaves must be tested and serviced at least every 12 months

- (1) Every autoclave must be —
 - (a) tested for spores at least once every 12 months, or more often if required); and
 - (b) serviced at least once every 12 months, or more often if required.
- (2) Testing and servicing must be performed by a qualified person.
- (3) Records of the testing and servicing must be kept for at least two years.
- (4) Those records must be made available to the **council** for inspection on request.

Related information about frequency of testing and servicing

Spore testing and servicing may need carried out more often than every 12 months, depending on the manufacturer's instructions or the age and condition of the autoclave.

Subpart 2 Acupuncture

Related information about acupuncture

Acupuncture uses very thin (filiform) needles to pierce the **skin** to treat ailments or injuries. **Acupuncture** can involve contact with blood or body fluids, including from contaminated tools and equipment. This can transmit blood-borne viral diseases such as Hepatitis B, Hepatitis C, and HIV, as well as the transfer of other communicable diseases including bacterial infections. Related **services** include moxibustion and cupping.

The Bylaw requires **providers** of **acupuncture services** who are not registered with the [Chinese Medicine Council of New Zealand](#) (CMNZ) to be licensed by Auckland Council and comply with the rules in this Control.

The CMNZ regulates Chinese medicine **services** in New Zealand, including **acupuncture**. Any acupuncturist who is registered with the CMNZ is exempt from needing to comply with the rules in this Control. Unregistered **providers** cannot advertise themselves as acupuncturists or Chinese medicine practitioners.

54 Acupuncture must comply with general requirements

The rules in this subpart are in addition to or provide ways to, comply with the requirements in Part 1 Premises, Part 2 General rules about **services** and Subpart 1 of Part 3, General requirements for all **services** that intentionally pierce **skin**.

55 Acupuncture needles must be single-use

All **acupuncture** needles must be **sterile** and single-use disposable.

56 Needles must be removed from packaging hygienically

Needles must be removed from its packaging by holding the needle's handle.

Recommended best practice for acupuncture

- Insert needles swiftly using the correct needle technique.
- Do not insert needles into open wounds.
- Do not re-palpate needle points with bare fingers unless hands washed and alcohol gel applied.

Recommended best practice for moxibustion

- Moxibustion involves heating (by various processes) **acupuncture** points or areas of the body.
- **Providers** must have a procedure for treating burns as required by clause 29(1)(d).
- Before applying moxibustion directly to the **skin**, moisten the **skin** with a clean water swab or cotton bud.
- Do not leave the customer unattended at any stage. Take extra care when treating the face or other sensitive areas.
- **Premises** must have adequate ventilation to clear smoke, such as an openable window, extraction fan, or air conditioner.

Recommended best practice for cupping

- **Cupping** involves applying suction to the **skin**.
- Explain the procedure and the possibility of bruising before starting.
- Ask the **recipient** to say if the procedure becomes uncomfortable.
- Do not overheat cups before placing them on the body.
- Sterilise all cups after use.

Subpart 3

Body piercing

Related information about body piercing

- **Body piercing services** includes implants underneath the **skin** to alter appearance (dermal implants).
- Ministry of Health [Guidelines for the Safe Piercing of Skin](#) (1998) help **providers** understand how to protect themselves and their customers from the risk of infection and promote safe working environments.

57 Body piercing must comply with general requirements

The rules in this subpart are in addition to or provide ways to, comply with the requirements in Part 1 Premises, Part 2 General rules about **services** and Subpart 1 of Part 3, General requirements for all **services** that intentionally pierce **skin**.

58 Jewellery must be made of appropriate material

- (1) Jewellery for a primary **body piercing** must be made of one or more of the following –
 - (a) high quality 14 carat or 18 carat yellow or white gold;
 - (b) surgical grade stainless steel (316L or LVM)
 - (c) titanium;
 - (d) niobium;
 - (e) platinum; or
 - (f) inert plastics.
- (2) Jewellery used for a **body piercing** must —
 - (a) be free from damage and scratches; and
 - (b) be 14 gauge or thicker for piercings below the neck.

Related information about steel and inert plastics

- Ministry of Health's [Guidelines for the Safe Piercing of Skin](#) (1998) has advice on materials for jewellery.
- 316 series steel is the only grade of consistently high enough quality for piercings. "L" means 'low carbon'. 'LVM' means 'low carbon vacuum moulded steel' and theoretically a slightly higher grade than L.
- Suitable plastics for **body piercing** should be dense and low-porosity, such as monofilament nylon, acrylic or lucite).

Subpart 4

Electrolysis, red vein treatments and needling

Related information about electrolysis, red vein treatments and needling

- **Electrolysis** involve inserting a sterilised needle into individual hair follicles.
- **Red vein treatments** involve injection or piercing of a vein intended to shrink red veins.
- **Needling** covers a variety of **services** that pierce the **skin** with micro-needles, including derma-rolling and derma-stamping.

59 Electrolysis, red vein and needling must comply with general requirements

The rules in this subpart are in addition to or provide ways to, comply with the requirements in Part 1 Premises, Part 2 General rules about **services** and Subpart 1 of Part 3, General requirements for all **services** that intentionally pierce **skin**.

60 Recipient must be advised of risks from electrolysis and red vein treatments

The information given to a **recipient** under clauses 27(2) and 42 for **electrolysis** or **red vein treatment services** must include, where applicable —

- (a) the risks of removing hair from moles or from the inside of ears or nostrils; and
- (b) risks for **recipients** who have —
 - (i) hearing aids (including surgical or cochlear implants);
 - (ii) metal plates (including dental work or pins or plates); or
 - (iii) pacemaker.

Recommended best practice for providing electrolysis and red vein treatments safely

- **Recipients** should be advised to consult a medical practitioner before receiving **electrolysis** and **red vein treatment**. **Electrolysis** and **red vein treatment** can interrupt the electronics used in pacemakers, which can cause potentially dangerous heart rhythms.

61 Additional consent requirements for electrolysis, red vein and needling

- (1) The written consent form required under clause 27(5) for **electrolysis** or **red vein treatment services** must include, if applicable, specific medical consent —
 - (a) to the removal of hair from moles or the inside of ears or nostrils; and
 - (b) if the **recipient** has hearing aids, metal plates or a pacemaker.
- (2) The written consent form required under clause 27(5) for **needling services** must include, if applicable, a signed disclaimer to reuse equipment (see clause 66).

62 Additional record-keeping requirements for electrolysis equipment

- (1) For all **electrolysis** equipment, the **provider** must create a record of **service** that –
- includes the date the equipment was maintained;
 - includes the date the equipment was calibrated; and
 - is kept for two years and made available to the **council** for inspection on request.

63 Single-use disposable applicators must be used for needling creams and lotions

All creams and lotions used for **needling services** must be applied using single-use disposable applicators, including before and after treatment.

64 Sterile, single-use disposable tools and equipment must be used for needling

All needles and blades used for **needling services**, including clinical grade derma rollers above 0.5mm, must be sterile and single-use disposable.

65 Protective gear must be worn when carrying out needling services

During a **needling service**, **providers** must wear protective eyewear and a mask.

66 Derma-rolling and derma-stamping equipment may be reused with conditions

- (1) Derma-rolling and derma-stamping equipment that are 0.5mm or less in length may be reused on the same **recipient** if –
- the equipment is stored in a way that prevents its contamination;
 - the **recipient** signs a disclaimer stating that the equipment will only be used on that **recipient**; and
 - the **provider** verifies the **recipient** has signed the disclaimer.
- (2) The disclaimer must be kept in accordance with clause 27(5).
- (3) Any reused equipment must be disposed of within six months of first use.

Recommended best practice for electrolysis services

- After receiving **electrolysis**, the area of **skin** that has been treated should not be touched.
- An after-care product should be applied for three to five days to help the underlying **tissue** heal.

Recommended best practice for needling services

- The New Zealand Association of Registered Beauty Therapists recommends that single-use disposable paper towels should be placed in suitable areas to catch any drops of blood serum from **needling** procedures such as derma-rolling and derma-stamping.

Subpart 5 Scarification

Related information about scarification

Scarification involves cutting patterns in **skin** and letting the scars heal.

67 Scarification services must not be carried out on people with specific conditions

A **provider** must not carry out **scarification** on a **recipient** who has –

- (a) keloids, a type of thick raised scar;
- (b) diabetes, which is a risk factor for the slower formation of scar **tissue**; or
- (c) a family history of keloids or diabetes.

68 Additional records for scarification services must be kept

For **scarification services**, the written consent form required under clause 27(5) must include a statement for the **recipient** to confirm that do not have –

- (a) keloids or diabetes; or
- (b) a family history of keloids or diabetes.

Subpart 6 Tattooing

Related information about tattooing, pigment implantation or permanent makeup

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

69 Tattooing services must comply with general requirements

The rules in this subpart are in addition to, or provide ways to, comply with the requirements in Part 1 Premises, Part 2 General rules about **services** and Subpart 1 of Part 3, General requirements for all **services** that intentionally pierce **skin**.

70 Only inks manufactured for tattooing may be used

Inks used for **tattooing** must be specifically manufactured for **tattooing**.

Recommended best practice for tattoo ink and permanent makeup

- The Environmental Protection Authority has a standard to manage chemical risks associated with [tattoo inks and permanent makeup substances](#), including substances that **tattoo** inks should not contain.
- **Providers** should ensure the products they buy, make or use comply with this standard.
- **Providers** should not use dyes or pigments that have passed their expiry date.

71 Skin around the tattoo site must be covered

The area of the body surrounding the **skin** to be **tattooed** must be covered with a single-use disposable paper product or clean linen.

72 Tattoo stencil ointments must not be contaminated

Any **ointment** used to stencil the area of **skin** to be **tattooed** must be dispensed and applied in a way that prevents contamination of –

- (a) the main container of the ointment; and
- (b) any other container the ointment is dispensed into.

73 Separate sterilised ink containers must be used for each recipient

Ink used to **tattoo** each **recipient** must –

- (a) be decanted into a clean sterilised container that only holds enough ink for that **recipient's tattoo**; and
- (b) the decanted ink must only be used on that **recipient's tattoo**.

74 Single-use sharps must be disposed of immediately and safely

After completing a **tattooing service**, all single-use and disposable needles, razors and other sharps must –

- (a) be immediately disposed of in sharps containers that comply with the current New Zealand standard for sharps containers; and
- (b) must not be reused.

Related information about the New Zealand standard for sharps containers

The current New Zealand standard for sharps containers is [AS/NZS 23907:2023](#): *Sharps injury protection – Requirements and tests methods – Sharps containers*.

75 Residual ink must be discarded and containers sterilised or disposed of

- (1) After finishing a **tattoo** or **tattooing** session, any residual **ink** in a container decanted under clause 73 must be disposed of.
- (2) Residue ink must not be used to **tattoo** another **recipient**.
- (3) The container must be –
 - (a) sterilised in accordance with clause 50; or
 - (b) discarded through an approved biohazard waste collection service.

76 Supplies contaminated with blood or body fluids must be disposed of

Any supplies (for example mattresses, squabs, cushions, or linen) that come into contact with blood or body fluids must –

- (a) be disposed of in accordance with the current New Zealand standard for the management of healthcare waste; and
- (b) not be reused.

Related information about the New Zealand standard for management of healthcare waste

The current New Zealand standard for management of healthcare waste is [NZS 4304: 2002: Management of Healthcare Waste](#).

Recommended best practice to use single-use disposable barriers to cover tools and equipment

- **Providers** should cover tools and equipment (such as **tattoo** machines and associated clip cords), with an effective sterile barrier (such as a single-use disposable plastic bag that is discarded after each use). This cover provides an extra level of hygiene that limits the amount of contaminants that may settle on the machine.

Best practice for tattoo aftercare

- To preventing contamination and infection when showering and washing, the person who has received a **tattoo** should use their own soaps and towels (and do not allow others to use them). They should clean the shower after use, including with an antibacterial spray.

Recommended best practice to refer to Health New Zealand advice

- Health New Zealand has [information about risks and aftercare for tattoos](#).

Subpart 7

Tattooing with tools made from natural materials

Related information about customary tattooing

Customary tattooing has deep cultural significance in Aotearoa New Zealand, particularly for Māori and Pacific peoples, including tā moko and tatau. Auckland Council recognises and respects the traditions, cultural knowledge, mana, and authority of **customary tattooing** and the significance of the tools used.

This Control does **not** regulate the cultural or spiritual aspects of **customary tattooing**. Its focus is on ensuring that tools used are hygienic and do not transmit disease or infection. **Customary tattooing** often:

- takes place in temporary settings that require specific hygiene practices
- uses tools made from natural materials that may be too fragile for autoclave sterilisation, increasing the risk of blood-borne infection if not effectively cleaned
- involves large areas of the body tattooed in a relatively short time, which can heighten infection risk.

77 Tattooing with natural-material tools must comply with general requirements

The rules in this subpart are in addition to or provide ways to, comply with the –

- (a) requirements for all **premises** in Part 1;
- (b) requirements for all **services** in Part 2;
- (c) general requirements for all **services** that intentionally pierce the **skin** in subpart 1 of Part 3; and
- (d) requirements for tattooing in Subpart 6 of Part 3 about tattooing.

78 Tattooing with natural-material tools must be limited to one recipient at a time

A **provider** using **tattooing** tools made of natural materials (for example wood, bone or shell), must only work on one **recipient** at a time.

79 Tattooing tools made of natural-material may use a sterile barrier

(1) To comply with rules in clause 45 for **piercing equipment** to be single-use or sterile, a **tattooing** tool made of natural materials may be covered with an effective sterile barrier (for example, a plastic cover) that –

- (a) is impervious to liquids (for example so that water, blood and body fluids cannot soak into the tool); and
- (b) is durable (for example resistant to damage, ripping or corrosion).

(2) The tool must be checked for any blood contamination every time the sterile barrier is broken or removed.

80 Tattooing natural-material tools must be cleaned, disinfected, sterilised, stored

(1) Before each use, all **tattooing** tools made of natural materials must be cleaned, disinfected and sterilised using one of the following processes in the Table in (2)(a).

(2) To comply with rules in clause 50(c) for processing **piercing equipment** after each use, all **tattooing** tools made of natural materials –

- (a) must be immediately cleaned, disinfected and sterilised using one of the following processes in this Table.

Process
<p>(A) For tools covered with an effective sterile barrier and not contaminated with blood, a provider must –</p> <ul style="list-style-type: none"> (a) remove the effective sterile barrier; (b) wipe down the tools with antibacterial wipes used by following the manufacturer's instructions; (c) dry the tools overnight in a place where they are protected from contaminants.
<p>(B) For all other tools and any effective sterile barrier, including tools that have been contaminated with blood, a provider must –</p> <ul style="list-style-type: none"> (a) place the tools fully underwater, and scrub them with a scrubbing implement (for example a brush) and a cleaning agent (a substance or chemical used to remove dirt and other contaminants); (b) if possible, clean the tools and scrubbing implements in an ultra-sonic cleaner in accordance with the manufacturer's instructions; (c) soak the tools and scrubbing implements in a hospital-grade cleaning agent used by following the manufacturer's instructions and safety data sheets; (d) clean the tools with clean water; (e) allow the tools to air dry in a place where they are protected from contaminants, for at least 45 minutes before reusing them.

- (b) must be stored in a way that maintains its sterility by using a clean container that is covered or sealed.

- (3) For the avoidance of doubt, any parts of the tools made of natural materials that are made of reusable materials (for example glass or metal) must be cleaned, disinfected and sterilised in accordance with clause 50.

81 Customary tattooing needles may be gifted if stored securely

- (1) Despite clause 48, a needle used to carry out **customary tattooing** may be given to the **recipient** of the tattoo.
- (2) The needle must be placed in a container that –
 - (a) is sealed and secure; and
 - (b) is durable (for example, resistant to damage and breakage).

Recommended best practices for handling needles

- Needles contaminated with blood are extremely hazardous. They can transmit serious blood-borne diseases such as Hepatitis B, Hepatitis C, and HIV, as well as transfer of other communicable diseases including bacterial infections.
- Needles are extremely dangerous as they can be swallowed, leading to choking and internal wounds. They can cut and puncture the **skin**.

Any needle needs to be stored securely and handled carefully.

Related information about additional standards and guidance for customary tattooing

- The Environmental Protection Agency standard to manage the chemical risks associated with [tattoo inks and permanent makeup substances](#) includes a list of substances that **tattoo** inks should not contain. Inks made from natural materials (such as lama nut ink) should also not contain any of these substances.
- The Ministry of Health provides “[Customary Tattooing Guidelines for Operators](#)”, primarily for tatau, both [in English](#) and [in Samoan](#). These guidelines address measures to improve the safety of **customary tattooing** and are of relevance to tattooists, public health units and Medical Officers of Health.
- Le Va publishes “[The Art of Safe Tatau](#)”, a factsheet that provides information on safe **customary tattooing** practices. This factsheet focuses on health and safety practices, to prevent contamination and reduce the likelihood of infection. Cultural and spiritual processes associated with **customary tattooing** are in [a companion video](#) of a fono attended by Tufuga tā tatau from both Samoa and New Zealand.

Recommended best practices for providing customary tattooing safely

The following practices will help protect both the **recipient** and provider of a customary tattoo.

- It is essential for **providers** to be fully aware of the potential dangers of their procedures and understand the safety measures that need to be taken to make the likelihood of infection, or spread of pathogens, as small as possible. **Providers** should give their assistants or apprentices adequate training in all areas of hygiene, infection control and first aid.
- All **providers** who use tools made from natural materials should be vaccinated against Hepatitis B.
- The most effective way to prevent the transmission of disease and infection is to use single-use disposable needles.
- Public health advice is that **recipients** should obtain medical clearance from a doctor before being tattooed.
- **Providers** should not smoke during the **tattooing** process.
- Single-use disposable needles are more effective than reusable needles at preventing unintended **skin** damage and scarring.

It is the **provider's** responsibility to ensure the customary tattoo is provided to a high standard of hygiene that protects the health and safety of both the **recipient** and the provider.

Related information about disinfectants and cleaning agents

All hazardous chemicals have a safety data sheet. These provide information on the hazards of substances and how they should be safely used, stored, transported, and disposed of.

When using a chemical, it is important to follow the instructions on its safety data sheet.

You can find more information about safety data sheets at [WorkSafe](#) and the [Environmental Protection Authority](#).

Recommended best practices for cleaning, disinfecting and sterilising the skin and tools

You should be aware of the following best practices:

- Use-by dates on disinfectants must be observed.
- In some people, povidone-iodine may cause a **skin** reaction if left on the **skin**.
- Disinfectants can be applied to the **skin** either by:
 - using a pump pack and wiping with a clean single-use disposable cloth, or
 - decanting from the original container into a single-use disposable container.
- At the end of the **tattooing** procedure, any remaining fluid and single-use disposable cloths must be discarded into a hazardous and infectious waste container.

Part 4

Services that risk or intentionally break the skin

Related information about services that can break the skin

Services that risk breaking the **skin** include **hair removal**, threading, waxing, plucking, **manicure**, **pedicure** and exfoliation. Breaking the **skin** risks transferring bacterial and fungal infections from contaminated tools and equipment.

82 Manager and provider responsible for complying with rules

- (1) The **manager** and **provider** must each comply with the requirements in this Part that apply to the **service**.
- (2) The obligations in this Part are in addition to, and do not limit, any other requirements in this Control that apply to the same **service**.

Recommended best practice guidelines, codes and standards

The following guidelines, codes and standards contain best practice related to **services** that break the **skin**:

- The New Zealand Association of Registered Beauty Therapists promotes professional beauty care and best practice in the beauty therapy industry in New Zealand. Members of the association adhere to the [“Code of Ethics for Members of the New Zealand Association of Registered Beauty Therapists Inc”](#), [“The New Zealand Association of Registered Beauty Professionals Health, Hygiene and Safety Standards”](#), and [“Rules of the New Zealand Association of Registered Beauty Therapists Inc”](#).

Subpart 1

General requirements for all services that risk or intentionally break the skin

83 Services that may break the skin must comply with general requirements

The rules in this subpart are in addition to or provide ways to, comply with the requirements in Part 1 Premises and Part 2 General rules about **services**.

84 Services that may break the skin must not be carried out if skin already broken

A **provider** must not carry out a **service** that risks or intentionally breaks the **skin** on a **recipient** who has exposed cuts or abrasions before the **service** is carried out.

85 The recipient must be assessed as suitable

Before carrying out the **service**, a **provider** must —

- (a) assess the area of the **recipient’s skin** that will be treated; and
- (b) discuss with the **recipient** any **skin** condition that may lead to **skin** irritation.

86 Recipient must be advised of their suitability, risks and mitigation measures

The information given to a **recipient** under clause 27(2) for a **service** that risks or intentionally breaks the **skin** must include verbal and written advice about —

- (a) their suitability to receive the **service**, if the provider determines they are not suitable;
- (b) the risks associated with the **service**;
- (c) the potential for infection during and after the **service**;
- (d) any conditions or precautions the **recipient** must follow before, during and after receiving the **service**; and
- (d) any post-**service** procedures the **recipient** must follow.

87 Skin must be cleaned 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** that will be treated must be **cleaned** by —

- (a) using a clean, single-use swab; and
- (b) applying an antiseptic for the manufacturer's recommended contact time.

88 Equipment must be single-use or sterile

Equipment used for a **service** that risks or intentionally breaks the **skin** must —

- (a) be single-use and disposable; or
- (b) be **clean** and **sterile**.

89 Recipient's skin must be protected from breaking

For **services** that risk breaking the **skin**, a **provider** must take reasonable measures to minimise the risk of unintentionally breaking the **skin** when carrying out a **service**.

90 Gloves must be worn before touching potentially contaminated objects

A **provider** must wear clean single-use disposable surgical gloves of an appropriate size and fit before touching any object (including surfaces and equipment) which may have become contaminated with blood or serum.

Recommended best practice for wearing gloves

A provider should consider covering their hands with clean well-fitting single-use disposable surgical gloves before carrying out a **service** and before touching an object that has not been cleaned and sterilised.

91 Equipment must be disposed of or reprocessed after use

After completing a **service** that risks or intentionally breaks the **skin** —

- (a) all single-use equipment must be disposed of immediately;
- (b) all products that absorb waste during the **service** (such as tissues and paper towels) must be disposed into a sealed container;

- (c) before any reusable **equipment** is reused on another **recipient**, or the same **recipient** at a later time, the equipment must be –
- (i) be stored, until it can be **cleaned**, in a way that prevents contamination of other items or people;
 - (ii) be **cleaned, disinfected** and **sterilised** using one of the following processes in this Table; and

Process
(A) Skin-piercing process , use the same process in clause 50 for skin-piercing equipment.
(B) Other , use a process that – <ul style="list-style-type: none">(i) is appropriate for the equipment's materials and construction;(ii) matches the level of disinfection needed;(iii) matches the type of chemical needed (if applicable); and(iv) follows the recommended contact time for any products and any other manufacturer's instructions.

- (iii) stored in a manner that keeps it sterile, in accordance with clause 50(d).
- (d) before any reusable furniture or attachments is reused on another **recipient**, or the same **recipient** at a later time, the items must be disinfected.

Subpart 2

Colon hydrotherapy

Recommended best practice guidance for colon hydrotherapy

The International Association for Colon Hydrotherapy aims to implement best practice and heighten awareness of the profession, and to ensure continuing and progressive education.

92 Colon hydrotherapy services must comply with general requirements

The rules in this subpart are in addition to or provide ways to, comply with the requirements in Part 1 Premises, Part 2 General rules about **services** and Subpart 1 of Part 4 General requirements for all **services** that risks or intentionally breaks the **skin**.

93 Colon hydrotherapy system must be installed correctly

- (1) A **colon hydrotherapy** system on a **premises** must be registered with either –
- (a) the United States Food and Drug Administration; or
 - (b) Medsafe (the New Zealand Medicines and Medical Devices Safety Authority).
- (2) The **colon hydrotherapy** system must be –
- (a) properly installed; and
 - (b) compliant with current relevant New Zealand plumbing and drainage standards.

Related information about current New Zealand plumbing and drainage standards

New Zealand plumbing and drainage standards relevant to **colon hydrotherapy services** are:

- [AS/NZS 3500.1:2025](#): Plumbing and drainage, Part 1: Water services
- [AS/NZS 3500.2:2025](#): Plumbing and drainage, Part 2: Sanitary plumbing and drainage
- [AS/NZS 3500.4:2025](#): Plumbing and drainage, Part 4: Heated water services.

Note: AS/NZS 3500.4:2021 has been superseded but it remains referenced as an acceptable solution for compliance with Building Code clause G12 Water Supplies. The 2025 edition of the standard still needs to be consulted on before it will be referenced as an acceptable solution in the Building Code.

- (3) Water filters to the **colon hydrotherapy** system must –
 - (a) be properly fitted; and
 - (b) be replaced at the intervals recommended by the manufacturer and as necessary.
- (4) The **recipient**-facing side of the water tank must not have pumps, suction facilities, or other pressure-enhancing devices.
- (5) Mechanisms for regulating water temperature must be installed at the mains and the tank.

Recommended best practice for operating colon hydrotherapy equipment

- **Providers** should store the manufacturer's operation manual near the **colon hydrotherapy** equipment.

94 Recipients must have their own washing facilities

- (1) All **premises** providing **colon hydrotherapy services** must have facilities (a toilet, wash-hand basin and shower) that is exclusively for the use of each **recipient**.
- (2) The facilities must be in the procedure room or an en-suite.
- (3) Hot and cold water to the wash hand basin must be supplied –
 - (a) by elbow-operated taps, if possible; or
 - (b) by another type of hands-free tap (for example foot-operated, electronically-controlled, hands-free sensor, or knee-operated).

95 Clinical waste and single-use items must have separate waste containers

Premises providing **colon hydrotherapy services** must have separate waste containers for –

- (a) clinical and related waste (for biohazards or any item contaminated with blood); and
- (b) all other single-use disposable items.

96 Colon hydrotherapy must not be carried out on people younger than 16 years

Colon hydrotherapy services must not be provided to a person under the age of 16 years, unless that person's parent or guardian has given written permission.

97 Recipient must be advised of infection risks from colon hydrotherapy

The information given to a **recipient** under clause 27(2) before **colon hydrotherapy** must include the potential for infection during and after the **service**.

98 Additional records for colon hydrotherapy must be kept

The written consent form required under clause 27(5) for **colon hydrotherapy** must include —

- (a) specific medical consent to receive **colon hydrotherapy** treatment; and
- (b) relevant details about the **recipient's** medical history and medical conditions;
- (c) the **recipient's** name, address and signature.

Recommended best practice about other information to record

- A checklist of equipment operation procedures, including the settings used on each **recipient**.
- A record of equipment maintenance and any repairs.
- A checklist of what to do in emergencies.

99 Tools and equipment must be sterile or single-use

- (1) All rectal tubes must be sterile, single-use and disposable.
- (2) All other **tools and equipment** used for **colon hydrotherapy** must be:
 - (a) sterile, single-use and disposable; or
 - (b) if it is reuseable, **cleaned, disinfected, and sterilised**, following the rules listed in clause 50.
- (3) Reuseable tools and equipment must be stored in accordance with clause 50(d).

100 Clinical and biohazard waste must be disposed of safely

Clinical and biohazard waste must be disposed of through an authorised waste contractor.

Subpart 3

Hair removal

101 Hair removal services must comply with general requirements

The rules in this subpart are in addition to or provide ways to, comply with the requirements in Part 1 Premises, Part 2 General rules about **services** and Subpart 1 of Part 4 General requirements for all **services** that risks or intentionally breaks the **skin**.

102 Providers must wear gloves before starting hair removal services

A **provider** must wear clean, single-use disposable surgical gloves that fit properly before starting a **hair removal service** on a **recipient**.

103 Threading equipment must be new and single-use

Threading services must use new, clean, single-use cotton thread for each recipient.

Recommended best practice for threading

- Processes for managing equipment and providing threading service should minimise the risk of cross contamination.
- New single-use cotton thread should be twisted and rolled onto the surface of the skin to entwine the hair.
- Once the hair is entangled with the thread it should be pulled off and the hair removed.

104 Wax must be dispensed, applied and stored in separate containers

(1) Wax must be applied by –

- (a) pre-dispensing the required amount of wax for each recipient into single-use disposable pots and discarding any unused product; or
- (b) using single-use disposable wooden spatulas, and not re-dipping a used spatula back into the wax pot.

(2) Pots of wax must be covered between services.

105 Wax must not be applied to broken or punctured skin

Wax must not be applied –

- (a) to broken skin; or
- (b) over an area where blood has been drawn, including puncture sites.

106 Wax that has touched a recipient's skin must not be reused

Wax that has been applied to a recipient's skin must not be reused.

Recommended best practice for waxing

To reduce the risk of cross-contamination between recipients, providers should:

- offer the recipient single-use disposable underwear for waxing of the full leg, bikini area or Brazilian waxing
- test the heat of the wax by applying a small amount to the inside of the provider's wrist, then test on a small patch of the recipient's skin
- use a spatula to apply hot wax in thick strips and remove the strips by hand
- use a spatula to apply warm wax in a thin film and remove it with a paper or muslin strip
- apply a soothing product after removing the wax
- clean any metal instruments with a wax solvent to remove all traces of wax before sterilising them.

Part 5

Services that risk or intentionally burn the skin

Related information about services that can break the skin

Services that can burn the **skin** include cryolipolysis, **laser treatments**, **pulsed light treatments**, **sunbeds** and radiofrequency lipolysis. These **services** can create the risk of severe injuries and infections.

107 Manager and provider responsible for complying with rules

- (1) The **manager** and **provider** must each comply with the requirements in this Part that apply to the **service**.
- (2) The obligations in this Part are in addition to, and do not limit, any other requirements in this Control that apply to the same **service**.

Subpart 1

Sunbeds

108 Sunbed services must comply with general requirements

The rules in this subpart are in addition to or provide ways to, comply with the requirements in Part 1 Premises and Part 2 General rules about **services**.

Related information about other relevant legislation, standards and guidelines

- The current AS/NZS standard for **sunbed providers** is [AS/NZS 2635:2008: Solaria for cosmetic purposes](#) sets out requirements for installing, maintaining and operating solaria.
- [Section 114](#) of the Health Act 1956 says that owners and operators of **premises** providing artificial UV tanning services (solaria) must not provide those services to people under the age of 18 years.
- [AS/NZS 60335.2.27:2020](#): "Household and similar electrical appliances - Safety - Part 2.27: Particular requirements for appliances for **skin** exposure to optical radiation" sets out electrical safety requirements for artificial tanning equipment.
- The World Health Organisation published "[Artificial tanning sunbeds: Risks and guidance](#)" in 2003, which provides public health guidance.
- Te Whatu Ora's website contains more information on [guidelines for sunbed operators](#).

109 Providers must have sunbed-specific skills and knowledge

In addition to the training requirements in clause 30, all **providers** of **sunbed services** must be competent in –

- (a) the requirements and practical implementation of using **sunbeds** safely, including identification of medication that causes photosensitivity, based on the current AS/NZS standards for **sunbed providers**;
- (b) Fitzpatrick **skin** type identification;
- (c) proper determination of exposure times;
- (d) proper screening for potentially exposure-limiting conditions;

- (e) emergency procedures in case of overexposure to ultra-violet radiation;
- (f) types and wavelength of ultra-violet radiation; and
- (g) proper procedures for **cleaning** and **disinfecting** protective eyewear and **sunbed** equipment.

110 Must not promote the health benefits or safety of sunbed services

When promoting **sunbed services**, **providers** must not claim that **sunbed** use:

- (a) has any health benefits that are not cosmetic; and
- (b) is safe from risk.

111 Sunbed services must not be carried out on people under 18 or at high risk

Sunbed services must not be provided to people who –

- (a) are under the age of 18 years;
- (b) are currently using photosensitive medication;
- (c) have a **Skin** Phototype 1 (Fitzpatrick **Skin** Type);
- (d) have a history of melanoma;
- (e) have received any **sunbed** treatment less than 48 hours ago; or
- (f) have received three **sunbed** treatments within the previous seven days.

112 Skin type assessment must be completed before carrying out a sunbed service

Before receiving a **sunbed service** —

- (a) the **recipient** must complete a **skin** type assessment supplied by a **provider**; and
- (b) a **provider** must determine the **recipient's skin** type based on the completed assessment.

113 Recipient must be advised about their skin type assessment and risks of photosensitive medication

The information given to a **recipient** under clause 27(2) before providing a **sunbed service** must include verbal and written advice

- (a) about the results of the **skin** type assessment; and
- (b) that photosensitive medication makes the **recipient's skin** unusually sensitive to ultraviolet rays.

Recommended best practice about photosensitive medication

- Ministry of Health advice is that people using photosensitive medication should consult their **health practitioner** (for example a GP or pharmacist) about the medication before using a **sunbed**.
- **Providers** should give **recipients** using photosensitive medication the option to come back later once they have removed any cosmetics etc.

114 Additional record-keeping requirements for sunbed services

- (1) A consent form for **sunbed services** must be given to the **recipient** that –
 - (a) contains all the information in Appendix A of the current AS/NZS standard for **sunbed providers**; and
 - (b) meets the requirements under clause 27(5).
- (2) The written consent form in (1) must include –
 - (a) how many times the **recipient** has used a **sunbed** at any other **premises** –
 - (i) in the past 48 hours; and
 - (ii) within the previous seven days; and
 - (b) the **recipient's** signature and date they signed the consent form.
- (3) The **recipient** must return the signed and dated consent form before commencing the first tanning session.
- (4) A **provider** must offer the **recipient** a copy of the signed and dated consent form.
- (5) The original of the signed and dated consent form must be kept and made available in accordance with clause 27(5).

115 Display warning notices with specific information that are visible to recipients

- (1) One or more warning notices must be displayed so they are immediately visible to every **recipient** entering each area of the **premises** (for example the reception and areas with **sunbeds**).
- (2) The warning notices in (1) must be legible (for example easy to see and read) and at least as large as an A4 piece of paper (21mm x 297mm).
- (3) The warning notices in (1) must display the following information –
 - (a) Tanning units emit ultra-violet radiation;
 - (b) Exposure to ultra-violet radiation contributes to melanoma, **skin** cancer and **skin** ageing.
 - (c) Repeated exposure to ultra-violet radiation from **sunbeds** further increases the risk of **skin** cancer;
 - (d) People with fair **skin** who burn easily and people with any other risk factors for melanoma and **skin** cancer will not be permitted to use a tanning unit;
 - (e) Customers must avoid further intentional exposure to sunlight or a tanning unit for 48 hours after receiving a treatment;
 - (f) Exposure to ultra-violet radiation from **sunbeds** can cause eye damage;
 - (g) Protective eyewear must be worn at all times while undergoing tanning unit exposure;
 - (h) No person under the age of 18 years is permitted to use a tanning unit; and
 - (i) People who are unsure of their own personal risk of melanoma and **skin** cancer should consult their GP before using a tanning unit.

116 Set an appropriate exposure time for the recipient

- (1) The exposure time for a session must be determined, set and controlled according to the **recipient's** –
 - (a) **skin** type; and
 - (b) number of previous sessions.
- (2) An exposure chart must be available at each **sunbed**, to enable a **provider** to determine the exposure time in (1).

Related information about exposure times

Clause 3.1 of [AS/NZS 2635: 2008: Solaria for cosmetic purposes](#) provides guidance on maximum exposure times.

117 Sunbeds must have an automatic timing device

- (1) Each **sunbed** must have a timing device that will automatically terminate the **sunbed** session at an expiry period, based the **recipient's** specific **skin** type, that is equal to the:
 - (a) maximum initial exposure time; or
 - (b) repeated exposure time.
- (2) The timing device in (1) must be in working order at all times.

118 Recipients must wear protective eyewear when receiving treatment

- (1) The **recipient** must wear protective eyewear any time the **sunbed** is operating.
- (2) The protective eyewear in (1) must comply with the current AS/NZS standard for **sunbed providers** .
- (3) After the **sunbed service** has finished, the protective eyewear in (1) must be:
 - (a) disinfected; or
 - (b) completely replaced, if disposable.

119 Providers must supervise recipients constantly during treatment

A **provider** must supervise the **recipient** at all times when they are carrying out a **sunbed service**.

Recommended best practice for self-service sunbeds

There is an increased risk of harm for users of unsupervised 'self-service' **sunbeds**. They should not be made available for public use.

As unsupervised self-service solariums should not be available, they are not addressed by this Code.

120 Clean the sunbed after the treatment

Any part or surface of a **sunbed** the **recipient** makes body-contact with must be –

- (a) disinfected; or
- (b) completely replaced after the **sunbed** has been used, if disposable.

121 Inspect and replace sunbed lamps

- (1) Each full set of **sunbed** lamps must be –
 - (a) routinely checked for ultra-violet radiation output; and
 - (b) changed within the lamp manufacturer's specified useful lifespan for the lamp.
- (2) A record of the lamp maintenance in (1) must be kept and made available in accordance with clause 27(5).

Recommended best practice about sunbed maintenance

The Indoor Tanning Association of New Zealand recommends maintaining and servicing **sunbeds** to an approved standard. These standards will be detailed by the equipment supplier and in compliance with New Zealand appliance requirements.

Subpart 2

Pulsed light and laser treatments

Related information about pulsed light and laser treatments

Pulsed light treatments and **laser treatments** are intended to remove hair and to provide **skin** photo-rejuvenation.

These **services** have the potential to burn the **skin** and lead to longer term **skin** conditions. Pulsed light may be considered to carry a risk of delayed recognition of **skin** cancers and mis-diagnosing malignant **skin lesions**, including melanoma.

Lasers capable of breaking the **skin**, such as those used for laser tattoo removal, create a risk of transmitting blood-borne viral diseases such as Hepatitis B, Hepatitis C, and HIV.

122 Laser treatment providers must have specific skills and knowledge

- (1) In addition to the training requirements in clause 30, all **providers** of **laser treatments** must be competent in:
 - (a) Fitzpatrick **skin** type identification; and
 - (b) the safe use of lasers based on current AS/NZS standards for the safe use of lasers and intense light sources in health care.
- (2) All **laser treatments** that remove the **skin** must be provided by a **health practitioner** working within their scope of practice.

Related information about AS/NZS standards for lasers

The current AS/NZS standards are [AS/NZS 4173: 2018](#): “Safe use of lasers and intense light sources in health care” and [AS/NZS 3200.2.22:1997](#): “Approval and test specification - Medical electrical equipment - Particular requirements for safety - Diagnostic and therapeutic laser equipment”.

Recommended best practice for providers of laser treatments

- **Providers** should seek formal instruction in the recognition of **skin** cancers and suspicious lesions.
- **Providers** should understand the importance of not treating pigmented lesions about which they have concerns or that have not been assessed by a **health practitioner**.

123 Complete a skin type assessment before carrying out a service

Before providing a **pulsed light treatment** or **laser treatment service**, a **provider** must complete a Fitzpatrick **skin** typing assessment of the **recipient**.

Recommended best practice for skin type assessment and skin conditions

Fitzpatrick skin type assessment

Accurately identifying the **recipient's skin** type (using the [Fitzpatrick skin type scale](#)) is a key factor for the safe performance of laser **hair removal** treatments. It enables the provider to use appropriate settings on the laser **hair removal** machine when performing the treatment.

People with fair **skin** types (for example Fitzpatrick I–II) have a higher melanoma risk regardless of family history. **Providers** should advise them to seek regular **skin** checks.

Moles

Hair growth from a mole does not indicate whether melanoma is present.

Pigmented skin lesions

While assessing the area of the **recipient's skin** to be treated, the provider may identify pigmented lesions about which they have concerns.

The provider should advise customers with such lesions to seek the advice of a registered **health practitioner** with experience in **skin** cancer detection, for example a GP or nurse specialist, before proceeding with treating the area.

Melanomas

There is no evidence that **laser treatments** or **pulsed light treatments** increase the risk of melanoma.

However direct treatment over an undiagnosed or pigmented lesion, including a mole, may alter its appearance. Altering the appearance of a **skin lesion** can result in a delay in the recognition and diagnosis of melanoma or other common **skin** cancers—particularly where lesions have not been previously assessed and determined to be benign.

Different types of lasers have different effects on the appearance of the **skin**.

- Non-destructive / non-ablative lasers (for example, a **hair removal** laser) can destroy some **skin** pigment while leaving **skin tissue** intact and make mild to moderate alterations to the appearance of **skin lesions**.
- Destructive / ablative lasers (for example, a tattoo removal laser) vaporise **skin tissue**, make more significant alterations to the appearance of **skin lesions**, and could accidentally remove them.

124 Recipient must be advised about risks and required medical assessments

The information given to a **recipient** under clause 27(2) before providing a **pulsed light** or **laser service** must include verbal and written advice that—

- (a) any pigmented lesions must be assessed by a **health practitioner** with expertise in **skin** cancer detection before treatment;
- (b) any pigmented lesions may be altered by **pulsed light** or **laser services**, and this may delay detection of melanoma; and
- (c) **pulsed light** or **laser services** are not diagnostic or therapeutic for **skin** cancer;

125 Additional records for laser and pulsed light treatments must be kept

- (1) The written consent form required under clause 27(5) for **pulsed light** and **laser services** must include —
 - (a) specific medical consent to receive a **pulsed light** or **laser service** that removes hair from moles, if applicable;
 - (b) specific medical consent to treat existing moles or pigmented **skin lesions**, if applicable; and
 - (c) information about relevant aspects of the **recipient's** medical history, including (but not limited to):
 - (i) Fitzpatrick **skin** type;
 - (ii) whether the **recipient** has any medical conditions (including, but not limited to, any hormone conditions, whether they are pregnant, any photosensitising conditions, and history of abnormal scarring or pigmentary disorders);
 - (iii) what medications they are taking and whether that might contraindicate them from treatments, including, but not limited to, immunosuppression or immunosuppressive therapy, and photosensitising medications;
 - (iv) personal or family history of melanoma or other **skin** cancers;
 - (v) presence of multiple or atypical pigmented lesions;
 - (vi) any recent changes in pigmented lesions within the treatment area.
- (2) For each **pulsed light** or **laser service**, a **provider** must create a record of service containing—
 - (a) the date the **service** was provided;
 - (b) the type of **service** provided;
 - (c) the location on the **recipient's** body where the **service** was provided; and
 - (d) equipment calibration and maintenance.
- (3) Written consent forms and records of service must be kept and made available in accordance with clause 27(5).

126 Providers must assess the skin with a patch test before carrying out the service

- (1) A **provider** must perform a patch test before carrying out a **service**.
- (2) Any **skin** concerns from the results of the patch test must be discussed with the **recipient** before carrying out the **service**.

Recommended best practice for patch tests

Patch tests are a trial exposure of a small area of representative **skin** and hair to the **service**. The test allows **providers** to judge how the **skin** might react to the full service and to determine suitable settings.

For example, where patch testing identifies an unexpected or atypical **skin** response the treatment should be stopped and referral advised. These responses include, but are not limited to, pigmentary changes, atypical inflammation, or lesion alteration.

The patch test procedure should include which areas to test, the pulsed light or laser settings, how long to wait to judge **skin** response, and how to spot adverse reactions.

127 Pulsed light and laser services must be provided in a controlled area

- (1) The **premises** must have a **controlled area** where **pulsed light** or **laser** equipment are kept and where **services** are provided.
- (2) The controlled area in (1) must prevent eye damage to passers-by and occupants by not having –
 - (a) windows; and
 - (b) reflective areas or surfaces (for example mirrors).
- (3) The controlled area in (1) must be secured by –
 - (a) suitable door locks or keypads; and
 - (b) clear signs or warning lights that indicate –
 - (i) when it is safe to enter; and
 - (ii) when the laser/ intense pulsed light is on.
- (4) The controlled area in (1) must display safety rules that clearly describe:
 - (a) how to use the area correctly;
 - (b) any hazards the provider or **recipient** might be exposed to;
 - (c) who is authorised to use the equipment; and
 - (d) what to do in the event of an accident.

128 Providers and recipients must wear protective eyewear

- (1) All **providers** and **recipients** in the controlled area in clause 127(1) must wear protective eyewear that is appropriate for the wavelength of light being used.
- (2) If the **recipient's** face is being treated, the **recipient** must wear opaque metal eyewear.

- (3) After the **service**, a **provider** must:
- disinfect the protective eyewear; or,
 - completely replace the protective eyewear, if it is disposable.

129 Calibrate pulsed light and laser equipment at least annually

- All **pulsed light** or **laser** equipment must be calibrated at least every 12 months (or more often, if required), to ensure they are working properly and accurately.
- A qualified person must perform the calibration in (1).
- Records of the calibration in (1) must be kept for at least two years.
- The records in (3) must be made available to the **council** for inspection on request.

130 Verify pulsed light and laser equipment settings before carrying out the service

- Before carrying out a **service**, a **provider** must verify that the wavelength and service parameters of the equipment are set according to:
 - skin** type;
 - hair type;
 - test patch results; and
 - previous **service** settings.

Recommended best practice for using pulsed-light and laser equipment

To help ensure **pulsed light** and **laser** equipment is safe and working properly, **providers** should:

- check and verify that all cables and connections are secure
- make sure there is no damage or wear on filters or treatment windows
- confirm that the laser's beam profile is accurate
- test and verify that all **skin**-cooling systems are working correctly.

Recommended best practice for pulsed light treatments

Preparing the skin for pulsed light treatments

The area of **skin** that will be treated should be:

- cleaned, including by removing all make-up and cosmetics
- shaved or trimmed of any hair, for **hair removal services**
- photographed in close-up once the **skin** is cleaned (with appropriate consent from the **recipient**, consideration of privacy and secure storage of images), and
- adequately chilled.

Use of pulsed light equipment

Pulsed light equipment should be used in accordance with training and manufacturer instructions. Here is one example of how to use pulsed light equipment:

- place the light applicator on the **skin** and releases a short pulse of light.
- move the applicator to an adjacent area of **skin** and repeat the process
- continue this way until you have treated the whole area.

After providing a pulsed light treatment

The provider should:

- remove any residue (for example chilled gel) from the treated **skin**
- clean the treated area
- apply post-care products (for example soothing cream) if appropriate and required
- check for any adverse **skin** reactions and
- photograph the whole treated area in a close-up photograph (with appropriate consent from the **recipient**, consideration of privacy and secure storage of images).

131 Pulsed light and laser equipment must be cleaned and disinfected

- (1) After carrying out a **service**, all **pulsed light** and **laser** equipment that does not need to be **sterile** must be –
 - (a) **cleaned**; and
 - (b) **disinfected** by a –
 - (i) thermal **disinfection** procedure; or
 - (ii) chemical **disinfection** procedure.
- (2) The method of **disinfecting** in (1)(b) must –
 - (a) be appropriate for the equipment's materials and construction;
 - (b) match the level of disinfection needed;
 - (c) follow the recommended contact time for the product and any other manufacturer's instructions.

Recommended best practice for cleaning and disinfecting

Follow the manufacturer's instructions when using **cleaning** and disinfecting agents. An example of a chemical disinfectant agent used on equipment is high-grade Chlorhexidine disinfectant.

One aim with **cleaning** and **disinfecting** equipment is to prevent the transmission of HPV (human papilloma virus), Herpes and yeast to other people using the equipment.

Part 6

Public swimming pools

Related information about public swimming pools

- **Public swimming pools** includes commercial pools, school pools, institutional pools, club pools, pools in hospitality industry **premises**, community and local authority pools, **splash pads**, spa pools and mobile pools. They do not include pools for domestic use.
- **NZS 4441:2008 – Swimming pool design standard** provides guidance on the suitable minimum requirements to set when contracting for design and construction of swimming pools, and requirements that should be met to achieve safety and good operational management.

132 Manager and provider responsible for complying with rules

- (3) The **manager** and **provider** must each comply with the requirements in this Part that apply to the **service**.
- (4) The obligations in this Part are in addition to, and do not limit, any other requirements in this Control that apply to the same **service**.

133 Public swimming pools must comply with general requirements

The rules in this subpart are in addition to or provide ways to, comply with the requirements in Part 1 Premises and Part 2 General rules about **services**.

134 Pools must maintain safe pool water quality

- (1) The water quality of a **public swimming pool** must meet the current New Zealand standard for pool water quality.

Related information about pool water quality standards

The current New Zealand standard for pool water quality is [NZS 5826: 2010: Pool water quality](#).

- (2) All pool water must be chemically balanced.
- (3) If a **provider** repeatedly fails to maintain the water quality in (1) or the chemical balancing in (2), the **council** may require the **provider** to implement a water treatment pool risk management plan that ensures safe water quality.

135 Council may specify testing frequency

- (1) The **council** may specify the frequency of water-quality tests and other actions if—
 - (a) the pool is likely to have a high level of use;
 - (b) there is evidence that the water quality standards in clause 134(1) or chemical standards in clause 134(2) are not being maintained; or
 - (c) there is significant public health risk from faecal accidents

- (2) For tests under (1)(a), the **council** may specify the frequency of tests for:
- (a) total available chlorine;
 - (b) free available chlorine (FAC);
 - (c) total bromine; or
 - (d) any other relevant water treatment processes or chemicals.
- (3) For tests under (1)(b) or (1)(c), the **council** may specify the frequency—
- (a) of tests for:
 - (i) total dissolved solids; or
 - (ii) calcium hardness; and
 - (b) at which water in any public pool less than 5000 litres must be changed.
- (4) The frequency of any test that the **council** specifies must be least as often as specified in the current New Zealand standard for pool water quality.

136 Pools must be closed when water quality is unsafe or filtration systems are off

A public swimming pool must not operate when –

- (a) the pool does not meet all of the applicable water quality standards in clause 134;
- (b) water-quality testing required by the **council** under clause 135 shows the pool is unsafe; or
- (c) the filtration system is not operating; or
- (d) back-washing of the filtration system needs to be undertaken during operating hours for longer than 45 minutes, provided that free available chlorine (FAC) and pH levels remain within the level in the current New Zealand standard for pool water quality.

137 Only people with relevant training can treat pool water

Pool-water treatment must only be carried out by a person who holds relevant NZQA Unit Standards in swimming pool water quality.

138 Records of water tests must be kept

- (1) **Providers** must maintain records of all tests for—
- (a) free available chlorine levels;
 - (b) total chlorine levels
 - (c) total bromine levels
 - (d) pH levels
 - (e) chemical additions; and
 - (f) water changes to the pool; and
 - (g) any other water treatment processes or chemicals that are used in accordance with the current relevant New Zealand standard for pool water quality.

- (2) All records of tests in clause (1) must:
- (a) be kept for at least two years; and
 - (b) be made available for the **council** to inspect, on request.

139 Pool hygiene warning signs must be displayed at entrances and around a pool

- (1) Permanent legible signs must be displayed at or near any pool that –
- (a) recommend customers shower before using the pool; and
 - (b) request customers wash their hands after going to the toilet and changing nappies
 - (c) require children under 4 years of age who enter the pool to wear a swimmer nappy or a tight-fitting bathing costume with elasticated legs capable of retaining faeces.
- (2) Permanent legible signs must be displayed at or near the entrance to every pool that request customers –
- (a) do not wear street clothing into the pool; and
 - (b) do not enter into the pool if they –
 - (i) currently have a **skin**, throat, eye or ear infection;
 - (ii) currently have diarrhoea or have had diarrhoea in the last two weeks.

140 Must have procedures for faecal and vomiting accidents

- (1) Written procedures for responding to faecal and vomiting accidents in **public swimming pools** must be available.
- (2) The **council** may require changes to the written procedures in (1) if, upon inspection, it considers the procedures are inadequate.

141 Geothermal pools must comply with specific requirements

- (1) All public geothermal pool **premises** must comply with the specific requirements for geothermal pools in the current New Zealand standard for pool water quality.
- (2) A permanent legible sign must be displayed at or near all public geothermal pool **premises** that advises swimmers to keep their head above the water to prevent Amoebic Meningitis.

Recommended best practice for saunas and steam rooms

To help keep saunas and steam rooms clean and easy to maintain:

- design seating so the floor underneath can be reached easily for cleaning and can drain well
- scrub-wash all wooden surfaces every day using large quantities of water because **skin** particles often stick to the timber of wooden saunas.

Find out more: **phone 09 301 0101**
or visit **aucklandCouncil.govt.nz**