

Body Art Facility Inspector Training

2021 Needs Assessment

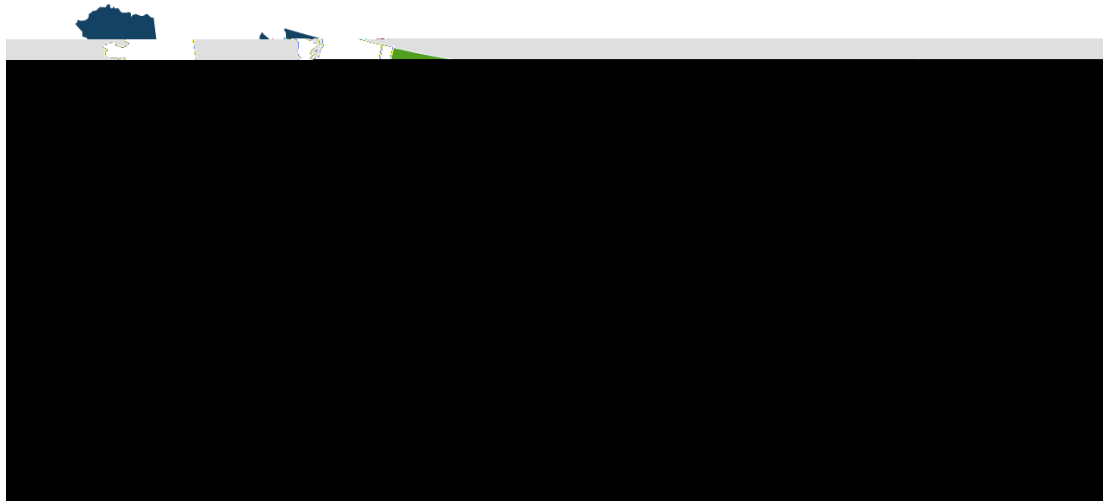
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Methods

The needs assessment survey instrument was developed using the BAMC components and from input from the Body Art Education Alliance, NEHA Body Art Committee, and our body art program staff. The target audience for the needs assessment included environmental health specialists and professionals working in the regulatory aspect of body art. The survey was created using a digital survey tool and disseminated via email and digital newsletters to members, and was promoted from Twitter and Facebook.

Figure 1. Respondents by Region



Experience and Training

Determining current experience is important to understand the foundation for training needs. Respondents' experience with conducting body art facility inspections is mixed. Overall, 32% indicated they have moderate experience, 29% indicated they have no experience, and 26% indicated they have some experience (Figure 2). Only 12% of the respondents indicated they have great experience with conducting body art facility inspections.

Figure 2. Experience of Respondents Conducting Body Art Facility Inspection

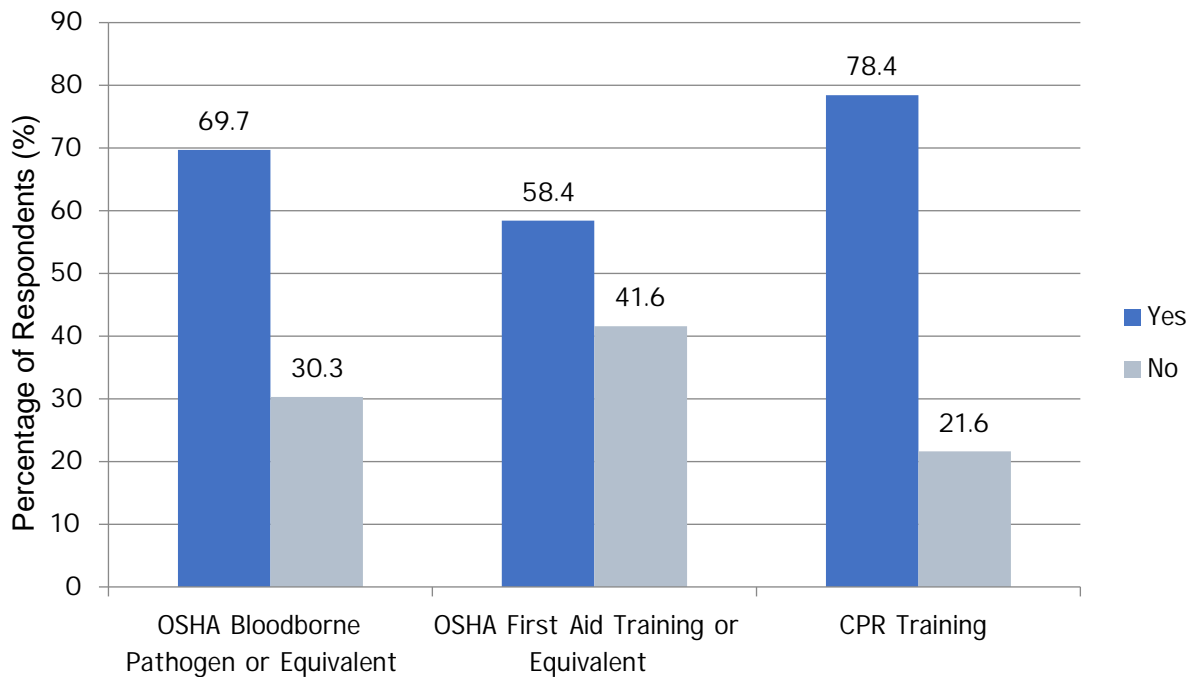
Furthermore, less than one half the respondents (49%) feel qualified to conduct a body art facility inspection. While at the same time, 80% of the respondents feel that training and professional development opportunities around body art facility inspections are important in their role.

Many respondents have no body art inspection training with 38% indicating no formal training, only on the job experience, and another 22% indicating no experience at all.

Webinars were the most frequently identified form of training accessed (Figure 3). In

addition, most respondents, in (f)8.1 ()11 (tr)0.9 5d(.)- (p)8.4 ([(d)19.i)-1 (o ih-9.3 (c(h)919.3 (c(2r)9(g)]n77

Figure 4. Training of Respondents in Bloodborne Pathogens, First Aid, and CPR



Overall Assessment Findings

The Body Art Facility Inspector Training needs assessment asked respondents to rate each component area of a body art facility inspection as to whether training was needed. Answer options included no training needed, somewhat needed, greatly needed, and not sure. To differentiate what areas might require more attention in a training program for body art facility inspections, components were grouped as high need, moderate need, somewhat needed, and no need. The cut offs we selected are subjective and are meant to help differentiate need.

The components with a high need for training, identified as those areas with 25% of the respondents who indicated training was somewhat or greatly needed (Table 1) and include:

- x Specific Considerations for Procedures
- x Jewelry Standards
- x Sanitation and Sterilization
- x Procedure Set Up and Break Down
- x Exposure Control Plan and Infectious or Biomedical Waste Management Plan
- x Recordkeeping Requirements
- x Body Art Definitions and Terms

Many of the component areas assessed were rated as a moderate need for training. These were identified as those components with between 80–85% of respondents indicating they somewhat or greatly needed training in the area (Table 1) and include:

- x Biomedical Waste
- x

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Body Art Facility Inspection Component	No Training Needed (%)	Somewhat Needed (%)	Greatly Needed (%)	Not Sure (%)
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required treatment by a licensed medical practitioner, or any notifiable diseases reported by the body artist to the department and MedWatch (MedWatch is the Safety Information and Adverse Event Reporting Program of the Food and Drug Administration [FDA]). Lastly, after -

sterilized properly. For example, an autoclave, ultrasonic, and sterilization room or sterilization area may not be required if the establishment uses only presterilized and disposable instruments, materials, and supplies

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Figure 12. Training Needs for Procedure SetUp and Break Down

Preparation and Care of the Procedure Site

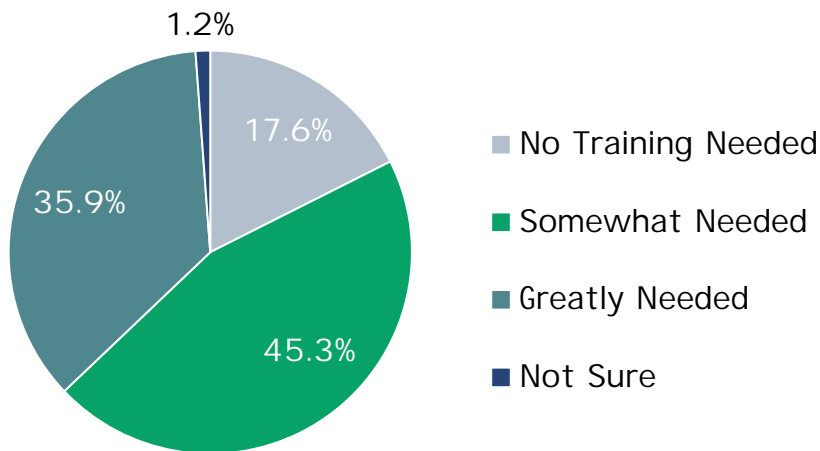
The BAMC provides suggested steps to prepare and care for a procedure site, meaning the area on the client's body where they are receiving body art. For instance, gloves must be worn prior to, during, and after the procedure. The procedure site should be prepared with an antiseptic and properly shaved if necessary. Single-use items are to be used on only one person and disposed of after use. Lastly, p

Biomedical Waste

Biomedical waste needs to be handled and disposed of appropriately as explained in the BAMC, there should be a written operating plan for infectious biomedical waste. Proper indoor and outdoor storage must be followed and should not exceed 30 days. Biomedical waste (except sharps) must be packaged and sealed at the point of origin in impermeable, red plastic bags.

Most respondents agreed that training on the professional standards and requirements for practitioners is needed. More respondents, however, indicated training on the topics is somewhat needed (45%) than greatly needed (36%; Figure 17). Respondents mentioned clarification was needed around hepatitis B vaccination, specifically if it can be required and if there is a waiver.

Figure 17. Training Needs for Professional Standards and Requirements for Practitioners



Body Art Prohibitions

The BAMC describes circumstances when a body art procedure cannot take place. These prohibitions include:

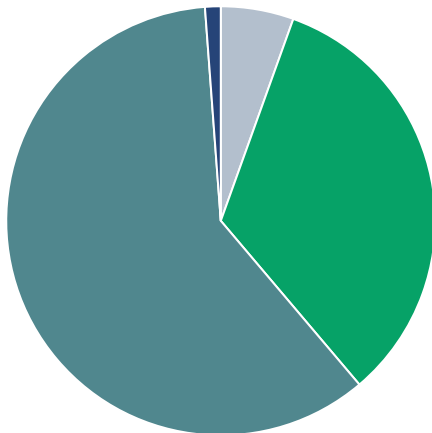
- x Body art procedures cannot be performed on any person under the age of 18 (minors only with parent or legal guardian consent) or on those under the influence of drugs and/or alcohol
- x Body art procedures cannot be performed on skin surfaces that exhibit evidence of sunburn, rash, pimples, boils, and infections, or which manifest any evidence of unhealthy conditions
- x Body art establishments cannot be operated without necessary licenses, and it is prohibited to obtain license by means of fraud, misrepresentation, or concealment

The need for training on body art prohibitions was mixed. Almost one quarter of the respondents (24%) indicated no training was needed, 42% said it was somewhat needed and 33% said it was greatly needed (Figure 18). Respondents asked for specific information around proof of parent or legal guardianship, how to document parental consent for a minor, and what defines healthy skin.

- x Jewelry used for initial piercing on individuals 12 years must be ASTM F2999 compliant and initial piercing on individuals 12 years must be ASTM F2923 compliant
- x Receipts and material certificates include required information and are retained for a required length of time

Most respondents (60%) indicated a great need for training on jewelry standards. An additional 33% indicated it was somewhat needed (Figure 20). Some respondents expressed that more information is needed on material certificates and how to associate that certificate with the correct jewelry as well as guidance on identifying approved jewelry. In addition, one person pointed out material certificates can be difficult for the operator to obtain and they need training on problem solving in such instances.

Figure 20 Training Needs for Jewelry Standards



Inspections and Penalties for Violations

The BAMC guidelines for the body art facility inspections and assigning penalties for violations include:

- x Department personnel must inspect each body art facility prior to issuing a license
- x The inspector must be allowed entry to the facility when it is occupied
- x The operator in a body art facility must not conceal, falsify, interfere, or make false statements
- x The department must advise the operator in writing of its findings and instruct the operator to take specific steps to correct any violations

x If at any time the

rated with high confidence was the ability to encourage a collaborative working relationship with the operator (74% confident or very confident) and to build rapport with the operator to gain trust and support (78% confident or very confident) (Figure 21).

Professional skills with lower confidence were educating and providing operators with advice on correctly following laws and safety guidelines (53% confident or very confident) in 19 (an p

Needed Resources

Respondents were asked what resources or tools would be helpful to conduct a body art facility inspection and a variety of suggestions were provided. An individual suggested an inspector training program (like Standard 2 of the FDA Voluntary National Retail Food Regulatory Program Standards) could be very helpful and ideally would include some sort of joint inspection training and/or field work training. Another individual suggested a similar action for doing joint inspections with other body art inspectors. For some jurisdictions, sample ordinances, statistics and examples of why a body art establishment should be inspected to protect public health would be beneficial.

Conclusion

The Body Art Facility Inspector Training Needs Assessment reached respondents in all regions of the nation and one territory. Most respondents were from a local health department. The overall results of the Body Art Facility Inspector Training Needs Assessment revealed a need for training across each component area of the BAMC except handwashing. Across all topic areas, the percentage of respondents who perceived no training need for components was far less than those who indicated a need. The strongest areas of training need include:

- x Specific Considerations for Procedures
- x Jewelry Standards
- x Sanitation and Sterilization
- x Procedure Set Up and Break Down
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Training preferences for the length of a training were mixed and most likely will be dependent on the amount of content included in a training session. Most respondents prefer a full day training (34%) or a half day training (30%). Respondents prefer in-person (65%) as well as synchronous virtual offerings (63%).

As a training program is developed the following recommendations based on Body Art Facility Inspector Training Needs Assessment results should be considered

- x Keep in mind the extent of need identified for each training component. Some areas may need a more comprehensive review and time allotted during a training session.