

Body Art Facility Inspector Training

2021 Needs Assessment



NATIONAL ENVIRONMENTAL
HEALTH ASSOCIATION

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Background and Purpose

The National Environmental Health Association (NEHA) first introduced the [Body Art Model Code \(BAMC\)](#) in 1998. It was updated and re-released in October 2019. The BAMC is available for local and state agencies and other organizations to fully adopt or use as a guide to create or update their own body art codes to ensure public health needs are met. It was created with input from environmental health professionals, national partners, and industry experts.

While the BAMC serves as a foundation for body art regulations, it has not been universally adopted and body art codes vary widely across jurisdictions, both local and state. Lack of consistency in regulation has also contributed to gaps in training opportunities for the environmental health workforce. Though industry training is available, there is a general lack of training for regulators responsible for inspecting body art facilities. It is necessary to identify the existing needs among state and local health departments related to body art facility inspections and to contribute to the information base on the gaps and opportunities for body art facility inspector training and resources.

To assess the needs of the workforce related to body art facility inspections, we developed a Body Art Facility Inspector Training Needs Assessment to:

- Identify areas that need improvement and clarify issues in body art facility inspections,
- Identify discrepancies between what training is in place and what needs to be in place,
- Determine attitudes and beliefs of environmental health professionals related to body art,
- Determine knowledge and skill level of environmental health professionals responsible for inspecting body art facilities,
- Identify the target audience's training preferences,
- Collaborate with the NEHA Body Art Committee and other groups to review results, and
- Present the body art facility inspector training recommendations and needs to stakeholders.

The Body Art Facility Inspector Training Needs Assessment examined attitudes, skills, and knowledge related to inspection standards, best practices, and resources. The information from this assessment will be analyzed for themes and used to guide decisions and focus training. The analysis will help identify professional development priorities that guide goals and objectives for the design and content of training offerings to enhance the abilities of environmental health professionals to ensure safe body art practices that protect public health are implemented and followed.

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 the NEHA Body Art Committee and the Body Art Education Alliance. The survey was open from May 13–June 11, 2021. Participants self-selected to take the survey; therefore, the respondents do not constitute a random representative group. See Appendix A for the Body Art Facility Inspector Training Needs Assessment.

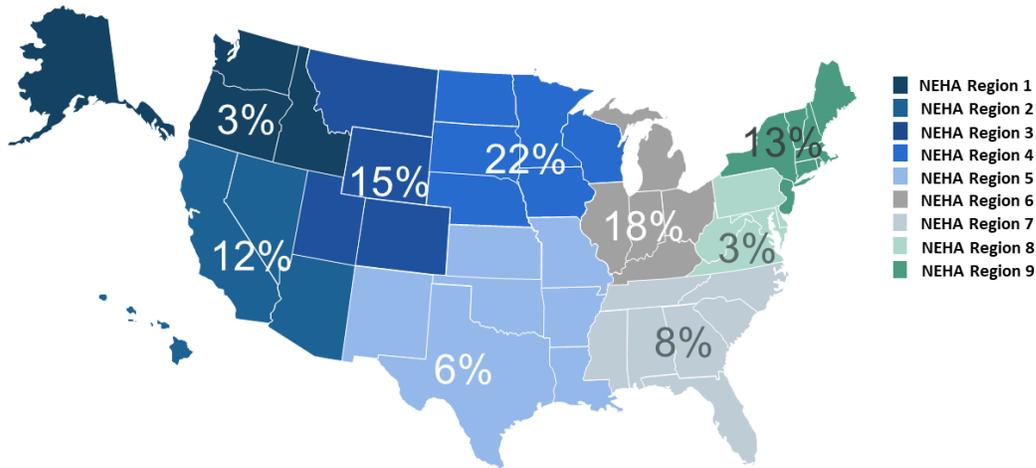
Demographics

There were 268 responses to the needs assessment survey. Of the survey respondents, 76% work at a local health department, 11% work at a state health department, 4% work in the private sector/industry, and 3% work at a federal agency. The remaining respondents work at a tribal health department (2%), territorial health department (1%), and within the uniformed services (1%). Less than 1% of respondents were from academia. The “other” category included individuals who were retired, self-employed, or work at the department of agriculture and food or a nonprofit.

Respondents represented all of the geographical regions with the most from NEHA Region 4, followed by Region 6, and Region 3 (Figure 1). The breakdown of the NEHA regions is:

- Region 1 includes Alaska, Idaho, Oregon, and Washington;
- Region 2 includes Arizona, California, Hawaii, and Nevada;
- Region 3 includes Colorado, Montana, Utah, Wyoming, and members residing outside of the U.S. (except members of the U.S. armed services);
- Region 4 includes Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin;
- Region 5 includes Arkansas, Kansas, Louisiana, Missouri, New Mexico, Oklahoma, and Texas;
- Region 6 includes Illinois, Indiana, Kentucky, Michigan, and Ohio;
- Region 7 includes Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, and Tennessee;
- Region 8 includes Delaware, Maryland, Pennsylvania, Virginia, Washington, DC, West Virginia, and members of the U.S. armed services residing outside of the U.S.; and
- Region 9 includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, and Vermont.

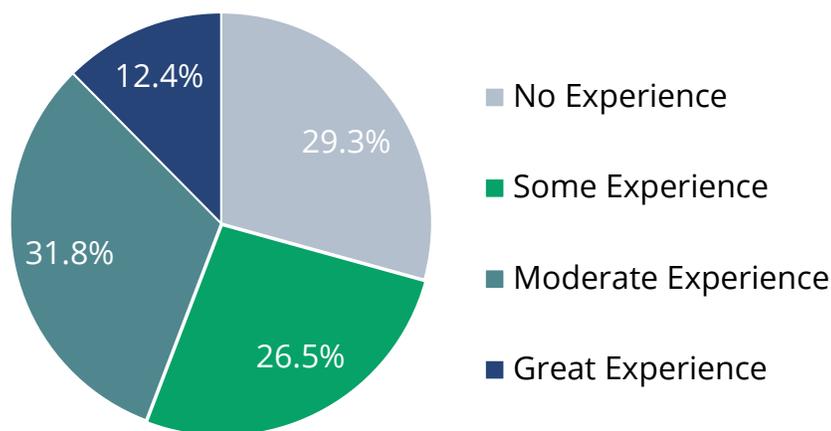
Figure 1. Respondents by Region



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 have received the recommended training described in the BAMC on Occupational Safety and Health Administration (OSHA) bloodborne pathogen training or equivalent, OSHA first aid training or equivalent, and CPR training (Figure 4).

Figure 3. Past Training of Respondents

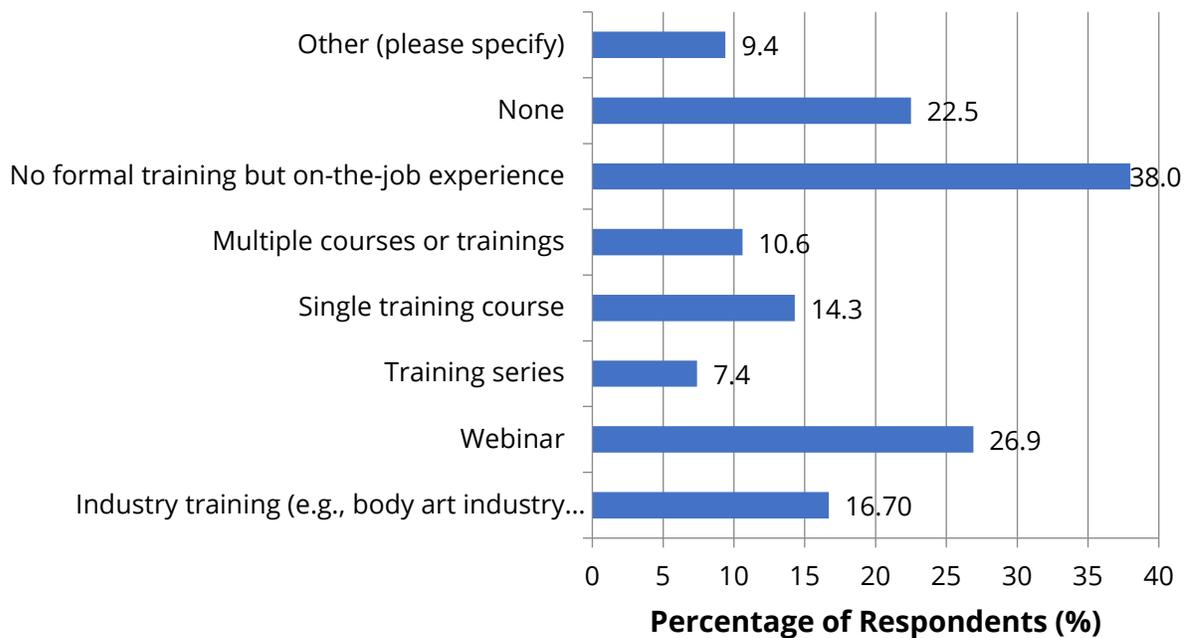
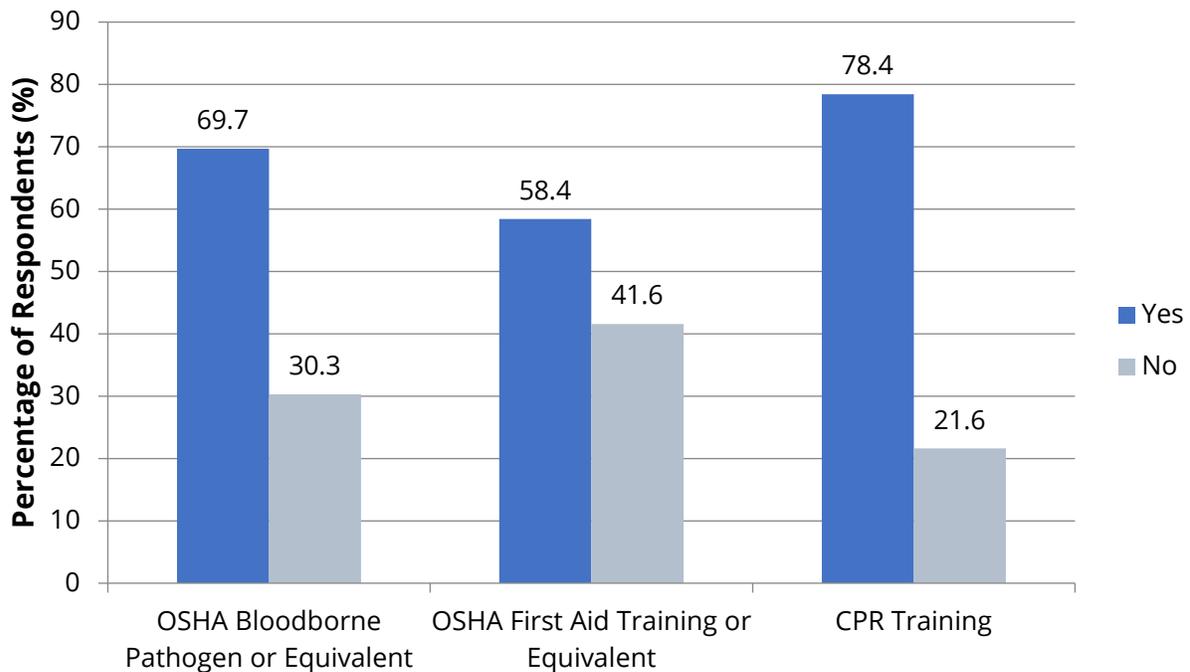


Figure 4. Training of Respondents in Bloodborne Pathogens, First Aid, and CPR



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 $\geq 85\%$ of the respondents who indicated training was somewhat or greatly needed (Table 1) and include:

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

- Biomedical Waste
- Procedure Areas
- Professional Standards and Requirements for Practitioners
- Requirements for the Premises
- Licensing and Required Documents

As Table 1 illustrates, there were some component areas that respondents rated as an area with less training need. These components are identified as those with <80% of respondents who rated it as somewhat or greatly needed (Table 1) and include:

- Inspections and Penalties for Violations
- Client Informed Consent and Other Forms
- Preparation and Care of Procedure Site
- Body Art Prohibitions

The area with no need for training, identified as any area with $\geq 50\%$ of the respondents who indicated training was not needed was Handwashing Procedures (Table 1).

The survey gave respondents the opportunity to provide comments for each component. In general, responses highlighted the need for body art facility inspector training. Many individuals mentioned their agency does not have a body art program or they personally do not conduct body art facility inspections. In addition, several individuals noted their jurisdiction's regulations are old and outdated and more current standards and guidelines are needed for body art facility inspections. For example, one person explained they presently do not inspect tattoo or other body art facilities and that facilities must simply register their business location and contact information. This person expressed the sentiment that "most environmental health specialists within our health district BELIEVE THIS IS A SIGNIFICANT public health activity that should be regulated, and the trend is for local health to add an ordinance to regulate these establishments."

Many other respondents shared they generally do not feel prepared to conduct an inspection. While some respondents felt they had the information to do so, the widely held perception is that training for body art facility inspections is crucial. One person explained their state only offers training through a PowerPoint focused on regulations. As another person stated, "In my experience, you need more training than just learning how to do this assessment on paper. You have to be able to watch an artist from set-up to clean-up and point out steps they missed, things they handled wrongly, know how to watch for cross-contamination based on what set-up and break-down techniques they use, etc."

Many individuals commented that a body art facility inspection is complicated and there are many things an inspector needs to be aware of and understand. According to one person, the most challenging portion of an inspection is understanding the steps involved in each procedure and the tools, instruments, and supplies used. For example, it is challenging for a new inspector to understand how a machine operates (e.g., backflow protection, proper covering of instruments, potential reuse of instrument parts, etc.) or how piercing needles and instruments are used.

As the training needs assessment data shows, training is needed to enable environmental health professionals to uphold the regulations contained in the BAMC and to conduct an effective body art facility inspection. More detailed information for each component will be provided in the following sections.

Table 1. Training Needs for Components of a Body Art Facility Inspection

Body Art Facility Inspection Component	No Training Needed (%)	Somewhat Needed (%)	Greatly Needed (%)	Not Sure (%)	Total of Somewhat and Greatly Needed (%)
High Need for Training					
Specific Considerations for Procedures	4.7	32.3	62.2	0.8	94.5
Jewelry Standards	5.5	33.3	60.0	1.2	93.3
Sanitation and Sterilization	8.5	44.6	45.7	0.8	90.3
Procedure Set Up and Break Down	8.9	45.6	44.4	1.2	90.0
Exposure Control Plan and Infectious or Biomedical Waste Management Plan	10.5	34.8	53.9	0.8	88.7
Recordkeeping Requirements	11.6	42.0	45.7	1.2	87.7
Body Art Definitions and Terms	10.9	47.9	38.6	0.8	86.5
Moderate Need for Training					
Biomedical Waste	15.8	45.2	37.8	1.2	83.0

Body Art Facility Inspection Component	No Training Needed (%)	Somewhat Needed (%)	Greatly Needed (%)	Not Sure (%)	Total of Somewhat and Greatly Needed (%)
Procedure Areas	16.5	39.6	42.7	0.4	82.3
Professional Standards and Requirements for Practitioners	17.6	45.3	35.9	0.4	81.2
Requirements for the Premises	18.5	40.5	40.5	2.6	81.0
Licensing and Required Documents	19.5	42.7	37.5	1.2	80.2
Slight Need for Training					
Inspections and Penalties for Violations	19.4	36.9	42.9	1.2	79.8
Client Informed Consent and Other Forms	20.4	46.5	31.2	0.8	77.7
Preparation and Care of Procedure Site	22.4	42.5	34.4	1.9	76.9
Body Art Prohibitions	23.9	41.6	32.9	1.6	74.5
Minimal Need for Training					
Handwashing Procedures	56.9	28.9	13.5	0.8	42.4

Assessment Findings by Component

The following sections summarize the extent to which survey respondents indicated a need for training for each component included in the Body Art Facility Inspector Training Needs Assessment. A definition of each component is given based on the BAMC.

Body Art Definitions and Terms

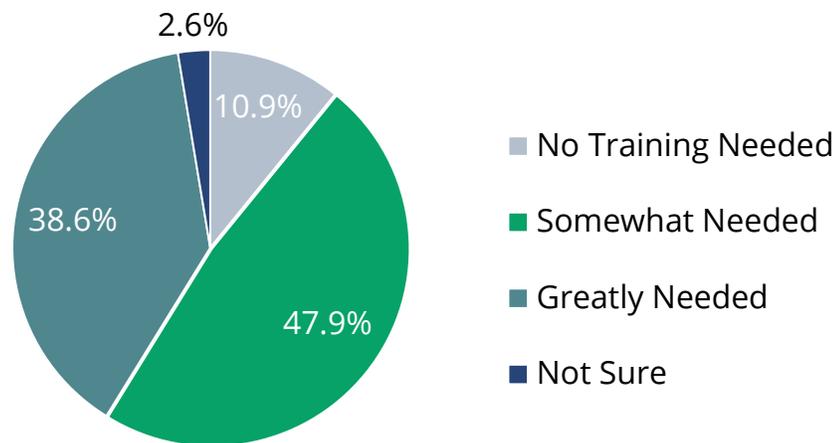
This component was identified as an important aspect for which to assess need because terminology has changed over time, certain items or procedures are referred to by various names, and new items and procedures are continually conceived and advanced. This need includes having a general understanding of:

- Body art definitions and terms
- Nuances and variations in terms
- Types of services within body art: tattooing, piercing, cosmetic tattooing (e.g., microblading, semipermanent makeup), scarification, and branding

The greatest share of respondents (48%) indicated training was somewhat needed in this area. Another 39% indicated training was greatly needed (Figure 5). Respondents shared their specific training needs for this category including information on:

- Piercing terms as there are many types of piercings, such as subdermal implantations
- New terms in the field
- Less common terms such as scarification, branding, or body modifications (e.g., tongue-splitting)

Figure 5. Training Needs for Body Art Definitions and Terms



Licensing and Required Documents

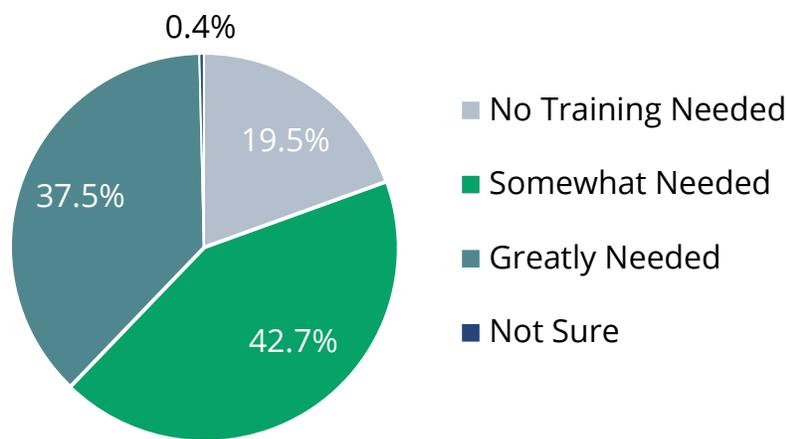
According to the BAMC, the area of licensing and required documents entails understanding and observing:

- A valid license(s) posted
- Plan review, extensive remodel, change of ownership processes
- Employee records are complete and contain required information
- Types of licenses (e.g., fixed body art establishment, temporary body art establishment, mobile body art establishment, etc.)

Of the respondents, 43% said training on licensing and required documents was somewhat needed and 37% said it was greatly needed. Slightly <20% indicated there was no training needed (Figure 6).

Respondents commented they want information on the licensing required for different facility types, especially for mobile or temporary establishments. One respondent commented that body artists who work out of their home or are mobile may have less awareness about licensing. Several respondents stated they understand most of what is required in this area but have no practical experience and another explained that one person in their department is knowledgeable but does not have the time to train the rest of the staff. A key challenge mentioned is that the licensing process varies by municipality or jurisdiction.

Figure 6. Training Needs for Licensing and Required Documents



Recordkeeping Requirements

As part of a body art facility inspection, the BAMC recommends inspectors have knowledge about the records required on-site for a body art establishment. These include:

- Employee files
- Facility information
- Equipment maintenance records
- Safety data sheets
- Material certificates
- Client records and consent forms
- Department regulations
- Spore test results

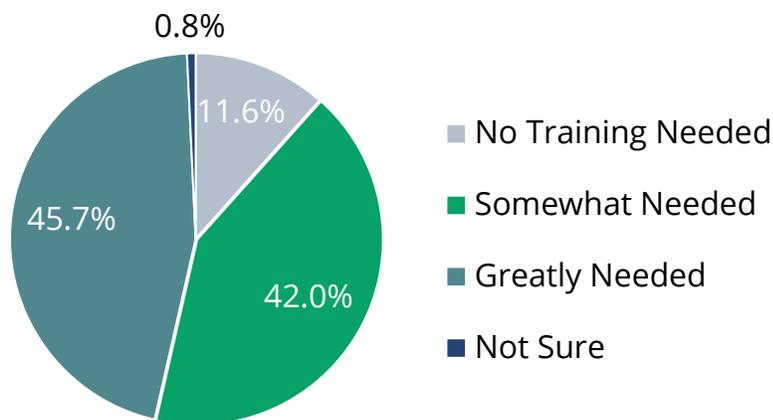
- Contract for sharps disposal and infectious or biomedical waste disposal
- Copies of reports for all adverse events that occurred at the facility
- Description of all instruments purchased presterilized and used for any and all body art procedures

Responses showed a need for training on recordkeeping. Of the respondents, 46% indicated a great need for training and 42% indicated training was somewhat needed (Figure 7). Specific needs identified from respondents related to records include:

- How to store records securely and records access
- Information on what records are kept and for how long
- Information on lot numbers
- How to match jewelry to material certificates
- Names and descriptions of instruments used and what they are used for
- Clarification regarding the maintenance of confidential electronic files and Health Insurance Portability and Accountability Act (HIPAA) compliance
- Guidance for instruments purchased from other countries
- Recordkeeping for spore testing
- Contracts for things like sharps and biomedical waste disposal

One person stated, "If you don't know what the requirements are for specific records, then you can't do an effective inspection. And recordkeeping for things like spore testing goes far beyond how often do you do a spore test on your autoclave."

Figure 7. Training Needs for Recordkeeping Requirements



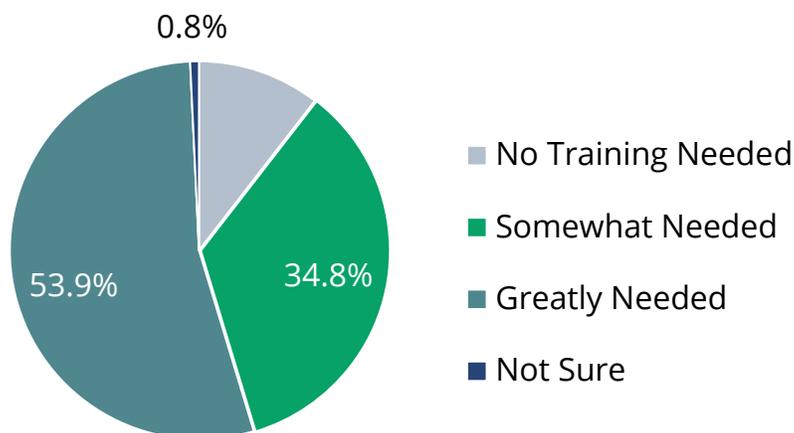
Exposure Control Plan and Infectious or Biomedical Waste Disposal

As explained in the BAMC, an exposure control plan includes the processes and procedures that must be followed to prevent accidents and eliminate or minimize occupational exposure to blood or other body fluids, as well as other safety measures. An infectious or biomedical waste management plan includes procedures for handling biomedical waste and decontaminating biomedical waste spills.

Over one half the respondents (54%) indicated a great need for training on the exposure control plan and a plan for infectious or biomedical waste disposal. In addition, 35% said training was somewhat needed in this area (Figure 8). Suggestions from respondents to focus the training content for this area include:

- Discuss the difference between the two plans
- Detail the proper handling of hazardous waste
- Explore how to gain buy-in from facilities and shops to develop an exposure control plan
- Provide templates with a breakdown of items that should be included for each plan

Figure 8. Training Needs for Exposure Control Plan and Infectious or Biomedical Waste Management Plan



Client Informed Consent and Other Forms

The BAMC states informed consent forms should include risk information, client information, explanation of the healing process, and an informed consent statement. Included in the “other forms” category are the records of body art procedures administered. These forms should contain date, time, description of procedure, body artist name, and identification of sterilized equipment. Also included in “other forms” are documentation of adverse events such as injury or complaint of injury, infections that

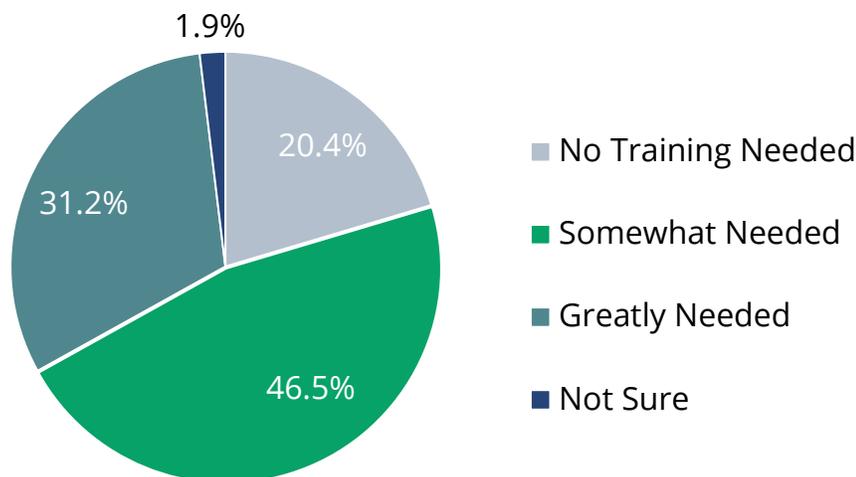
required treatment by a licensed medical practitioner, or any notifiable diseases reported by the body artist to the department and MedWatch (MedWatch is the Safety Information and Adverse Event Reporting Program of the Food and Drug Administration [FDA]). Lastly, after-care instructions must be provided to the customer and should include a description of the signs of infection reaction, expected duration of healing, and proper care of the procedure site.

The degree to which respondents indicated a need for training on forms was slightly less strong than for other categories. A total of 47% said training was somewhat needed compared to 31% who thought training was greatly needed (Figure 9).

The needs of respondents in this area include:

- A template for consent forms
- Clarity and guidance on the types of medical questions required on customer consent forms
- Standard, medically reviewed after-care instructions
- Basic guidance on what to do when a client is having an adverse reaction
- Clarity on liability if there is an error
- Specific information to include on an informed consent form regarding risk information related to injecting ink into the skin and long-term effects

Figure 9. Training Needs for Client Informed Consent and Other Forms



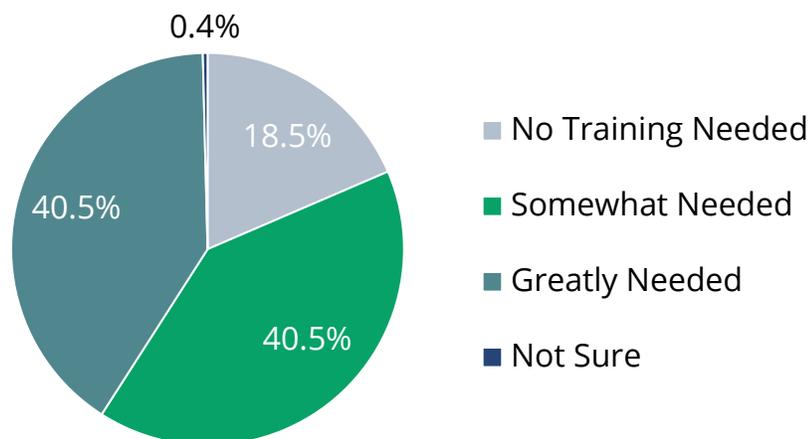
Requirements for the Premises

There are many general guidelines in the BAMC regarding the physical requirements for a body art facility. These include:

- Physical space requirements for rooms, common areas, restrooms, etc.
- Free of animals (except service animals and aquarium) and pests
- Reusable instrument and supply equipment requirements (e.g., separate sterilization room, ultrasonic, autoclave)
- Storage and proper labeling of sharps and biomedical waste
- Storage for clean and sterilized instruments
- Water supply and wastewater disposal regulations

Respondents agreed training on the physical premise requirements of a body art facility was needed but were divided on the extent of need. Of the respondents, 41% noted training was somewhat needed and 41% said it was greatly needed. Slightly less than 20% said no training was needed in this area (Figure 10). Information on the sterilization room or area, exposed brick walls, and tips for what to look for were specific training needs shared by respondents.

Figure 10. Training Needs on Requirements for the Premises



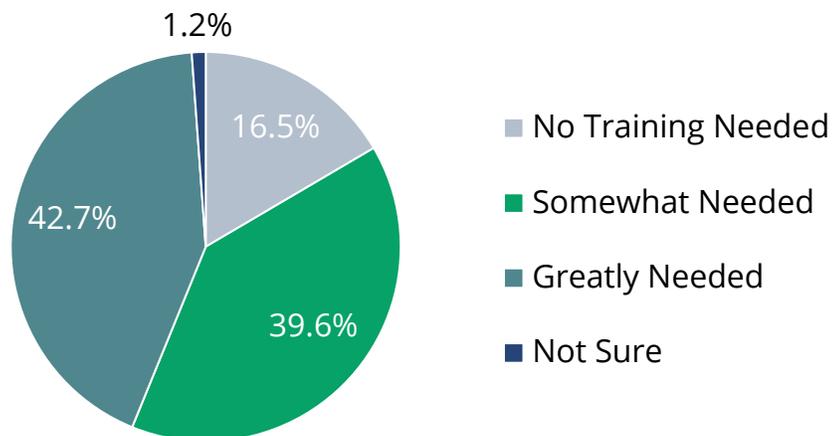
Procedure Areas

As outlined in the BAMC, general requirements for the procedure areas include that procedure areas are separated; surfaces meet material requirements and are cleaned and disinfected properly; and all instruments and materials are stored, used, cleaned, and

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

Of the respondents, 43% indicated there was a great need for training on procedure areas and 40% indicated it was somewhat needed (Figure 11). Several individuals noted they want more information on autoclaves.

Figure 11. Training Needs for Procedure Areas

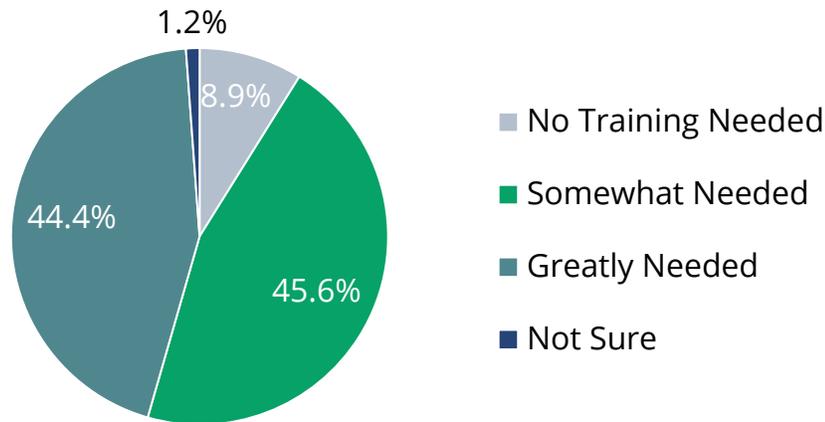


Procedure Set Up and Break Down

The BAMC states that basic procedures for set up protocol include proper handwashing; wearing single-use gloves; barriers, drapes, lap cloths, and aprons are changed between each client; sterilized instruments remain in sterile packaging until opened in front of client; materials for the procedure are portioned out using aseptic technique; etc. Break down procedures include safe disposal of substances, materials, and disposable instruments into proper waste containers; use of approved disinfectant and single-use paper towels to wipe all exposed surfaces in the procedure area; etc.

Respondents agreed training on the procedure set up and break down was needed but were divided on the extent of need. A total of 44% said training was greatly needed and 46% said it was somewhat needed (Figure 12). Specifically, training is needed on how to avoid cross-contamination and reviewing procedures for aseptic techniques.

Figure 12. Training Needs for Procedure Set Up and Break Down

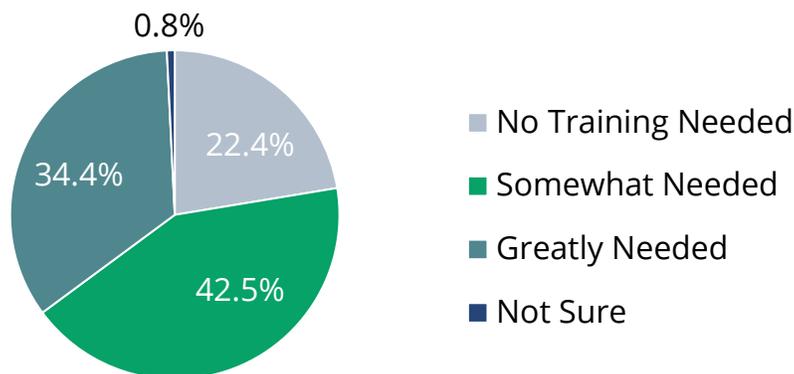


Preparation and Care of the Procedure Site

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, products to stop blood flow must be sterile, single-use, and disposed of immediately after use in appropriate containers.

Of the respondents, 42% felt training on the preparation and care of the procedure site was somewhat needed. Slightly over one third (34%) of the respondents felt it was greatly needed (Figure 13). Respondents specifically want to learn how skin is cared for after a procedure and what products can be used for skin preparation.

Figure 13. Training Needs for Preparation and Care of the Procedure Site

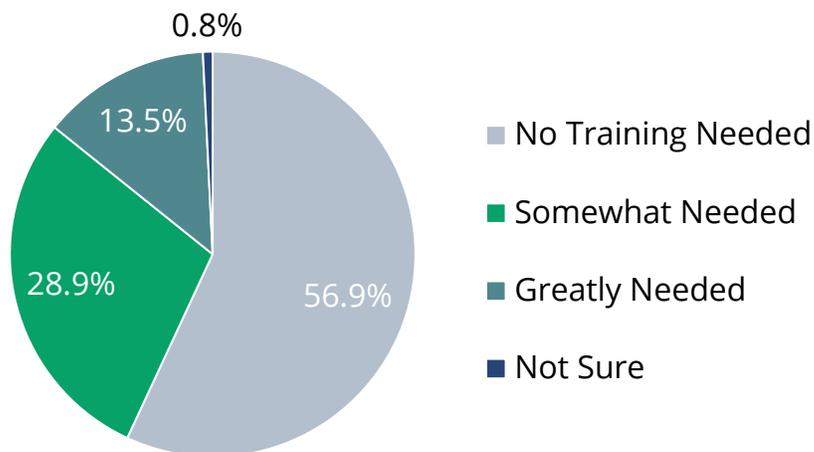


Handwashing Procedures

The BAMC states that body artists must have unobstructed access to a handwashing sink supplied with soap and single-use paper towels. Handwashing should be conducted at required times, including before and after procedures and when gloves are removed or torn.

There was less of a training need for handwashing. Over one half of the respondents (57%) expressed that no training was needed (Figure 14). Respondents explained this requirement is the same in food establishments and as a trained inspector, this information is straight-forward and common. A few challenges, however, were identified, including the issue of body artists using hand sanitizer as a substitute for handwashing.

Figure 14. Training Needs for Handwashing Procedures



Sanitation and Sterilization

Sanitation and sterilization procedures, as detailed in the BAMC, are a comprehensive component of a body art facility inspection. At a high level, these procedures state that:

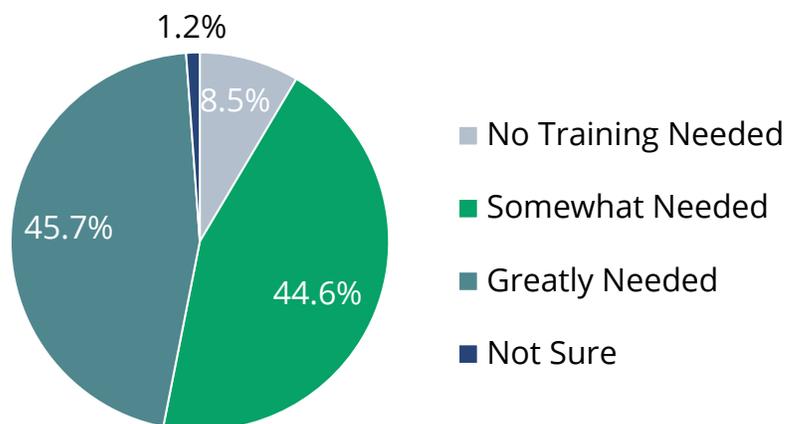
- All reusable instruments must be cleaned and sterilized after each use
- An ultrasonic machine or high-heat pressurized water instrument cleaner is used for cleaning reusable instruments
- Items are properly cleaned, dried, and packaged for sterilization
- Sterilization packaging contains indicator strips
- Sterilizers and ultrasonic cleaners meet standards

- Surfaces must be cleaned and then disinfected with U.S. Environmental Protection Agency (U.S. EPA)-registered tuberculocidal disinfectant prior to and after the procedure
- Clean and sterile instruments are stored in a manner that prevents contamination
- Compromised or expired sterilized items are reprocessed
- Spore test results, autoclave and sterilization equipment procedures, and sterilization records are available

Overall, respondents agree that training is needed on sanitation and sterilization. Approximately 46% of respondents indicated a great need for training and 45% indicated training was somewhat needed on this topic (Figure 15). One person stated, “In my experience, the cleaning and sterilization of reusable instruments is the most difficult and complex thing to learn about body art. There is a lot that goes into it and spending a week or two studying and going on inspections is not enough to fully understand the extent of what you need to know to be an effective body art inspector.” Respondents suggested the following aspects of sanitation and sterilization should be included in a training:

- A video of how to inspect an autoclave
- Standards for autoclaves and ultrasonic units
- Review examples of acceptable disinfectants
- List U.S. EPA-registered tuberculocidal disinfectants with contact times
- Guidance on wrapped instruments
- Aseptic techniques
- Standards for handling used equipment (e.g., clean washed hand or gloved hand only)

Figure 15. Training Needs for Sanitation and Sterilization

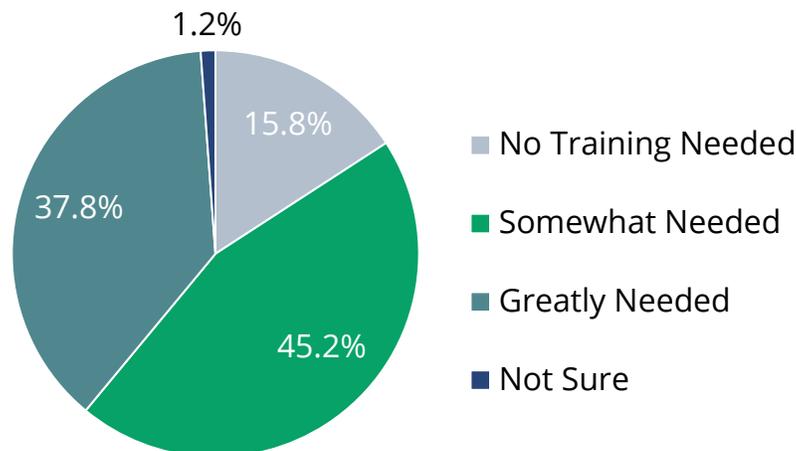


Biomedical Waste

Biomedical waste needs to be handled and disposed of appropriately. As explained in the BAMC, there should be a written operating plan for infectious or 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. Sharps containers must meet recommended requirements and be properly located in the procedure room. Biomedical waste needs to be properly labeled and accurate records maintained.

Generally, respondents agreed training is needed on the proper handling and disposal of biomedical waste. Of the respondents, 45% said it was somewhat needed and 38% said it was greatly needed (Figure 16). One respondent commented that they get common questions about how to dispose of biomedical waste. A few respondents said their state does not have regulations for the handling and disposal of biomedical waste, so guidelines or national standards are needed.

Figure 16. Training Needs for Biomedical Waste



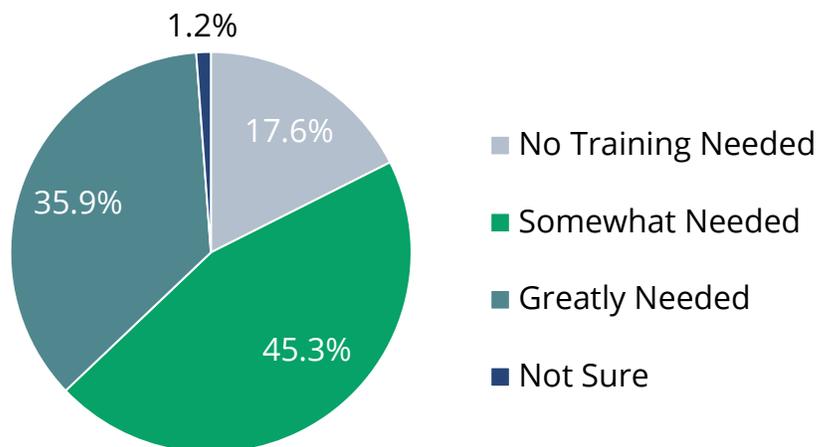
Professional Standards and Requirements for Practitioners

General requirements for body artists in the BAMC include:

- Body artist must be 18 years old
- Body artist must maintain hair, skin, and clothes, and have no open wounds
- Body artist must complete required trainings (e.g., OSHA bloodborne pathogens, CPR/first aid) and have received a hepatitis B vaccination
- Body artist must follow standard procedures of practice

Most respondents agreed that training on the professional standards and requirements for practitioners is needed. More respondents, however, indicated training on the topic 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



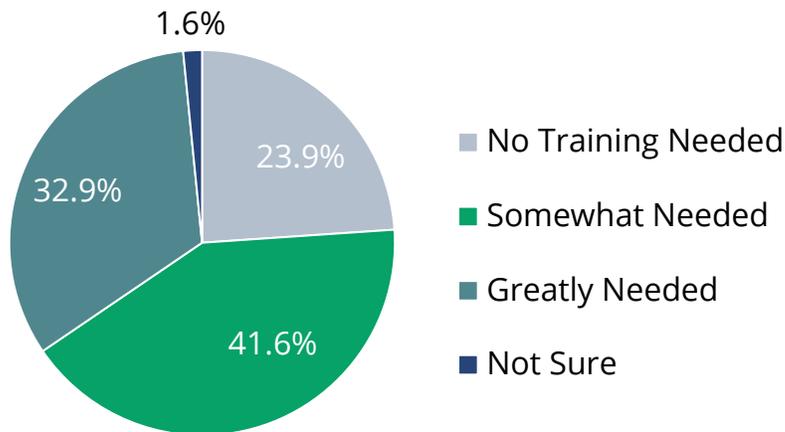
Body Art Prohibitions

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

- 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
- 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
- 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.

Figure 18. Training Needs for Body Art Prohibitions



Specific Considerations for Procedures

Body art procedures vary widely. Certain procedures have specific requirements and guidelines that an inspector needs to have awareness and understanding. The following procedures highlighted in the BAMC illustrate some of the nuances.

Piercing

- Limits to using ear piercing guns
- Only sterilized jewelry that meets standards will be used
- Receipts and material certificate retained for required length of time

Tattooing

- All inks must be specifically manufactured for performing body art procedures
- Only distilled water or sterile water dispensed from an unopened, single-use container may be used for the mixing of inks

Cosmetic Tattooing

- Once the needle grouping (blade) is attached to the handpiece it cannot be removed and must be fully disposed of into a sharps container

Branding

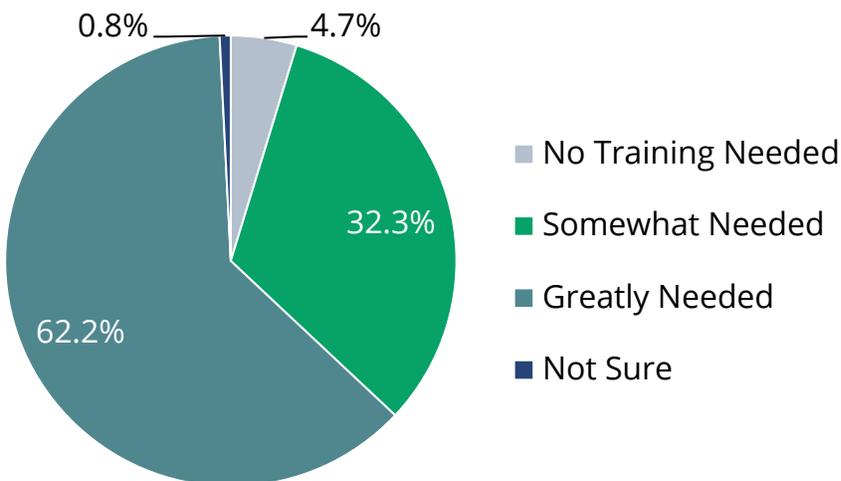
- Room must have walls that extended to the ceiling, a closable door, and be equipped with an ultraviolet air purifier
- All persons present must wear a mask rated as N-95 or higher
- Must use the process of "strike branding" or use a thermal cautery unit (TCU) and nongalvanized metal

Scarification

- Client must be 18 years old
- Body artist must wear sterile gloves and disposable sleeves
- Room must have walls that extended to the ceiling, a closable door, and be equipped with an ultraviolet air purifier

The majority of respondents (62%) indicated a great need for training on the specific considerations for procedures. An additional 32% indicated it was somewhat needed (Figure 19).. For some respondents, branding and scarification are not allowed in their jurisdictions but many were interested in learning more, especially since the body art field is constantly changing with new trends and procedures.

Figure 19. Training Needs for Specific Considerations for Procedures



Jewelry Standards

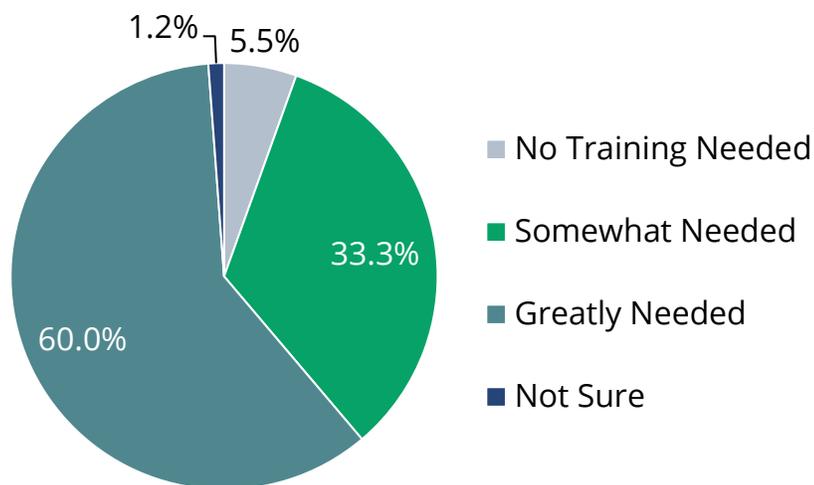
Comprehensive jewelry standards set forth in the BAMC cover a variety of jewelry topics. Generally, jewelry must meet certain specifications and jewelry receipts must be properly maintained. Examples of specific requirements include:

- Any and all materials meet ASTM and/or ISO standards for implantation (steel, unalloyed titanium, alloyed titanium, polymer or plastic material)
- Solid 14 karat or higher gold is nickel-free and cadmium-free
- Solid unalloyed or alloyed platinum is nickel-free and cadmium-free
- All threaded or press-fit jewelry must have internal tapping
- Metals must have a consistent mirror finish on surfaces that frequently come in contact with tissue

- 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
- 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

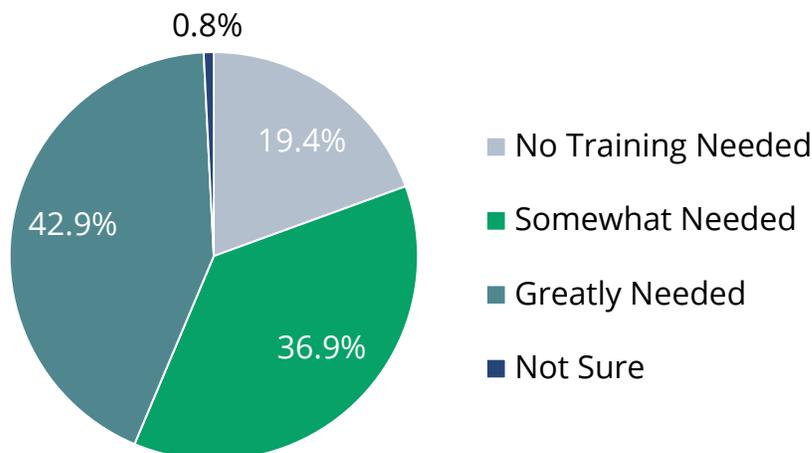
The BAMC guidelines for the body art facility inspections and assigning penalties for violations include:

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

- If at any time the department has reasonable cause to suspect that public health might be at risk, it can place limitations on the license of a body art facility or artist
- Licenses can be suspended temporarily for failure of the license holder to comply with the requirements of the code
- For repeat violations or repeat critical violations of any of the requirements of the code or for interference with department personnel in the performance of their duties, a license can be permanently revoked after a hearing
- The department will have the authority to levy citations and/or fines against a body art establishment and/or body artist for repeat, noncritical, or critical violations

In general, most respondents agreed training is needed on inspections and penalties for violations. A total of 43% felt training was greatly needed and 37% stated it is somewhat needed (Figure 21). Respondents mentioned it would be helpful to hear from other jurisdictions about enforcement scenarios, how fines and violations are categorized and processed, and what is considered a critical violation.

Figure 21. Training Needs for Inspection and Penalties for Violations



Professional Skills

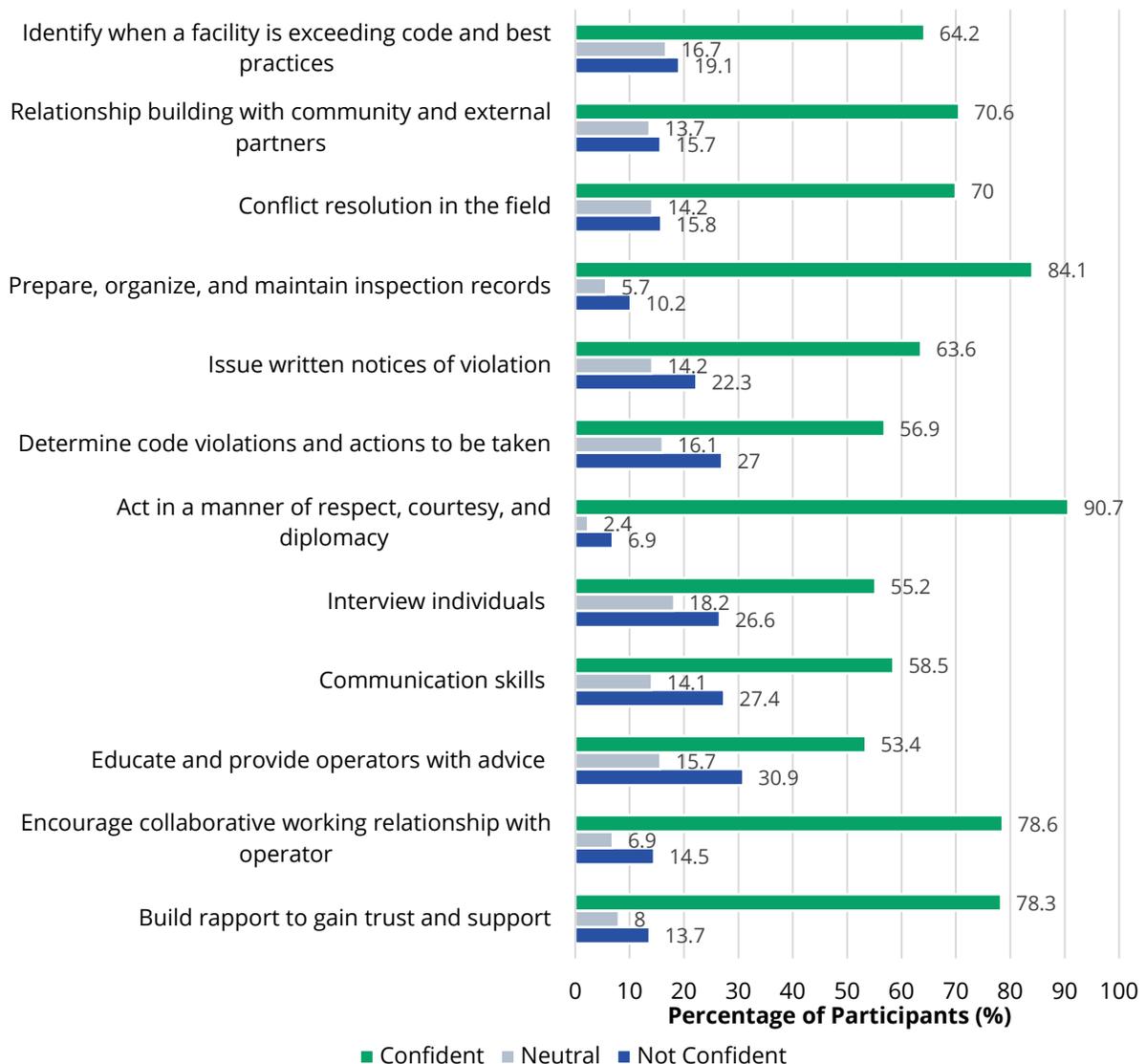
In addition to training needs specific to a body art facility inspection, the survey asked respondents to rate their confidence related to general professional skills.

Generally, respondents felt confident in their professional skills. The skill rated with the highest confidence (91% confident or very confident) was acting in a manner of respect, courtesy, and diplomacy. This skill was followed by high confidence in preparing, organizing, and maintaining inspection records (84% confident or very confident). Also

rated with high confidence was the ability to encourage a collaborative working relationship with the operator (79% 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) and interviewing individuals to determine the nature of suspected violations and to obtain evidence (55% confident or very confident). Other skills rated at a lower confidence were determining the nature of code violations and actions to be taken (57% confident or very confident) and communication skills including explaining clearly and concisely the code and its benefit to the business (58% confident or very confident; Figure 22).

Figure 22. Confidence of Respondents in Their Professional Skills



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, especially to those who presently do not regulate or have a standardized scope for body art inspection programs. Other recommendations include:

- Printed body art code books
- Videos of how body artists set up and break down for different procedures, video of a full inspection, video or pictures of equipment and chemicals specific to body art
- Mock inspection in a real facility
- Mentoring program or shadow experienced inspector
- Training specifically on the autoclave
- Assessment tool with links to standards
- Examples of how to verify some of the BAMC requirements
- Templates for required documents and plans, such as example exposure control plans, informed consent forms, aftercare instructions
- Guidance documents or tip sheets for each inspection area, fact sheets for common violations
- Standardized inspection report with instructions
- Field guide with quick references
- Resources for facility owners such as a pamphlet for the facility with the BAMC requirements or education documents
- Written descriptions of the inspection process
- Example ordinances, inspection sheets, corrective actions, and enforcement tools
- Range of permit fees or examples of cost for service, program budget
- A code-book of violations and how to grade them
- Pictorial representations of inspections steps
- Examples of violations

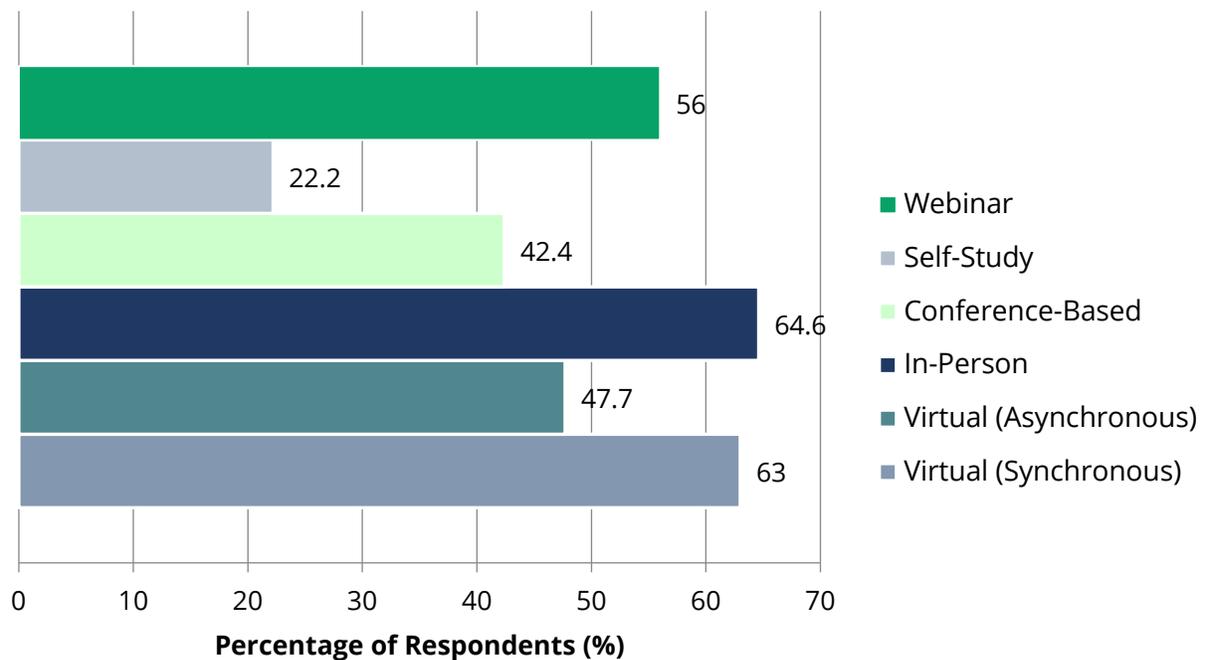
Training Preferences

A series of questions asked respondents about training preferences. Regarding the length of training, the preference of respondents varied. A total of 34% prefer a full-day training and 30% prefer a half-day training. Furthermore, 18% prefer a multiday training and another 18% prefer brief 1–3-hour training. The most common barriers and challenges to attending a training are the associated travel (53%) and expense (46%), and that trainings

are sometimes held at inconvenient times (33%). Comments brought attention to the issue that body art is not a top priority in the same way that food safety is, and there simply is a lack of time or perceived importance when other areas take precedence.

Lastly, respondents were asked about their preferred delivery mode for a training. Respondents could choose more than one option (Figure 21). In general, 65% of the respondents chose in-person, followed by 63% who chose synchronous virtual opportunities (online with a live instructor). Over one half (56%) of the respondents chose webinars. The least selected method was self-study.

Figure 23. Preferred Training Modes of Respondents



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:

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

Component areas identified as a moderate need for training include:

- Biomedical Waste
- Procedure Areas
- Professional Standards and Requirements for Practitioners
- Requirements for the Premises
- Licensing and Required Documents

Component areas identified as a slight need for training include:

- Inspections and Penalties for Violations
- Client Informed Consent and Other Forms
- Preparation and Care of Procedure Site
- Body Art Prohibitions

In addition, the assessment identified training needs related to professional skills to support body art facility inspections. These areas are:

- To educate and provide operators with advice on correctly following laws and safety guidelines
- To interview individuals to determine the nature of suspected violations and to obtain evidence
- To determine the nature of code violations and actions to be taken
- Communication skills including explaining clearly and concisely the code and its benefit to the business

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:

- 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 while others may need only a brief review.
- Instructional design resources should be used to develop resources that respondents recognized as potentially useful, including videos, tip sheets, fact sheets, templates, guidebooks with written steps for an inspection, violation guide, etc.
- Acknowledge the differences in regulations, standards, and guidelines among different jurisdictions.
- Consider a hybrid training program with both in-person and virtual opportunities.
- Build in a community of practice or mentoring component to the training.
- Offer opportunities to shadow an inspector during a body art facility inspection.