UBT446

Enhance appearance using scalp micropigmentation techniques

ASSIGNMENT 7

Health, safety, hygiene, infection prevention and risk management

Student name	
Tutor	
Date issued	
Date completed	

Aim

To demonstrate knowledge of clinically clean SMP practice, infection transmission and control, decontamination, sharps and waste, occupational exposure, COSHH, emergency response and risk management in accordance with UBT446.

Instructions

Complete all sections. Apply current local law, licence conditions, insurer requirements, organisational procedures and manufacturer instructions. Where ITEC wording is retained, a current safety explanation is provided.

Student signature	
Date	

Task 1 - Match the terms with the descriptions

1. Hand hygiene and personal protective equipment

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Hand washing	____
B. Alcohol-based hand rub	____
C. Non-latex examination gloves	____
D. Apron or gown	____
E. Face and eye protection	____
F. Hair covering	____
G. Personal protective equipment (PPE)	____

Descriptions

1. Single-use hand protection worn for exposure-prone tasks and changed when damaged, contaminated or moving between incompatible tasks.

2. Protective clothing used to reduce contamination of work clothing and changed between clients or when contaminated.

3. Risk-assessed equipment or clothing selected to protect practitioner and client from identified hazards.

4. Cleaning hands with running water and liquid soap using an effective technique, required when visibly soiled and after relevant contamination.

5. Protection selected when there is a foreseeable splash, droplet or respiratory exposure risk.

6. A product used on visibly clean, dry hands when appropriate; it does not remove visible soil.

7. A single-use covering used where required to minimise contamination from the practitioner's hair.

Task 1 - Match the terms with the descriptions

2. Clinically clean field and cross-contamination control

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Clinically clean field	____
B. Standard precautions	____
C. Barrier protection	____
D. Clean-to-dirty workflow	____
E. Cross-contamination	____
F. Aseptic non-touch technique	____
G. Barrier-change sequence	____

Descriptions

1. Basic infection-prevention measures applied to every client because infection or exposure risk may not be known.
2. Transfer of microorganisms or contamination between people, hands, gloves, surfaces, equipment or products.
3. Disposable covers placed on the handpiece, cable and high-touch items and renewed for every client.
4. Remove contaminated barriers with gloves, clean and disinfect, remove gloves, perform hand hygiene, apply clean barriers with clean hands, then perform hand hygiene and put on new gloves before treatment.
5. A prepared treatment zone designed to minimise contamination; ITEC states that a fully sterile field is neither possible nor required for SMP.
6. A systematic movement from prepared clean items towards contaminated items without returning to clean supplies with contaminated hands or gloves.
7. A method that avoids touching key parts such as sterile needle components, cup interiors or prepared treatment sites unnecessarily.

Task 1 - Match the terms with the descriptions

3. Microorganisms and infection risks

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Bacteria	____
B. Viruses	____
C. Fungi	____
D. Parasites	____
E. Blood-borne viruses (BBVs)	____
F. Methicillin-resistant Staphylococcus aureus (MRSA)	____
G. Herpes simplex virus (HSV)	____

Descriptions

1. A resistant bacterium that can colonise or infect skin and can spread through contaminated hands, surfaces or equipment.
2. Organisms such as dermatophytes or yeasts that can cause conditions including tinea and must not be treated while active.
3. Microscopic agents that require living host cells to reproduce; some may be transmitted by blood or direct contact.
4. Organisms such as lice or mites that may be transmitted through close contact or contaminated items.
5. Microorganisms that include normal flora and pathogens capable of causing local or systemic infection.
6. HBV, HCV and HIV are key occupational concerns in skin-penetration work; standard precautions and safe sharps practice apply to every client.
7. A virus that may recur and spread by direct contact; active lesions require postponement and appropriate advice.

Task 1 - Match the terms with the descriptions

4. Cleaning, disinfection and sterile single-use items

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Cleaning	____
B. Detergent	____
C. Disinfection	____
D. Disinfectant contact time	____
E. Sterilisation	____
F. Sterile single-use cartridge	____
G. UV cabinet (ITEC wording)	____

Descriptions

1. A validated process that destroys all forms of microbial life, including spores; it is not achieved by routine surface wiping.
2. Physical removal of soil and organic material, normally required before effective disinfection.
3. The period for which the correct dilution must remain in contact or visibly wet according to the product instructions.
4. A cleansing agent used to loosen and remove contamination from a compatible surface.
5. A sealed, intact, in-date skin-penetrating component opened for one client and discarded immediately after use.
6. A process that reduces viable microorganisms on a cleaned compatible surface but does not necessarily destroy bacterial spores.
7. An enclosed unit that may provide clean storage only; ultraviolet storage does not replace validated cleaning, disinfection or sterilisation.

Task 1 - Match the terms with the descriptions

5. Sharps, waste and blood-spill control

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Needle cartridge	____
B. Sharps container	____
C. Immediate disposal	____
D. Waste segregation	____
E. Contaminated treatment waste	____
F. Blood-spill procedure	____
G. Licensed waste arrangements	____

Descriptions

1. Promptly isolate the area, wear appropriate PPE, remove the spill safely, clean and disinfect with an appropriate product and contact time, then dispose of waste and perform hand hygiene according to procedure.

2. A rigid, correctly assembled and labelled container positioned near the point of use and not filled above its marked line.

3. Separation of sharps, contaminated or infectious waste, offensive/hygiene waste and general waste according to assessment and local requirements.

4. A sterile single-use skin-penetrating component that must never be recapped, reused, bent or manually dismantled after use.

5. Placing the complete used sharp directly into the correct container without delay or unnecessary handling.

6. Commercial collection, transfer documentation and disposal through an authorised contractor in accordance with applicable requirements.

7. Swabs, PPE, barriers and other items classified according to contamination, infection risk, local policy and waste law rather than automatically placing everything in one stream.

Task 1 - Match the terms with the descriptions

6. Occupational exposure and incident response

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Needlestick or sharps injury	____
B. Splash to eyes or mouth	____
C. Exposure through broken skin	____
D. Immediate wound care	____
E. Urgent medical assessment	____
F. Incident reporting	____
G. Post-incident review	____

Descriptions

1. Wash with running water and soap without scrubbing or sucking, dry and cover with a waterproof dressing.
2. A puncture or cut from a used or potentially contaminated sharp that may expose the practitioner to BBVs.
3. Prompt occupational-health, emergency or other appropriate clinical assessment because time-sensitive prophylaxis may be considered.
4. Contact of blood or body fluid with cuts, dermatitis or another break in the skin barrier.
5. Document and notify the event immediately in line with organisational and legal requirements.
6. Irrigate promptly with plenty of water, without swallowing, and obtain appropriate urgent advice.
7. Reassess the cause, risk assessment, equipment, training and controls after the immediate response.

Task 1 - Match the terms with the descriptions

7. COSHH, products and traceability

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. COSHH assessment	____
B. Safety Data Sheet (SDS)	____
C. Manufacturer instructions	____
D. Expiry date	____
E. Batch or lot number	____
F. Safe pigment dispensing	____
G. Safe storage	____

Descriptions

1. A supplier document describing chemical hazards, handling, first aid, storage and disposal; it informs but does not replace a workplace risk assessment.
2. A code enabling a product to be linked to a production lot for treatment records, investigation or recall.
3. Use a clean field, single-use cups and a sterile single-use transfer device for each bottle; prevent bottle-tip contact and never re-enter a bottle with a used device.
4. A workplace-specific evaluation of hazardous substances, exposure routes and required controls.
5. Conditions such as temperature, light, closure, segregation and access that preserve safety and product integrity.
6. The date after which an item must not be used; also follow any period-after-opening or discard instruction.
7. Authoritative directions for preparation, dilution, compatibility, contact time, maintenance, use and disposal.

Task 1 - Match the terms with the descriptions

8. Risk, environment and sustainable practice

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Hazard	____
B. Risk	____
C. Risk assessment	____
D. Hierarchy of controls	____
E. Electrical and trip safety	____
F. Ventilation and temperature	____
G. Sustainable working practice	____

Descriptions

1. A structured process to identify who may be harmed, evaluate likelihood and severity, select controls, record findings and review change.

2. The chance and potential consequence of harm arising from a hazard.

3. Something with the potential to cause injury, infection, ill health, damage or environmental harm.

4. Reduce waste and unnecessary energy use, choose responsible sourcing/packaging where safe, record product use and never compromise single-use or infection-control requirements.

5. Prioritise elimination and safer substitution before engineering, administrative and PPE controls where reasonably practicable.

6. Maintain adequate air quality and a comfortable safe treatment environment in accordance with workplace requirements.

7. Inspect equipment, remove faulty items from service, route cables safely and keep electrical items away from spills or inappropriate extension use.

Task 1 - Match the terms with the descriptions

9. Emergency, first aid and organisational controls

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Emergency procedure	____
B. First-aid provision	____
C. Fire safety	____
D. Evacuation route	____
E. Accident or incident record	____
F. Stop treatment	____
G. Review and training	____

Descriptions

1. A clearly identified unobstructed route used to leave the premises safely.
2. Suitable trained arrangements, supplies and access to immediate basic care; first aid does not replace emergency services.
3. Immediate cessation when continuing would expose the client, practitioner or another person to uncontrolled risk.
4. A documented response for foreseeable urgent events, including roles, communication, escalation and emergency contact arrangements.
5. Recorded details of injury, exposure, near miss or adverse event in line with confidentiality and reporting requirements.
6. Prevention controls, alarm and extinguisher arrangements where appropriate, safe evacuation and assembly procedures.
7. Competence, drills, policy updates and reassessment after change, near miss, incident or evidence that controls may be ineffective.

Task 2 - Answer the questions

Health, safety, hygiene, infection prevention and risk management

1. Explain effective hand hygiene and risk-based PPE selection. State when gloves must be changed and why gloves do not replace hand hygiene.

2. Describe how to prepare and maintain a clinically clean field using a clean-to-dirty workflow, aseptic non-touch technique and the correct barrier-change sequence.

3. Explain the chain of infection and how SMP controls can break transmission. Include bacteria, viruses, fungi, parasites, BBVs, MRSA and herpes simplex.

Task 2 - Answer the questions

Health, safety, hygiene, infection prevention and risk management

4. Distinguish cleaning, disinfection and sterilisation. Explain the correct role of sterile single-use cartridges and why a UV cabinet must not be presented as a steriliser.

5. Describe safe handling of needle cartridges, sharps and treatment waste, including container placement, fill line, segregation and licensed collection.

6. Describe the procedure for a blood/body-fluid spill and the immediate response to a needlestick, splash or broken-skin exposure.

Task 2 - Answer the questions

Health, safety, hygiene, infection prevention and risk management

7. Explain COSHH assessment, the role and limitation of an SDS, product labelling, dilution, contact time, safe storage and staff training.

8. Describe safe preparation and dispensing of pigment, diluent and other products without contaminating the original container. Include traceability records.

9. Define hazard, risk, likelihood, severity and risk assessment. Explain the hierarchy of controls and when an assessment must be reviewed.

Task 2 - Answer the questions

Health, safety, hygiene, infection prevention and risk management

10. Identify environmental, ergonomic, electrical, fire, ventilation and trip hazards in an SMP treatment room and explain suitable controls.

11. Explain how sustainable working can be incorporated without compromising sterile single-use equipment, PPE, barriers or legally required waste controls.

12. Describe emergency planning, first-aid arrangements, stopping treatment, incident/near-miss reporting, post-incident review and staff training.

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

1. When is hand washing with soap and running water required?
A. When hands are visibly soiled or the procedure indicates washing
B. Only at the end of the week
C. Only when gloves tear
D. Never if hand rub is available
Answer: _____

2. When may alcohol-based hand rub be used?
A. To remove visible blood
B. On visibly clean, dry hands when appropriate
C. On wet hands over soap
D. Instead of every required hand wash
Answer: _____

3. When must gloves be changed?
A. Only after the last client
B. Only when the client requests it
C. Between incompatible tasks and whenever torn or contaminated
D. Never during a procedure
Answer: _____

4. Which statement about gloves is correct?
A. They make hand hygiene unnecessary
B. They may touch every clean drawer
C. They can be washed and reused
D. They do not replace hand hygiene
Answer: _____

5. How should PPE be selected?
A. By the task, hazard and foreseeable exposure route
B. By pigment colour
C. By treatment price
D. By client hair length
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

6. What is a clinically clean field?
A. A fully sterile operating theatre
B. A prepared zone designed to minimise contamination
C. Any empty table
D. A storage cupboard
Answer: _____

7. Why are standard precautions used for every client?
A. Only diagnosed infection is transmissible
B. Consent removes infection risk
C. Exposure risk or infection status may not be known
D. They are optional for cosmetic work
Answer: _____

8. What is cross-contamination?
A. Normal pigment settling
B. A healed colour shift
C. Hair shedding
D. Transfer of microorganisms or material between people, surfaces, products or equipment
Answer: _____

9. Which action protects clean supplies?
A. Remove contaminated gloves and perform hand hygiene before opening drawers
B. Open drawers with treatment gloves
C. Place used cartridges beside supplies
D. Reuse a barrier if it looks clean
Answer: _____

10. What should happen after contaminated barriers are removed?
A. Fit new barriers over dirty surfaces
B. Clean and disinfect, remove gloves, perform hand hygiene and apply fresh barriers cleanly
C. Keep the same gloves
D. Skip surface processing
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

11. What does aseptic non-touch technique protect?
A. Only the floor
B. Only the client's hair
C. Key parts and prepared sites from unnecessary contact
D. Only paperwork
Answer: _____

12. Which group contains the main blood-borne viruses of concern?
A. Influenza, measles and mumps
B. Ringworm, lice and scabies
C. MRSA, tetanus and thrush
D. Hepatitis B, hepatitis C and HIV
Answer: _____

13. What is MRSA?
A. A strain of Staphylococcus aureus resistant to certain antibiotics
B. A fungal pigment reaction
C. A type of steriliser
D. A hair-loss scale
Answer: _____

14. What is appropriate for active herpes simplex lesions near the treatment area?
A. Treat through the lesion
B. Postpone and obtain appropriate advice
C. Cover it with pigment
D. Use the same setup and proceed
Answer: _____

15. What is cleaning?
A. Guaranteed destruction of spores
B. Storage in a UV cabinet
C. Physical removal of soil and organic material
D. Application of pigment
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

16. Why is cleaning normally performed before disinfection?
A. It changes pigment tone
B. It sterilises the surface
C. It replaces contact time
D. Organic soil can interfere with effective disinfection
Answer: _____

17. What is disinfection?
A. Reduction of viable microorganisms on a suitable cleaned surface
B. Guaranteed destruction of every spore
C. Hand washing only
D. Sterilisation of living skin
Answer: _____

18. What is sterilisation?
A. Wiping with detergent
B. A validated process destroying all forms of microbial life including spores
C. UV storage
D. Using hand sanitiser
Answer: _____

19. What is the correct role of a UV cabinet in this context?
A. Sterilising used cartridges
B. Replacing cleaning
C. Clean storage only; it must not be relied on as a steriliser
D. Disinfecting the client's scalp
Answer: _____

20. What must be checked before opening a needle cartridge?
A. Only the colour of the box
B. Only the price
C. Whether it was used once before
D. Sterile sealed packaging, integrity, expiry and correct specification
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

21. How should a used cartridge be handled?
A. Discard it immediately without recapping, bending or dismantling
B. Wipe and reuse it
C. Leave it on the trolley
D. Return it to its wrapper
Answer: _____

22. Where should the sharps container be positioned?
A. On the floor behind the practitioner
B. Securely near the point of use and away from client reach
C. In another locked building
D. Beside clean pigment cups
Answer: _____

23. What should happen at the sharps-container fill line?
A. Compress the contents
B. Push items down by hand
C. Close and replace the container according to procedure
D. Continue until the lid will not close
Answer: _____

24. What is waste segregation?
A. Putting every item into clinical waste
B. Mixing sharps with general waste
C. Cleaning waste for reuse
D. Separating waste into the correct streams at the point of use
Answer: _____

25. What is the first priority for a blood spill?
A. Restrict access and follow the documented spill procedure with appropriate PPE
B. Walk through it to obtain supplies
C. Cover it and continue treatment
D. Spray chemicals without cleaning
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

26. What is correct after a needlestick injury?
A. Suck the wound
B. Wash with running water and soap without scrubbing or sucking
C. Scrub with concentrated disinfectant
D. Continue treatment before reporting
Answer: _____

27. What is correct after blood splashes into the eye?
A. Use surface disinfectant
B. Rub the eye vigorously
C. Irrigate promptly with plenty of water and seek urgent advice
D. Wait until the end of the day
Answer: _____

28. Why is urgent medical assessment required after significant exposure?
A. To select pigment
B. To avoid documenting the event
C. To diagnose the source client yourself
D. Time-sensitive assessment and prophylaxis may be needed
Answer: _____

29. What should follow immediate incident care?
A. Reporting, documentation and review of the risk controls
B. Deleting all records
C. Continuing unchanged
D. Posting client details publicly
Answer: _____

30. What is a COSHH assessment?
A. A collection of product adverts
B. A workplace-specific assessment of hazardous substances and controls
C. An SDS copied without review
D. A pigment colour chart
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

31. Does an SDS replace a COSHH assessment?
A. Yes, in every workplace
B. Yes, if it is one page
C. No; it supplies information used within the assessment
D. Yes, for disinfectants only
Answer: _____

32. Why must disinfectant dilution and contact time be followed?
A. They determine hairline style
B. They replace prior cleaning
C. They are optional if gloves are worn
D. Incorrect use may make the process ineffective or unsafe
Answer: _____

33. Which pigment-dispensing method is safest?
A. Use single-use cups and a new sterile transfer device without contaminating the bottle
B. Touch the bottle tip to the used cup
C. Reuse one syringe across bottles
D. Return unused pigment to the bottle
Answer: _____

34. Why are batch numbers recorded?
A. To calculate hair density
B. To support traceability, investigation and recall
C. To replace consent
D. To determine Fitzpatrick type
Answer: _____

35. What is a hazard?
A. The chance of harm only
B. A completed treatment
C. Something with the potential to cause harm
D. A batch number
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

36. What is risk?
A. Any product label
B. A hazard removed completely
C. A client signature
D. The likelihood and potential consequence of harm
Answer: _____

37. What does the hierarchy of controls prioritise?
A. Elimination or safer substitution before relying on PPE
B. PPE as the only control
C. Client consent before safety
D. Working faster
Answer: _____

38. When must a risk assessment be reviewed?
A. Never once signed
B. After relevant change, incident, near miss or evidence that controls may fail
C. Only every ten years
D. Only when pigment changes colour
Answer: _____

39. What should happen to faulty electrical equipment?
A. Continue at lower speed
B. Repair live equipment during treatment
C. Stop using it, isolate it and arrange competent assessment or repair
D. Ask the client to hold the cable
Answer: _____

40. Which action controls a trailing-cable hazard?
A. Cover it with clinical waste
B. Place it across the exit
C. Ignore it if the room is small
D. Route and secure the cable away from walkways
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

41. Why are ventilation and temperature relevant?
A. They support a safe, comfortable and fit-for-purpose working environment
B. They sterilise cartridges
C. They replace PPE
D. They determine pigment batch
Answer: _____

42. Which sustainable action is safe?
A. Reuse needle cartridges
B. Use stock rotation and accurate dispensing to reduce avoidable product waste
C. Omit required barriers
D. Mix contaminated and general waste
Answer: _____

43. Can sustainability justify reusing a single-use cartridge?
A. Yes, after wiping
B. Yes, for the same colour
C. No; infection prevention and product instructions take priority
D. Yes, if the client agrees
Answer: _____

44. Why are emergency procedures required?
A. To replace risk assessment
B. To select pigment
C. To advertise the business
D. To provide a planned response to foreseeable urgent events
Answer: _____

45. What is the role of first aid?
A. Immediate basic care while further help is obtained when needed
B. Diagnosis of every condition
C. Replacement of emergency services
D. Cosmetic aftercare only
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

46. When should treatment be stopped?
A. Only after all pigment is used
B. When continuing would expose anyone to unacceptable uncontrolled risk
C. Never after consent
D. Only when the machine battery ends
Answer: _____

47. Why should near misses be reported?
A. They prove no risk existed
B. They replace staff training
C. They reveal hazards and allow controls to improve before harm occurs
D. They are only marketing information
Answer: _____

48. What should be included in fire arrangements?
A. Only pigment storage
B. Only a client signature
C. Only opening a window
D. Prevention, alarm response, clear exits, evacuation and assembly
Answer: _____

49. Which practice best protects the original pigment bottle?
A. Prevent bottle-tip contact and never re-enter with a used transfer device
B. Dip a used needle into it
C. Return unused cup pigment
D. Share a transfer syringe between clients
Answer: _____

50. What is the safest overall infection-prevention principle?
A. Rely on gloves alone
B. Apply connected controls consistently from setup through decontamination and waste disposal
C. Act only when blood is visible
D. Use disinfectant without cleaning
Answer: _____