

RE-OPENING CHECKLIST FOR BODY ART FACILITY

Facility Name: _____ PR#: _____

Facility Address: _____

Businesses shall select applicable measures listed below and be prepared to explain why any measure that is not implemented is inapplicable to the business. All employees MUST be trained on this protocol.

A. Site-Specific Protection Plan

- Submit a [Site-Specific Protection Plan \(SPP\)](#).

B. Employee Training:

- Information related to COVID-19 from the Centers of Disease Control and Prevention (CDC), including:
- Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
 - Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

C. Signage:

- Post signage at each public entrance of the facility to inform employees and customers that they must not enter the facility if they or a family member are sick with COVID-19 symptoms such as: fever, dry cough, shortness of breath or difficulty breathing, etc.
- Signage regarding the **Social/Physical Distancing Protocol** at the facility. Signage warns customers that masks or face coverings are required because social/physical distancing is not possible.

D. Measures to Protect Health:

- Employees who are ill with symptoms of COVID-19, have a positive test result for COVID-19, live with or have close contact with someone who is sick or has a positive test result for COVID-19 shall remain home and not come to work. See [CDC guidance on staying home and when it is safe to return to work](#).
- Monitor employee and practitioner health at the beginning of each shift (fever, dry cough, shortness of breath or difficulty breathing, etc.) Sick employees with symptoms associated with COVID-19 should be evaluated for testing by their doctor or urgent care but must not enter the facility.
- Establish a customer self-certification checklist that certifies they are free of COVID-19 related symptoms before having a procedure performed. Consider also asking the customer to take their temperature prior to the procedure to ensure they do not have a fever. **NOTE: Revise facility's Consent Form and Medical Questionnaire Form to address changes due to COVID-19.**
- Both practitioners and customers must wear masks or face coverings because physical distancing is not feasible during each procedure.
- Ensure that the EPA registered disinfectant in use is effective against Sars-CoV-2. Disinfectants and related cleaning supplies are available at the following location(s): _____
- Ensure break rooms, bathrooms, and other common areas are being disinfected frequently or after each use. Provide and maintain cleaning schedule on-site:
- Breakrooms: _____
- Bathrooms: _____
- Other (specify area and frequency): _____
- Sanitizers or EPA-registered disinfectants and related cleaning supplies are available at the follow location(s): _____
- Hand sanitizer containing at least 60% alcohol is available to all employees at the following location(s): _____

- Hand washing facilities with soap, warm water, and single use paper towels are available to all customers and employees at the following location(s): _____
- Ensure practitioners perform proper hand hygiene more frequently and customers wash hands prior to procedure.
- Ensure practitioners don disposable gloves after washing hands and prior to each procedure.
- Prohibit the piercing or tattooing of the nose, lips, or genitals until the Executive Order is fully lifted.
- A copy of this **Re-Opening Checklist** has been posted in a conspicuous place and is provided to all employees and practitioners as part of the Employee Training.
- Keep facility as well ventilated as possible for increased exchange of outside air and/or use of [CDC recommended air filtration](#).

E. Measures to Prevent Crowds from Gathering:

- Limit the number of customers so there is at least a 6-foot physical separation between workstations during each procedure. Procedures are conducted by scheduled appointment only, with no walk-in customers. Schedule appointments with enough time in between each client to fully disinfect all contact surfaces in the procedure area, bathroom and facility entrance.
- Require clients to wait in their cars until their practitioner is ready to perform the procedure rather than waiting inside the facility.
- Other – Describe: _____

F. Measures to Encourage Social Distancing:

- If applicable, place tape or other markings at least six feet apart in customer line areas with signs directing customers to use the markings to maintain distance.
- All employees and practitioners have been instructed to maintain at least six (6) feet distance from customers and from each other, as much as practicable. Providing a physical barrier (non-absorbent walls, large plexiglass installations, etc.) between workstations to provide protection when 6-feet distancing is not possible. Discuss with your health inspector ahead of time for approval.
- Leverage technology to conduct consultations remotely rather than in person.
- Other – Describe: _____

G. Measures to Prevent Unnecessary Contact:

- Provide both practitioners and customers with hand sanitizer, gloves, and masks or face coverings that completely cover the nose and mouth to use during a procedure. Use only disposable masks or face coverings and gloves that are changed with each procedure.
- Provide contactless payment systems or, if not feasible, sanitize payment systems regularly. Describe process: _____
- Prohibit the use of cell phones while procedures are being conducted.
- Other measures: _____

H. Measures to Increase Sanitization / Disinfection:

- Employee(s) are assigned to disinfect high-contact surfaces frequently (procedure chairs/tables, point of sale registers, counters, door knobs, restroom surfaces, etc.). Describe process and frequency (or provide and maintain documentation logs). Submit additional sheet if necessary:

- Require sanitization/disinfection of workstations and equipment between each procedure. (Maintain documentation logs). **NOTE: Revise facility’s Infection Prevention and Control Plan (IPCP) to address changes due to COVID-19.**

Additional measures not included above (i.e., providing tissues to customers or practitioners to use if needed):

Contact the following person with any questions or comments about this protocol:

Name: _____ Phone Number: _____ Date: _____