OLR Bill Analysis
SB 1058

AN ACT CONCERNING THE LICENSURE OF TATTOO TECHNICIANS.

SUMMARY

Existing law generally requires an individual to obtain a license or temporary permit from the Department of Public Health (DPH) to engage in the practice of tattooing. This bill modifies licensure requirements by:

1. eliminating the requirement that initial licensure applicants (a) complete at least 2,000 supervised hours of practical training and experience or (b) practice tattooing in the state for at least five years prior to January 1, 2015, and

2. adding the requirement that applicants for initial licensure or licensure by endorsement (i.e., those licensed in other states) comply with DPH’s infection prevention and control plan guidelines.

The bill continues to allow eligible student tattoo technicians to practice tattooing under the supervision of a licensed tattoo technician for up to two years to obtain the training experience required for licensure. But the bill eliminates the 2,000 hours of supervised training experience required under current law. (It is unclear if a licensure applicant must be a student first and, if so, how many supervised training hours must be completed.)

The bill also requires a supervising tattoo technician to be licensed for at least five years and prohibits him or her from supervising more than two students. The supervising tattoo technician must also maintain records on each student for three years documenting completion of minimum training requirements.
EFFECTIVE DATE: October 1, 2019

INFECTION PREVENTION AND CONTROL PLAN

The bill adds to the requirements for applicants seeking initial licensure or licensure by endorsement (i.e., those currently licensed in another state) as a tattoo technician. Specifically, it requires such applicants to sign a form prescribed by DPH attesting that they are in compliance with the commissioner’s infection prevention and control plan guidelines. The guidelines must include the following:

1. using personal protective equipment, including disposable gloves, as a barrier against infectious materials;

2. practicing appropriate hand hygiene, including having a hand-washing sink available in the area where tattooing occurs;

3. decontaminating and sterilizing, with hospital grade cleaner, the area or materials used to tattoo, including chairs, armrests, tables, countertops, trays, seats, furniture, and reusable instruments that may come in contact with skin or mucosal surfaces; and

4. appropriate use of disposable equipment and disposing sharps (i.e., needles) used during tattooing.

Under existing law, unchanged by the bill, applicants must also (1) successfully complete a course with a required examination on preventing disease transmission and blood-borne pathogens and (2) be currently certified in basic first aid by the American Red Cross or the American Heart Association.

STUDENT TATTOO TECHNICIANS

Current law allows a student tattoo technician to practice tattooing under the personal supervision of a licensed tattoo technician for up to two years, so that the student may complete the 2,000 hours of supervised training experience required for licensure.

As under current law, the bill requires student tattoo technicians to
register with DPH for the purposes of completing the required practical training and experience required for licensure. But the bill eliminates current law’s required 2,000 hours of supervised training experience. (It is unclear whether supervised training experience is required for licensure and, if so, how many hours must be completed.)

**Supervising Tattoo Technician**

The bill requires a supervising tattoo technician to be licensed for at least five years and prohibits him or her from supervising more than two students. The supervising tattoo technician must also maintain records on each student for three years documenting completion of the following minimum training requirements:

1. discussion of transmission, control, and symptoms of diseases caused by blood-borne pathogens;
2. discussion of tasks involved in practicing tattooing, and the risks of exposure to blood-borne pathogens to the client and tattoo technician while performing each task;
3. discussion of the types and uses of personal protective equipment, including an explanation of their limitations;
4. discussion of the types of tasks, proper task technique, and sequence of tasks before and after wearing and removing personal protective equipment to avoid contamination;
5. discussion of the importance of hand hygiene and a demonstration of proper hand hygiene techniques;
6. discussion of the options, use, and storage of disinfectants and antiseptics;
7. information on required signs for biohazard materials and the importance of properly labeling chemicals and supplies;
8. information on the hepatitis B vaccine, including its safety and accessibility;
9. discussion of what constitutes a blood-borne pathogen exposure incident, including (a) examples of such incidences and the actions to take to prevent or minimize further exposure; (b) infection risks following exposure; and (c) procedures to follow after exposure, including follow-up medical treatment; and

10. opportunities for interactive questions and answers between the supervisor and student.

COMMITTEE ACTION
Public Health Committee

Joint Favorable
Yea 25  Nay 0  (03/29/2019)