

TATTOO & BODY PIERCING SAFETY:
A COURSE FOR OPERATORS
Monday, February 4, 2019
8:15 A.M. – 1:00 P.M.

MAHONING COUNTY DISTRICT BOARD OF HEALTH
50 WESTCHESTER DRIVE, AUSTINTOWN, OHIO
1ST FLOOR CONFERENCE ROOM

The Mahoning County District Board of Health is presenting a course designed for operators of tattoo and body piercing establishments to provide training in safety and sanitation applicable to the prevention of disease transmission, first aid and aftercare, standard precautions against bloodborne pathogens and the regulations enforceable by local public health agencies. This course is designed to satisfy the requirements of rule 3701-9-04 (M)(2) & (3) of the Ohio Administrative Code for operators practicing in Mahoning County, Ohio.

Class size is limited to 25. A non-refundable fee of \$75 per person, made payable by check or money order to the Mahoning County District Board of Health, must be received no later than **January 25, 2019** in order to reserve a seat. Persons who have previously completed this course and wish to re-attend may do so at a reduced cost of \$25 per person.

For further information, please contact Dave Fetchko at 330-270-2855 ext. 135 or Amy Holinbaugh at ext. 130.

Note to Health Departments:

This course is designed for body art operators and has NOT been submitted for R.S. CEU credits.

AGENDA

Universal Precautions & Bloodborne Pathogens

8:15 – 9:45 a.m. Presented by: Len Perry, R.S.

Sterilization, Sanitation & Disinfection

9:45 – 10:45 a.m. Presented by: Len Perry, R.S.

10:45 – 11:00 a.m. Break

Hand Hygiene, protective equipment, safe needles practices, contaminated equipment, respiratory hygiene/cough etiquette.

11:00- 11:45 a.m. Presented by: Rachel Jackson, R.N.

General First Aid & Tattoo/Body Piercing Aftercare

11:45- 12:30 p.m. Presented by: Rachel Jackson, R.N.

Health Rules & Regulations for Tattoo & Body Piercing

12:30 – 1:00 p.m. Presented by: David Fetchko, R.S.

**COMPLETE & RETURN THIS PORTION ALONG WITH YOUR \$75 CHECK OR MONEY ORDER TO:
Mahoning County District Board of Health, Attn: Kaitlin Hill, 50 Westchester Dr., Youngstown Ohio 44515**

NAME: _____

HOME ADDRESS: _____

PHONE: _____

\$25 REDUCED FEE FOR PERSONS RE-ATTENDING MUST INCLUDE A COPY OF THE CERTIFICATE OF ATTENDANCE OR PROVIDE DATE OF ATTENDANCE: _____