

# Visits to commercial solaria by DHB Public Health Units between 1 February and 31 Jul7 2018: summary of findings

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## 1 Executive summary

Staff from Public Health Units (PHUs) made a twelfth round of visits to commercial solariums in their regions in the first half of 2018. These visits were initiated in 2012 to ensure that solarium operators are familiar with best practice procedures to reduce the risks from exposure to ultra-violet (UV) radiation from sunbeds.

PHU staff were requested to use a standardised assessment form to check aspects of the solarium operation against recommendations in AS/NZS 2635:2008 *Solaria for cosmetic purposes* (the Standard). The eleven areas of operation examined mostly covered administrative and procedural aspects of the operation. The same areas were examined in the first half of the years 2013 to 2017, so the effectiveness of the visits in improving compliance with the recommendations in the Standard can be gauged by comparing results from year to year.

94 establishments are believed to have sunbeds, including establishments that have sunbeds that are reported as not being used at the moment but could be in the future. This is a decrease from 112 found in 2017. 84 were assessed using the standardised assessment form. As in previous years, a few refused the visit. One establishment tried to mislead the PHU by stating that the bed was no longer used, while subsequent follow-up showed that sunbed sessions were still being offered commercially. Several operators reported that they would probably stop offering sunbed services soon.

There was a further small improvement in compliance. 47% of establishments complied with all eleven areas of operation that were checked (against 38% in 2017), and 85% complied with none or more (83% in 2017). However, this was entirely driven by improvements in Auckland where the Health and Hygiene bylaw effectively mandates compliance with the areas of operation checked in these surveys. Overall compliance in the rest of the country was unchanged since 2017. Performance in several areas of operation appears to have plateaued out at less than 100% compliance, and for various reasons some operators actively resist requirements such as using a consent form. The experience in Auckland suggests that significant improvements will only be obtained by further regulation.

PHU staff found evidence suggesting that some establishments might still allow under-18s to use a sunbed, and a separate report on these has been forwarded to the Ministry of Health.

It is recommended that in future visits PHUs should continue to try and get all operators using a consent form which meets the requirements of the Standard, and check whether claims for benefits of sunbed use are made on operators' websites. They should also ensure that their databases of sunbed operators are up to date to ensure that any additional regulations can be fully implemented.

The work of PHU staff in undertaking these visits, and the willingness of the Auckland Council to share the findings from their visits to check compliance with the Council bylaw, is gratefully acknowledged.

## 2 Solarium visit objectives

### 2.1 Background

In May 2012 the Ministry of Health (MoH) requested PHUs to:

- Visit all commercial solariums in the region covered by the PHU at least every six months;
- Provide information to operators on best practice to reduce the public health risks from using solariums;
- Make operators aware of regulatory regimes being implemented overseas, such as the ban on solariums in most Australian States from 31 December 2014.

The reason for these visits was the persistent finding, in surveys commissioned by the MoH from Consumer NZ, of generally poor compliance with the procedures recommended in the voluntary Standard AS/NZS 2635:2008 *Solariums for cosmetic purposes*. The procedures in the Standard are intended to reduce the risks arising from exposure to the UV radiation emitted by sunbeds.

Since then twelve rounds of visits have been carried out (including the visits reported here). In order to assess the effectiveness of the visits, a standardised assessment scheme was developed to check aspects of solarium operation against recommended practices in the Standard. The scheme was first used during visits in the first half of 2013, and repeated every year since then, including the visits reported here.

As well as undertaking the systematic assessment, PHUs were also asked to ensure that solarium operators:

- are aware of legislation banning under-18s from using sunbeds;
- have resources to help them implement the administrative and procedural requirements of the Standard.

Reports on the previous visits are available from the Ministry of Health, and the reports from visits in which the standardised assessment was undertaken can also be downloaded<sup>1</sup>.

### 2.2 Solarium visits

As with previous visits, a package of information and support material was distributed to PHUs. This included:

- A standardised assessment form
- A spreadsheet to be used for compiling assessment results
- Notes on using the assessment form and spreadsheet
- Good practice suggestions
- Examples of consent forms and initial interview records
- Information on where other supporting material could be found.

PHUs with operators in their areas visited by Consumer NZ in their 2018 survey were also sent a copy of the Consumer NZ report.

A copy of the assessment form is in Appendix A of this report. The spreadsheet for compiling results included the same fields as the form. The assessment examined 11 areas of operation:

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<sup>1</sup> Available at: <http://www.emfservices.co.nz/resources/uv-and-sunbeds/sunbed-operator-assessments>

- Ten of these covered administrative and procedural parts of the Standard, such as the presence of warning signs, record-keeping and exclusion of high risk individuals.
- One covered the technical requirements of the Standard on sunbed timers.

In addition, PHU staff were asked to report on the numbers of sunbeds in each establishment and, if possible, obtain an estimate of the number of sessions per week.

In three areas (skin assessment, timer and training) PHU staff were asked to try and find out additional information: on how the skin assessment was performed, how operators determined session times, and whether they kept records of staff training.

Finally, section 13 of the assessment form gathered information on operator interest and engagement with the visits and risk reduction measures.

As with the previous rounds of visits, PHU staff were encouraged to provide material to operators to help them comply with the Standard, for example, templates of consent forms and warning notices, and the Ministry's 2013 draft version of their *Guidelines for operators of ultraviolet (UV) tanning lamps*. These guidelines will be finalised once new Regulations are in place.

In Auckland the assessments were made by Council Environmental Health Officers as part of their work enforcing the Auckland Health and Hygiene bylaw. The Auckland Council kindly agreed to share these results with the MoH, and their assistance is gratefully acknowledged.

## 3 Results

### 3.1 Overview of data received

The spreadsheet included opportunities for PHU staff to enter comments, and simply returning the completed spreadsheet was the main reporting requested. Most PHUs also prepared a brief overview of their findings, which was very helpful. Reports received are summarised below.

Reporting	Number of PHUs
Spreadsheet only	4
Spreadsheet and summary report	8

### 3.2 Countrywide statistics

The table below presents data on all establishments throughout the country.

Characteristic	2018	2017	2016	2015	2014	2013
Establishments with sunbeds <sup>2</sup>	94	112	133	123	162	173
Establishments with sunbeds visited	84	94	100	101 <sup>3</sup>	145	139

<sup>2</sup> This figure includes establishments with sunbeds which were reported as not being used, but for which there were no plans to remove them.

<sup>3</sup> Some establishments were visited, but no assessment, or a very incomplete assessment, carried out.

The 2018 figure and further analysis in section 3.3 of this report does not include a company that hires out sunbeds. This company is discussed separately in section 3.6.

The number of establishments with sunbeds has again decreased, and several PHUs noted that operators had either ceased operating or were planning to.

### 3.3 Detailed results from the assessments

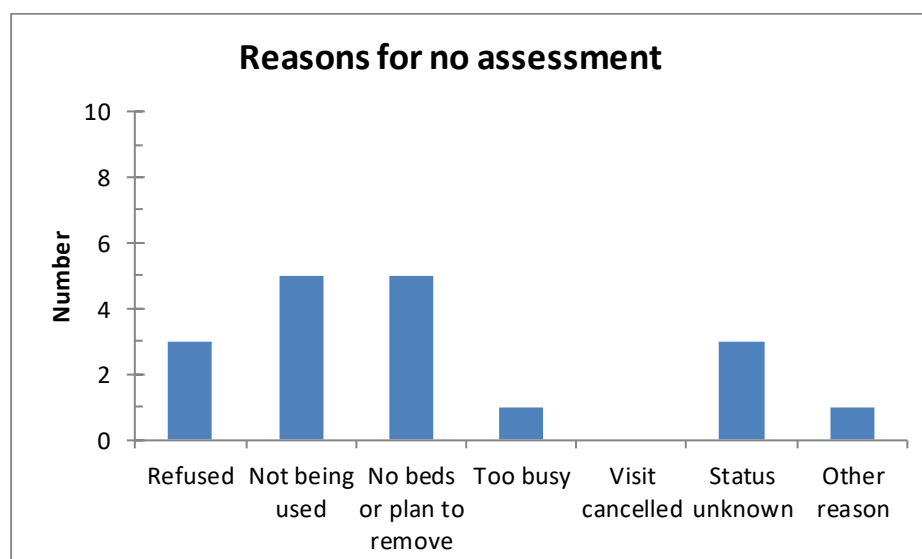
A systematic assessment was carried out on total of 84 establishments. This section presents results from these establishments. The analysis considers each section of the assessment separately, and compares results to those found in previous years.

#### 3.3.1 Overview

Summary data on the establishments covered in the spreadsheets is presented in the table below.

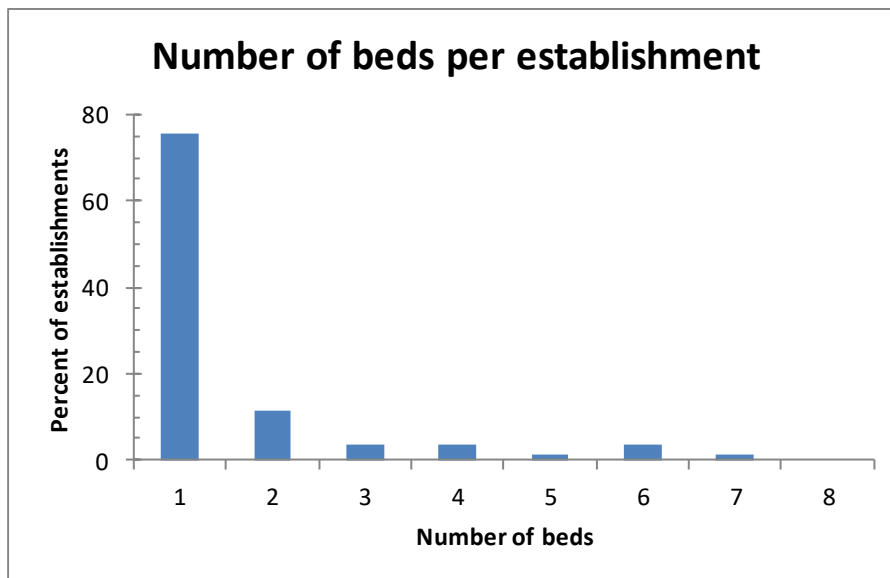
Characteristic	2018	2017	2016	2015	2014	2013
Establishments for which information reported on spreadsheet	102	120	151	135	168	151
Establishments assessed	84	94	100	97	133	123
Establishments not assessed	18	26	51	38	35	28

There were several reasons given for why 18 of the establishments could not be assessed, and these are shown in the histogram below. Three operators refused to have a visit, as they have done in previous years. One operator (shown as “other reason” in the histogram) told the PHU that they had stopped offering sunbed services, but subsequent follow-up showed that this was not true. Several others reported that they were not using their sunbed(s) at the moment, had no beds or planned to remove them. It was not possible to ascertain the status of three establishments (for example, because they could not be contacted).

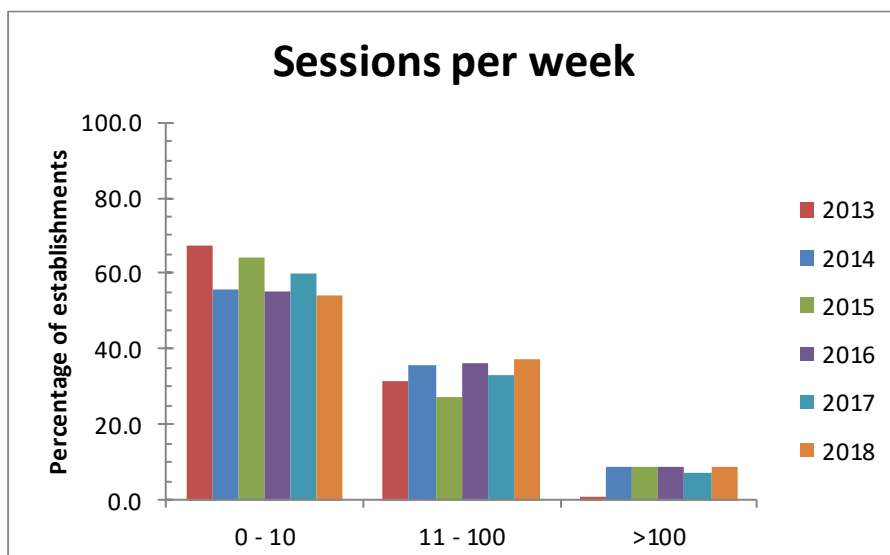


A large majority of establishments had only one sunbed (this includes establishments where the bed was reported as not being used). Eight establishments had four or more beds: between them these establishments accounted for just under one third of all the sunbeds in the country. Over all the establishments for which this data was available, the average number of beds per establishment was

1.6, the same as in previous years. Since 2013, one establishment has reduced its beds from six to two, and reports that when it moves premises shortly will not be taking those beds. On the other hand, one establishment has replaced old beds with new ones.

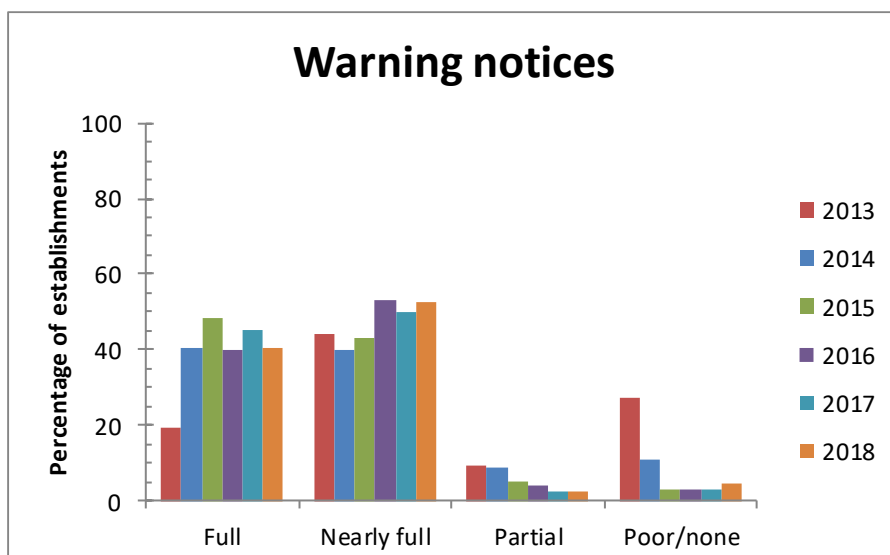


There appears to be a slight trend towards a larger number of sessions per week, with a gradual drop in the number of establishments providing 1 to 10 and a small increase in the number providing 11 to 100. Nevertheless, the majority of establishments still only provides 10 or fewer sessions per week, and only 7 establishments said they gave more than one hundred per week. These seven establishments, however, provide 70% of the total sessions. The highest number of sessions per week reported was 600, at an establishment with six beds. These figures are estimates from the operators, and were not available for all establishments, so may not be completely reliable but should be satisfactory for comparative purposes.



### 3.3.2 Warning notices

Data on compliance with the requirements in the Standard on warning notices is shown in the histogram below.



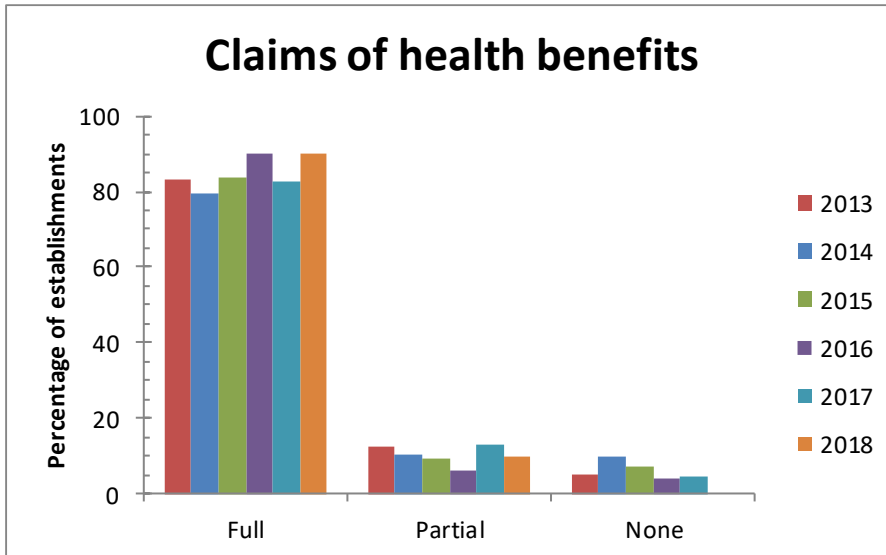
The meanings of the categories are as follows:

Category	Meaning
Full	Warning notices at reception and in each cubicle, and displayed all required information.
Nearly full	Notices contained all the required information but were displayed only at reception, or by the tanning bed, but not both.
Partial	Notices were displayed in one or both of the required places, but some of the required information was missing.
Poor/none	Either no warning notices, or the notices were missing most of the required information.

Compliance appears to have plateaued over the past three years, with the percentage of establishments having at least one notice displaying all the required information totalling 93%, 95% and 92% in 2016, 2017 and 2018 respectively.

### 3.3.3 Claim of health benefits

Data on compliance with the requirements in the Standard on claims of health benefits is shown in the histogram below.



The meanings of the categories are as follows:

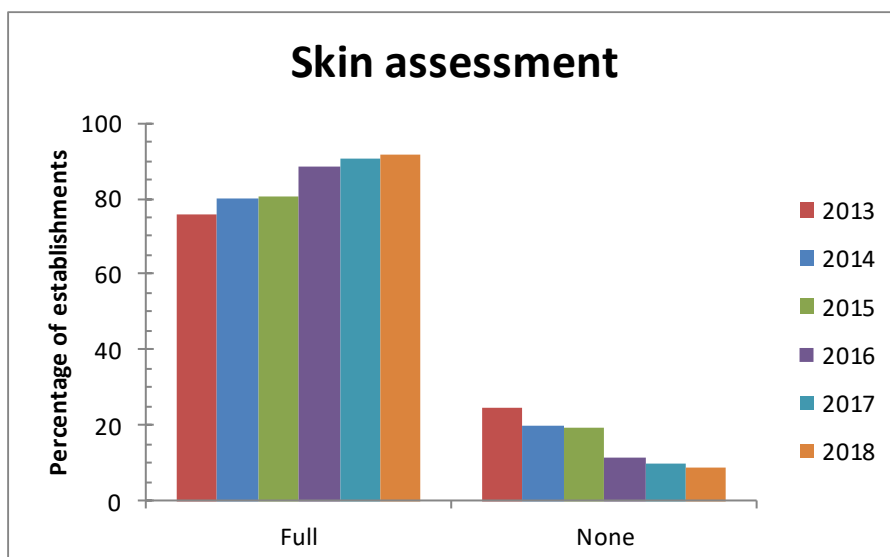
Category	Meaning
Full	No claims of health benefits visible, and no claims that using a sunbed is risk free.
Partial	There were either visible claims of health benefits from using a sunbed, or claims that using a sunbed was risk free (on the premises , their website or Facebook page).
None	There were both claims that sunbeds gave health benefits, and claims that using them was risk free.

There was a small improvement since 2017, and for the first time since these surveys started, there were no establishments with complete non-compliance. A few establishments made claims of health benefits on their websites (although such claims were no made on the premises), and some of these have since removed the claims after follow-up by PHU staff.

### 3.3.4 Skin assessment

Data on evidence that establishments assessed skin types before allowing people to use a sunbed is shown below.



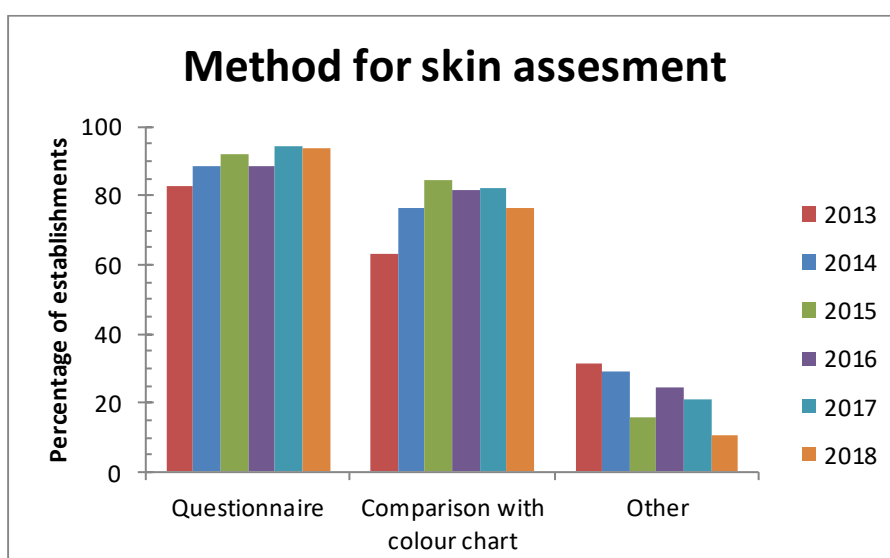


The meanings of the categories are as follows:

Category	Meaning
Full	There was evidence that an establishment made a skin assessment.
None	There was no evidence that an establishment made a skin assessment.

There has been a further small improvement since 2017.

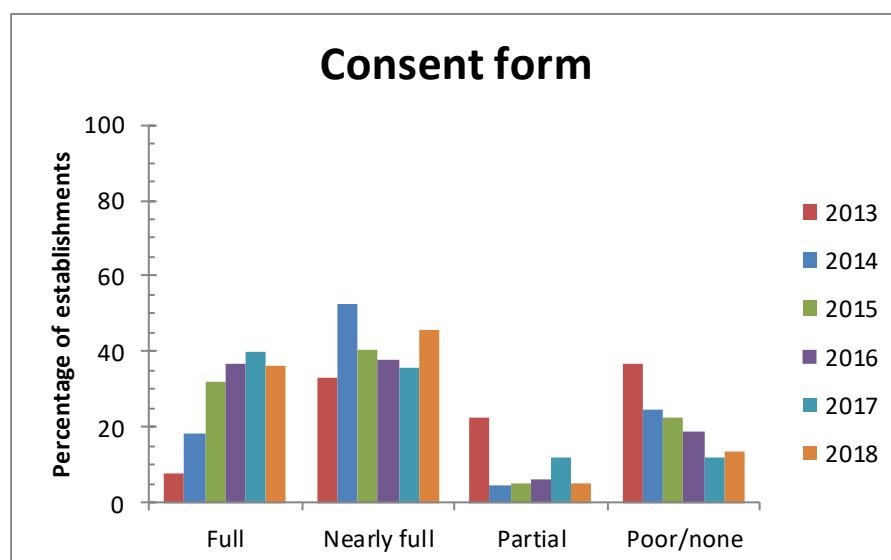
PHUs were asked to try and find out how establishments carried out the skin assessment, either using a detailed questionnaire of the type shown in the *Guidelines for operators of ultraviolet (UV) tanning lamps*, or using a simple skin colour chart, or by some other means. Results are shown in the histogram below.



Some establishments use a combination of methods, which is why the total across all methods adds up to more than 100%. As in previous years, from the comments entered where “other” was checked it appears that there was some overlap between this category and the others.

### 3.3.5 Consent form

Data on compliance with the requirements in the Standard on use of a consent form is shown in the histogram below.



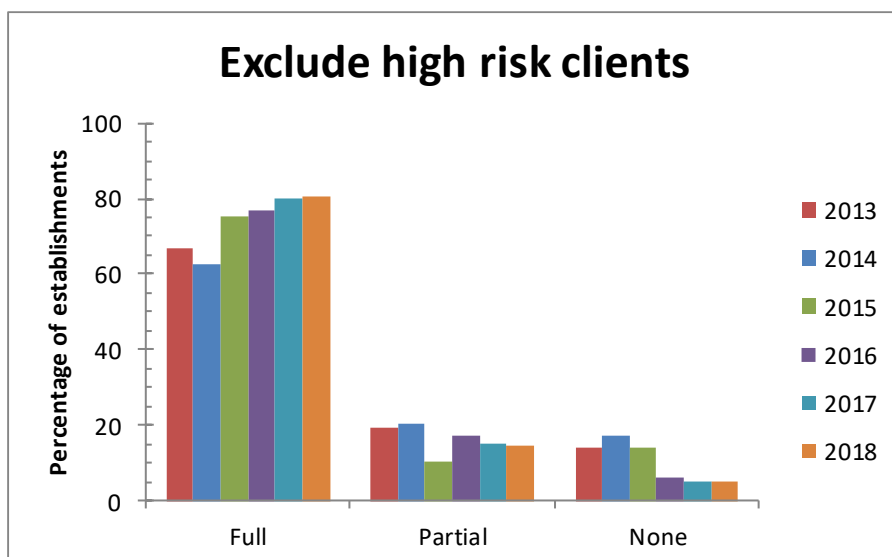
The meanings of the categories are as follows:

Category	Meaning
Full	Consent form met all the requirements in the Standard, and a copy provided to the client.
Nearly full	Consent form met all the requirements in the Standard, but client not provided with a copy.
Partial	Consent form met most of the requirements in the Standard, copy may or may not be provided to the client.
Poor/none	Either no consent form, or the form did not include most of the required information.

82% of establishments use a consent form that meets the requirements of the Standard (whether or not a copy is provided to the client), a small increase over 2017. There is still a hard core of establishments that resists using a consent form, and will not do so until required by law. Reasons given include that it “takes too long in a busy hair salon”.

### 3.3.6 Exclusion of high risk clients

This section of the assessment looked at whether there was evidence that an establishment refused to allow under 18s, and people with skin type I, to use sunbeds. Data is shown in the histogram below.



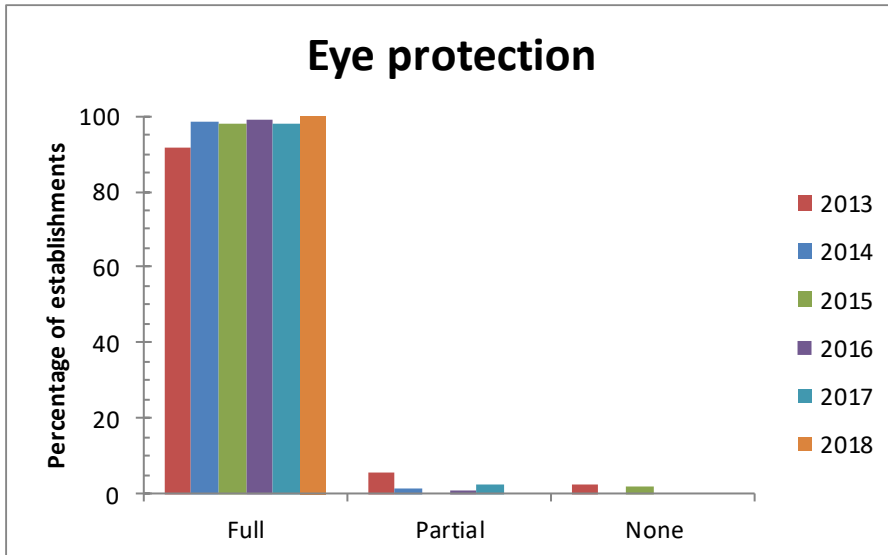
The meanings of the categories are as follows:

Category	Meaning
Full	Both high risk groups excluded
Partial	One or other of the high risk groups allowed to use a sunbed
None	Neither of the high risk groups excluded

92% were considered to be refusing sunbed services to under-18s, similar to 2017. There were several reasons why PHU staff considered that under-18s might still be accepted, including consent forms or websites that stated that 16 to 18 year olds would be accepted with parental permission or a request from a medical practitioner, refusal to use a consent form and refusal to have a visit. One operator was reported to express the opinion that it is a violation of rights to refuse service for somebody with skin type I.

### 3.3.7 Eye protection

Data on compliance with the requirements in the Standard on eye protection is shown in the histogram below.



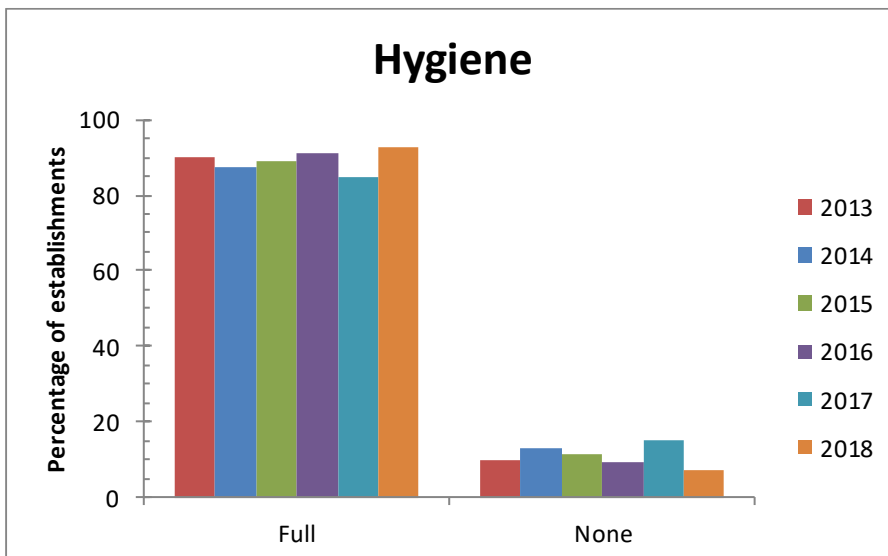
The meanings of the categories are as follows:

Category	Meaning
Full	Evidence that the establishment requires clients to wear eye protection, and that eye protection supplied by the establishment forms a seal around the eye.
Partial	Eye protection required, but does not seal well around the eye.
None	No insistence on eye protection.

For the first time since these surveys started there was 100% compliance.

### 3.3.8 Hygiene

Data on compliance with the requirements in the Standard on hygiene is shown in the histogram below.



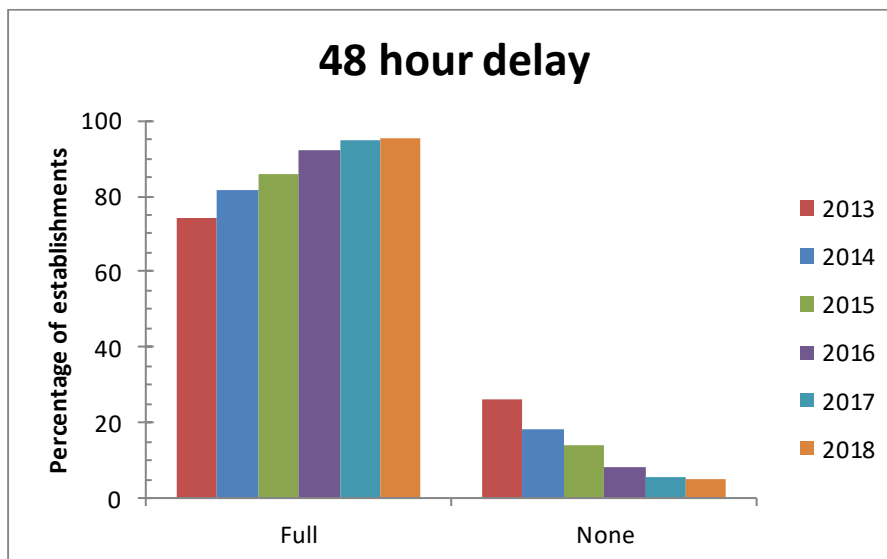
The meanings of the categories are as follows:

Category	Meaning
Full	Evidence that beds and eye protection are sanitised after use
None	No evidence that beds and eye protection are sanitised after use

93% of operators were reported to comply with the hygiene requirement.

### 3.3.9 48 hour delay between sessions

Data on compliance with the requirements in the Standard on there being a minimum 48 hour delay between tanning sessions is shown in the histogram below.



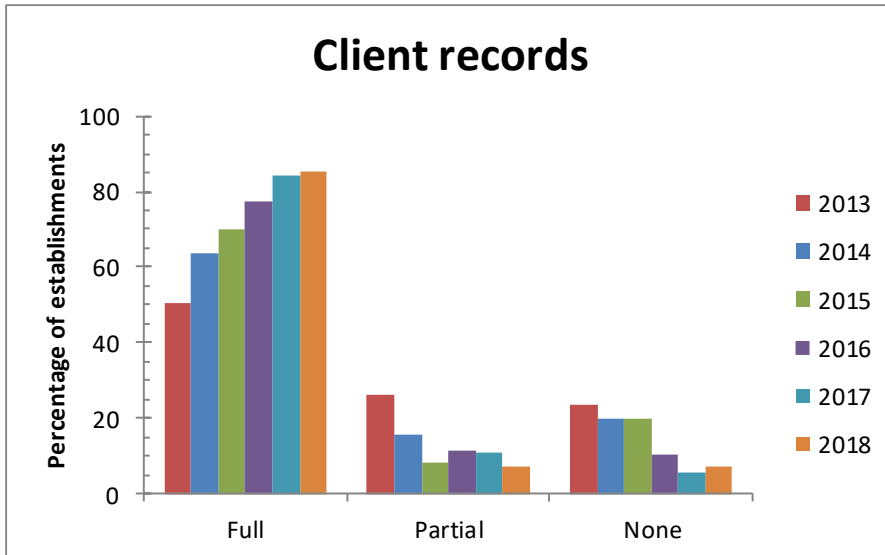
The meanings of the categories are as follows:

Category	Meaning
Full	Evidence that a 48 hour delay between sessions is enforced.
None	No evidence a 48 hour delay between sessions is enforced.

As with the exclusion of high risk clients, the data is dependent on receiving truthful responses from the operator, but there were no indications that misleading replies were being given. Compliance appears to be plateauing at 95%. One operator talked of an “addicted” client who was upset by the 48 hour rule, and other

### 3.3.10 Client records

Data on compliance with the requirements in the Standard on client records is shown in the histogram below.



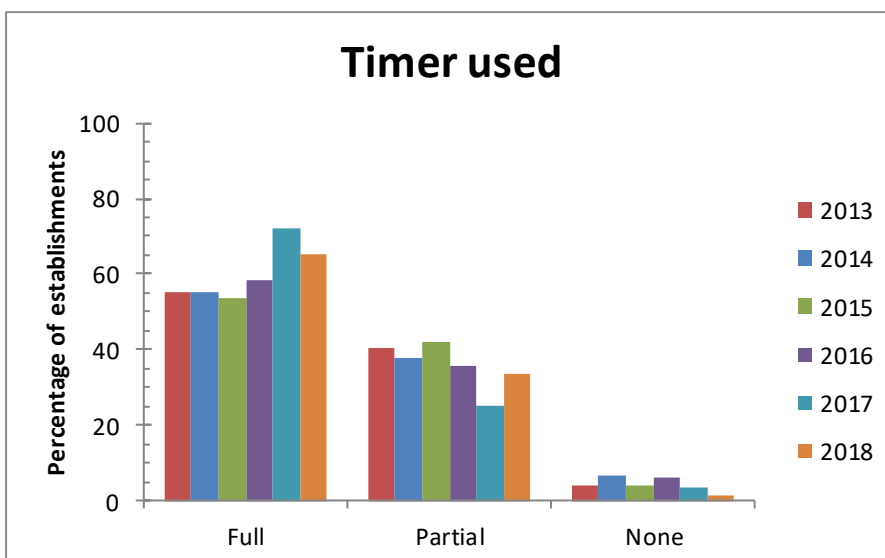
The meanings of the categories are as follows:

Category	Meaning
Full	Copies of client skin assessments, consent forms and records of sessions kept for at least two years
Partial	Only one or two of the required pieces of information is kept for at least two years
None	No records are kept

There has been a gradual improvement since these surveys started, but compliance appears to be plateauing out.

### 3.3.11 Timer

Data on compliance with the requirements in the Standard on the use of a timer to control session exposure times is shown in the histogram below.

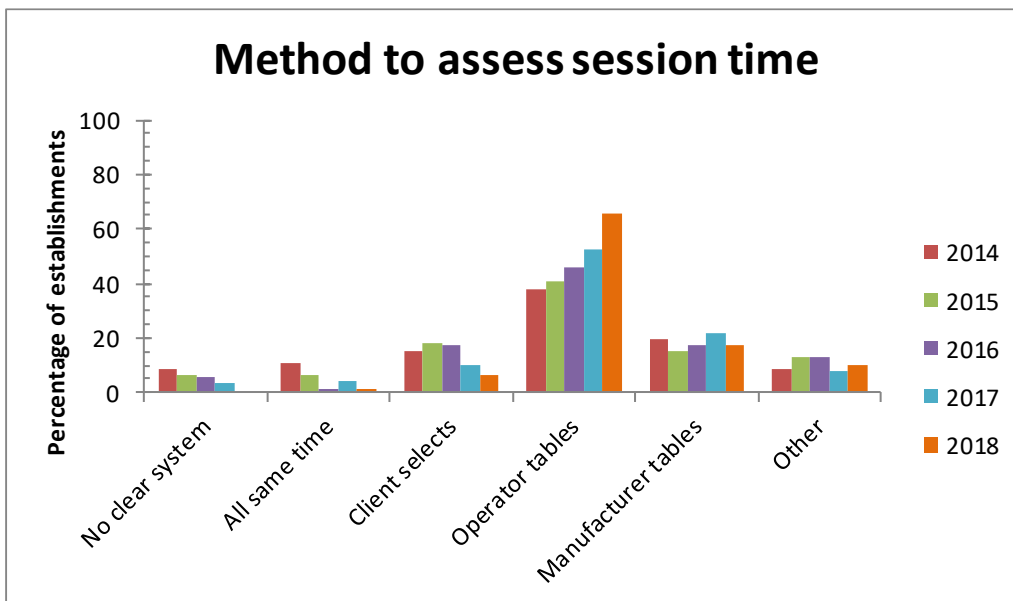


The meanings of the categories are as follows:

Category	Meaning
Full	A timer is used to control sessions, and can only be set by the operator.
Partial	A timer is used to control sessions, but can be set by the client.
None	No timer used

After an increase in compliance in 2017, performance has deteriorated this year. Non-compliances were mostly due to establishments allowing the client to set the time. For some beds, the time can only be set by the client.

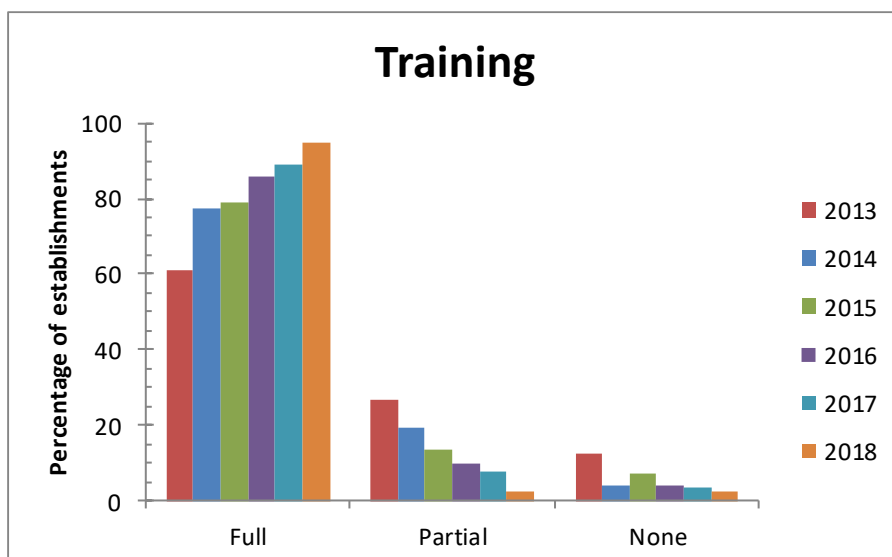
Since 2014, PHU staff were also asked to identify the main method used for determining the session time. Most use tables based on skin type and the number of previous sessions.



### 3.3.12 Staff training

Data on compliance with the requirements in the Standard on staff training is shown in the histogram below. Aspects considered were:

- Whether staff were trained on excluding high risk clients;
- Whether staff were trained on performing skin type assessments;
- Whether staff were trained on sanitising equipment;
- Whether a trained member of staff was always present when sunbeds were being used.



The meanings of the categories are as follows:

Category	Meaning
Full	Compliance in all four areas
Partial	Compliance in two or three areas
None	Compliance in one or no areas.

The improving trend continued in 2018. The Standard does not require that operators maintain records of staff training, but PHUs were asked to find out whether this is done. 47% of operators did so, an insignificant difference from 2017.

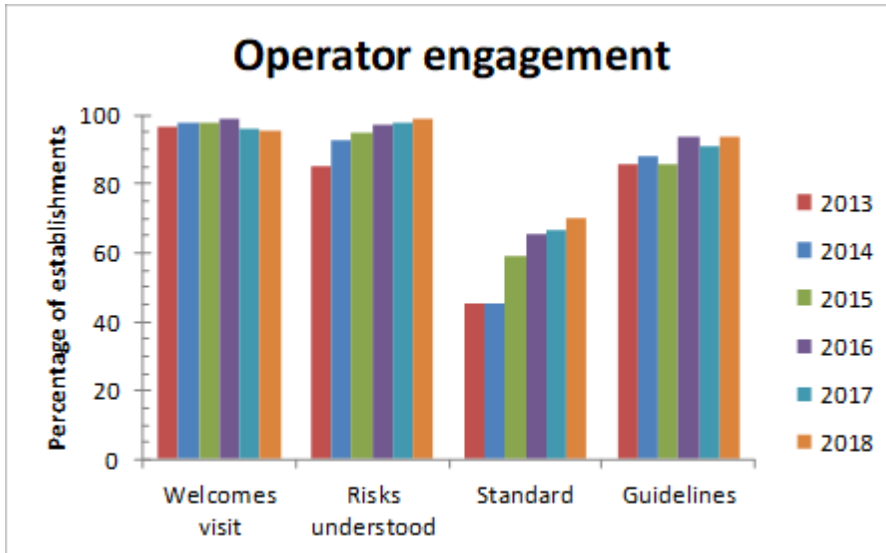
### 3.3.13 Operator engagement

The assessment form finished with a few questions to try and gauge operators' interest in this process. PHUs were asked to report on:

- Whether the operator welcomed the visit;
- Whether operators appeared to understand the increased risks if sunbed operations did not follow the recommendations in the Standard;
- Whether operators had a copy of the solarium Standard;
- Whether operators had a copy of the Ministry of Health's *Guidelines for operators of ultraviolet (UV) tanning lamps*.

Results are presented in the histogram below.

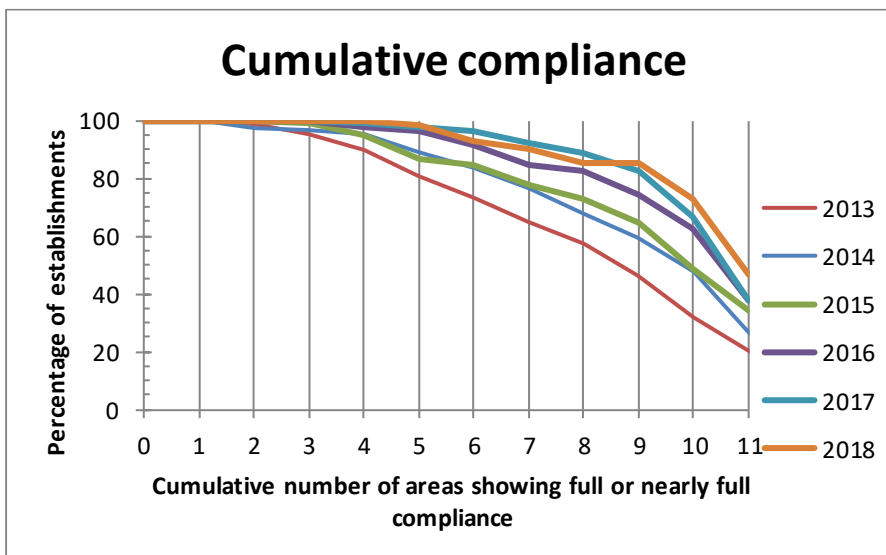




As in previous visits, the visits are generally welcomed (not forgetting that a small percentage of operators refuse a visit, and so are not included in these figures). One new operator was pleased to receive the visit. While most appear to understand the risks, results from the previous sections show that this does not always get carried through to effective actions.

### 3.3.14 Summary of findings

The plot below shows the cumulative percentage of establishments which were found to have full or nearly full compliance with the eleven aspects of operations which were examined. (“Nearly full” compliance means that an establishment fell into the “nearly full” category for warning notices and/or consent forms.)



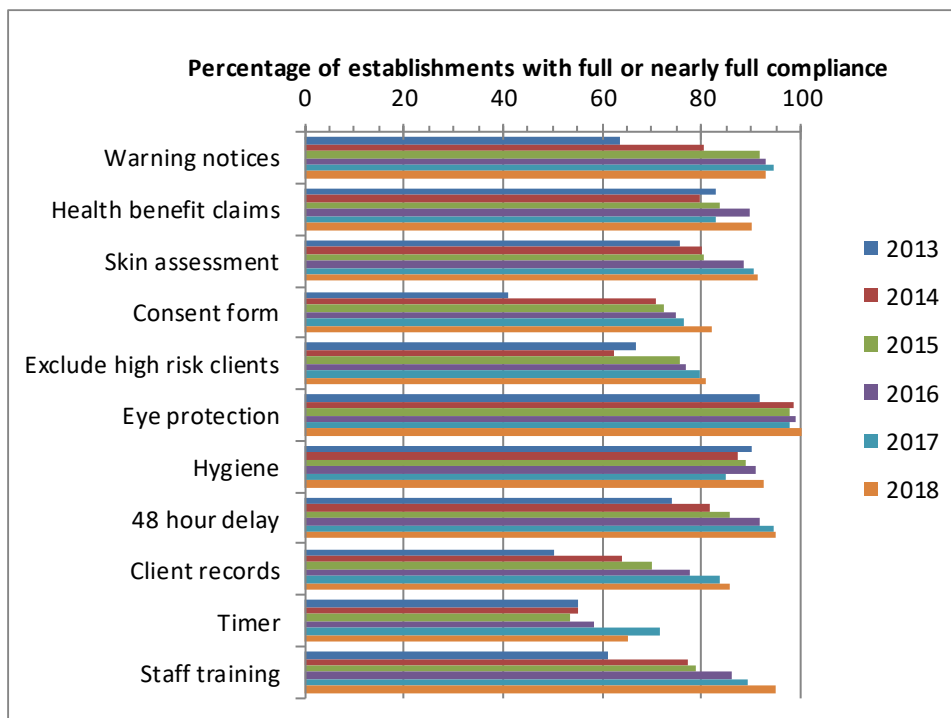
This plot shows, for example, that 47% of establishments in 2017 showed full or nearly full compliance in all eleven areas of operation assessed, an increase on the 38% recorded in 2016 and 2017. 85% showed full or nearly full compliance in nine or more of the areas of operation checked, a minor improvement on the 83% found in 2017.

The average percentage<sup>4</sup> can be used as a “figure of merit” – a single number to allow a very simple comparison of overall performance from one year to the next. The figures of merit for the five years these visits have been running are:

Year	2018	2017	2016	2015	2014	2013
Figure of merit	89.3	88.4	85.6	80.3	78.4	71.5

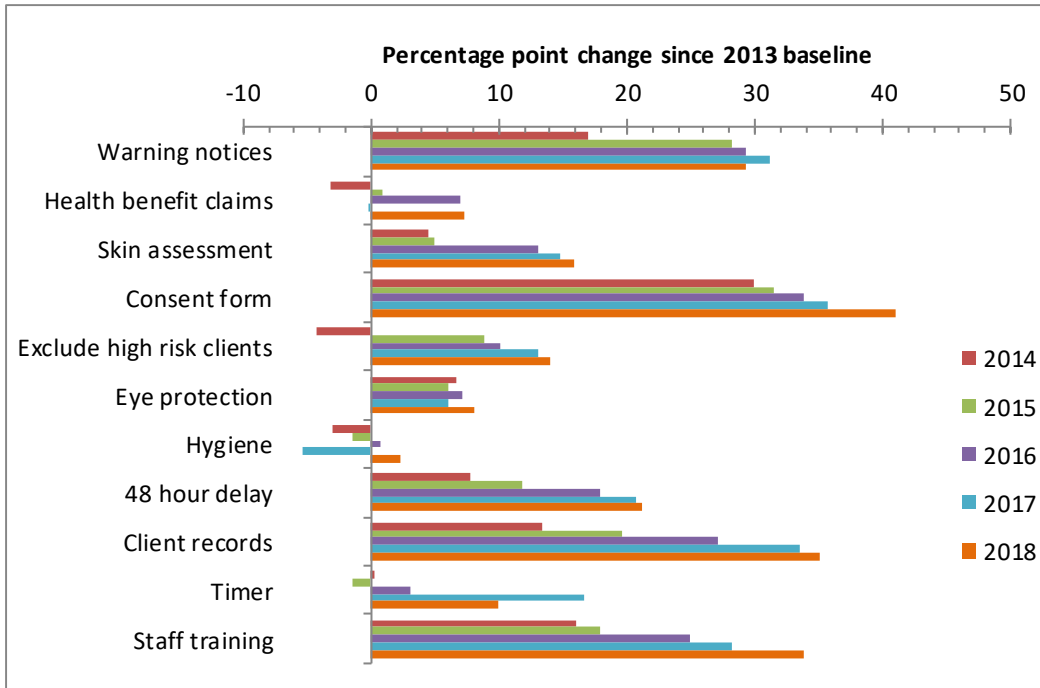
Overall, this shows that there has been a minor improvement in the past year.

The plot below shows the percentages of establishments having full or nearly full compliance in each of the eleven areas checked in the six years that these surveys have been running.



Using 2013 as a baseline, changes since then are presented below. The plot shows the difference between the percentage compliance in the years 2014 to 2017 compared with 2013.

<sup>4</sup> Effectively this is the average height of the compliance curve. If every operator checked complied fully in all 11 areas assessed, the value would be 100.

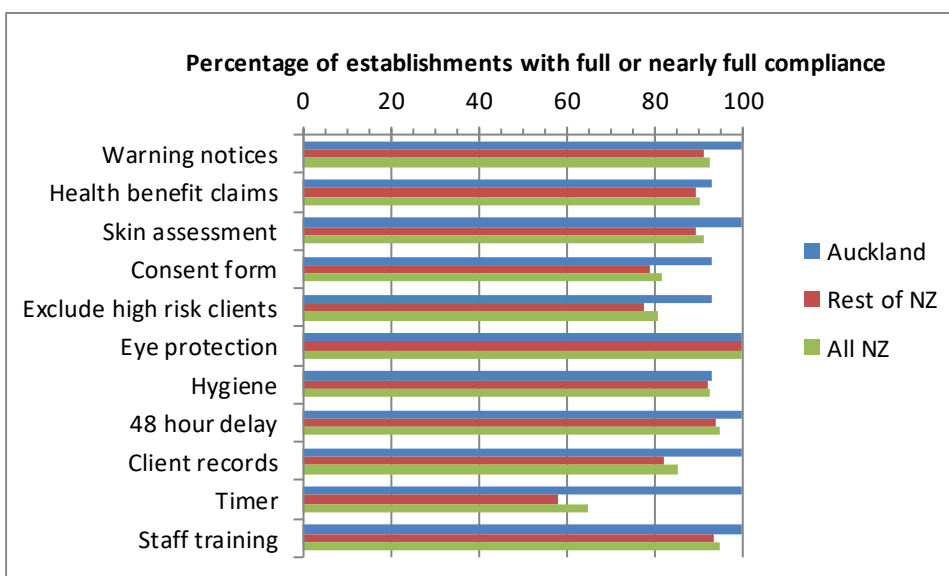


All areas of operation checked have shown an improvement since 2013. Use of timers has deteriorated since last year, but other areas have shown small improvements or stayed similar to 2017.

### 3.4 Comparison between Auckland and the rest of the country

Since the Auckland Health and Hygiene bylaw came into force in July 2014, these surveys have found that compliance in Auckland was better than in the rest of the country.

The results from 2018 repeat this finding, with better compliance all of the 11 areas assessed, and consequently a better overall compliance “figure of merit”. Indeed, the improvement noted for the whole of New Zealand is due to improvements in Auckland, with the rest of the country essentially unchanged.



All operators in Auckland complied with at least seven of the operating areas checked, compared with 88% in the rest of the country.

In terms of the “figure of merit” used in section 3.3.14, the values are:

Year	Auckland	Rest of NZ	All NZ
2014			78.4
2015	95.4	76.0	80.3
2016	96.6	82.8	85.6
2017	94.6	87.2	88.4
2018	98.2	87.1	89.3

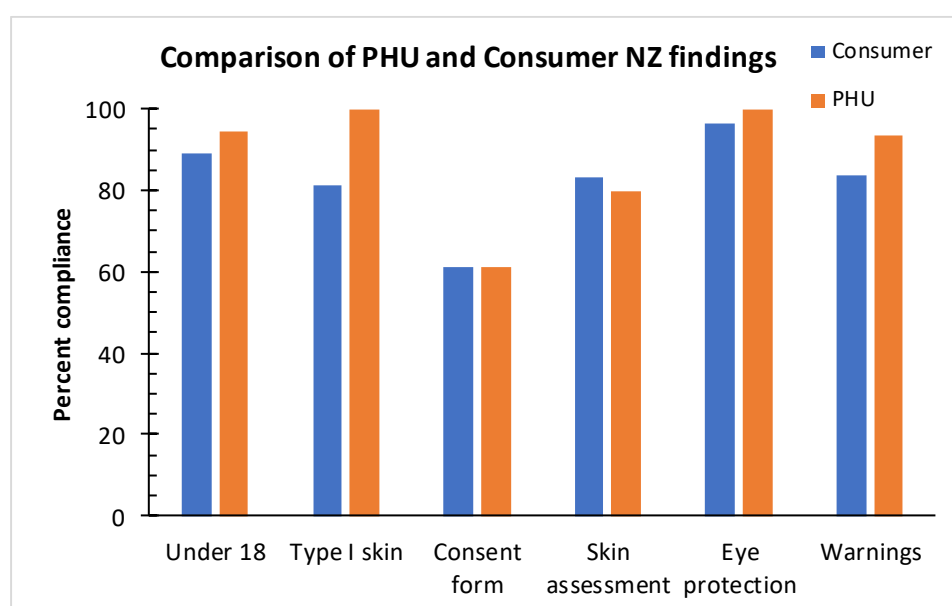
### 3.5 Comparison with recent Consumer NZ data

Consumer NZ were commissioned by the Ministry of Health to carry out a mystery shopper survey in October 2017. There were three parts to their survey:

- Whether operators refused under-18s (carried out in Auckland, Dunedin and Invercargill – 20 establishments in total)
- Whether operators refused people with Type I skin (carried out in Wellington and Christchurch – 20 establishments in total)
- Whether operators used a consent form, carried out a skin assessment, required the use of goggles, and displayed the required warning notices (40 establishments in Auckland, Taranaki, Bay of Plenty, Wellington, Nelson-Marlborough, Canterbury, Dunedin and Invercargill).

The findings were published in February 2018<sup>5</sup>. Copies of the Consumer findings were provided to PHUs before they started their own visits.

The Consumer and PHU findings from establishments visited in both surveys are compared below.



<sup>5</sup> Available at: <https://www.consumer.org.nz/articles/sunbeds>

Overall there is reasonable agreement between the two sets of results. Of concern, however, is that Consumer NZ found three establishments that allowed someone with skin type I to use the sunbed, whereas PHU staff concluded, from the evidence they saw during a visit and their conversations with the staff, that such people would not be allowed to use a sunbed. As noted in section 3.3.9, PHU staff are largely reliant on information provided by the sunbed operator, and the discrepancy between the Consumer and PHU findings suggests either that sunbed operators are not good judges of skin type, or the information provided to PHU staff is incomplete, or both.

Consumer NZ found two establishments that allowed under-18s to take a sunbed session. During their visits after the Consumer report was published, PHU staff considered that there was evidence that they did not now accept under-18s<sup>6</sup>. On the other hand, they also considered that one establishment that refused an under-18 during the Consumer visits might allow under-18s to use the sunbed, as the website states that under 18s are allowed to use a sunbed with a request signed by a medical practitioner. This is not permitted by the Health Act.

### **3.6 Sunbed hire business**

A business in Christchurch hires out sunbeds and the PHU called the owner, who was happy to discuss the operation. Hirers are provided with an advice sheet that covers most of the information required in a warning sign, and it is the hirer's responsibility to follow this. The hire contract signed by the hirer covers some of the information that should be in a consent form, but does not warn that UV from a sunbed contributes to skin aging and skin cancer, or recommend that people who have had moles or a history of skin cancer not use a sunbed. The contract states that the bed should not be used by under-18s or people with fair skin but the wording around this could be improved. Goggles are supplied with the sunbed and the contract says that these should be worn. The hire company provides advice on session times but these are entirely under the control of the hirer.

Overall the information provided to the hirer, and the undertakings they have to sign up to in the contract, could be improved, and the PHU has provided information to enable this. In the end, however, once the hirer has the bed they can use it however they wish.

The hire company is gradually disposing of the beds and only hires them out occasionally.

## **4 Discussion**

### **4.1 Comparison with previous assessments**

There has been a further small improvement since the assessment carried out in 2017, but this was entirely due to improvements in Auckland. Compliance in the rest of the country has stayed at the same level as in 2017.

As in previous years there has been a small decrease in the number of operators, and others are reported to say that they may stop offering sunbed services over the next year. It is not all downhill, however: one operator has replaced two beds and one new operator was found. Most operators have a single bed and provide few sessions a week. Around 70% of sunbed sessions are provided by just seven operators.

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<sup>6</sup> The Consumer NZ report shows that the two breaches were more a result of sloppy operating practice, rather than a deliberate attempt to break the law. Sloppy practices would probably not be detected by the PHU visits.

There is still a suspicion that some operators might still allow under-18s to use a sunbed. Reasons for doubt included the use of consent forms that say under-18s may use sunbeds with parental permission, and similar statements on websites.

There was a small decrease in the number of operators claiming benefits from sunbed use on websites, due in part to a decrease in claims made on websites. Since the PHU visits a few other establishments have removed claims from websites as well.

In several of the areas checked (use of warning notices, 48 hour delay, maintaining records) compliance seems to have plateaued out. In others, notably the use of consent forms, a core of operators refuses to comply. As compliance has been consistently better in Auckland (with 100% compliance in most of the areas checked) it appears that even marginal gains will be very difficult to achieve without further regulation.

A business that hires out sunbeds provides some information about risks and best practice to hirers, but it is impossible to know how the bed is used once in the hirer's home. The PHU has sent information to try and improve documentation supplied with the bed. The business is slowly disposing of its sunbeds and reports that nowadays they are only occasionally hired out.

There are still reports of clients having been referred by doctors or skin clinics for treatment.

## **4.2 Recommendations**

It is recommended that in the next six-monthly visits, PHUs do not repeat the detailed assessment, but instead concentrate on:

- Continuing to try and get all operators to use a consent form which meets fully the requirements in the Standard.
- Continuing to check sunbed operator websites for claims of benefits, or claims that tanning is risk free.
- Ensuring that their database of establishments offering sunbed services is completely up to date. Establishments should be kept on the PHU list until it is certain that a sunbed has been disposed of. If a sunbed is sold, efforts should be made to find the buyer (even if a private buyer) to supply them with information on best practice operation.

A separate report has been sent to the Ministry of Health detailing establishments which might allow under-18s to use sunbeds.

# Appendix A Assessment form

PHU: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

1 Establishment information	
Name of premises	
Address	
Phone	
Alternative phone	
Number of attempts to contact	
Assessed?	Circle one: Assessed / No - Operator refused / No - Sunbeds not being used (but might be in the future) / No - no sunbeds or sunbeds will be removed soon / No - operator too busy / No - visit cancelled by operator / No - status unknown (but keep on watch list) / No - not assessed for some other reason (give the reason in the comments).
Manager/owner	
Email	
No. of beds	
Visited previously?	Yes / No
Approximate number of sessions/week	
Comments:	

2 Warning notices	Yes	No
A4 size warning notices at reception?		
A4 size warning notices in each cubicle?		
<i>Sign content:</i>		
• UV from a sunbed contributes to skin aging and skin cancer		
• Clients under 18 not accepted		
• Fair skinned clients who burn easily not accepted		
• Eye protection obligatory		
• Avoid intentional UV exposure for 48 hours after session		
Comments:		

<b>3</b>	<b>Claims of benefits</b>	Yes	No
	No visible claims of benefits ( <i>answer Yes if no visible claims</i> )		
	No visible claim that sunbed use is risk free ( <i>answer Yes if no visible claims</i> )		
Comments:			

<b>4</b>	<b>Skin type assessment</b>	Yes	No
	Evidence that skin type assessment undertaken		
<i>For information: How is the skin type assessment done (tick Yes for all which apply)</i>			
	• Detailed questionnaire which is similar to Ministry example?		
	• Comparison with skin colour chart?		
	• Other (please describe), plus any comments		

<b>5</b>	<b>Consent form</b>	Yes	No
	Evidence that consent form used		
	Copy provided to client		
<i>Consent form content:</i>			
	• UV from a sunbed contributes to skin aging and skin cancer		
	• Avoid intentional UV exposure for 48 hours after session		
	• Eye protection obligatory		
	• Fair skinned clients who burn easily not accepted		
	• Clients under 18 not accepted		
	• Recommendations against tanning (moles, skin cancer history, easily burn etc)		
	• Warnings about medication, pregnancy, cosmetics		
Comments:			

<b>6</b>	<b>Exclusion of high risk clients</b>	Yes	No
	Evidence that under 18s excluded		
	Evidence that clients with skin type 1 excluded		
Comments:			



<b>7 Eye protection</b>	Yes	No
Evidence that eye protection required (supplied by solarium or client)		
Eye protection seals around eyes		
Comments:		

<b>8 Hygiene</b>	Yes	No
Evidence that beds and eye protection sanitised after use		
Comments:		

<b>9 48 hour delay between sessions</b>	Yes	No
Evidence that 48 hour interval between sessions enforced		
Comments:		

<b>10 Client records</b>	Yes	No
Client records kept for two years		
<i>Records content:</i>		
• Consent form		
• Skin type assessment		
• Visits/session durations		
Comments:		

<b>11 Timer</b>	Yes	No
Evidence that timer used to control sessions		
Only operator can set timer		
<i>For information: How are session times determined – select ONE only from:</i>		
• No clear system		
• All clients given the same time		
• Time selected by client		
• Operator's tables based on skin type, previous sessions?		
• Manufacturer/supplier tables based on skin type, previous sessions?		
• Other (please describe)?		
Comments:		

<b>12 Training</b>	Yes	No
Staff trained on excluding high risk clients		
Staff trained to perform skin type assessment		
Staff trained on sanitising equipment		
Trained staff member always present when sunbeds used		
Training records kept?		
Comments:		

<b>13 Operator interest/engagement (for information)</b>	Yes	No
<i>Operator welcomes visit</i>		
<i>Operator understands health risks</i>		
<i>Operator has a copy of the Standard</i>		
<i>Operator has a copy of the Ministry Guidelines to compliance with the Standard</i>		
<i>Other comments (about anything):</i>		

<b>Materials provided</b>	Yes
Consent form	
Warning sign	
Skin assessment form (questionnaire type)	
Skin assessment chart (pictorial)	
Copy of Ministry Guidelines for compliance with the Standard	
Cancer society information sheet <i>Sunbeds, solaria and sunlamps</i>	
Press release announcing regulation of sunbeds	
Information on sunbed use during pregnancy	
Other:	