Compliance of New Zealand solaria with recommended operating practices

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Abstract. A joint Australia/New Zealand Standard 2635:2008 *Solaria for cosmetic purposes* sets out requirements for commercial sunbeds in order to reduce the risks from artificial tanning. In New Zealand, compliance with the Standard is not mandated, and surveys of commercial sunbed operators have typically found poor compliance. Since mid-2012 staff of District Health Board Public Health Units (PHUs)* have been requested to visit all commercial sunbed operators every six months to provide information to operators on best operating practices to reduce public health risks, and ensure that they are aware of regulatory regimes being introduced overseas. During the second round of these visits, PHU staff completed a survey assessing compliance with procedural and administrative requirements of the Standard. This will provide a baseline against which to compare the results from future surveys, in order to gauge the effectiveness of the visits and any other interventions. 123 establishments were assessed, and over 50% were fully compliant in seven or more of the eleven areas of operation examined. Although exact comparisons with previous surveys are not possible, the results suggest that compliance with the Standard is improving.

Background

Since 2005, the New Zealand Ministry of Health (MoH) has commissioned Consumer New Zealand to undertake several surveys of commercial solaria to determine the extent to which they are following the procedures recommended in the voluntary Standard AS/NZS 2635:2008 *Solaria for cosmetic purposes* (the Standard). Overall, these surveys have found poor compliance, and little improvement over time.

These findings prompted the MoH to request Public Health Units (PHUs) to visit commercial sunbed operators in their regions every six months in order to:

- Provide information to operators on best practice to reduce the public health risks from using solaria
- Make operators aware of regulatory regimes being implemented overseas

PHUs were provided with materials to assist them in this work, including examples of consent forms and skin assessment forms, and a user guide to the Standard to assist operators in meeting its requirements.

Standardised assessment

Following the first round of visits in the second half of 2012, the MoH decided to undertake a more formal assessment of compliance with the Standard, using a standardised assessment form. The main purpose of this was to provide a baseline against which to judge the effectiveness of the work.

The assessment concentrated on administrative and procedural requirements of the Standard, with which any operator should be able to comply. Eleven areas were covered, including the display of warning notices, use of a consent form, undertaking a skin assessment, use and setting of a timer.

Results

Assessments were made during visits in the first half of 2013. 189 establishments were contacted, of which 173 had sunbeds, and PHU staff visited 139. Some establishments were not visited for a variety of reasons, for example if the sunbed was not being used, or the manager refused to allow the visit, or the establishment reported that it was too busy to spare the time. 19 establishments said that they expected to stop offering sunbed services in the near future. A report on the findings from this first standardised assessment has been published (Ministry of Health, 2013).

123 commercial establishments were assessed using the standardised form†. Most only had one sunbed, but others had up to eight. The majority of establishments reported that they gave 10 or less sunbed sessions per week, and all but one had less than 100.

The percentage compliance in the eleven areas investigated is plotted in Figure 1.

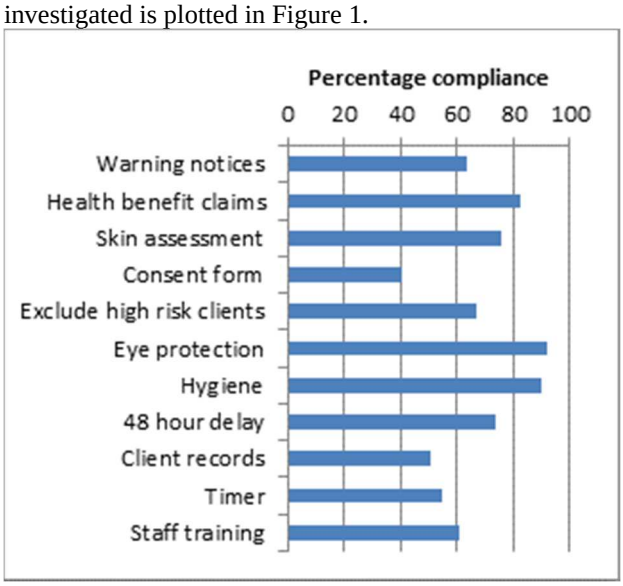

Figure 1. Percentage compliance with the requirements of AS/NZS 2635:2008 in the eleven areas investigated. See the full report for further details.

* PHUs are part of publicly funded health services delivered by District Health Boards. Their roles include providing public health protection and promotion services for the MoH.

† Some PHUs had already completed their visits by the time the standardised assessment form was distributed.

Only 2% of the establishments were fully compliant in all eleven areas, but 16% were fully or almost fully compliant ("almost full" compliance means that they had warning notices at the reception or in the cubicle but not both, and they used a consent form but did not offer a copy to the client). 50% were fully compliant in seven or more areas, and 62% were fully or almost fully compliant in seven or more areas.

PHU staff also attempted to gauge the degree of operator engagement with the visits and risk reduction measures, and their findings are summarised in Figure 2.

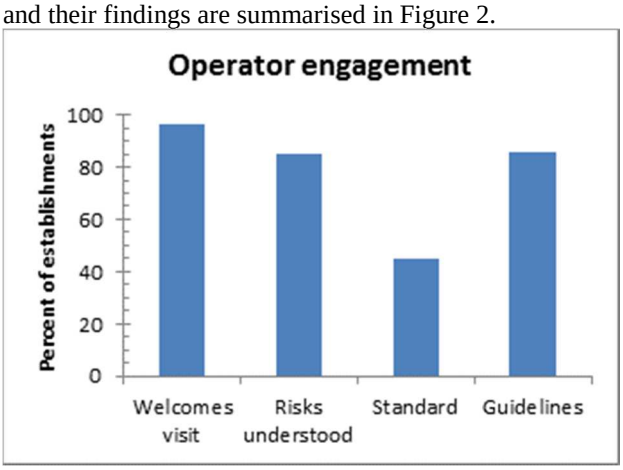

Figure 2. Operator engagement with the purpose of the PHU visits. "Standard" and "Guidelines" shows the percentage of operators with copies of the Standard, and the Ministry user guide to the Standard.

PHUs were not requested to make assessments of compliance with the Standard during the first round of visits, but several did assess compliance with some areas of operation. This is compared with results from the second visits in Figure 3. This comparison should be interpreted cautiously, as the information in the first survey (H2 2012) was not collected in as systematic a fashion as in the second (H1 2013). Nevertheless, even though comparisons may not be exact, the results are encouraging as they suggest improvements in all areas of operation but one.

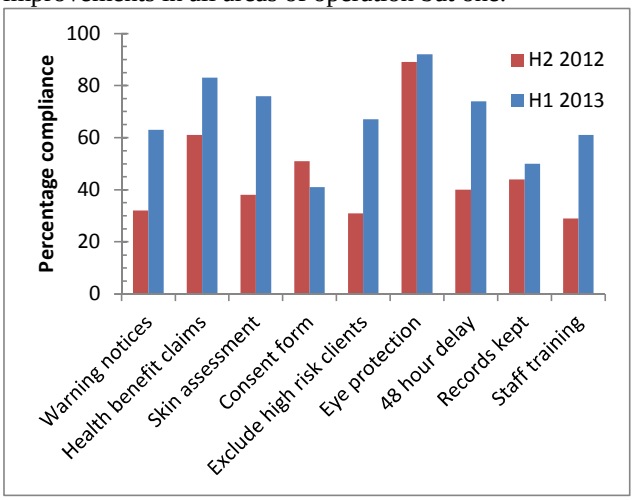

Figure 3. Comparison between compliance data obtained during the first (H2 2012) and second (H1 2013) rounds of visits to commercial sunbed operators.

Discussion

The data obtained by PHUs provide a reliable baseline against which the results from future surveys using the same assessment scheme can be compared. Some of the data (for example, on whether a 48 hour interval between sunbed sessions is strictly enforced) is reliant on receiving honest answers from the operators. However, PHU staff have found that if operators understand that the work is intended to provide a snapshot of how the industry is operating, and assist operators to follow best practice guidelines (rather than an exercise in passing judgement), they will be frank and candid.

Almost all operators welcomed the visits, and appeared to be keen to improve their operating practices. A few, on the other hand, refused visits, and others commented that it was a matter of individual choice whether or not someone used a sunbed, and they would not alter their practices until legally obliged to do so.

One important aspect of sunbed operation that has not yet been examined in detail is verification of the UV dose from sunbeds. This depends on a number of factors, such as the UV content of the lamps, the lamp power and the output time. Of these, only the exposure time is easily measured and checked. The feasibility of making simple checks of the dose rate is under investigation.

In April 2013 the Minister of Health announced his intention to ban use of sunbeds by under-18s, and work to enact this is under way. In the meantime, the Auckland Council has enacted a bylaw which allows it to licence sunbed operators and require that they comply with a code of practice.

A second systematic assessment of compliance with the Standard is being undertaken in the first half of 2014.

Acknowledgements

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Opinions expressed in this paper are those of the author, and do not necessarily represent the opinions of the Ministry of Health.

References

Ministry of Health 2013. Visits to commercial solaria by DHB Public Health Units between 1 February and 31 July 2013: summary of findings Available for download at: www.emfservices.co.nz/resources/uv-and-sunbeds

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