Laser Safety Compliance Australia: A practical framework to help businesses meet IPL safety obligations

Version 1.0, October 2026

Laser Safety Compliance Australia

About this framework

This framework sets out, in plain English, what a person conducting a business or undertaking (PCBU) that uses intense pulsed light (IPL) devices can do to protect workers, clients and members of the public from harm. Aside from Tasmania, there is limited IPL specific legislation and sparce regulator guidance in Australia. This has led to a situation where IPL safety obligations can be unclear. It has also resulted in a climate where IPL is being performed by untrained operators with unsafe devices (Queensland Government, 2025; Victorian Department of Health, 2024). This framework is an independent, informal guide to help PCBUs manage IPL risks. It is organised around the hierarchy of controls, and draws on both evidence-based resources and Australian Standards.

Background

The use of IPL is increasing particularly in cosmetic and therapeutic settings (Karipidis et al., 2023). Whilst IPL devices are generally less hazardous than lasers, they can still cause harm to both clients and operators (Standards Australia, 2018). This framework is the reference guide for Laser Safety Compliance Australia's Practical IPL Risk Management Self-Audit.

Who it is for

This framework is written mainly for PCBUs (employers) outside of Tasmania that use IPL devices in cosmetic and therapeutic settings. It covers the general principles of workplace hazards and risk management in the setting of IPL equipment. The framework primarily focuses on occupational health and safety rather than clinical governance (Section 10).

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Conflict of interest declaration

Laser Safety Compliance Australia supplies laser safety eyewear and laser safety awareness training. To manage this conflict, the framework is evidence-based and describes products and services by the requirements they must meet, not by brand or supplier.

Disclaimer

This framework is general information, not legal advice. It supplements, but does not replace, legislation, Australian Standards and regulator guidance. See Important information at the end of this framework.

Section 1 – Introductory matters

1.1 Key terms

Intense pulsed light (IPL). A device that emits a series of polychromatic light pulses emitted in the visible to infra-red spectrum (Lin et al., 2024; Standards Australia, 2018; Tfos Collaborator Group et al., 2025). IPL devices are usually designed to fire only when in contact with the skin and have built-in cooling to help prevent skin burns.

Fluence refers to the amount of energy delivered per unit area or in simple terms, can be though of as the intensity of the light.

Spot size as the name suggests is the diameter of light that is emitted from the device.

Hazard. Anything with the potential to cause injury, illness or death.

Risk. The likelihood that a hazard will cause harm, combined with how severe that harm could be. Risk extends beyond workers to visitors, volunteers and members of the public (Safe Work Australia, 2025b; Victorian Government, 2004)

Control measure. Anything put in place to eliminate a risk, or to reduce it where elimination is not reasonably practicable (Safe Work Australia, 2025a).

Reasonably practicable. What can reasonably be done to ensure health and safety, weighing up the likelihood and severity of harm, what the person concerned knows, and the availability and suitability of ways to reduce risk; cost of reducing risk is a final consideration in the concept of reasonably practicable (Safe Work Australia, 2025b; Victorian Government, 2004).

1.2 Legal requirements

Most Australian jurisdictions have no legislation setting training, licensing or competency levels required IPL operators (ARPANSA; Jayanata et al., 2026). The exception is Tasmania, where IPL operators must be licensed and as a part of this process they must demonstrate both relevant qualifications and training on the device they intend to use (Tasmanian Department of Health, 2026).

A small nuance in relation to specific IPL regulation in Victoria lies within the *Infection prevention and control guidelines for hair, beauty, tattooing and skin penetration industries (Victorian Government, 2019)*. These guidelines help with compliance to the Public Health and Wellbeing Act (2008). Within these guidelines, staff need to undergo training before using an IPL, staff and clients need protective eyewear, and infection control guidelines need to be followed based on the device used.

While there is a general lack of legislation specific to IPL use in all jurisdictions other than Tasmania, PCBUs must still comply with state and territory legislation work health and safety laws. These require risks to be eliminated or, where that is not reasonably practicable, reduced so far as reasonably practicable (Safe Work Australia, 2025b; Victorian Government, 2004).

1.3 Duties

This framework uses the model WHS terms ‘PCBU’ and "worker". In Victoria, the equivalent is employers and employees respectively.

The PCBU has the primary duty to ensure, so far as is reasonably practicable, that the workplace is safe (Safe Work Australia, 2025a; Victorian Government, 2004). In line with the model WHS laws, this includes:

- following a risk management process
- identifying all foreseeable hazards that could arise during installation, operation, maintenance, servicing and failure of IPL devices
- acting promptly to eliminate risks, or reduce them so far as is reasonably practicable
- providing training and supervision
- maintaining equipment, so it remains safe to operate
- providing personal protective equipment that is suitable and fits the wearer
- regularly reviewing whether controls are working, and documenting the findings

Consultation. The PCBU must consult their workers during the risk management process (Safe Work Australia, 2025b; Victorian Government, 2004). This includes when identifying hazards, assessing risks, choosing controls and reviewing them. Workers are well positioned to identify hazards because they are directly involved in operational processes (Macdonald & Oakman, 2015). Including workers also helps build a sense of involvement which may help develop a strong safety culture (Macdonald & Oakman, 2015).

Officers. Under WHS law, directors and senior managers must exercise due diligence to ensure the PCBU meets their duties (Safe Work Australia, 2025b). In practice, this means understanding the IPL hazards in the workplace and making sure resources such as engineering controls equipment, training and an IPL safety officer are provided.

Workers. Under the model Work Health and Safety Act and Regulations (Safe Work Australia, 2025a), workers must:

- take reasonable care for their own health and safety, and that of others
- follow reasonable policies and procedures, including standard operating procedures
- wear the personal protective equipment provided
- report hazards to a supervisor, including faulty equipment and missing or damaged labels and signs

Manufacturers and suppliers should provide information on the safe use of the equipment they supply. For IPL devices, AS IEC 60601.2.57 sets requirements for manufacturers, including labelling and information on the controls, training and personal protective equipment needed to reduce the risk of harm (Standards Australia, 2014).

Shared duties and contractors. Each PCBU must, so far as is reasonably practicable, consult, cooperate and coordinate with the other PCBUs who share the duty (Safe Work Australia, 2025b). A duty cannot be transferred to someone else by contract. In practice, each PCBU should:

- agree in writing who is responsible for which controls
- check a contractor's competence before work starts, including their qualifications, manufacturer training and safety procedures
- induct contractors and visitors to the site's IPL controls
- supervise and monitor contractors' work

1.4 The risk management process

Risk management follows four steps:

1. **Identify hazards.** This includes every stage of the IPL device's life: installation, normal operation, maintenance, servicing and failure.
2. **Assess the risks.** This involves considering who could be exposed, including operators, other workers, contractors, clients, visitors and the public. It also involves the likelihood and severity of harm occurring.
3. **Control the risks.** Controls are selected by working down the hierarchy in Sections 2 to 6, starting with elimination.
4. **Review the controls.** Controls are checked to confirm they are working, and revised when something changes or an incident occurs (Section 7).

Deciding what is reasonably practicable. In practice:

1. Controls should start at the top of the hierarchy, moving down only when a higher control is not reasonably practicable (Sections 2 to 6).
2. What others in the industry do, and what regulators require elsewhere, is a good guide to what is available and suitable. A control that one state requires by law is clearly achievable.
3. Most risks need a combination of controls, not a single one.
4. The reasons higher-order controls were not chosen should be recorded. This shows the decision was reasoned.

1.5 Risk of IPL radiation

Damage to skin

IPL can cause thermal injury to the skin, such as burns (Standards Australia, 2018). Permanent risks may include pigmentary changes to the skin and scarring (Jayanata et al., 2026).

Damage to eyes

IPL can damage pigmented tissues of the eye, such as the iris, so eye protection is critical for both the client and the operator (ARPANSA; Gade et al., 2024; Lee et al., 2024; Standards Australia, 2018).

1.6 Other hazards

Other hazards need to be considered outside of IPL irradiation. These may include:

- **Electrical hazards.** IPL devices may use high voltage, which could be hazardous during servicing or if the equipment is damaged.
- **Other.** PCBUs must also manage all other foreseeable hazards in the workplace, both physical and psychosocial (Safe Work Australia, 2025a; Victorian Government, 2017).

1.7 IPL classification

IPL devices are classified by their potential to cause harm. The risk groups are technical, but Queensland Health (2026) summarises them as follows:

"Exempt Group—do not require labels

There is no photobiological hazard.

Risk Group 1—low risk group

The risk is limited by the normal behaviour of the user of an IPL device.

Risk Group 2—moderate risk group

The risk is limited by the aversion response to very bright light sources or by thermal discomfort.

Risk Group 3—high risk group

The IPL is a hazard even for momentary exposure."

1.8 Reading IPL labels

All IPL devices should have radiation hazard labels to warn people of the dangers associated with the equipment (Queensland Health, 2026).

Labelling requirements are set out in AS IEC 60601.2.57:2014 *Medical electrical equipment*, and summarised in plain English by Queensland Health. The main labels are:

Warning label. The hazard symbol: a triangle containing a sun-like symbol representing IPL. It shows that IPL radiation exists, and to look for the explanatory label beside it.

Explanatory label. A text panel giving the device's risk group and the precautions to take, e.g. avoid eye exposure. Supplied by the manufacturer under AS IEC 60601.2.57.

Aperture label. Identifies the opening the light comes out of. Required to be identified by the manufacturer under AS IEC 60601.2.57.

Section 2 – Elimination and substitution

The most effective control is to remove the hazard (Safe Work Australia, 2025a). A PCBU must eliminate risks where reasonably practicable, and only reduce them when elimination is not possible (Safe Work Australia, 2025a; Victorian Government, 2004). Where elimination is not reasonably practicable, the next step is substitution: replacing the hazard with something that creates a lower risk (Safe Work Australia, 2025a).

Ask whether an IPL is needed at all. Before buying or using an IPL, the PCBU should consider whether the same result can be achieved without one.

Eliminate hazards at the design stage. When planning a new treatment room, the room alongside the work processes should be designed to minimise unintended exposure to IPL light. For example, IPL treatment rooms should be designed to eliminate reflective surfaces that could come in contact with a light source (Radiation Protection Unit Tasmania, 2011).

Choose the lowest-risk device that works.

Where an IPL is needed, the PCBU should consider whether a device in a lower risk group would do the job. When the PCBU is not the clinician, this is where consultation is important due to the asymmetry that exists in terms of subject-matter.

Section 3 – Isolation

Isolation separates people from the hazard using distance or physical barriers.

3.1 Keep IPL light inside the room

IPL treatments should be carried out in a room or controlled area, so that light does not reach people outside it. Windows, doorways and other openings should be covered or screened where needed (Tasmanian Government, 2026).

3.2 Controlled areas

A controlled area is the room or space where the IPL is used and where people could be exposed. Its walls, doors and curtains keep people who are not involved out while the IPL operates (Radiation Protection Unit Tasmania, 2011). The rules for entering it are administrative controls (Section 5.3).

Section 4 – Engineering controls

Through design, engineering controls build safety into the equipment and the workplace, so protection does not depend on people.

4.1 Buying compliant equipment

Devices bought cheaply online or from overseas may not meet Australian standards including as IEC 60601.2.57. Missing or poorly designed safety features increase the risk of unintended exposure.

Verify compliance, do not assume it. Before buying, the PCBU should ask for a certificate of compliance and check that:

- the certificate was issued by an independent, accredited testing laboratory, not just the manufacturer
- the model and serial range on the certificate match the device being bought
- the labels on the device (risk group, output and warnings) agree with the certificate
- If applicable, the device is included in the Australian Register of Therapeutic Goods

If a supplier cannot provide a certificate, this should be treated as a red flag.

Acceptance check before first use. Before a new device is used on anyone, the PCBU should confirm that the housing is intact, the safety features in Sections 4.2 and 4.3 work, and the labels match the certificate. Where the manufacturer recommends it, output should be checked against the selected settings (Section 7.3). A record of the check should be kept (Section 7.4).

4.2 Interlocks and key control

Remote interlock. For higher-risk IPL devices that support it, a remote interlock wired to the treatment room door may be considered, so the device cuts off when the door opens. The Tasmanian Government Department of Health, do not require interlocks to IPL treatment rooms providing access to the room is controlled (Radiation Protection Unit Tasmania, 2011).

Emergency stop. Where fitted, the emergency stop must work and be easy to reach.

4.3 Warning devices and indicators

For Risk Group 3 IPL devices, AS IEC 60601.2.57 recommends features including a key-operated master control, a visible or audible signal when the device is ready to emit and when light is being emitted, a standby condition and an emergency stop (Standards Australia, 2014). The PCBU should check that these features are present and working.

4.4 Servicing and return to service

Servicing and maintenance can create a risk of exposure, particularly when safety features are temporarily removed or bypassed.

Know who can do what. Operational maintenance is the routine maintenance an owner is expected to carry out, as described in the operator manual. Technical servicing is everything else and should be carried out only by a qualified technician.

Contractors. When an external technician services an IPL, their competence should be checked first.

Before returning to service a trained person should confirm that any covers, interlocks and other safety features that were removed or bypassed have been restored.

4.5 Fire

Fire. A suitable fire extinguisher should be kept nearby.

Section 5 – Administrative controls

Administrative controls are the rules, procedures, signs and training that govern how people work with IPL devices. They support the higher-order controls in Sections 2 to 4 but cannot replace them, because their effectiveness depends on people following them every time.

5.1 IPL safety officer

For Risk Group 3 IPL devices, or clinics with several devices, the PCBU may consider appointing an IPL safety officer, a named person who oversees IPL safety. The role may include:

- arranging training on IPL hazards and safe work practices for operators and other workers who may be exposed
- checking that IPL safety procedures are followed and reviewed regularly
- overseeing access to the treatment area, eyewear selection and incident investigation
- Performing calibration in accordance with manufacturer instructions if trained to do so

5.2 Procedures and information

The PCBU should have clearly defined standard operating procedures, and give workers information on how to carry out IPL work safely. Procedures may cover:

- normal operation, including start-up and shut-down
- checking IPL filters for damage before use (Standards Australia, 2018)
- operational maintenance, and when to call a qualified technician (Section 4.4)
- emergency protocols, including suspected exposure, fire and equipment failure (Section 8.4)

5.3 Controlled areas, access and signage

Access. Only authorised, trained people should enter a controlled area while the IPL is operating (Section 3.2).

Entrance signage. A sign or other indicator should be displayed outside the room while an IPL is in use, to prevent unintended exposure to others (Radiation Protection Unit Tasmania, 2011; Tfos Collaborator Group et al., 2025). Signs should be at about eye level and easy to see. This may be particularly important in busy clinics, such as optometry practices, where workers and clients move between rooms.

PPE signage. Signs should show the eye protection required to enter the room.

Reporting. Workers must follow any reasonable controls that safety signs set out (Safe Work Australia, 2025a; Victorian Government, 2017). They may contribute to risk management by reporting signage that is faulty, absent, or hidden, and anyone entering a controlled area without authorisation or eye protection.

5.4 Keeping labels in place

The PCBU should keep equipment labels present and readable. In laser settings, a compliant label is described as durable, permanently fixed, legible while the equipment is running and readable without exposure to the beam (Mok et al., 2025); the same principles can reasonably be applied to IPL safety labels. Labels should be checked during routine inspections.

5.5 Training and supervision

Workers must be provided with information and training that allows them to work without risks to health and safety (Safe Work Australia, 2025b; Victorian Government, 2004). For IPL, this may include general IPL safety training and device-specific training.

General IPL safety training is for every worker who may be exposed to IPL light. It may cover:

- how IPL hazards are identified and risks controlled
- the IPL safety procedures used in the workplace
- the responsibilities of workers in risk management
- the use, fit, testing and storage of personal protective equipment

Device-specific training is for every worker who operates a particular IPL device. It should cover:

- the safe operation of that device
- maintenance and emergency procedures

Workers should not use an IPL device until they are trained on it. Comprehensive training, and close supervision are essential for workers who are new to an IPL system. Training records should be kept (Section 7.4). This framework covers safety training only; clinical training is a clinical governance matter (Section 10).

Section 6 – Personal protective equipment

Personal protective equipment is the last line of defence. It is essential where an IPL hazard remains, but it protects only the wearer, and only when it meets the parameters of the device, is in good condition and is worn.

Given the variation in parameters between different IPL devices, appropriate IPL safety eyewear should be worn according to manufacturer specifications. This includes eye protection for the client and anyone else in the room (Tfos Collaborator Group et al., 2025).

Sunglasses, and laser safety glasses not specifically designed for IPL, should not be used for protection against IPL (Standards Australia, 2018).

ARPANSA's advice notes that dark tinted eyewear complying with the sunglass standard AS/NZS 1067:2016 'may offer some reduction in the light intensity to the eyes' (ARPANSA). Because AS/NZS

4173 treats sunglasses as insufficient, this framework recommends also consulting the manufacturer as previously outlined the parameters of IPL devices can vary considerably.

6.1 Fit

Evidence from laser settings shows that poorly fitting eyewear, as well as not wearing eyewear, has contributed to eye injuries (Barat, 2022; Biswas & Kaliyadan, 2026; Jbara et al., 2023). The same principles apply to IPL eyewear.

PCBU is obliged to ensure personal protective equipment is appropriate and fits the wearer (Safe Work Australia, 2025a; Victorian Government, 2017). Eyewear bought online in a single size may not fit everyone.

Frames should conform to the face to minimise gaps, with particular attention to the nose and cheeks (Sutter & Schirmacher, 2001). Side shields reduce the risk of radiation reaching the eye from the side. When fit is checked, particular attention should be paid to the nose and cheeks, where gaps often appear (Sutter & Schirmacher, 2001). Adjustable temples can help fit the frame to the individual. Spectacle wearers, and how the eyewear works with other PPE such as hearing protection, should also be considered (Standards Australia, 2014)

6.2 Maintenance and storage

Cleaning and inspection. Eyewear should be cleaned and inspected regularly, following the manufacturer's instructions, because harsh cleaning agents can damage some lens coatings (Wamsley et al., 2021). Where eyewear or shields shared between clients, it also needs disinfecting products the manufacturer approves. Inspections should check for:

- scratches or discolouration on the lenses
- cracks or discolouration on the frame
- damage to the straps that could affect the fit

Any eyewear that is compromised should be discarded.

Storage. Eyewear should be stored in an accessible place outside the controlled area to the treatment room, so it can be put on before entering (Radiation Protection Unit Tasmania, 2011). Eyewear should be stored in a manner to avoid scratching as damage to the lens coatings may reduce their ability to filter out light. Goggles should not be hung by their straps, as this can stretch them and affect the fit (Barat, 2022). Likewise, glasses should not be hung by their arms.

Section 7 – Review, incidents and records

The PCBU must review controls and revise them where needed, learn from incidents and near-misses, and keep records (Safe Work Australia, 2025b; Victorian Government, 2004).

7.1 Incidents and near-misses

When an injury or near-miss occurs, the PCBU should identify the cause so further controls can prevent it happening again. Workers can contribute by reporting faulty equipment, injuries and near-misses, and PCBUs should build a culture where workers feel safe to report (Brown et al., 2026; Khatri et al., 2009).

7.2 Reviewing controls

The PCBU should periodically review its control measures and, if necessary, revise them (Safe Work Australia, 2025a; Victorian Government, 2004). Controls may also be reviewed

- after an incident or near-miss
- when equipment, processes or premises change
- when new information about a hazard becomes available
- when workers raise a concern
- when a review shows a control is not working

7.3 Periodic equipment checks

Each IPL device should be checked periodically in line with the manufacturer's specifications, including, where recommended, calibration and checking that actual output matches the displayed settings(Standards Australia, 2018).

How often controls, equipment and eyewear are checked depends on the level of risk and how often the device is used. The PCBU should set these intervals and record them in the IPL safety management plan (Section 8).

7.4 Records to keep

Record	Why it matters	See
Risk assessments and reviews	Shows hazards were identified and controls chosen and reviewed	Sections 1.4 and 7.2
Certificates of compliance	Shows equipment and eyewear meet recognised standards	Section 4.1
Acceptance checks	Shows safety features worked before first use	Section 4.1
Maintenance, servicing and return-to-service checks	Shows equipment was kept safe and restored correctly	Section 4.4
Eyewear inspections	Shows eyewear was checked and compromised pairs removed	Section 6.2
Training and supervision	Shows workers were trained in IPL safety and on each system	Section 5.5

Record	Why it matters	See
	they use	
Incident and near-miss reports	Shows incidents were investigated and acted on	Section 7.1
IPL safety officer appointment	Shows who oversees the program	Section 5.1

Section 8 – IPL safety management plan

An IPL safety management plan records how a PCBU manages IPL risk. Tailored to the individual workplace, industry and state legislation, it brings the elements of this framework together in one place, so that all parties including regulators can see what controls are in place and who is responsible for them.

8.1 Who needs a plan

PCBUs using Risk Group 3 IPL devices should consider a written IPL safety management plan. Where only lower-risk devices are used, the same information may be recorded in the PCBU's general WHS management system.

8.2 What the plan may contain

Element	What to include	See
Scope	The devices, locations and activities the plan covers	Section 1
IPL device register	The IPL devices parameters and responsible person	Section 1.7
Roles and responsibilities	PCBU, officers, IPL safety officer, supervisors, operators and contractors	Sections 1.3 and 5.1
Risk assessments	An assessment for each IPL device and task, including servicing and failure	Section 1.4
Controls	The controls for each IPL device, in hierarchy order	Sections 2 to 6
Controlled areas	Boundaries, access rules and signage	Sections 3.2 and 5.3
Procedures	Operation, servicing and return to service	Sections 4.4 and 5.2
Personal protective equipment	Eyewear for each IPL device, fit checks and inspection schedule	Section 6
Training	Training required for each role,	Section 5.5

Element	What to include	See
	refresher intervals and records	
Emergency response	The IPL injury and emergency response policy	Section 8.4
Incidents and review	Reporting, investigation, review triggers and audits	Section 7
Records	What is kept, where and for how long	Section 7.4

8.3 Keeping the plan current

- The plan should have an owner, usually the IPL safety officer
- It should be developed and reviewed in consultation with workers, on a regular schedule and whenever a review trigger occurs (Sections 1.3 and 7.2).
- It should be easy for workers to find and read.

8.4 Emergency response policy

PCBUs should have an emergency plan for their workplace (Safe Work Australia, 2025a). Where IPL devices are used, the PCBU may also have a written policy for responding to IPL injuries to workers and clients, as part of the IPL safety management plan.

The policy will depend on the devices in use and the workplace. It may cover:

- **Stopping and making safe.** How the treatment is stopped immediately and the device shut down.
- **First aid.** Who provides initial assistance, such as a designated first aid officer, and what first aid equipment is available. What the referral process is.
- **Recording device details.** The device's risk group, wavelength, output and settings and the circumstances of the exposure, so the treating practitioner has the information they need.
- **Reporting and investigation.** Recording and investigating the injury (Section 7.1), and notifying the WHS regulator, or the radiation regulator where required. This will depend on state or territory legislation and the severity of the injury.
- **Fire and electrical incidents.** Isolating the power supply, using suitable extinguishers, and evacuating according to the emergency plan.

Section 9 – Safety culture

A strong safety culture is one where people follow procedures, report hazards, and feel safe to report injuries and near-misses (Khatri et al., 2009; Savage et al., 2024).

9.1 Leadership

Officers, managers and supervisors should:

- follow the same rules as everyone else, including wearing eyewear in controlled areas
- provide the resources that safety needs, such as equipment, training and time

- respond promptly and visibly when workers raise concerns

9.2 Countering complacency

The PCBU can counter complacency by:

- providing refresher training
- sharing the lessons from incidents and near-misses, including those from other workplaces
- supervising new and returning operators closely
- auditing how procedures are followed in practice, not just how they are written.

Section 10 – Client safety and clinical governance

In cosmetic and health care settings, IPL light is deliberately applied to a person. Clients are "other persons" under model WHS law, so the PCBU's duty of care extends to them as well as to workers(Safe Work Australia, 2025b).

IPL treatments can cause client complications such as burns, scarring and pigment changes; clinical outcomes depend heavily on operator training and experience (Jayanata et al., 2026). Untrained operators using inappropriate settings can cause thermal injury (Lin et al., 2024).

Screening clients, identifying precautions and contraindications, and choosing treatment settings are clinical decisions. They sit within clinical governance rather than work health and safety, so this framework does not cover them.

Examples of clinical governance initiatives the PCBU can implement may include ensuring that IPL operators:

- hold qualifications appropriate to the treatments they provide
- practise within their scope
- have opportunities for professional development
- are trained in each device they use (Section 5.5)
- work within documented clinical procedures, including client screening
- Open communication and consultation between the operators and the PCBU. This may be particularly important when operators have subject matter knowledge but lack control over operational processes.

For guidance on clinical governance, PCBUs can refer to the Australian Commission on Safety and Quality in Health Care, which publishes the National Safety and Quality Primary and Community Healthcare Standards (NSQHS, 2021). This website includes frameworks, training modules and other information to help facilitate clinical governance.

10.1 Hygiene and infection control

Hygiene and infection control are part of client safety, so they sit within clinical governance and beyond the scope of this framework. In Victoria, the Infection prevention and control guidelines for hair, beauty, tattooing and skin penetration industries include a section on laser and IPL *(Victorian Government, 2019)*. Although written for Victoria, they are a useful reference elsewhere. The Australian Commission on Safety and Quality in Health Care has free resources and modules on hygiene in healthcare.

Important information

General information only. This framework provides general information about IPL safety. It is not legal, medical or professional advice, and it does not create a professional relationship between Laser Safety Compliance Australia and any reader.

Not a substitute for the law or standards. This framework summarises and interprets legislation, Australian Standards and guidance in plain English. It does not replace them. Where this framework differs from legislation, a regulator's requirements or an Australian Standard, those sources prevail. Following this framework does not guarantee compliance with work health and safety, radiation or any other laws.

Individual circumstances. Each workplace, industry and IPL device is different. PCBUs remain responsible for identifying the hazards in their own workplace, assessing the risks and deciding which controls are reasonably practicable. Where needed, PCBUs should seek advice from a suitably qualified safety professional, independent legal advice, and the relevant work health and safety or radiation regulator.

Currency and third-party material. This framework reflects the law and guidance available at the date of publication. Laws, standards and guidance change, and requirements differ between states and territories, so readers should check that they are using the current version and confirm current requirements with the relevant regulator. This framework refers to legislation, standards, research and websites published by others. Laser Safety Compliance Australia is not responsible for their content or availability. These works remain the property of their respective owners. Australian Standards are available from Standards Australia.

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