BODY

PIERCING

GUIDELINES
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**INTRODUCTION**

Body Piercing has become a popular and fashionable activity. High standards of hygiene are necessary for those performing body piercing in order to protect the public.

The aim of this document is to offer advice on how to prevent the transmission of infection. The information contained within this document will also assist those practising piercing to comply with the Health & Safety at Work Etc. Act 1974 and relevant Bye-laws. This Document does not approve or provide a definitive safe method for body piercing.

The appendices provide a summary of the documents referred to and utilised in writing this guidance. At the back of the guidance document you will also find a checklist and a copy of the bye-laws used by Enforcement Officers. The former and latter will help you to check that you are complying with the Health & Safety at Work Etc. Act 1974 and The Local Government (Miscellaneous Provisions) Act 1982 respectively. Failure to comply with this legislation is a criminal offence, which may ultimately lead to the prosecution of an individual or an employer.

**DEFINITION**

During body piercing a pre-sterilised, single use, hollow needle is pushed through the skin and underlying tissue. This provides a hole to insert the jewellery. Body piercing includes but is not limited to, piercing of an ear, lip, tongue, nose or eyebrow. It is a potentially hazardous practice if performed badly. For this reason it should only be practised by competent, trained and experienced persons.

**IS SKIN PIERCING A HAZARD TO HEALTH?**

The possible hazards include transmitting blood-borne infections through infected equipment, (HIV, Hepatitis B or C) blood poisoning (septicaemia), localised severe swelling and trauma around the piercing site, scarring, jewellery embedding, localised bacterial infections and allergic reactions to jewellery metals and antiseptics.

A person who is scarred or deformed as a result of a piercing may also suffer psychological effects as a result of a piercing that goes wrong.

In order to reduce these hazards it is essential to read, understand and implement the principles of good practice, outlined in these guidelines.

**WHY DO WE NEED BODY PIERCING GUIDELINES?**

Body piercing is fast becoming very popular in the United Kingdom.

Injuries, infections and occasional disease transmissions are occurring as a result of improper piercings or aftercare procedures.

Surveys carried out have revealed that a significant number of people were injured or developed infections as a result of having their body pierced and evidence suggests that unhygienic practices may be responsible for a significant number of infections arising after piercing.
It is often **incorrectly** assumed that no enforcement action can be taken by the local authority if a studio or salon where skin piercing takes place is unhygienic, or where injuries or infections arise as a result of poor techniques.

Local authorities can use general enforcement powers under **health and safety legislation**, to ensure the safety of the public visiting cosmetic piercing studios. Local authorities have the power to make byelaws for ear-piercers, setting down requirements for cleanliness of premises, registration of operators and cleansing of equipment.

The Government is proposing to introduce specific legislation to give local authorities outside London, powers to regulate body piercing businesses. These guidelines have been written jointly by Bury and Rochdale Environmental Health Departments and the Health Authority prior to the introduction of such legislation.

The guidelines will be used as a standard by enforcement officers to assess an operator’s knowledge of the risks involved and the measures taken to reduce them.

**THE LAW**

Facilities and conditions within premises **must comply** with the requirements of the legislation below. In the future specific legislation may be introduced to regulate the practice of body piercing particularly by unskilled operators. This will enable local authorities to license or otherwise control skin piercing premises.

1. **THE HEALTH & SAFETY AT WORK ETC ACT 1974**

The Act regulates the health and safety of persons at work, including the self employed, and persons affected by a work activity. This Act requires employers and the self employed to ensure, so far as is ‘reasonably practicable’, the health, safety and welfare of themselves, any employees and anyone else who may be affected by their work. This would include customers.

There is a growing body of legal opinion that deep body piercing is bordering on a surgical operation. The practice of clinical surgery without medical qualifications is a criminal offence. It is also illegal for piercers to administer local anaesthetic injections, unless medically qualified.

2. **THE LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

The above Act requires that a person performing ear piercing (or electrolysis, tattooing and acupuncture) and the premises where this takes place, must be registered with the local authority. The person and the premises must comply with any bye-laws in force under the Act.

3. **THE PROHIBITION OF FEMALE CIRCUMCISION ACT 1985**

This Act states that a person who "excises, infibulates or otherwise mutilates the whole or any part of the labia majora, labia minora or clitoris of another person" is guilty of a criminal offence. Therefore piercing the female genitalia could be an offence and this must be considered before such piercings are performed. It is
important to note that the Act does not allow females to consent to any procedure that could be defined as female circumcision. The Police enforce this legislation.

4. AGE OF PERSON REQUESTING A PIERCING

There are no specific legal controls over the age at which body piercing should be offered. It is recommended that body piercing is not offered or administered to any person under the age of 18 years.

Under no circumstances should deep body piercing be offered or administered to persons under 18 years. Piercing of the female genital organs (including female breasts) carried out on a child under the age of 16 years would be regarded as an indecent assault. Children of that age cannot give consent to such activities. The Police would investigate allegations of assault.

Exceptions may be made in the case of facial or cosmetic piercing (e.g. nose, lip, eyebrow, navel etc.) provided that such piercing is only offered or administered to people under 18 years of age when accompanied by their consenting parent or guardian.

Clients should be encouraged to bring a friend for moral support and to prevent misunderstandings or allegations of impropriety, especially in the case of genital piercing.

A recent House of Lords decision in a sadomasochism case ruled that no individual has a right to allow an assault on their person. "Piercing parts of the anatomy other than the ears is lawful, provided that the piercing is carried out for decorative or cosmetic purposes and not for sexual gratification." (Judge Rant in the case of Oversby). It could be argued that deep body piercing (i.e. piercing of nipples, penis and labia) is a form of assault on the person and the practitioner could therefore be criminally liable even if the client has given consent.

All the above information should be borne in mind when body piercing is offered to clients or requested by them.

5. ASSESSING THE RISKS OF BODY PIERCING

The Management of Health and Safety at Work Regulations 1999 place a duty on an employer to identify hazards and assess risks in the workplace affecting both employees and non-employees. A hazard is something with the potential to cause harm and a risk is the likelihood and consequence of this occurring. Hazards in a body-piercing studio would include for example; needle stick injuries, infections, customers with blood borne infections, untrained piercers, use of non-sterile needles, inadequately sterilised equipment and misuse of anaesthetics. The employer must carry out a risk assessment in order to comply with this legislation. This should be written down if the piercer employs 5 or more employees. Contact the Environmental Health Department for your area if you encounter problems writing this document.

6. ACCIDENTS AND FIRST AID

Arrangements for first aid, summoning of medical assistance, accident investigation and reporting should be clear prior to accidents occurring.
The Health and Safety (First-Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees if they are injured or become ill at work. A suitable first aid kit must be readily available. All injuries should be recorded in a suitable book.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 require some events to be reported to the enforcing authority. Certain events need to be notified to the local authority via the Incident Contact Centre as quickly as possible (normally by telephone, 0845 300 9923 or fax, 0845 300 9924) and then confirmed in writing using the appropriate form within ten days. This would apply if a member of the public were to be taken to hospital from your premises.

7. THE WORKPLACE (HEALTH, SAFETY AND WELFARE) REGULATIONS 1992

The above regulations lay down standards for work environments and staff welfare facilities for workplaces. Basic guidance on some of the welfare provisions of these Regulations is given below:

**Hygiene**- Sufficient toilet accommodation should be provided. Toilets should be accessible and kept clean, well lit, ventilated and in good repair. Washing facilities with hot and cold (or warm) running water, soap, nail brushes and provisions for hand drying must be provided. Barrier creams, skin cleansers and conditioners may be required.

**Temperature**- A comfortable working temperature should be provided, usually above 16 degrees centigrade.

**Lighting**- A good standard of general illumination should be provided and sustained by regular cleaning and maintenance.

**Ventilation**- Premises should be properly ventilated for comfort and impurity/odour removal.

**Cleanliness**- premises and fittings should be kept clean and good standards of housekeeping be maintained (refuse to be removed regularly for example)

8. THE CONTROLLED WASTE REGULATIONS 1992

Some of the waste generated by body piercing will be classed as “clinical waste” which requires special treatment. This means that you will have to arrange a clinical waste collection with a waste collection firm, who will provide special containers for the waste and will collect this on a pre-arranged basis.

**Clinical Waste** means any waste, which consists wholly or partly of:

- human or animal tissue;
- blood or other body fluids;
- excretions;
- drugs or other pharmaceutical products;
- swabs or dressings;
- syringes, needles or other sharp instruments, which unless rendered safe, may prove hazardous to any person coming into contact with it.
Sharps need to be put safely into properly constructed sharps containers which meet the requirements of BS7320: 1990(yellow in colour). These should be removed for disposal when they are three-quarters full, sealed & labelled. They should not be placed in sacks. Other clinical waste that will be generated by body piercing must be placed in the provided waste sacks (usually yellow plastic sacks) which should be replaced daily or when three-quarters full and sealed or securely tied, labelled and kept secure before removal. Where waste accumulates in small quantities daily, the interval between collections should be as short as reasonably practicable and preferably not less than once a week.

9. USE OF ANAESTHETICS

There is no such thing as a painless piercing. Everyone has a different threshold of pain, so when consent is given for a piercing to be carried out, that person may also request the use of an anaesthetic. However, the administering of injections containing anaesthetic must be in accordance with the provisions of the Medicines Act 1968. The Act states that a non-medically qualified person can only administer local anaesthetic injections, in accordance with the direction of a practitioner, i.e. Doctor, Dentist or Veterinary Surgeon.

The Medicines Act 1968 is one piece of legislation that governs the sale or supply of medicinal products by persons in the course of a business. Pharmacists can only sell medicinal products in accordance with the product's marketing authorisation unless a practitioner prescribed the product. A medicinal product is defined in The Medicines Act 1968 as any substance sold or supplied for use by being administered to one or more human beings for medicinal purposes. Administer includes administering medicinal products orally, by injection or introducing them into the body in any other way.

Topical Anaesthetics commonly used by body piercers fall into three categories:

1. Prescription only medicines (POM)
   These may be supplied through a pharmacy against a doctor’s prescription, for example Emla cream (POM). The packaging or container should have the abbreviation POM.

2. Pharmacy Medicines (P)
   Pharmacy medicines can only be supplied from a registered retail pharmacy under the supervision of a pharmacist. Products used include Ethyl chloride, Ametop gel and Xylocaine spray/cream.

   Ethyl Chloride spray (P) is supplied as a local anaesthetic for use in dental surgery, chiropody, ear piercing and other minor surgical procedures. It is very flammable, non-sterile, may cause an allergic reaction, is not always effective and can cause frostbite. An assessment in accordance with the Control of Substances Hazardous to Health Regulations (COSHH) would be required by Environmental Health. Its use must be carefully monitored and empty containers must be disposed of as special waste.
Xylocaine spray is a “pharmacy only” medicine that can be sold to the public only through retail pharmacy outlets, either by or under the supervision of a registered pharmacist. Xylocaine sprays and creams which contain lignocaine are normally used for numbing the tongue or skin. Xylocaine spray may sometimes cause side effects as well as the effects that are needed to anaesthetise the skin. It may sometimes cause feelings of nervousness, dizziness, drowsiness and occasionally loss of consciousness. Other possible effects are fits, low blood pressure, problems including slow breathing, a slow heartbeat and/or rarely stopped breathing or stopped heartbeat. In extremely rare cases local anaesthetics may cause a rash, swelling or a very low blood pressure.

**Decision of employment tribunal regarding the prohibition of xylocaine spray for body piercing - 20th January 2000**

A recent decision of an Employment Tribunal following the prohibition of xylocaine spray for body piercing by Hinckley & Bosworth Borough Council, concluded that the body piercer MUST read out specific questions prior to using the spray. Their decision was based on the potential risks associated with this product and its use by a body piercer who had no medical qualifications.

In view of the decision reached by the Tribunal, Environmental Health will now wish to see all body piercers using a written document containing specific questions. An example of the document is included in these guidelines.

Environmental Health are currently awaiting specific guidance from the Department of Health on the use of xylocaine by skin piercing practitioners.

**3. General Sales List Medicines (GSL)**

These are available from other retail outlets. The use, administration or supply of these medicines by body piercers on clients may contravene a product’s licence conditions and may be deemed an offence. Their intended use may be for medical applications only and not for cosmetic purposes.

**10. PUBLIC LIABILITY**

Anyone who has a business or who might otherwise incur liability, should obtain Public Liability Insurance cover. This absolves the proprietor from personal liability - otherwise any complainants could claim against the personal property of the body piercer.

Further advantages of having this type of insurance are that it shows that a company is genuine and reputable, plus Insurance Companies handle and settle any claims made so that the body piercer does not have to do anything.

You may get special rates through trade organisations. The recommended sum to be insured for is usually a minimum of £2 million. Premiums may vary and you are advised to seek advice from the Association of British Insurers. (51 Gresham Street London EC2V 7HQ).
The trading standards office has a number of duties and responsibilities. Some of these include:

1. **TRADE DESCRIPTIONS ACT 1968**

   Covers the supply of both goods and services in the course of a trade or business. Almost any description, verbal or in writing, in relation to your business, could be a description which is caught by the Act. The application of a false or misleading description is a criminal offence for which you could be fined and/or imprisoned. For instance, claiming that jewellery supplied as part of a piercing is made of precious metal when it is not would be an offence.

   Any false description of the service, for instance claiming membership of a trade association when you are not, is similarly covered. Once again you could be liable to a fine and/or imprisonment.

2. **HALLMARKING**

   A hallmark is a mark applied to goods made of precious metal that guarantees the quality of the material used. Until recently all gold and silver articles above a particular weight (1 gram for gold, 7 grams for silver) had to be hallmarked by one of the Assay Offices in the U.K. Recent European case law has amended this to allow many other countries direct access to the UK market.

   It is an offence to supply controlled products that do not carry a hallmark from an acceptable source. This is quite a complex area of law so, if you have any doubts or you need further information, you should contact your local Trading Standards Office.

3. **CONSUMER SAFETY**

   Any goods supplied as part of your business will be covered by safety Regulations, most likely the General Product Safety Regulations, 1994. These Regulations cover all goods that are supplied to consumers for their private use. The safety, or otherwise, of products is measured against European or International standards. You should insist that your suppliers only provide you with products that have been tested for safety. If you manufacture anything, jewellery for example, to be supplied as part of a piercing, you would be responsible for ensuring that it was safe.

   The supply of goods that are unsafe is an offence for which you can be fined or imprisoned.

4. **BUSINESS NAMES ACT**

   Requires that where you trade in a name that is not your own, you must display the name of the owners of the business (your name, the full limited company name, or the names of all of the partners,) and an address where legal documents can be served. The sign must be easily legible and in an area to which the public have easy access.

   Failure to comply with this leaves you liable to a fine of £1000, and £100 per day that the contravention continues.
5. CIVIL LAW

As well as business regulations you also have a duty of care under civil law to your customers. Under the Sale of Goods Act, all goods you supply must be of satisfactory quality, as described, and fit for their purpose. If they are not, the customer is entitled to a refund. Under the Supply of Goods and Services Act, you must undertake all work with all-reasonable skill and care. If you fail to do this you must offer free rectification, and may be liable for damages.

You cannot disclaim or contract your way out of these obligations. A Court will simply ignore any clause in a contract that seeks to do this. Also, if you display a notice that purports to take away any of a customers civil rights, you will commit an offence under the Consumer Contracts (Restrictions on Statements) Order for which you can be fined.

The use of disclaimers and standard terms for contracts is discussed later in this document. It explains how the Courts treat clauses that are unfair, and how you could be forced to remove such clauses, either by the Director General of Fair Trading or by your local Trading Standards Office.

There is not sufficient space in this document to discuss many of these areas in depth. Further information on all of these issues, and other legislation that may relate to your business, is available from your local Trading Standards Office.

DISCLAIMERS AND UNFAIR CONTRACTS

The Unfair Terms in Consumer Contracts Regulations 1999 came into force on the 1st October 1999. These Regulations apply, with certain exceptions, to unfair terms in contracts concluded between a seller or a supplier and a consumer. Many body piercing studios devise their own wording on disclaimers or exclusion forms which customers are required to sign prior to skin being pierced. The Regulations provide that an unfair term is one which has not been individually negotiated and which contrary to the requirement of good faith causes a significant imbalance in the parties’ rights and obligations under the contract to the detriment of the customer. The Regulations contain a list of terms, which may be regarded as unfair.

EXAMPLE OF AN UNFAIR CONTRACT

The wording in the disclaimer below for example would not be acceptable. It would be invalid for the purposes of civil law as it contravenes the requirements of the regulations and is detrimental to the consumer. A trader cannot exclude or limit his liability for death or personal injury arising from negligence.

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<th>DISCLAIMER/EXCLUSION FORM</th>
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<tr>
<td>I agree not to sue The Fantasia Body Piercing Studio for any problems, which arise as a result of negligence by the piercers.</td>
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<tr>
<td>Customer’s signature ID Smith</td>
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From the 1st October 1999, the Director General of Fair Trading and Trading Standards Officers will take enforcement action against businesses using clauses within disclaimers that are detrimental to the rights of the consumer. Although the customer signs an agreement not to sue in the event of injuries or infections occurring, the disclaimer is not valid. Legal action could be taken if a person is injured due to a piercer’s negligence.

A trader dealing with a consumer or dealing on his own written standard terms of business cannot exclude or restrict his liability for breach of contract or allow himself to provide an inadequate service unless he can show that the clause satisfies the ‘test of reasonableness’. Nor can a trader require a consumer to indemnify him against any loss he may incur through negligence or breach of contract unless he can show that the clause satisfies the same test.

In the previous paragraphs ‘negligence’ includes breach of any contractual or common law duty to take reasonable care or exercise reasonable skill. Contact your local Trading Standards Department if you require further advice.

**ENFORCING THE LAW**

Inspectors usually visit workplaces without prior notice. They have rights of entry and are entitled to assistance and to be given answers to questions they might ask. Inspectors will also request to see documentation e.g. safety policy, risk assessment, accident books, customer records. At the end of the inspection of the workplace, the inspector will inform a business what further action, if any is to be taken. If something is found to be wrong at a workplace, inspectors may choose to resolve the matter by providing advice and assistance. If there is a matter which is a contravention of health and safety legislation and which requires improvement, the inspector may serve an Improvement Notice requiring specific improvements within a specified period of time.

However if there is a serious danger, an inspector may serve a Prohibition Notice, prohibiting the use of a procedure, substance or equipment immediately if necessary.

Inspectors also have powers to prosecute individuals (employers and employees) and organisations. What action is taken will largely depend on the gravity of the problem.

**PENALTIES FOR OFFENCES**

Fines for offences under the Health and Safety at Work etc Act can be up to twenty thousand pounds (£20,000) in a Magistrates’ Court. Higher penalties, including a prison sentence, may be imposed in the Crown Court.

**HOW DO INFECTIONS OCCUR?**

The **highest** standards of hygiene are imperative in a body-piercing studio. Body piercers must be aware of the potential for infections, diseases and injuries to arise after piercing a customer. Body Piercers have a moral and legal responsibility to ensure that the potential for infections or diseases to be transmitted to his/her clients is reduced. In order to understand why personal hygiene, disinfection and sterilisation are vitally important, you need to understand the basics.
BACTERIA

Bacteria are found everywhere; in soil, air, water, animals, food and on people. They are minute and cannot be seen with the naked eye. They are commonly referred to as germs. Poor hygiene during piercing may result in bacteria such as Pseudomonas aeruginosa, Streptococci, E.Coli and Staphylococcus Aureus causing infections in piercings.

Staphylococcus Aureus is a bacterium commonly found in the nose, throat and on hands. Infections may occur when the nose is pierced due the presence of Staphylococcus and other bacteria. As a consequence nose piercing can take longer to heal.

If a piercing is carried out unhygienically (for example by a piercer failing to wash his/her hands prior to piercing) the bacteria on a piercer's hands will be transferred to the piercing site. **Hand washing is essential to prevent the spread of infection.**

HOW ARE BLOOD BORNE AND OTHER INFECTIONS TRANSMITTED DURING SKIN PIERCING?

When a needle breaks the skin, **blood, serum or fragments of tissue** inevitably adhere to the needle or instrument used (e.g. clamps/forceps). These can be transferred to operator’s hands, gloves or other objects in the room. Paper tissues that come into contact with the pierced skin may also become contaminated. When another customer arrives for a procedure that requires a skin puncture, any of the contaminated objects, particularly needles, may introduce blood borne viral and other infection through the broken skin. This is the most likely route for the transmission of infections in skin piercing practices. In one outbreak, at least 30 patients were infected with Hepatitis from one carrier. (Lancet 1979) The best way of reducing the risk of blood borne infections is to use high standards of infection control practice at all times, taking care with blood/body fluids, contaminated instruments and needles.

VIRUSES

Bloodborne viruses are pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B virus, Hepatitis C Virus and the Human Immunodeficiency Virus (HIV)

HEPATITIS

Hepatitis B and Hepatitis C are of greatest concern at present. Hepatitis is inflammation of the liver that may be caused by several viruses. At least one death from hepatitis has occurred after tattooing, and one after ear piercing. The source of Hepatitis B is a human being. A person who has been carrying the virus in their blood for a long time may visit a studio. There is usually no sign that the person is carrying a blood borne infection. The virus can be transmitted when blood or some other tissues from the infected person comes into contact with tissues/body fluids of another person. Hepatitis B or C may enter through the eyes, mouth or breaks in the skin of a person. This can be described as an “inoculation risk.”

Hepatitis B remains the most important and difficult organism to eradicate in hygienic skin piercing, especially as it can survive for a long time in the environment and is
highly infectious. A minute dose is enough to infect. Blood or serum does not have to be visible on the instrument or needle to transmit infection.

**VACCINATIONS**

It is recommended that all persons regularly coming into contact with the blood/body fluids of another person should be immunised against Hepatitis B, unless they have immunity to hepatitis B as a result of natural infection. The response to the vaccine should be checked 2-4 months after completion of the primary course of injections (usually 3) Contact your Doctor for advice on immunisation.

**HUMAN IMMUNODEFICIENCY VIRUS**

Human Immunodeficiency Virus (HIV) is an infection transmitted by blood, semen and saliva. HIV is transmitted in the same way as hepatitis B, and the measures used to prevent hepatitis B will be adequate to prevent HIV transmission also. In the event of an accident, the practitioner might be at risk of contracting HIV from a customer, but this possibility is remote and also exists with hepatitis B. All instruments used in the skin piercing procedure must be adequately sterilised and sterile disposable needles must be used.

**PRINCIPLES OF GOOD PRACTICE**

The following section contains essential criteria for reducing the risk of blood borne and other infections to clients.

**THE ESSENTIAL CRITERIA ARE:**

- PERSONAL HYGIENE
- HANDWASHING
- PREMISES HYGIENE
- CLEANING
- DISINFECTION
- STERILISATION
- PRE-PIERCING ADVICE
- AGE OF CLIENTS
- PROCEDURES USED
- TRAINING
- AFTERCARE ADVICE

**PERSONAL HYGIENE**

**PERSONAL APPEARANCE**

A prospective client may judge you on your appearance and manner. A scruffy and unkempt appearance may discourage some clients, whilst dressing top to toe in surgical clothing may also deter others. Clean, washable clothing should promote a good image as well as reducing the potential for cross contamination. A supply of aprons should be available for use, when it is anticipated that clothing may become contaminated with blood/body fluids. A separate, disposable, plastic apron must be worn for each customer. Outdoor clothing should not be worn during a piercing.
WASHING YOUR HANDS

Hand washing is the single most important means of preventing the spread of infection. Fingernails should be kept short to facilitate cleaning. Nail polish or jewellery on nails should not be worn. Thorough hand washing, using a good technique with liquid soap from a dispenser, not bar soap, and warm running water is particularly important on the following occasions:

- Before and after skin piercing procedures
- If hands are accidentally contaminated with blood, body fluids or secretions
- After removing gloves
- After visiting the toilet
- Before handling food and drinks

Hands must be thoroughly dried afterwards using disposable paper towels.

HANDWASHING

Hand washing is the single most important technique available in preventing the spread of skin infection.

HAND WASHING FACILITIES

The minimum requirements for hand washing facilities in the studio workroom are:

- A wash hand basin with a hot and cold running water supply properly connected to the drainage system.
  A kettle would not be an acceptable supply of hot water because it does not supply hot water instantaneously.
- Access to the hand wash basin should be clear
- Mixer taps or thermostatically controlled hot water (preferably foot or elbow operated taps).
- Liquid soap dispensed from a cartridge type dispenser
- Disposable paper towels should be used. Hot air hand dryers are not acceptable as they can disperse infections, that may be present, over a wider area
- There should be no eating or drinking facilities in the studio workroom

Hands must be washed and dried before and after all client care activities.

Hands and nails must be checked for abrasions and cuts, before commencing piercing each day. A waterproof dressing should be applied if cuts or abrasions are found. Nails must be kept short and smooth in order to minimise the chance of accidental trauma. Nail varnish and jewellery (except for a wedding ring) must not be worn in a piercing studio.
HAND WASHING PROCEDURE

Wet your hands thoroughly and apply soap.

Rub your hands together (palm to palm)

Rub the back of your left hand with the palm of your right. Then swap and rub the back of your right hand with your left palm.

Rub your palms together with your fingers interlocked.

Interlace your fingers as close to the palm as you can, and rub your fingers together.

Interlock the backs of the fingers of your right hand in your left palm. Then do the same with the fingers of your left hand in your right palm.

Clasp your left thumb in your right palm. Rotate your thumb. Then do the same with your right thumb in your left palm.

Rub the fingers of your left hand in a circular pattern in your right palm. Then do the same with the fingers of your right hand in your left palm.

Rinse your hands. Pat them dry with paper towels, working from your finger tips down to your wrists.
HAND DISINFECTION – ALCOHOL RUB

Alcohol must not be used as a substitute for hand washing.

Alcohol hand rub should only be used when the hands are physically clean and requiring disinfection only. If the hands are dirty or contaminated with body fluids, they must be washed with soap and water and dried before applying the alcohol rub. If alcohol hand rub is used it is important to allow the alcohol to evaporate on the hands.

PROCEDURE: -

1. Dispense a measured amount of Alcohol Rub into the cupped palm of one hand.
2. Spread thoroughly over both hands and wrists, including the finger tips and thumbs.
3. Rub vigorously until dry, so that all parts are effectively treated.

GLOVES

It is recommended that disposable sterile surgical gloves are used for body piercing. Gloves act as a barrier to harmful organisms such as bacteria and blood-borne viruses. Surgical gloves should be put on after thoroughly washing the hands. If you do not wash your hands before putting gloves on, bacteria will simply be transferred onto the gloves, and then onto the skin of your client. Broken skin or infections on any exposed part of the piercer's body should be covered with a waterproof plaster or dressing. Hands should always be washed following glove removal.

Medical gloves are available in several different types of material, including natural rubber latex and synthetic materials including neoprene, vinyl and polythene. Vinyl or latex gloves are the usual choices in body piercing studios. A new pair of disposable latex/vinyl gloves must be used for each client.

**Latex Gloves**

These provide barrier protection against blood-borne viruses and are comfortable to wear. However users may develop an allergy to the natural rubber latex proteins. Non–powdered latex gloves may reduce the risk of a person developing a latex allergy but they are unsuitable for piercers with an established latex allergy.

**Vinyl gloves**

These were devised as a substitute to natural rubber latex because they do not carry the risk of sensitisation.

**Polythene gloves**

These gloves are not recommended because they are permeable and ill fitting.

PREMISES HYGIENE

The layout of a treatment room is important to facilitate cleaning and prevent the risk of cross infection. Its appearance will also encourage prospective clients to visit the studio. Surfaces should be free from clutter so that they can be easily cleaned. Use floor coverings, which can be easily cleaned and disinfected (e.g. tiles, linoleum) Carpets should not be used. All cleaning chemicals should be stored in a suitable manner. The treatment room should resemble the type of environment you would
expect to see in a hospital. You are performing minor surgical operations and your premises should reflect this practice.

Use the checklist in these guidelines to make sure that you comply with the relevant byelaws. This list will also be used by Enforcement Officers to check your standards of hygiene.

Body Piercing should be separated from nail and hair activities by a solid barrier in such a manner as to prevent contact with irritants including but not limited to hair spray and nail dust.

There must be no smoking or eating in the piercing room.

**CLEANING, DISINFECTION & STERILISATION**

Instruments used to pierce a person's skin or objects in contact with broken skin, should be considered to be contaminated and should not be used again unless they have been sterilised. Appropriate detergents/ disinfectants and antiseptics should be used correctly to negate the risk of infection.

**Definition of common terms**

**CLEANING**

The removal of dirt, dust and some micro-organisms by washing with detergent and hot water and thorough drying. Thorough cleaning of equipment and the environment is essential and removes the majority of micro-organisms. Equipment and surfaces must be cleaned before applying a disinfectant as this will remove organic matter and ensure penetration of the disinfectant.

It is also recommended that body piercers use **ULTRASONIC CLEANERS**. These are small units filled with distilled water and detergent that use high frequency oscillations to remove blood and body fluids from instruments prior to autoclaving. See example of an ultrasonic cleaner in Appendices.

**DISINFECTION**

The reduction in the number of micro-organisms but not usually spores, to levels where bacterial infection probably will not occur. This can be achieved by the use of heat or chemicals

With regard to hepatitis B virus, disinfection of instruments is **not** adequate and they must be sterilised. Disinfectants have a useful function where sterilisation is not possible e.g. on the skin, or table tops.

The disinfectants available in the studio/practice should be restricted to a proprietary skin disinfectant and an appropriate product to enable the safe clearing up of blood/ body fluids.
STERILISATION

This is the complete removal of all living micro-organisms, including bacterial spores. The most efficient and reliable form of sterilisation is heat. Moist heat is far more efficient than dry heat. The most commonly used method of moist heat available is the use of a steam steriliser or an autoclave. (The terms sterilisation and disinfection are often confused. It may help to remember the differences knowing that the skin can only be sterilised using a blowtorch. A practice which is definitely not recommended in terms of health and safety!)

DISINFECTION

Disinfectants do not sterilise; they only reduce the number of some bacteria. No disinfectant ‘kills all known germs.’ Although there are many clinical products on sale described as ‘sterilants’ most are nothing of the kind and should be treated as disinfectants.

USE OF DISINFECTANTS

1) The most widely used disinfectant is hypochlorite commonly known as bleach, which acts as a protein disintegrator. Most pathogens are protein based. Hypochlorite at the effective strength may corrode metals and bleach fabrics. Brands of disinfectants include Domestos and Milton. In general to achieve the correct strength of hypochlorite, one part bleach to ten parts of water should be used (i.e. a 1 to 10 dilution or 10% solution) This dilution is equivalent to 10,000 parts per million (ppm) available chlorine. It must be emphasised that the strength of individual proprietary brands of bleach may vary.

2) As their effectiveness deteriorates with prolonged storage, hypochlorite solutions should be made up on a daily basis. The manufacturers’ instructions regarding the correct concentrations should be strictly followed. Check the instructions on the container. All cleaning chemicals should be stored in a suitable manner and correctly labelled.

3) Appropriate disinfectants other than hypochlorites can be used but may not be superior or cheaper.

4) Sterilising liquids are used in operating theatres to sterilise equipment, which cannot be subjected to heat treatment. (Examples include Medis Instrument Disinfectant and Trigene Disinfectant). The company literature states that these products are Viricidal, Bactericidal, Tuberculocidal and Sporicidal. They rely on good training in their use, and must be used in strict accordance with the manufacturer’s instructions. This includes rinsing the equipment in sterile water, to prevent chemicals left on the equipment causing skin irritations). Environmental Health will not accept these products in body piercing studios as an alternative to sterilising equipment using an autoclave.

5) It is important to clean worktops and surfaces firstly using a detergent (e.g. washing up liquid) prior to using a disinfectant. This ensures that the surface is free from dust or organic matter and is physically clean. If there is visible contamination with bodily fluids the surface should be cleaned and disinfected
with a solution containing one part full strength bleach to ten parts of water. (10,000ppm available chlorine.)

6) Disinfectants will not be effective if they are used on dirty surfaces or objects. Use disinfectants to wipe ear-piercing guns, as they cannot be autoclaved.

7) Floors, walls and ceilings are low infection risk areas. Routine disinfection of these areas is not necessary and cleaning with a detergent is sufficient.

**PRINCIPLES OF STEAM STERILISATION**

It is strongly recommended that pre-sterilised single use hollow disposable needles are used. Equipment that must be sterilised in a body piercing studio would include, clamps, ring openers, ring closers and jewellery.

Sterilisation of equipment must be carried out using a Bench Top Steam Steriliser or autoclave. Please refer to Appendices for examples of sterilising equipment.

It is important to understand that both **time and temperature** are crucial in the sterilisation process. All persons operating benchtop steam sterilisers should have received training on their safe use.

**The recommended time and temperature to achieve sterilisation in a bench top steam steriliser is 3 minutes at 134°C.**

Once the required temperature is reached, instruments to be sterilised must be held at that temperature for a certain minimum time. Instruments to be sterilised have to be scrupulously clean as the steam has to be in contact with the total surface of the instrument.

The holding time is the time the entire load is held at the recommended temperature. Moist heat sterilises at much lower temperatures from 121 to 134°C. However, as water evaporates at 100°C steam has to be maintained under pressure to attain such temperatures. Autoclave tape can be used to indicate that sterilisation has been achieved. This changes colour from grey/white to a dark brown/black if the cycle has been successfully completed.

The advantages of autoclaves are that they are quick and efficient, and, with the automatic models, there is no need to time the process.

**TIME AND TEMPERATURES FOR HEAT STERILISATION**

The table below indicates the time and temperatures for heat sterilisation (Medical Research Council recommendations from Hospital Hygiene. I.M. Maurer, Edward Arnold 1975).

<table>
<thead>
<tr>
<th>Method</th>
<th>Temperature (°C)</th>
<th>Holding Time * (Mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoclave (moist heat)</td>
<td>121</td>
<td>15</td>
</tr>
<tr>
<td>Temperature</td>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>126</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>134</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Oven (dry heat)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>160</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>180</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>190</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**DRY HEAT OVENS**

There are many disadvantages in using dry heat ovens.

- As the table above shows, dry heat ovens require a longer period of time to achieve sterilisation. The theoretical minimum temperature required for dry heat sterilisation is 160°C at 45 minutes.
- A longer time is necessary for the oven to reach the required temperature and for cooling down. (In practice at least 30 minutes extra)
- Much higher temperatures are required which may damage metal instruments. With the high temperatures of these ovens, there is always a danger of fire, and they are not as economical to run as autoclaves.
- There may be considerable temperature variation within a dry heat oven resulting in hot and cold spots.(A fan assisted oven may help to reduce the tendency to hot and cold spots)
- For dry heat ovens, 20 minutes at 180°C or 10 minutes at 190°C are necessary to allow adequate margins of safety.

It is worthy of note that the organism responsible for the transmission of Creutzfeld – Jacob Disease (CJD, which is the equivalent of mad cow disease in man) cannot be destroyed by sterilisation in an autoclave.

**OTHER METHODS OF STERILISATION**

Some acupuncturists use an instrument called a Glass bead “steriliser”. This is a gadget very like a baby’s bottle warmer, which heats glass beads instead of water in a compartment. Thus much higher temperatures can be reached. The method employs dry heat. Models tested have not proved satisfactory, as there is considerable variation in temperature at different levels within the glass bead compartment. It is also not possible to sterilise the whole needle or instrument. The outside of the steriliser reaches very high temperatures, with the consequent danger of burns. These are not recommended in body piercing studios.
Glass bead steriliser

Gamma-irradiation and ethylene oxide sterilisations are not available to the ordinary user as they can only be used on a large scale. Both are efficient. Instruments that are purchased already pre-sterilised will probably have been subjected to one of these methods.

AUTOCLAVE TESTING AND MAINTENANCE

THE PRESSURE SYSTEMS AND TRANSPORTABLE GAS CONTAINERS REGULATIONS 1989

These regulations require pressure vessels, which includes autoclaves and benchtop steam sterilisers to be examined periodically by a competent person and a written scheme of examination prepared.

This official examination is a legal requirement and usually means an examination is required every 14 months. A certificate should be issued and kept available for inspection.

Only sterilisers marked CE or in compliance with BS.3970: Part 4: 1990 are considered acceptable at present.

No envelopes, pouches or wrappings of any kind may be used in bench top steam sterilisers. These sterilisers must also not be used to sterilise hollow needles or any equipment with hollow parts because the steam will not penetrate effectively. The only type of autoclave suitable for needles, pouches etc., is one that includes a vacuum cycle in the sterilisation programme. The appendices contain examples of vacuum autoclaves.

Autoclaves and bench top steam sterilisers must be serviced and calibrated at least annually and when used must be operated in accordance with the manufacturers instruction.

A guide to the performance can be obtained by the use of colour change papers that are placed in the machine for each cycle. These must be used to check for failure to operate effectively. Specification and details of testing and maintenance are contained in a booklet about the purchase, operation and maintenance of bench top steam sterilisers available from: -
The Medical Devices Agency  
Ordering Department  
Room 1207  
Hannibal House  
Elephant & Castle  
London, SE1 6TQ  
Tel 0171 972 8181

PRE-PIERCING ADVICE

ADVISING CUSTOMERS OF THE RISKS

When a customer enters the studio, it is important to draw their attention to the potential risks that can arise.

The notice below should be prominently displayed on the premises to inform clients of these risks (e.g. waiting room or door to piercing area).

<table>
<thead>
<tr>
<th>CUSTOMERS SHOULD READ THIS NOTICE PRIOR TO HAVING SKIN PIERCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE FOLLOWING RISKS ARE ASSOCIATED WITH BODY PIERCING: -</td>
</tr>
<tr>
<td>Ω  SCARRING</td>
</tr>
<tr>
<td>Ω  BLOOD POISONING, (SEPTICAEMIA)</td>
</tr>
<tr>
<td>Ω  JEWELLERY EMBEDDING</td>
</tr>
<tr>
<td>Ω  LOCALISED INFECTION</td>
</tr>
<tr>
<td>Ω  THERE IS A GREATER RISK OF INFECTION ARISING WITH NOSE PIERCING BECAUSE THE INSIDE OF THE NOSE CANNOT BE DISINFECTED</td>
</tr>
<tr>
<td>Ω  EAR PIERCING GUNS MUST ONLY BE USED TO PIERCE EARS</td>
</tr>
<tr>
<td>Ω  ALLERGIC REACTIONS TO JEWELLERY METALS AND ANTISEPTICS</td>
</tr>
<tr>
<td>Ω  LOCALISED SEVERE SWELLING &amp; TRAUMA AROUND THE PIERCING SITE</td>
</tr>
<tr>
<td>Ω  TONGUE PIERCING MAY GIVE RISE TO SWELLING, CHOKING &amp; POSSIBLE RESTRICTION OF THE AIRWAY</td>
</tr>
</tbody>
</table>
**USE OF ANAESTHETICS**

In view of the decision reached by the Tribunal in Hinckley & Bosworth on the 20th January 2000, (page 13) Environmental Health wish to see all body piercers using a written document containing specific questions prior to the use of xylocaine. An example of the document is shown below (This document may be freely reproduced.)

If you are using xylocaine spray prior to body piercing you must read out and ask each individual all the questions and note their responses.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had an allergic reaction to local anaesthetics or to any of the other ingredients in xylocaine (lignocaine)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you pregnant, think you might be pregnant, or considering becoming pregnant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you breast-feeding?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you taking any other medicines, particularly those for an irregular heartbeat (anti-arrhythmics) such as tocainide?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any cuts, sores or ulcers inside your throat, mouth or nose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a chest infection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have epilepsy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a heart problem; in particular a slow heart beat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have liver problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a very low blood pressure?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The patient should also be informed verbally and in writing that using xylocaine spray in the mouth and throat may also make swallowing difficult due to loss of feeling. This may increase the risk of something (such as food or liquid) going down the wrong way (aspiration). If the spray is used in the mouth, loss of feeling may cause some people to accidentally bite their tongue or cheek.

**RECORD KEEPING**

It is important for professional practitioners to keep records of their customers. Scrupulous records prove valuable if there is any question of an infection problem later, and may often help to protect the piercer in the event of allegations of
impropriety. Records should be kept for a minimum of 2 years. Environmental Health will routinely request to see evidence that suitable records are available and up to date. A table is included in the appendices, which may assist with this requirement. An example of a consent form is also included in these guidelines.

Each customer having a piercing must complete a consent form. A daybook or diary as well as a file containing the consent forms could also be used.

MEDICAL HISTORY

It is essential to discuss the customer’s medical history and in particular to ask whether any of the following conditions exist:

- Heart Disease
- Pregnant/Nursing Mother
- Keloid scarring
- Haemorrhagic (bleeding) disorders including leukaemia.
- Seizures e.g. Epilepsy.
- Diabetes.
- Hepatitis B or C
- HIV Infection
- Eczema
- Impetigo
- Psoriasis
- Cellulitis
- Allergic responses e.g. anaesthetics, adhesive plasters, jewellery metals.
- Genital warts- if relevant to the piercing requested
- Fainting

It is important to ask the customer to sign a consent form confirming that the above information was obtained. The customer should be asked if he/she is currently on any medication or under the influence of alcohol, drugs or other substances. Piercing should not be performed on skin that is diseased or affected by rash or moles or if the person is obviously unwell.

Where any of the above conditions exist, or there is a past history, written authorisation from the client’s doctor should be required.

AGE OF CLIENTS

PROOF OF AGE (See also ‘Law’)

A complaint frequently made to Environmental Health Departments is the piercing of children without parental approval. Every effort must be made to ensure that persons requesting body piercing are 18 years old or over. It is not sufficient to simply ask them their age. As a minimum standard, the client must be asked to produce appropriate proof of age, such as:

a) A passport
b) A proof of Age Identity Card
c) Driving Licence with photograph
All of these carry a photograph of the holder. A driving licence or other form of identification that does not carry a photograph is not sufficient for borderline cases. Under no circumstances should body piercing be offered or administered to anyone who cannot produce appropriate identification and proof of age. Reputable salons should not pierce anybody below the age of 18 without parental approval. The skin piercing consent form must be signed by the parent or guardian of clients who are below the age of 18.

**TRAINING**

Many courses are currently available offering body piercing training. However there is no nationally recognised qualification or body piercing training course that has been accredited or approved. The certificates provided by some courses are therefore meaningless until they can be approved by a suitably accredited organisation. Training course can also be very expensive.

If you are considering attending a body piercing course, it is advisable to ask the following questions :-

Obtain the name, address, contact number and details of the course. Contact the Environmental Health Department for the area in which the body piercing trainer lives. They may be able to offer further guidance. Ask the trainer where they carried out their training and for how long. Ask for contact details for premises, which have recently received training to determine whether any problems have arisen. Ask about the course content. The training organisation should provide written information in conjunction with a practical demonstration of how to pierce safely. The written advice should include information on the following subjects.

- Hazards associated with body piercing (Infections, Injuries etc.)
- Procedures for piercing relevant parts of the body
- Legal requirements
- Disinfection
- Sterilisation
- Record keeping
- Jewellery
- First aid
- Aftercare advice

**BODY PIERCING PROCEDURES**

**PROCEDURE FOR EAR PIERCING**

With the ready availability of a wide selection of well-designed instruments using pre-sterilised earrings, ear piercing can now be performed safely, conveniently and easily without the use of needle and cork. The risk of blood-borne infection is negligible if used in accordance with the manufacturer’s instructions under hygienic conditions. A small risk of bacterial infection introduction after the piercing remains. Please refer to appendices which illustrate designs of ear-piercing equipment currently available.
DEFINITION

Ear piercing involves puncturing either the lobe of the ear using a stud and clasp ear-piercing gun or puncturing the outer perimeter of the ear using a pre-sterilised single use needle. Under no circumstances shall ear-piercing stud and clasps be used anywhere on the body other than the ear lobe.

PIERCING THE ‘CARTILAGINOUS’ (‘FIBROUS’) PART OF THE EAR

There is some evidence that although infection is not more likely to occur in cartilage piercing, if infection does take hold it may be more difficult to treat and may cause scarring. The customer should be warned about this before the piercing is performed. A significant number of injuries have occurred which resulted in surgery due to infections developing in the cartilaginous area of the ear. Medical advice should also be sought as soon as possible if signs of an infection occur after any ear piercing, and especially if the cartilaginous/fibrous part of the ear has been pierced.

GUIDELINES FOR BODY PIERCING

These are aimed at minimising the dangers of Hepatitis B, Hepatitis C and HIV transmission to both piercer and piercee. If pre-sterilised equipment is used and the instructions below followed closely, these infections may not be transmitted. The guidelines printed below will, if followed, also minimise the risk of bacterial blood poisoning and subsequent scarring, but cannot guarantee that this will not occur.

UPPER EAR/TRAGUS

Piercing parts of the ear other than the lobe is generally classed as body piercing. The ear-piercing gun is designed for the lobe only. If cartilage is pierced it can take longer to heal if an infection occurs. The ear-piercing gun may crush the cartilage rather than puncturing a neat hole. If the equipment is used for a purpose for which it is not intended this may invalidate any public liability cover.

NOSE PIERCING

Nose piercing using a hollow sterile needle or “nose piercing equipment” is not recommended as a procedure for professional body piercers to perform. It is well known that the inner mucosal surfaces of the nose often harbour pathogenic bacteria that can cause an infection. It is unrealistic to attempt to disinfect the inner (mucosal) surface of the nose.

Although there are guns specifically designed for nose piercing which have disposable cartridges (‘Medisept’, ‘Blomdahl’ ‘Coren’ and ‘Grey Studex System 75’) the customer must be advised that the risk of complications is likely to be higher than with ear piercing. The back clasp must always be removed before piercing. Environmental Health do not recommend the use of these pieces of equipment or sterile needles for nose piercing because there is the potential for organisms to enter the tissue when the surface of the nose is pierced. This may cause an infection and may ultimately lead to disfigurement of the nose.

Other ear piercing systems, which do not have disposable cartridges, must not be used for nose piercing. (Caflon, System 2000, Inverness, Blue/WhiteStudex and Trips
systems.) The equipment is not designed for nose piercing. If used to pierce a person’s nose, part of the gun has to go inside the nose. There is the potential for fragments of tissue or blood to adhere to the gun when the nose is pierced. The majority of ear piercing guns are designed so that they do not need to be sterilised. This is because they are usually supplied with pre-sterilised disposable cartridges containing the stud and clasp.

**PROCEDURES TO MINIMISE THE RISK OF INFECTIONS OCCURRING**

It is essential that body piercers have a clear understanding of good practice and that they put this into effect.

In order to achieve this and also to comply with the various requirements under the Health and Safety at Work etc. Act 1974 and regulations made thereunder, it is necessary for a **written method statement to be prepared**.

This method statement must identify the various stages in the piercings undertaken and the methods used to ensure safety and efficient piercing.

In particular the following points will need to be included with details of the procedures to be adopted:

- **PIERCING GUNS**

The piercing guns designed for ear piercing must not be used for other areas of the body. The posts are too short, this can cause pinching of the flesh and restriction of movement, which may lead to considerable discomfort and possible infections.

- **JEWELLERY**

Once the client has been interviewed and their medical status established, the jewellery should be chosen for the desired piercing. All jewellery must be of a suitable grade i.e. implant grade surgical stainless steel, solid 14K or 18K gold, niobium, titanium or platinum. The clients will wish to see the choice of jewellery on offer and probably want to handle it. It is therefore suggested that a full range of the jewellery is available for clients to examine, separate from the jewellery that will be used in the piercing because that must be clean and sterile.

All jewellery and equipment that has been sterilised must be stored in a clean manner so as to prevent contamination that could give rise to infection. Once autoclaved, equipment and jewellery must be allowed to cool and used **IMMEDIATELY**.

- **ANAESTHETICS**

The use of surface local anaesthetics is **not recommended**.

- **HAND WASHING**

Prior to piercing the operator must wash hands with a suitable bactericidal liquid soap and hot water. Dry with clean disposable paper towels and then wear new disposable, sterile gloves for each client.
PREPARING THE SKIN TO BE PIERCED

• Piercing should not take place into a muscle, artery, vein, nerve or other potentially hazardous site

• If the piercing site is to be marked then this should be done with a fine indelible pen, preferably gentian violet, prior to cleaning the piercing site. The skin must be intact.

• The piercing site must be cleaned with a disposable single use alcohol based swab. Such swabs e.g. Mediswabs are readily available from High Street Chemists. The alcohol swab should be left in contact with the skin for 15 seconds or longer if possible. The only exceptions to this are the inner mucosal lining of the nose, which cannot be swabbed effectively, and the tongue.

• Tongue piercing is not advisable due to the risk of swelling, choking and possible restriction of the airway. Clients must be advised of this risk prior to piercing. If the tongue is pierced, the mouth must be vigorously swilled with a suitable antiseptic mouthwash. Clients should also be advised to purchase a new toothbrush following a tongue piercing.

• All piercing needles must be new pre-packed, pre-sterilised needles. Hollow piercing needles should be a minimum of 1.55mm in diameter and no more than 2.5mm to reduce healing complications. The needle should be the same diameter as the jewellery to be inserted.

• All surgical instruments used in the piercing, e.g. clamps, forceps and all jewellery used must be sterile at the start of the piercing.

• A “No touch” technique, e.g. using clamps should be used to reduce the risk of infection and injury to the piercer. Piercers must be aware of the risks involved in the incorrect or prolonged use of clamps.

• The needle should be held away from the tip. Once the needle has pierced the flesh the jewellery should be inserted by following the needle.

• It is permissible to lubricate the jewellery with a small amount of Savlon cream.

• Any cream used, e.g. anaesthetic cream or Savlon, must be dispensed onto sterile gauze first and any surplus disposed of with the gauze.

• Only experienced operators should pierce the head of the of the penis (glans) because such piercings can cause scarring and problems with the flow of urine.

• Do not attempt to increase the size of a piercing until it is completely healed. Piercings should be stretched gradually. The recommended procedure is to increase the size of the jewellery once a fortnight on the basis of a 10% increase each time. This should be done very gently and should not cause any tearing of the skin or any bleeding. Jewellery used for this purpose should be pre-sterilised (autoclaved). It should not have been used previously on other customers.
**NEEDLESTICK INJURY**

A needlestick injury can be any of the following:

1. A penetrating wound caused by a CONTAMINATED needle or a similar sharp piece of equipment.

2. A scratch to the skin similarly caused.

3. Contamination of diseased or broken skin, mucous membrane or eye, with blood from a patient.

**PROCEDURE TO BE FOLLOWED WITHOUT DELAY WHEN A NEEDLESTICK INJURY HAS OCCURRED**

- Remove object from the skin
- Encourage wound to bleed by applying pressure—DO NOT SUCK.
- Flush wound under warm running water for 2 minutes.
- If possible identify the customer the needle was used on
- Dry wound with paper towel
- Cover with a plaster
- Go to the nearest accident and emergency department IMMEDIATELY.
- If relevant report the incident to your employer

**BLOOD DONATIONS**

Body piercing may affect the ability of customers to donate blood. The National Blood Authority advises that blood donations should be deferred for ONE year following Body Piercing (EAR, NOSE OR ANY OTHER PARTS).

(National Blood Service Donor Registration & Enquiries Linkline 0345 711711)

**POST-PIERCING AFTER CARE**

Clients are advised to follow the simple care procedure outlined below:

**A NORMAL PIERCING:**

- May be tender, itchy, slightly red or bruised for a few weeks.
- May bleed a little for the first few days.
- May secrete a whitish-yellow fluid (plasma) which crusts on the jewellery, this is not pus.
- May tighten around the jewellery as it heals, making turning somewhat difficult.

**CLEANING/HEALING PROCESS:**

- It is important to keep the piercing site clean and dry and undisturbed. Clean the piercing no more than is necessary to maintain cleanliness. Frequent cleaning may damage the delicate skin cells.
- If cleaning of the piercing becomes necessary then always wash hands well and dry thoroughly with a clean towel and then keep the site dry and clean.
With an oral piercing, after eating, smoking or putting anything in the mouth rinse with antibacterial mouthwash at a dilution of 50% - 75% to avoid damaging new skin cells. It is also necessary to disinfect the piercing, twice a day, with warm salt water or a mild antiseptic mouthwash.

Hot soaks and compresses, with the optional addition of ¼ teaspoon of sea salt per cup of clean water are strongly suggested for navel piercings. Avoid wearing belts, tight trousers or restrictive clothing for about 6 months - 1 year.

Genital piercees (male/female) can use a panty liner to absorb excess moisture and cushion the piercing.

Avoid restrictive clothing, irritating clothing or clothing that limits oxygen flow to the area.

Any sexual contact should be gentle and latex barriers should be used to protect the piercing from partner's body fluids.

CHANGING AND REMOVING JEWELLERY:

Everyone heals at a different rate. The average healing times for piercings, provided they are cleaned twice daily and treated like new healing tissue, are shown below. It is important to remember that even after the initial healing period, the piercing will still need one full year or longer to completely heal. Always treat the piercing with care and gentleness.

- Ears: 2-3 months
- Lip, Labret: 6-8 weeks
- Tongue: 4-6 weeks
- Cheek: 2-3 months
- Navel: 6 months to 2 full years
- Nipple: 2-6 months
- Genital piercings: 4-8 weeks

Jewellery should not be changed during the initial healing period (often at least 6 months). Clients should be advised to always wear the appropriate jewellery in the piercings, even when fully healed. The piercer should be contacted, for further advice, if removal of the jewellery is being considered on a temporary or permanent basis.

There the size of the piercing should not be increased until it is completely healed. Such increasing should be carried out gradually by the insertion of progressively larger gauge sterile jewellery. No subsequent bleeding or tearing should occur.

WHAT TO DO IN THE CASE OF INFECTION:

Infections are caused by contact with bacteria, fungi or other living pathogens. Piercing infections can usually be traced to one of the following activities:

- Touching the piercing with unwashed hands.
- Oral contact with the piercing, including your own saliva.
- Contact with hair, cosmetics, oils, infrequently washed bedding or other agents.
- Going into a pool, hot tub, lake, ocean or other body of water.

The following are indications of infection:
♦ Redness and swelling.
♦ A sensation of heat at the piercing site.
♦ Pain, especially throbbing or spreading pain.
♦ Unusual discharge. It may be yellowish, greenish or greyish.

While it is never inappropriate to contact a doctor, a visit to the piercer may be as beneficial. Do not remove the jewellery as this may aggravate the problem by closing off the drainage for the discharge matter. You may wish to consult a doctor regarding the use or oral antibiotics.

COMMON PROBLEMS THAT CAN BE AVOIDED:

♦ Over cleaning, vigorous cleaning, or using a cleanser that is too strong can produce symptoms very similar to an infection. The skin may be very tender and appear shiny, and there may be a clear discharge.
♦ Friction caused by tight or heavy clothing, rough sexual activity, or excessive movement of the area can cause dark redness, a hard growth of skin over the scar (keloids), discharge and rejection/migration of jewellery.
♦ Stress, poor diet or illness can cause longer healing times or migration of the piercing.
♦ Occasionally, the selected jewellery may not be appropriate. This may not be due to circumstances that occurred after the piercing. If the jewellery is too thin or too heavy, too large or too small in diameter, or not the appropriate style, healing problems may be experienced. The piercer should be contacted if a change in jewellery is required.

Clients need to be given detailed written guidance regarding after care because it is during the healing period that most infections can occur, and serious consequences could result. Customers should be advised to consult a doctor if an infection persists or spreads. Customers should also be warned to remove navel jewellery in the event of pregnancy.

Once inserted the jewellery and pierced area should be touched as little as possible and kept dry. Do not use disinfectant or antibiotic creams without advice from a qualified doctor.

USE OF ESSENTIAL OILS

The Aromatherapy Trade Council advise that essential oils should not be applied undiluted to the skin. The exception to this would possibly be essential oil of tea tree, which could be useful following body piercing, but this would depend entirely on the quality of the oil. The Medicines Control Agency deals with manufacturers who make medicinal claims without an appropriate licence. In simple terms an essential oil is the purest form, and aromatherapy oil is an essential oil which has been diluted. If the instructions on the product are inadequate (for example certain essential oils should not be used in pregnancy) this would be a contravention of the General Product Safety Regulations 1994. Those who sell adulterated essential oils or incorrectly label their products fall under the jurisdiction of Trading Standards.
JEWELLERY

Jewellery selection is crucial to the outcome of body piercing. Using incorrect or sub-standard jewellery can cause serious & sometimes permanent damage to the piercing & the surrounding tissue. It is therefore important that you follow the guidelines below

ALL JEWELLERY SHOULD BE INERT, NON-TOXIC & SMOOTH. IT SHOULD BE STERILIZED IN AN AUTOCLAVE & KEPT IN STERILE CONDITIONS UNTIL USED.

MATERIALS

The client should be asked if they are allergic to specific metals

Only the materials below are suitable for insertion into a new piercing:
- Sterile Medical Plastic
- Implant grade surgical steel
- Solid 18 carat or 22 carat gold. (14 carat gold may also be used if available from a supplier)
- Niobium
- Platinum
- Titanium

UNSUITABLE MATERIALS

Nickel – see below
Stainless steel – carbon & nickel content is high
Gold plate – thin layer of gold covering a poor/reactive metal e.g. steel, aluminium.
The plating will eventually wear exposing the skin to metal allergy.
9 carat gold – this is only 37.5% pure, i.e. has a high alloy content
24 carat gold – is too soft & therefore damages easily (and is expensive!)
Sterling silver – silver is alloyed with 7.5% copper or a mixture of other metals, which makes it reactive.
Fine silver – rarely used to make jewellery because it is too soft, damages easily & therefore harbours bacteria.
Dense low porosity plastic – clients may be sensitive to this & some varieties cannot be autoclaved.

POTENTIAL HAZARDS FROM INAPPROPRIATE JEWELLERY

- REJECTION
- METAL REACTIONS
- INFECTIONS
- ABSCESSES
- TEARING
- SWELLING
- KELOIDING
SOME CAUSES:

♦ Scratched & damaged jewellery can cause body tissue to react & reject the jewellery.
♦ Jewellery made of unsuitable materials can ‘rot’ when it comes into contact with human bodily fluids.
♦ Incorrect jewellery sizing can cause all of the above, for example:-
  Jewellery, which is too thin, can tear out.
  If it is too thick, it can cause keloiding.
  If the diameter is too large, jewellery may snag on things.
  Where jewellery is too small, keloiding can occur due to pinching of the skin, or jewellery can become embedded.

Keloid tissue results from a defect in the usual healing process. Instead of normal skin gradually forming over a wound, for some reason an excess of the connective tissue collagen, at the site, creates a raised hardened, fibrous area that may initially be itchy and may in later months actually enlarge its surface.

EAR LOBE JEWELLERY

Ear lobe jewellery should not be used in other parts of the body because its design means that it cannot be properly cleaned. In addition, the posts are too thin for the majority of piercings and most are made of gold plated aluminium or sterling silver, both of which are highly reactive metals. Ear piercing equipment must not be used for parts other than the ears because tissue can easily tear and will suffer crushing damage.

NICKEL IN JEWELLERY

Nickel is a very useful metal used to form alloys with precious metals and is also found in stainless steel. It has been widely used by jewellery manufacturers because of its properties. It brightens products by levelling the surface, it is very hard and therefore increases product strength and it is a relatively cheap metal.

The Dangerous Substances and Preparations (Nickel) (Safety) Regulations 2000 set thresholds for the level of nickel in jewellery and products used for epithelization such as body jewellery. The Regulations deal with nickel that comes into direct and prolonged contact with the skin, which might cause sensitisation to nickel and lead to allergic reactions.

The regulations are enforced by Trading Standards Departments.

The Regulations include the following requirements:

1) No person shall supply any post assembly, intended to be inserted into a pierced ear or other pierced part of the human body during epithelization, unless the post assembly is homogenous and the concentration of nickel which it contains is less than 0.05%.(expressed as mass of nickel to total mass)

   **Epithelization** is the development of epithelium, the final stage in the healing process of a wound.

   **Post assembly** is the part of jewellery, which is inserted into the wound caused by the piercing and any faces of items, which hold the piece in, and against the wound.E.g Pre-sterilised studs and clasps used in ear-piercing equipment.
**Homogenous** means uniform structure e.g. even distribution of nickel throughout the alloy. Alloys are mixtures of two or more metals.

2) No person shall supply any products containing nickel or a nickel compound which are intended to come into direct and prolonged contact with the skin unless the rate of nickel release will not exceed the rate of 0.5 ug/cm²/week. Products may include earrings, nose and tongue studs, necklaces, bracelets, finger rings, watch straps etc, Direct and prolonged contact means actually touching the skin under pressure of normal use and worn for continuous periods of time. This requirement does not apply to products that have a non-nickel coating.

3) No person shall supply any products containing nickel or a nickel compound and which have a non-nickel coating and which are intended to come into direct and prolonged contact with the skin. An exception is made for products with a non-nickel coating, which ensure that the rate of nickel release will not exceed 0.5 ug/cm²/week for a period of at least two years of normal use.

Most stainless steels cannot meet the above requirements and should therefore not be used as body piercing jewellery. However, new stainless steels are being developed which may comply.
# APPENDICES

Some of the information in the Appendices has been duplicated to enable you to utilise/photocopy the information

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<tr>
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<th>TITLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
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</tr>
<tr>
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<td>EXAMPLE OF AN ULTRASONIC CLEANER</td>
<td>47</td>
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<tr>
<td>4</td>
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<td>48</td>
</tr>
<tr>
<td>5</td>
<td>EXAMPLE OF A VACUUM STEAM STERILISER</td>
<td>50</td>
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<td>65</td>
</tr>
</tbody>
</table>
## APPENDIX 1

### LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

#### CHECKLIST

<table>
<thead>
<tr>
<th>Registration Report – Skin Piercing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Inspection</strong></td>
</tr>
<tr>
<td>Applicant/Piercer’s Name</td>
</tr>
<tr>
<td>Business Name</td>
</tr>
<tr>
<td>Address of premises</td>
</tr>
<tr>
<td>Address of applicant (if not above)</td>
</tr>
<tr>
<td>Other studios linked with the above premises in the borough or other areas?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity to be registered</th>
<th>Person(s) carrying out the activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear Piercing</td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td></td>
</tr>
<tr>
<td>Electrolysis</td>
<td></td>
</tr>
<tr>
<td>Tattooing</td>
<td></td>
</tr>
<tr>
<td>Body Piercing</td>
<td><strong>Cannot be registered</strong></td>
</tr>
</tbody>
</table>

If existing premises, do the Registration Certificate(s) on display contain the correct details: Yes | No

### SUMMARY OF INSPECTION

<table>
<thead>
<tr>
<th>Premises Structure-repair, cleanliness</th>
<th>State of cleanliness</th>
<th>State of repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tick appropriate column</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floors (smooth and impervious for tattooists)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceiling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment area used solely for giving treatment?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suitable waste receptacles available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emptied? How frequently? Should be daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lined/clean/washable/leak proof?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe waste disposal?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharps bin provided? (Re-useable – sterilised?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposable – disposal?) Leak proof and covered?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash basins provided with hot and cold water?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For sole use of Operator?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paper towels provided. The byelaws do not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>make reference to the provisions that should be</td>
<td></td>
<td></td>
</tr>
<tr>
<td>available for drying hands. Paper towels are</td>
<td></td>
<td></td>
</tr>
<tr>
<td>recommended, rather than the use of automatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hand dryers, which may spread infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>present over a wider area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanitising soap or detergent and nailbrush</td>
<td></td>
<td></td>
</tr>
<tr>
<td>provided for sole use of operator?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are tables couches seats etc clean and in good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>repair to enable them to be cleaned effectively?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should have smooth impervious surface</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A disinfectant should be used to clean the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>furniture? Is this carried out? Frequency?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suggest daily and immediately blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>contamination occurs on surfaces.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>DISINFECTANT used name?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disinfectants do not sterilise; they only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>reduce the number of some bacteria. They are</td>
<td></td>
<td></td>
</tr>
<tr>
<td>useful for treating surfaces and equipment that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cannot be sterilised, e.g. work surfaces and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ear-piercing guns. Although there are many</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clinical products on sale described as</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘sterilants’ most are nothing of the kind and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>should be treated as disinfectants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are disposable paper sheets used for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tables/couches? If not, clean/sterile one for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>each new client?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Are all furniture, fixtures and fittings clean and in good repair? |

Is there a NO SMOKING sign in the treatment room? No smoking or consuming food/drink in treatment room? |

Does the operator wear protective clothing? Is it clean? (or disposable – new apron for each client?) |

Are disposable gloves used for each client? A new pair of sterile gloves must be worn for each customer. |

<table>
<thead>
<tr>
<th>EAR PIERCING EQUIPMENT DETAILS</th>
<th>MAKE AND MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Obtain details from gun or case</td>
</tr>
<tr>
<td></td>
<td>Appendices show some examples</td>
</tr>
<tr>
<td>Caflon</td>
<td></td>
</tr>
<tr>
<td>Inverness</td>
<td></td>
</tr>
<tr>
<td>Blomdahl</td>
<td></td>
</tr>
<tr>
<td>Coren</td>
<td></td>
</tr>
<tr>
<td>Studex</td>
<td></td>
</tr>
<tr>
<td>System 2000</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Is an instruction manual provided with equipment? Observed?</td>
<td>YES  NO</td>
</tr>
<tr>
<td>Has ear piercer attended training course? Date? Venue? Passed? Certificate available?</td>
<td>YES  NO</td>
</tr>
</tbody>
</table>

Are single use pre-sterilised needles used for ear piercing? |

Are all surgical instruments used in the piercing (e.g. forceps and all jewellery to be inserted) sterile at the start of the piercing? |

Are there sufficient & safe electrical sockets/gas outlets to enable compliance with the byelaws? |

Is adequate storage available for items used in connection with the procedure to keep them clean and from risk of contamination? |

Are the operator’s hands clean? And nails short? |
<table>
<thead>
<tr>
<th>Is the operator wearing clean clothing?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the operator have waterproof dressings available to cover exposed wounds? Are wounds covered?</td>
<td></td>
</tr>
<tr>
<td>Is suitable and sufficient sanitary accommodation available for client and operator?</td>
<td></td>
</tr>
</tbody>
</table>

Failure to comply with the majority of the previous requirements is a contravention of the relevant byelaws.

What method of sterilisation equipment is used?

<table>
<thead>
<tr>
<th>Refer to Appendices for comments and examples of the equipment and previous pages in the guidelines</th>
<th>Make</th>
<th>Model</th>
</tr>
</thead>
</table>
| Benchtop Steam Steriliser? Autoclave  
The definition of an autoclave is apparatus for sterilizing objects by means of steam under pressure. Only acceptable if marked with a CE Mark or BS 3970:part 4:1990 |   |   |
| Dry Heat Oven? |   |   |
| Glass Bead Steriliser  
Not recommended due to temperature variations within the glass bead compartment. |   |   |

(Sterilisation is an essential requirement of the ear piercing and electrolysis, tattooing and acupuncture byelaws. Equipment that must be sterilised in a body piercing studio would include, clamps, ring openers, ring closers and jewellery.). Equipment should ideally be used immediately after cooling and re-sterilised if not used within 3-4 hours of initial sterilisation. Transfer equipment after sterilisation to a sterile surface e.g.metal tray with lid. (Autoclavable metal trays are available from reputable suppliers for this purpose).
BODY PIERCING CHECK LIST

The additional items below refer to good practice for those carrying out body piercing in the absence of specific legislation. However it must be emphasised that the Health & Safety at Work Etc. Act places a duty on employers/self employed to ensure the safety of members of the public.

Names of the operators performing body piercing?

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS/CONTACT NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Details of training for each operator?(see note 1)

When was it carried out?

Name telephone number and address of person or organisation providing the training

Advise that the local authority where the training organisation is based will be contacted.

Contact name at Local Authority

Address

Telephone number

Any concerns expressed by enforcement officers?

Note 1

Training can be from a minimum of overseeing a colleague to a 1 to 2 year apprenticeship, with a number of variations in between. Inspectors will rely on questioning piercers on procedures, sterilisation, cross contamination, aftercare advice etc. The piercer should also be aware of dangers of piercing a person with certain medical conditions such as heart disease, eczema etc. Some medical opinion would not recommend certain genital piercings as these run close to the nervous system. Also a protruding navel may lead to peritonitis if pierced.

Are single use **pre-sterilised** hollow needles used for body piercing?

All piercing needles must be new pre-packed, pre-sterilised needles. Hollow rather than solid piercing needles should be used to reduce healing complications. The needle should be the same diameter as the jewellery to be inserted.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
**What size needles used? (marked on label)**
Should be no more than 2.5mm.

<table>
<thead>
<tr>
<th><strong>Tick parts of the body pierced</strong></th>
<th><strong>How is the body part pierced?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear ( ) Upper ( ) Lower ( )</td>
<td>Needle or gun (Name of gun(s) used)</td>
</tr>
</tbody>
</table>

Nose piercing not recommended (see previous pages)
Examples of equipment used for nose piercing shown in Appendices.

Tongue?

Eyebrow?

Navel?

Genitalia?

Other?

**Notes**

<table>
<thead>
<tr>
<th><strong>Is jewellery pre-sterilised prior to piercing?</strong></th>
<th><strong>Yes</strong></th>
<th><strong>No (It should be!)</strong></th>
<th><strong>See note 2 for list of jewellery which is not suitable for body piercing</strong></th>
</tr>
</thead>
</table>

What type of jewellery used for piercings? Tick

- Sterile Medical plastic
- Implant grade surgical stainless steel
- Solid 14K gold
- 18K gold
- 22K gold
- Niobium
- Titanium
- Platinum

**Note 2**

- Nickel – see previous page
- Stainless steel – carbon & nickel content is high
**Gold plate** – thin layer of gold covering a poor/reactive metal e.g. steel, aluminium. The plating will eventually wear exposing the skin to metal allergy.

**9 carat gold** – this is only 37.5% pure, i.e. has a high alloy content

**24 carat gold** – is too soft & therefore damages easily (& is expensive!)

**Sterling silver** – silver is alloyed with 7.5% copper or a mixture of other metals, which makes it reactive.

**Fine silver** – rarely used to make jewellery because it is too soft, damages easily & therefore harbours bacteria.

**Dense low porosity plastic** – clients may be sensitive to this & some varieties cannot be autoclaved

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a sign displayed for customers denoting potential risks associated with body piercing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the notice on handwashing displayed near the sink?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer records available? Ask to see and obtain copy of blank consent form for premises file</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Write down estimate of numbers and types of piercings carried out in the previous month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aftercare advice available Obtain copy for records</td>
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<tr>
<td>Has the piercer got specific Public Liability Insurance for body piercing?</td>
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<tr>
<td>Name/Address of Insurer</td>
<td></td>
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<tr>
<td>First aid box on premises? Contents adequate?</td>
<td></td>
<td></td>
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</tbody>
</table>
First Aid Training?
When? By Whom?
First aid training is recommended in view of the risks involved

Notes

<table>
<thead>
<tr>
<th>USE OF ANAESTHETICS</th>
<th>SEE NOTE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplier?</td>
<td></td>
</tr>
<tr>
<td>Where is the anaesthetic obtained?</td>
<td></td>
</tr>
<tr>
<td>Write details of anaesthetic used.</td>
<td></td>
</tr>
<tr>
<td>Liquid, spray, gel, creams?</td>
<td></td>
</tr>
<tr>
<td>Percentage or mg of lignocaine?</td>
<td></td>
</tr>
<tr>
<td>Amount of product used on an individual prior to piercing.</td>
<td></td>
</tr>
<tr>
<td>Surface piercings?</td>
<td></td>
</tr>
<tr>
<td>Tongue piercing</td>
<td></td>
</tr>
</tbody>
</table>

Note 3

The use of anaesthetic injections is restricted by the Medicines Act 1968 to doctors, nurses and veterinary surgeons.
Anaesthetics used by body piercers include:

Ethyl Chloride- The use of surface local anaesthetics such as Ethyl Chloride is NOT RECOMMENDED. This is very flammable, non-sterile, may cause an allergic reaction, is not always effective and can cause frostbite.

Xylocaine spray- awaiting guidance from the Department of Health on the use of xylocaine by skin piercing practitioners. This can be bought from chemists and is used for throat infections. It contains lidocaine and anaesthetizes the skin/tongue. Xylocaine spray may sometimes cause side effects as well as the effects that are needed to anaesthetise the skin. It may sometimes cause feelings of nervousness, dizziness, drowsiness and occasionally loss of consciousness. Other possible effects are fits, low blood pressure, breathing problems including slow breathing, a slow heartbeat and/or rarely stopped breathing or stopped heartbeat. In extremely rare cases local anaesthetics may cause a rash, swelling or a very low blood pressure.

A recent decision of an Employment Tribunal following the prohibition of xylocaine spray for body piercing by Hinckley & Bosworth Borough Council, concluded that the body piercer MUST read out specific questions prior to using the spray. Their decision was based on the potential risks associated with this product and its use by a body piercer who had no medical qualifications. In view of the decision reached by the Tribunal, Environmental Health wish to see all body piercers using a written document containing specific questions. An example of the document is shown in the guidelines.
Cream preparations (e.g. Emla Cream) these are usually only available on prescription and can take 30-60 minutes to act. They may also cause side effects.

Any concerns with regard to the body piercing establishment or person carrying out the piercing?
APPENDIX 2 - HANDWASHING PROCEDURE

Wet your hands thoroughly and apply soap. Rub your hands together (palm to palm). Rub the back of your left hand with the palm of your right. Then swap and rub the back of your right hand with your left palm.

Rub your palms together with your fingers interlocked. Interlace your fingers as close to the palm as you can, and rub your fingers together. Interlock your fingers. Rub the backs of the fingers of your right hand in your left palm. Then do the same with the fingers of your left hand in your right palm.

Clasp your left thumb in your right palm. Rotate your thumb. Then do the same with your right thumb in your left palm. Rub the fingers of your left hand in a circular pattern in your right palm. Then do the same with the fingers of your right hand in your left palm. Rinse your hands. Pat them dry with paper towels, working from your finger tips down to your wrists.
APPENDIX 3

ULTRASONIC CLEANER

These are small units filled with distilled water and detergent that use high frequency oscillations to remove dirt, blood and body fluids from instruments prior to autoclaving. They are fourteen times more efficient than washing something by hand. Items must be rinsed thoroughly after use to prevent the autoclave becoming contaminated with detergents.
APPENDIX 4

BENCH TOP STEAM STERILISERS

Distilled water must be used because tap water contains salts and other chemicals, which will influence the temperature of the autoclave, and may result in deposits inside the autoclave.
ESCHMANN LITTLE SISTER

The little sister range consists of the Little Sister 3 vacuum and the Little Sister non-vacuum.

Eschmann Bros & Walsh Ltd, Peter Road
Lancing, West Sussex BN15 8TJ, England
Tel: 01903 753322
Fax: 01903 766793
This autoclave is suitable for sterilising equipment in pouches when used in accordance with the manufacturer’s instructions.

Prestige Medical
PO Box 154
Clarendon Road
Blackburn, Lancs
BB1 9UG
Tel: 01254 682622
Fax: 01254 682606
APPENDIX 6

PRE-PIERCING ADVICE

ADVISING CUSTOMERS OF THE RISKS

WHEN A CUSTOMER ENTERS THE STUDIO, IT IS IMPORTANT TO DRAW THEIR ATTENTION TO THE POTENTIAL RISKS THAT CAN ARISE BEFORE THEY HAVE A PIERCING.

THE NOTICE ON THE NEXT PAGE SHOULD BE PROMINENTLY DISPLAYED ON THE PREMISES TO INFORM CLIENTS OF THESE RISKS.
CUSTOMERS SHOULD READ THIS NOTICE PRIOR TO HAVING SKIN PIERCED

THE FOLLOWING RISKS ARE ASSOCIATED WITH BODY PIERCING: -

Ω SCARRING
Ω BLOOD POISONING, (SEPTICAEMIA)
Ω JEWELLERY EMBEDDING
Ω LOCALISED INFECTION
Ω THERE IS A GREATER RISK OF INFECTION ARISING WITH NOSE PIERCING BECAUSE THE INSIDE OF THE NOSE CANNOT BE DISINFECTED
Ω EAR PIERCING GUNS MUST ONLY BE USED TO PIERCE EARS
Ω ALLERGIC REACTIONS TO JEWELLERY METALS AND ANTISEPTICS
Ω LOCALISED SEVERE SWELLING & TRAUMA AROUND THE PIERCING SITE
Ω TONGUE PIERCING MAY GIVE RISE TO SWELLING, CHOKING & POSSIBLE RESTRICTION OF THE AIRWAY
It is important for professional practitioners to keep records of their customers. Scrupulous records prove valuable if there is any question of an infection problem later, and may often help to protect the piercer. Records should be kept for a minimum of 2 years.

♦ Each customer having a piercing must complete a consent form. An example of a skin piercing consent form is shown overleaf. This may be photocopied.

♦ Each customer having a piercing must be asked relevant medical questions prior to piercing.

♦ If xylocaïne is used each customer having a piercing must complete an additional medical questionnaire

♦ A record to document the number of piercings undertaken is included. Enforcement officers will check this during routine visits or inspections.
SKIN PIERCING CONSENT FORM

To be filled in clearly and correctly by persons wishing to be pierced

NAME……………………………………………………………………………….

ADDRESS…………………………………………………………………….

……………………………………………………………………………………

TELEPHONE……………………………………………………………………

AGE………………………………………………………………………………

This is to certify that I, the above named and undersigned, today gave my correct name, address and age when asked to do so by………………………………………………

I have read the risks associated with body piercing and answered relevant medical questions.

ADDRESS OF SKIN PIERCING ESTABLISHMENT

This is to certify that I, the above named and undersigned, do give my permission to be pierced and I am fully aware of the procedures involved and understand the importance of the daily aftercare procedure.

SIGNED…………………………………………………………………………

DATE………………………………………………………………………………

Where the client is under the age of 18 the parent or guardian must also sign.

SIGNED…………………………………………………………………………

DATE………………………………………………………………………………

TYPE OF PIERCING……………………………………………………………………

NAME OF PERSON CARRYING OUT THE PIERCING

……………………………………………………………………………………
MEDICAL QUESTIONNAIRE

In order for proper healing of your body piercing, please would you disclose if you have or have had any of the following conditions:

If the patient answers yes to any of the questions you should not carry out any piercings until the patient has discussed the matter with his doctor and obtained his doctor’s consent in writing.

<table>
<thead>
<tr>
<th>Heart Disease</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemorrhagic (bleeding) disorders including haemophilia, leukaemia.</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Seizures e.g. Epilepsy.</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Diabetes.</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Hepatitis B or C</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>HIV Infection</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Eczema</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Impetigo</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Cellulitis</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Allergic responses e.g. anaesthetics, adhesive plasters, soaps, disinfectants, jewellery metals.</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Psoriasis</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Taking medications such as anticoagulants, which thin the blood and/or interfere with blood clotting.</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Keloid scaring</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Genital warts- if relevant to the piercing requested</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Prone to dizziness/fainting</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I am pregnant/nursing mother</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Please list previous piercings

Did any problems arise following any piercing? | Yes | No |
**USE OF XYLOCAINE SPRAY BY BODY PIERCERS**

The patient’s replies to these questions must be recorded on the document. If the patient answers yes to any of the questions you should not use the spray until the patient has discussed the matter with his doctor and obtained his doctor’s consent.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>Have you ever had an allergic reaction to local anaesthetics or to any of the other ingredients in xylocaine (lignocaine) ?</td>
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<td>Are you pregnant, think you might be pregnant, or considering becoming pregnant?</td>
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<tr>
<td>Are you breast-feeding?</td>
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<tr>
<td>Are you taking any other medicines, particularly those for an irregular heartbeat (anti-arrhythmics) such as tocainide?</td>
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<tr>
<td>Do you have any cuts, sores or ulcers inside your throat, mouth or nose?</td>
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<td></td>
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<tr>
<td>Do you have a chest infection?</td>
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<td></td>
</tr>
<tr>
<td>Do you have epilepsy?</td>
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</tr>
<tr>
<td>Do you have a heart problem, in particular a slow heart beat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have liver problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a very low blood pressure?</td>
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</table>

The patient should also be informed verbally and in writing that using xylocaine spray in the mouth and throat may also make swallowing difficult due to loss of feeling. This may increase the risk of something (such as food or liquid) going down the wrong way (aspiration). If the spray is used in the mouth, loss of feeling may cause some people to accidentally bite their tongue or cheek.
## RECORD KEEPING

<table>
<thead>
<tr>
<th>Date of piercing</th>
<th>Name/Date of birth</th>
<th>State area of body pierced and the initials of body piercer carrying out this piercing</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
APPENDIX 8

EAR PIERCING EQUIPMENT

EAR INFECTION RISKS

PROBLEMS THAT CAN ARISE WHEN EAR-PIERCING GUNS ARE USED FOR BODY PIERCING

The piercing guns designed for ear piercing must not be used for other areas of the body. The pins are too short; this can cause pinching of the flesh and restriction of movement, which may lead to considerable discomfort and possible infections.

PROBLEMS THAT CAN ARISE WITH HIGH EAR PIERCING

Some brands of ear-piercing equipment are designed for only piercing the lobe. The outer ear or tragus is more fibrous than the lobe. If the gun is used to pierce cartilage it can take longer to heal if an infection occurs. The ear-piercing gun may also crush the cartilage rather than puncturing a neat hole. Staphylococcus aureus is commonly the organism responsible for external ear infections. The manufacturer of the equipment may not guarantee the equipment if used for a purpose for which it is not intended. This may invalidate any claims for public liability cover.

NOSE INFECTION RISKS

NOSE PIERCING

Nose piercing using a hollow sterile needle or “nose piercing equipment” is not recommended as a procedure for professional body piercers to perform. It is well known that the inner mucosal surfaces of the nose often harbour pathogenic bacteria that can cause an infection. It is unrealistic to attempt to disinfect the inner (mucosal) surface of the nose.

Although there are guns specifically designed for nose piercing which have disposable cartridges (“Medisept”, “Blomdahl” “Coren” and “Grey Studex System 75”) the customer must be advised that the risk of complications is likely to be higher than with ear piercing. The back–clasp should always be removed before piercing. Environmental Health do not recommend the use of these pieces of equipment or sterile needles for nose piercing because there is the potential for organisms to enter the tissue when the surface of the nose is pierced. This may cause an infection and may ultimately lead to disfigurement of the nose.

Other ear piercing systems, which do not have disposable cartridges, must not be used for nose piercing. (Caflon, System 2000, Inverness, Blue/WhiteStudex and Trips systems.) The equipment is not designed for nose piercing. If used to pierce a person’s nose, part of the gun has to go inside the nose. There is the potential for fragments of tissue or blood to adhere to the gun when the nose is pierced. The majority of ears piercing guns are designed so that they do not need to be sterilised. This is because they are usually supplied with pre-sterilised disposable cartridges containing the stud and clasp.
EXAMPLES OF EAR PIERCING EQUIPMENT

CAFLON EAR PIERCING EQUIPMENT
(This is not suitable for nose piercing)
STUDEX EAR PIERCING EQUIPMENT

The SILVER STUDEX also known as the System 75 uses a disposable sterile cartridge, for ear lobe and ear cartilage piercing. A GREY STUDEX system of the same design as the silver studex shown below is also available for nose piercing. (However the practice of nose piercing is not recommended in professional body piercing studios. The customer must be advised that there is a greater risk of infections occurring prior to nose piercing) Both systems are hand pressured.

A BLUE VERSION OF THE STUDEX EQUIPMENT BELOW IS USED FOR EAR PIERCING. The white version is only supplied to Claires Accessories.
The Eri Rotary above is a spring operated/trigger method. The Inverness Ear Piercing equipment below is hand pressured. According to the manufacturer both these pieces of equipment are unsuitable for nose piercing.
BLOMDAHL EAR PIERCING EQUIPMENT

There are two types of gun available, the regular and the mini. The posts of the studs are smaller in the mini making it more suitable for piercing children’s ears. The posts are supplied in titanium and also medical plastic. The Blomdahl equipment is marketed primarily to pharmacists and GPs. A sterile cassette containing the stud and clasp is used. The gun is suitable for nose piercing, although the client must be warned that there is an increased risk of infection occurring and the back clasp must be removed. Blomdahl do not provide aftercare solutions with their equipment.

SYSTEM 2000 EAR PIERCING EQUIPMENT
MANUFACTURED BY CARESS
APPENDIX 9

AFTERCARE ADVICE

THIS MAY BE FREELY REPRODUCED AND GIVEN TO CLIENTS

AFTERCARE ADVICE

Clients are advised to follow the simple care procedure outlined below: -

A NORMAL PIERCING:

♦ May be tender, itchy, slightly red or bruised for a few weeks.
♦ May bleed a little for the first few days.
♦ May secrete a whitish-yellow fluid (plasma) which crusts on the jewellery, this is not pus.
♦ May tighten around the jewellery as it heals, making turning somewhat difficult.

CLEANING/HEALING PROCESS:

♦ It is important to keep the piercing site clean and dry and undisturbed. Clean the piercing no more than is necessary to maintain cleanliness. Frequent cleaning may damage the delicate skin cells.
♦ If cleaning of the piercing becomes necessary then always wash hands well and dry thoroughly with a clean towel and then keep the site dry and clean.
♦ With an oral piercing, after eating, smoking or putting anything in the mouth rinse with antibacterial mouthwash at a dilution of 50% - 75% to avoid damaging new skin cells. It is also necessary to disinfect the piercing, twice a day, with warm salt water or a mild antiseptic mouthwash.
♦ Hot soaks and compresses, with the optional addition of ¼ teaspoon of sea salt per cup of clean water are strongly suggested for navel piercings. Avoid wearing belts, right trousers or restrictive clothing for about 6 months - 1 year.
♦ Genital piercées (male/female) can use a panty liner to absorb excess moisture and cushion the piercing. Avoid restrictive clothing, irritating clothing or clothing that limits oxygen flow to the area. Any sexual contact should be gentle and latex barriers should be used to protect the piercing from partner's body fluids.

CHANGING AND REMOVING JEWELLERY:

Everyone heals at a different rate. The average healing times for piercings, provided they are cleaned twice daily and treated like new healing tissue, are shown below. It is important to remember that even after the initial healing period, the piercing will still need one full year or longer to completely heal. Always treat the piercing with care and gentleness.

♦ Ears: 2-3 months
♦ Lip, Labret: 6-8 weeks
♦ Tongue: 4-6 weeks
♦ Cheek: 2-3 months
♦ Navel: 6 months to 2 full years
- Nipple: 2-6 months
- Genital piercings: 4-8 weeks

Jewellery should not be changed during the initial healing period (often at least 6 months). Clients should be advised to always wear the appropriate jewellery in the piercings, even when fully healed. The piercer should be contacted, for further advice, if removal of the jewellery is being considered on a temporary or permanent basis.

There shall be no attempt to increase the size of the piercing until it is completely healed. Such increasing should be carried out gradually by the insertion of progressively larger gauge sterile jewellery. No subsequent bleeding or tearing should occur.

**WHAT TO DO IN THE CASE OF INFECTION:**

Infections are caused by contact with bacteria, fungi or other living pathogens. Piercing infections can usually be traced to one of the following activities:

- Touching the piercing with unwashed hands.
- Oral contact with the piercing, including your own saliva.
- Contact with hair, cosmetics, oils, infrequently washed bedding or other agents.
- Going into a pool, hot tub, lake, ocean or other body of water.

The following are indications of infection:

- Redness and swelling.
- A sensation of heat at the piercing site.
- Pain, especially throbbing or spreading pain.
- Unusual discharge. It may be yellowish, greenish or greyish.

While it is never inappropriateness to contact the doctor, a visit to the piercer may be as beneficial. Do not remove the jewellery as this may aggravate the problem by closing off the drainage for the discharge matter. You may consult the doctor regarding the use or oral antibiotics.

**COMMON PROBLEMS THAT CAN BE AVOIDED:**

- Over cleaning, vigorous cleaning, or using a cleanser that is too strong can produce symptoms very similar to an infection. The skin may be very tender and appear shiny, and there may be a clear discharge.
- Friction caused by tight or heavy clothing, rough sexual activity, or excessive movement of the area can cause dark redness, a hard growth of skin over the scar (keloids), discharge and rejection/migration of jewellery.
- Stress, poor diet or illness can cause longer healing times or migration of the piercing.
- Occasionally, the selected jewellery may not be appropriate. This may not be due to circumstances that occurred after the piercing. If the jewellery is too thin or too heavy, too large or too small in diameter, or not the appropriate style, healing problems may be experienced. The piercer should be contacted if a change in jewellery is required.
APPENDIX 10

ACKNOWLEDGEMENT
REFERENCES AND USEFUL ADDRESSES

ACKNOWLEDGEMENT

Grateful acknowledgement is made to Professor Norman Noah at the Communicable Disease Surveillance Centre for his significant contribution to these guidelines.

Many thanks are also given to all the local authorities; organisations and individuals who provided information or advice, which greatly assisted in the compilation of these guidelines.

REFERENCES

1 ASSOCIATION OF PROFESSIONAL PIERCERS (APP) (1998). Procedural Standards. Ch. 6, pp. 43-46. Contact Pete Rose C/o Pierced Up Body Piercing 3 Perry Road. Bristol BS1 5BQ Tel 0117 930 0611

2 AROMATHERAPY TRADE COUNCIL (ATC) Personal correspondence PO Box 52 Market Harborough Leicestershire LE16 8ZX Tel/Fax 01858 465731


4 BRIGHTON & HOVE COUNCIL (1996). Skin Piercing Practice Guidelines Environmental Services Brighton and Hove Council Bartholomews House Bartholomew Square Brighton BN1 1JP Tel: 01273 290000 Fax: 01273 292250

5 CALLABAY PAUL Facial Piercing Photographs Bishop Herbert Close Hockering Norfolk NR20 3HS Tel 01603 881316


10 ENVIRONMENTAL HEALTH NEWS (1999). Volume 14, no. 42 p.8


12 ESCHMANN BROS & WALSH LTD (1999) Technical literature Little Sister 3 Vacuum and Non-Vacuum Models Peter Road Lancing, West Sussex BN15 8TJ. England Tel: 01903753322 Fax: 01903766793


15 HEALTH & SAFETY EXECUTIVE Needlestick Injuries Information Sheet Local Government & Entertainment Services National Interest Group Sheet No. 1(out of print)

16 HINCKLEY & BOSWORTH BOROUGH COUNCIL (1999) Decision of the Employment Tribunal regarding the Prohibition of Xylocaine (Lidocaine) Spray for Body Piercing. Environmental Services Department 1st Floor, Florence House St Mary’s Road Hinckley, Leics. LE10 1EQ. Contact Ken Younger & Penny Stocker 1st Floor Florence House St. Mary’s Road Hinckley, Leicestershire. LE10 1EQ Tel 01455238141.


18 http://www.new.bodypiercing.co.uk/gallery/facial/facial.htm

19 LONDON BOROUGH OF HARROW (April 1998) Guidelines For Body Piercing Good Practice London Authorities Body Piercing Working Group. Housing And Environmental Health Services Civic Centre P.O. Box 18 Station Road Harrow Middlesex. Tel 0181 863 5611.


23 NOAH PROFESSOR NORMAN D NOAH. 1983 A Guide to Hygienic Skin Piercing PHLS Communicable Disease Surveillance Centre 61 Collindale Avenue London NW9 5EQ Tel: 0208 200 6868.

24 NOAH PROFESSOR NORMAN D 1997 Guidelines for Body Piercing, Kings College School of Medicine and Dentistry, London.

25 NORTH STAFFORDSHIRE HEALTH (June 1998). Infection Control Guidelines For Use In Tattooing/Skin Piercing Practice Mrs J K Dawson Clinical Nurse Specialist Infection Control (Community) Tel: 01782 298141.

26 NOTTINGHAM CITY COUNCIL (1999) Guidance Notes on Hygienic Body Piercing Tina Edge Lawrence House Talbot Street Nottingham NG1 5NT. 01159158
27 NURSING TIMES PLUS Body Piercing Controlling The Risk of Infection Volume 96, No 10 March 9 2000 pages 8-12


32 PRESTIGE MEDICAL (1999) Technical Literature on Clinical Autoclaves

33 ROCHDALE TRADING STANDARDS Trading Standards Law Simon Wilkes.

34 SCOTTISH CENTRE FOR INFECTION AND ENVIRONMENTAL HEALTH (SCIEH) (1998) Body & Skin Piercing: Guidance for Local Authorities Clifton House Clifton Place Glasgow G3 7LN Tel: 0141 300 1100 Fax: 0141 300 1170.


39 WARRINGTON GENERAL HOSPITAL (26th April 1999) Minutes of Meeting to discuss complications of Ear Piercing. Paediatric Unit, Warrington General Hospital


OTHER USEFUL CONTACTS

♦ European Professional Piercers Association (EPPA) Tel 0117 960 3923
♦ The Jewellery Distributors Association
Federation House
10 Vyse Street
Birmingham
B18 6LT
Tel: 0121 236 2657
Fax: 0121 236 39221

♦ Cold Steel Body Piercing Studio
238 Camden High Street London
NW1 8QS
Tel 0171 2677970

♦ Tattooist Insurance Services
53 Fore Street
Bovey Tracey, Devon
TQ13 9AB Tel 01626 834828 Fax 01626 835305

♦ Spore Testing
Due Diligence Limited
83 Heavitree Road Exeter
EX1 2ND Tel 01392 431222 Fax 01392 422691

**EAR & BODY PIERCING EQUIPMENT SUPPLIERS**

♦ Caflon
51-55 Edison Road
Rabans Lane Industrial Estate
Aylesbury
Bucks HP19 3TE
Tel: 01296 434158
Fax: 01296 433741

♦ Blomdahl Contact
Contact Martin Roberts
Poly (UK) Limited
PO Box 712
Maidenhead
Berkshire
SL6 5YP
Tel: 01628 822212
Fax: 822542

♦ Studex (UK) Ltd
Unit7 Holkham Road
Orton Southgate Peterborough
Cambridgeshire PE2 6TE
Tel: 01733 232350
Fax 01733 232370

♦ Inverness Contact Natalie Orr
951 Yeovil Road
Caress Manufacturing Ltd
System 2000
Beaumaris Road,
Newport,
Shropshire
TF10 7BL
Tel: 01952 811143

HS Walsh & Sons Limited
Trips and Trips Elite Systems
243 Beckenham Road
Beckenham
Kent
BR3 4TS
Tel: 0181 778 7061
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