

COSMETIC PIERCING GUIDELINES

GENERAL SKIN PIERCING GUIDANCE NOTES

These notes must be read in conjunction with the general information on skin piercing and the bylaws on this subject. Skin piercing is potentially an extremely hazardous practice if performed badly. It should only be done by a competent, trained and experienced person at suitable premises.

The Local Government (Miscellaneous Provisions) Act 1982 as amended by the Local Government Act 2003, requires persons who practice acupuncture, tattooing, cosmetic piercing, semi-permanent skin colouring and electrolysis to be registered with the Local Authority. In addition, these activities should only be undertaken in registered premises. Applications for registration should be made to the Licensing department.

Wyre Council has also passed bylaws for the purpose of securing:

- the cleanliness of the premises registered;
- the cleanliness of persons undertaking skin piercing;
- the cleanliness and sterilisation of instruments, materials and equipment.

The information contained within these guidance notes will assist practitioners of skin piercing to comply with the bylaws and prevent the transmission of infection.

1.0 PREMISES

A skin piercer's premises must be clean and be capable of being kept clean. All internal parts of the structure of the premises should be maintained in a clean condition and kept in proper repair. Wallpaper should not be used as a wall covering unless it is a durable, washable type. The surface of the floor should be smooth, impervious and continuous.

A wash hand basin with a hot and cold water supply properly connected to the drainage system is essential and should be located in the workroom.

Note: water heaters of the 'top-up' type are not permitted. It is preferable for the taps to be foot or elbow operated. Soap, preferably in liquid form, and an approved hygienic means of drying hands must be available and readily accessible. Such hand drying facilities include disposable paper towels or hot-air dryers.

1.2 Table tops & other working surfaces

The table tops, shelves and other working surfaces must have a smooth impervious surface (preferably stainless steel or glass), be in good repair and kept clean with the frequent use (at

least after each client) of a suitable disinfectant. Shelves, cabinets, cupboards etc, must contain only the equipment that is used in connection with the business of skin piercing.

1.3 Chairs, seats or couches

The surface of any chair, seat or couch should have a smooth impervious surface such as vinyl, and be in good repair. It should be kept clean and washed with detergent and hot water regularly. Patients should sit or lie on a disposable paper sheet rather than on the bare surface. Fabric chairs should not be used.

1.4 Ventilation

A well-ventilated room must be used.

1.5 Artificial lighting

Artificial lighting must be adequate and maintained.

2.0 DISPOSAL OF EQUIPMENT

Needles should be placed in an approved yellow plastic 'sharps' disposal box such as is used in hospitals. The box should be clearly marked '**DANGER. CONTAMINATED SHARPS ONLY. TO BE INCINERATED**'.

Any waste matter contaminated by blood or body fluids, e.g. swabs, paper, towels, tissues etc. must be disposed of in an approved yellow plastic clinical waste sack clearly marked '**BIOHAZARD. CLINICAL WASTE ONLY. TO BE INCINERATED**'.

Small items, e.g. swabs, tissues etc, may be placed in the approved sharps box instead. Waste matter not contaminated with blood or body fluids should be disposed of in a suitable receptacle lined with a leak-proof sealable plastic bag and provided with a close-fitting lid. Used disinfectants must be carefully poured down the sink after use and flushed with running water.

The advice of the local Environmental Health officer must be sought about the final disposal of the sealed bags and sharps disposal boxes from the premises (see the Important Notice regarding sharps box and clinical waste disposal).

3.0 DISINFECTION

Disinfectants are necessary where it is not practicable to sterilise equipment and instruments. They do not sterilise (kill all germs) but their proper use will reduce the number of germs to the extent that they pose little danger of infection. The disinfectant usually used is hypochloric, which will neutralise most viruses, especially the Hepatitis ones. Hypochlorite can corrode metals and therefore prolonged contact with metals should be avoided.

Solutions of hypochlorite need to be made up each day. Manufacturers' instructions regarding the correct concentrations should be strictly followed. Disinfectants other than those indicated here may be used, but they would not be superior or cheaper than the ones recommended. It is better to familiarise oneself with only one or two disinfectants. Not all

disinfectants are equally destructive against germs. For example, even high strengths of alcohol used as disinfectants have only a weak effect on destroying the Hepatitis B virus, however the frequent use of 'wet wipes' containing isopropyl alcohol or ethanol may prove useful for general disinfecting of surfaces etc.

Preparation & use of disinfectants

Agent Preparation Uses

Hypochlorite e.g. Domestos/Melzone, Make up daily: Add 50 milliliters of hypochlorite to 1 litre of cold water. Excellent for wiping and cleaning all materials.

Avoid prolonged exposure with metals.

Note: Hypochlorite is sensitive to light and to water quality – follow manufacturers' instructions carefully regarding storage.

4.0 STERILISATION

Disinfectants do not sterilise; they only reduce the number of microbes. All chemicals should be treated as disinfectants. They are, however, useful for treating surfaces and equipment that cannot be sterilised, e.g. work surfaces, the 'motors' or frames used in tattooing, and ear piercing guns.

The best means of avoiding cross-infection is to use sterile disposable equipment where available, in preference to other types.

4.1 Methods of sterilisation

Autoclaves are used to sterilise instruments with pressurised steam. They should be fitted with temperature/pressure gauges to enable the correct time/temperatures to be observed. Domestic pressure cookers are unsuitable for this purpose, as there is no accurate way of telling when the correct temperature/pressure has been reached. The instruments that are to be autoclaved must be scrupulously clean, as the steam has to be completely in contact with the surface of the instrument. The advantages of autoclaves are that they are quick and efficient, and that because of the comparatively lower temperature and shorter time necessary for sterilization, they are less likely to cause damage to delicate instruments. A competent person should subject autoclaves to regular inspection and preventative maintenance, and evidence of the maintenance should be kept for inspection.

Dry heat ovens can also be used to sterilise equipment. However, they are liable to damage fine needles. Dry heat is also likely to be less efficient as a method of sterilisation as there could be cold spots within the oven.

5.0 HEALTH & PERSONAL HYGIENE

5.1 Health of the skin piercer

A skin piercer must ensure that his or her own health, including personal hygiene, does not endanger in any way the health of a client.

A high standard of personal hygiene is essential. Hands must be washed before and after treating each client. All cuts and wounds must be washed and dressed with a waterproof dressing immediately.

The practitioner should wear clean, washable or disposable clothing while carrying out his or her practice. Practitioners must refrain from eating or drinking whilst engaged on a treatment. Since 01 July 2007 it is unlawful to smoke within the workplace [Health Act 2006]. Nails must be kept short and clean. A first aid kit, the contents of which should comply with the requirements of the Health & Safety (First Aid) Regulations 1981, must be kept on the premises and should also be available for the use of clients.

A skin piercer who is suffering from an infectious disease can transmit germs to his or her client in various ways, including through breaks and punctures in the skin during treatment.

Consult your family practitioner early about any personal illness that may be of an infectious nature. Ensure that the practitioner knows that you are engaged in the business of skin piercing. Medical advice should always be sought if a cut is sustained with the apparatus being used on a client.

5.2 Health of the client

Ensure that the part of the body to be treated is clean and free of any cuts, wounds or disease. It is essential to ensure if the client has a history of Hepatitis that he or she is not currently suffering from it. In such cases, consideration should be given to not treating the client because of the high risks involved. Treatment should not be given until the client has consulted his or her GP as to any possible infective state. The areas to be pierced should be cleaned at the start of the treatment with an alcohol impregnated swab. Other cleaning agents, if used, should also have adequate disinfectant properties. Medical attention may be necessary if a treated part becomes inflamed or infected. Immediately before use, any paper or other disposable material used as a covering on a chair, seat or couch, and any towel, cloth or other article which is applied to client's skin should be clean and not have been used in connection with any other client.

6.0 TRANSMISSION OF BLOODBORNE VIRUSES THROUGH SKIN PIERCING

When a needle, razor or other similar instrument breaks a person's skin, blood, serum or small fragments of tissue will adhere to the needle or instrument used. These can then be directly transferred to the blood stream of another person, or could contaminate materials or other pieces of equipment. These contaminated materials or pieces of equipment may also transmit infection if they come into direct contact with any broken skin of the next customer. The blood or serum may not be visible but they are still capable of transmitting infection.

7.0 VIRAL INFECTIONS TRANSMITTED THROUGH SKIN PIERCING

7.1 Hepatitis B

Penetrating the skin with infected needles, razors etc spreads this through the blood system, or contact with broken skin from contaminated apparatus or surfaces. As many carriers do not show symptoms, it is essential that piercers employ a high standard of care in their practice at

all times. Blood or serum does not have to be visible on the instrument or needle to transmit infection so it is essential therefore that all equipment is properly cleaned and sterilised before use. It is recommended that if you are a carrier of Hepatitis B that you cease this type of work. It is recommended that skin piercers obtain a Hepatitis B vaccination from their General Practitioner.

7.2 Hepatitis C

This is spread through blood-to-blood contact. The same precautions for prevention apply as to Hepatitis B. Hepatitis C is not a new disease; its name has changed from 'Non A and B Hepatitis' to 'Hepatitis C'.

7.3 HIV (Human Immunodeficiency Virus)

This is contracted through the blood or serum from an infected person to someone else. The risk comes, therefore, from accidental inoculation or contamination of a cut or abrasion with the blood of an infected person.

HIV is the virus responsible for causing AIDS (Acquired Immune Deficiency Syndrome). People with AIDS are especially vulnerable to infections by organisms, which do not pose a threat to those with normal immunity. Hepatitis B is a stronger virus than HIV, so the same precautions apply.

8.0 RECORD-KEEPING

It is important for practitioners of skin piercing to keep records of their clients and customers. Scrupulous records will prove valuable if there is any question of an infection linked to the premises. Records should be kept for a minimum of one year.

8.1 Information that should be recorded

- Date of procedure
- Client details including:
 - Client name
 - Home address
 - Contact telephone number
 - Date of birth
 - Any medication prescribed to the client or medical condition that could affect the procedure
- The procedure carried out
- Any notes or comments relating to the procedure

IMPORTANT

- In the case of procedures that have a lower age limit it is essential that the client's date of birth is checked with their personal documentation and a note of the check is provided on the client's record. If in doubt as to a client's age, do not carry out the procedure.

9.0 PREVENTION OF INFECTION

Cover exposed cuts and abrasions, especially on the hands, with waterproof dressings. Take care to prevent puncture wounds, cuts and abrasions from used needles, razors or glassware. If such an accident does occur, treat immediately by encouraging bleeding and by liberally washing with soap and water. Then cover the wound with a waterproof dressing and seek medical advice. Record any puncture wound or contamination of broken skin, mouth or eyes. Never use needles, equipment, instruments etc, on more than one client unless sterilized between clients. Never use unsterilised needles on any client. Gloves should be worn and changed after each client.

10.0 HEALTH AND SAFETY AT WORK

The skin piercer must comply with the provisions of the Health & Safety At Work Act 1974, which places a duty on the piercer to conduct his or her undertaking in such a way as to ensure, so far as is reasonably practicable, that persons who may be affected thereby are not exposed to risks to their health or safety. This duty extends to both clients and employees. It is by following recognised standards that this duty can be fulfilled. In connection with safety aspects particular attention is drawn to the following:

- All floors, passages and stairs shall be of sound construction and properly maintained and should be kept free from obstruction and from any substance likely to cause persons to slip. A substantial handrail must be provided to every staircase. A two-way lighting system must be provided to every staircase.
- Machinery, e.g. autoclaves, should be subjected to regular inspection and preventative maintenance where necessary. A competent person should undertake all inspections and maintenance, and evidence of maintenance, such as service records and reports, should be kept.
- All electrical installations should be in accordance with the Institute of Electrical Engineers' Regulations for the Electrical Equipment of Buildings. Both the installation and portable appliances should be subjected to regular examination. Care should be taken to keep cables as short as possible and routed in such a way as to prevent a risk of tripping.
- Accidents must be dealt with in accordance with the provisions of the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1985. This will involve the reporting of all major accidents to employees and members of the public, and to the office of the enforcing Authority without delay – by telephone if possible, with written confirmation being made within seven days. Other injuries to employees, which result in more than three days' absence from work excluding the day of the accident, are also notifiable.
- Where five or more persons are employed, it is the duty of every employer to prepare, and as often as may be appropriate, revise a written statement of his or her general policy with respect to the health and safety of employees and the organisation, to detail arrangements, for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all employees.

COSMETIC PIERCING GUIDELINES

1. The operator and premises must be registered by the Local Authority to carry out any procedure that pierces the skin to ensure good hygienic conditions and practice.

2. The operator should be able to show knowledge of possible contra-indications and should discuss with the client (and ideally keep a written record of) his or her medical history, covering the following conditions prior to piercing:

- heart disease;
- cellulitis;
- eczema;
- impetigo;
- genital warts, if relevant;
- allergic responses to anesthetics, adhesive plasters, or jewellery metals such as nickel;
- haemorrhaging;
- fainting
- epilepsy;
- diabetes;
- HIV infection;
- Hepatitis B or C

To minimise the consequences of fainting the client should be in a reclined position when piercing is carried out – note this is not appropriate for tongue piercing as there is a risk of swallowing jewellery or the tongue itself.

3. There should be a notice prominently displayed on the premises informing clients of the possible risks consequent to body piercing, to include:

- blood poisoning e.g. septicemia;
- localised severe swelling and trauma at and around the piercing site;
- scarring;
- jewellery embedding;
- localised infections, e.g. sepsis or urethritis;
- allergic reactions to jewellery metals and antiseptics;
- fainting.

4. There should be a comprehensive first aid kit on the premises, and there should be knowledge of basic first aid.

5. It is strongly recommended that body piercers are tested for Hepatitis B antigens and antibodies, and are vaccinated against the Hepatitis B virus. Using correct and careful procedures will minimise the risk of contracting or transmitting any infection.

6. The administering of local anesthetic injections other than by a medically qualified practitioner is an offence. Only operators, who understand its hazards and limitations, i.e. that it is toxic, flammable, and non-sterile and can cause frostbite should use Ethyl Chloride with extreme caution.

- 7.** The operator and/or client should not be under the influence of drugs or alcohol, and smoking is prohibited in the treatment room.
- 8.** Prior to piercing, the operator should 'surgically scrub' nails, hands and elbows with soap and hot water, dry with clean disposable paper towels, or hot-air dryer, and then wear new single use disposable surgical rubber gloves for each client. Remember, if the gloves come into contact with non-sterile surfaces they must be discarded and new ones worn.
- 9.** Needles must be pre-packed/pre-sterilised, and only used once before proper disposal in an approved 'sharps' box. Hollow needles should be a minimum of 1.55mm in diameter (1 – 1.2mm needles are suitable for piercing ears and nostrils).
- 10.** A no-touch technique (e.g. using forceps) should be used where practicable to reduce the risk of skin and soft tissue infections. However, the operator must be aware of the risks involved in the incorrect or prolonged use of forceps. After use, forceps must be stored away from sterilised equipment, and then sterilised before they are used again.
- 11.** If the piercing site is to be marked it should be done after cleansing the client's skin, and such marking should be carried out with a fine indelible pen – preferably gentian violet. In every case the skin in the area of the piercing site must be appropriately cleansed before piercing using 70% ethanol or isopropyl alcohol swabs, e.g. Medi-Swab, or 10% povidone iodine, e.g. Betadine.
- 12.** An appropriate surface local anesthetic may be applied to the area using a clean disposable applicator, e.g. a piece of sterile gauze, for each application. A test to check the effectiveness of the anesthetic is recommended before piercing occurs.
- 13.** To minimise the risk of injury to the operator the client's skin may be steadied with sterile forceps (see point number 10 above). The piercing needle should be held as far away from the tip as possible whilst affording adequate control of the needle.
- 14.** Jewellery should be of a suitable grade, e.g. '316' surgical steel or 18 or 22-carat gold, and it should be sterilised and kept in sterile conditions until inserted. Nine or 14 carat gold or other metals should not be used as they may cause an allergic reaction. All insertables should be inert, non-toxic and smooth.
- 15.** Ear piercing guns are not appropriate for other parts of the body.
- 16.** Body piercing guns are inaccurate, non-sterile and should not be used.
- 17.** The operator should not place the back 'butterfly clip' onto the piercing stud when nose piercing. A 'sleeper' should be used instead.
- 18.** For oral piercing, e.g. cheeks, tongue or lips, the client should gargle and rinse his or her mouth with antiseptic mouthwash prior to the piercing operation. The client should be

advised to mouth-rinse with antiseptic mouthwash after eating for about one month after the piercing.

19. Male and female genital piercing can have some reactions to certain soaps/ointments. KY jelly is a safe lubricant to use in such cases. Piercing of the head (glans) of the penis and urethra may cause scarring to the urethra or glans, if done incorrectly. This may lead to problems with urine flow when healed. Therefore, this procedure should only be undertaken by highly skilled and experienced piercers.

Note – The Prohibition of Female Circumcision Act 1985 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. Arguably, therefore, piercing the female genitalia in the absence of a medical reason could be an offence under the Act. This should be borne in mind should such a piercing be requested.

20. There should be no attempt to increase the size of a 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 of the skin should occur.

21. Clients should be given verbal and written information regarding body piercing aftercare:

- normal bathing and showering is permitted but otherwise keep the pierced area dry;
- clean hands before touching jewellery;
- turn jewellery when wound is not dry;
- the wound should not be closely covered, allowing access to the air;
- discuss the expected healing time of the wound;
- describe possible indications of complications;
- advise on how to deal with slight redness/swelling/pain (with the recommendation to consult a GP if the problem does not improve within 24 hours);
- not to remove the jewellery from an infected piercing, but to seek medical advice.

METHODS OF EAR PIERCING

1. Gun method

This is the latest modified version of the gun method, and has as far as possible eliminated sources of infection. The stud and butterfly are both mounted on plastic blocks or capsules, which are pre-sterilised. The purpose of the blocks is to screen the gun from contamination during the piercing operation. After piercing, the blocks or capsules are discarded. The manufacturers of this recommended method of ear piercing include Inverness, Caflon, Caress and Trips.

2. Coren method

A variation on the gun method is manufactured by Coren and consists of a U-shaped plastic holder on which both the stud and butterfly are mounted. After piercing, the plastic holder is discarded. As no component of this ear piercing method is re-used, infection from one person to another is eliminated; therefore this method is also acceptable.

3. Gun method 2

The original gun method adopted the principle of the stud acting as the piercing agent. The pre-sterilised stud and butterfly are mounted onto the gun, and the stud is mechanically pushed through the lobe into the butterfly. Infection from contaminated needles is therefore avoided. However, as the lobe touches part of the gun during the piercing it is possible for the gun to be contaminated by serum. The guns cannot be heat sterilised, therefore infection from this source is possible.

This original version of the gun method is unacceptable for use.

4. Simplicity method

This method uses a stainless steel instrument incorporating a needle. Contamination of the instrument and needle during the piercing operation is inevitable. As efficient sterilisation of the equipment is difficult to achieve, **this method should not be used.**

5. Points to note

- The area of skin to be pierced, i.e. the earlobe or auricle, should be wiped over with an alcohol-impregnated swab or with iodine-alcohol solution to disinfect the skin prior to needle insertion.
- Once the pre-sterilised studs have been opened contamination is possible. Therefore, in instances where the client requires one ear only to be pierced, the spare stud should not be kept to be used for another customer.
- Customers should be given adequate aftercare advice. Manufacturers of the guns will normally provide a printed advice sheet.

For further information, please contact:

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