

BODY PIERCING GUIDELINES

These notes must be read in conjunction with the general information on skin piercing and the bylaws on this subject. Body 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.

PRACTICE GUIDELINES

1. The operator and premises should be registered by the Local Authority to carry out skin piercing – and preferably tattooing – as this will ensure good hygienic conditions and practice. In some instances, e.g. where the operator is not a tattooist, this is not possible; the premises and practices must nevertheless meet with the requirements of the most appropriate skin piercing bylaws, where deemed relevant by the local enforcing Authority.

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.

For further information, please contact:

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