



Guidance Notes on

Hygienic Body Piercing



Awarded for Excellence



NEWARK &
SHERWOOD
DISTRICT COUNCIL

Guidance Notes on Hygienic Body Piercing

PLEASE NOTE - legal requirements are printed in Italics

Health and Safety at Work etc Act 1974 - HASAWA

The Workplace (Health, Safety and Welfare) Regulations 1992 - WHSWR

The Management of Health and Safety at Work Regulations 1999 - MHSWR

The Provision and Use of Work Equipment Regulations 1998 - PUWER

1) Structure of the piercing room/area

Walls and floors should be washable (WHSWR, Reg 9(2)). A smooth, light coloured surface will also aid cleaning. The piercing area should be separated from heavy sources of contamination such as WCs, kitchens, hairdressing salons etc. The ceiling should be in a sound condition.

Worktop surfaces and furniture need to be capable of being disinfected (WHSWR, Reg 9(1) para 75.) Chairs or benches used by clients should be of non-porous material and capable of being sanitised between customers.

A ***wash hand basin*** should be provided in the piercing room, connected to a suitable drainage system and supplied with hot and cold (or warm) water, a cleaning agent and a means of drying (WHSWR Reg 21. Para 198.) Liquid antibacterial soap is preferred, disposable paper towels and a clean nailbrush. New establishments may wish to install arm or foot operated taps.

The ***WC*** is to be provided with a wash hand basin with hot and cold or warm water and a suitable hand drying facility. (WHSWR Reg 21.) Again, antibacterial soap is preferred.

No **smoking, eating or drinking** should be carried out in the piercing room because of the risk of infection (cross-contamination.) (MHSWR Reg 3 - risk assessment.)

Pest proofing may be necessary to prevent the ingress of rodents or insects, depending upon the locality of the premises. *Destruction of rats or mice can be required by the Prevention of Damage by Pests Act 1949.*

Lighting within each room must be sufficient depending upon the use of the room (WHSWR Reg 6.) i.e. a waiting room or a piercing room. Additional spotlights or lamps might be necessary.

Sufficient **ventilation** must be provided (WHSWR Reg 8.) Ventilation should be sited to prevent contaminated air from flowing over the disinfected area and therefore reduce the airborne contaminants with the piercing area.

There must be enough **space** to work in safely, at least 11m³ of free space for each employee (WHSWR Reg 21(2)(c)).

A potable **water supply** must be provided (WHSWR Reg 10). The cold water supply be directly from the mains. Private supplies must meet the drinking water quality standards.

Soiled **waste** may require clinical waste disposal or may be disposed of in the normal refuse; this will depend upon the Local Authorities waste disposal criteria. **Sharps** must be placed into a sharps container and disposed of by a clinical waste authority.

First aid must be provided for the employee (First Aid at Work Regs 1981) and is recommended to be available for the customer.

The risk assessment (MHSWR Reg 3) should identify a risk to staff from **needle stick injuries**. A procedure must be in place stating the action to be taken in the event of an accidental injury with a used needle. Needles must not be re-sheathed before inserting into the sharps box, as this is where most injuries occur. It is recommended that all piercers should have received a Hep. B vaccination - this should also be identified in the risk assessment.

First aid training would be an advantage.

HSE guidance on **needle stick injuries** states:-

- i) encourage the wound to bleed
- ii) wash thoroughly under mains supply running water without soap;
- iii) cover with a dry dressing;
- iv) seek medical advice as soon as possible;
- v) record the incident and the action taken;
- vi) A protective injection against Hep.B can be given within 48 hours of the injury.

2) Qualification/training of Piercers

Training of staff is required (MHSWR, Reg 13.)

Training can be from a minimum of overseeing a colleague to a one to two year apprenticeship, with a number of variations in between.

Just because a piercer has received only two hour's training may not be enough evidence to prohibit them from piercing. Inspectors will rely on questioning them on procedures, sterilisation, cross contamination, after care advice etc. The piercer should also be aware of the dangers of piercing a person with certain medical conditions such as heart disease, eczema, impetigo, genital warts, allergic responses, haemorrhaging, fainting, seizures, diabetes, HIV etc. Any bad practices by the piercer may lead to a Notice, prosecution or prohibition.

Some medical opinion would not recommend certain genital piercings as they run close to the nervous system. Also a protruding navel may lead to peritonitis if pierced.

3) Client Records

In order for the piercer to carry out *his risk assessments* (MHSWR Reg 3), it is recommended that information be obtained about each individual client. This would include the name, address and age. The occupation may also have a bearing on the advice given e.g. a slaughter house worker with a new eyebrow piercing would be open to greater infection. As much information should be documented by the piercer as possible since this might aid them in defending any future legal action i.e. they would be able to prove that they had been given false information by a client.

4) Ethics

It is advisable not to pierce someone who is affected by alcohol or drugs. The piercer should also be drugs and alcohol free if it would affect his performance.

The piercer's insurance may have specific requirements. The following are recommendations and the piercer's risk assessment and insurance should cover any alternative.

- a) It is advisable that persons under the age of 18 should carry a parental consent form from their parent or guardian before they are pierced.
- b) Parents or guardians should accompany persons under the age of 16.
- c) Persons under 12 are still developing and this may add complications to the normal piercing. N.B. some piercings may be dangerous for the physically immature (*risk assessment, MHSWR Reg 3*).

Masochists may frequent these establishments and piercers should have a policy and a procedure to deal with these persons (*risk assessment, MHSWR Reg 3*).

It is advisable that the customer should have eaten before being pierced.

If a customer shows signs of poor personal hygiene they should not be pierced because they increase the possibility of complications. This opens up the case for civil action for compensation against the piercer.

5) After Care

The *risk assessment* should identify a need to provide after care advice. This should be given verbally and be reinforced with a document/leaflet, which the customer can take home.

Serious complications can occur if a problem is not recognised in time, therefore the following are recommended:-

- advice on the prevention of ingestion or imbedding of certain jewellery (particularly on the tongue);
- the difference between natural healing discharge and the signs of an infection or swelling;
- to consult the piercing studio and/or a GP in the event of piercing problems;
- Advice on limiting the types of substances allowed near the piercing which may lead to irritation and/or infection e.g. talc, perfume, creams and lotions etc.
- Approximate healing time
- Not to enlarge the piercing or change the jewellery or add weights to the jewellery for a given length of time.

Each part of the body pierced may require a different information sheet. There are also a number of solutions sold by body piercers as after care solutions. These should be treated with caution and information requested to confirm their safety. It should be ensured that resale of these substances is not restricted by the medical legislation or by license.

The Employment Medical Advisory Service only recommends a weak saline solution. This can be purchased ready made for contact lens wearers, and due to the spray dispenser and weak concentration it is ideal for body piercing.

6) Anaesthetics

A registered medical practitioner must only carry out the injection of anaesthetic (enforced by Department of Health Inspectors.)

Since some skins may have an adverse reaction to surface anaesthetics, they should only be used when a good medical history of the client has been obtained.

Xylacaine creams may be sold to and used by body piercers. However, Xylocaine sprays should not be used on the mucous membranes. The piercer cannot sell Xylocaine to customers.

Ethyl Chloride (freeze spray) should be used with **extreme** caution near eyes, nasal cavities and nipples as it may cause delicate skin to split.

7) Cleaning and Sterilisation

The piercer must identify the cleaning or sterilisation process to be used and be able to show its suitability to the task.

A clean pair of disposable gloves should be worn with each new customer.

*Legal requirements come from the general duty to protect employees and non-employees (HASWA Secs 2 & 3) and to carry out **risk assessment** (MHSWR, Reg 3.) Also see PUWER for maintenance of equipment such as autoclaves.*

Cleaning of equipment prior to sterilisation.

Instructions to be sterilised either in an autoclave or in a sterilising solution should be scrupulously clean or the sterilising may be ineffective, therefore cleaning should take place after piercing and prior to sterilising. Notes that instruments are no longer sterile once they have been exposed to the air.

Bleach

Sodium Hypochlorite acts as a protein disintegrator. As most pathogens are protein based, this compound is very effective. If used it should be in a weak dilution on equipment since some people are sensitive to the chemical and may experience a severe allergic reaction if a residue remains.

Soaking

It is recommended that equipment is soaked immediately after use to restrict multiplication of some organisms and to prevent human tissue from drying upon the appliance. The soaking solution should be a sanitising based liquid product. Piercing equipment should be wiped with a clean non-fibrous tissue on removal from the soaking medium.

Ultrasound

This removes debris by vibration. An ultrasound solution should be used with this equipment to aid penetration of the sound waves. If debris is left on the piercing equipment it may enter the piercing and cause an irritation and subsequently a rejection of the piercing. **This method on its own will never produce a sterile environment.**

Both the soaker and the ultrasound equipment will also require cleaning. The frequency will depend upon the usage at the studio and the solutions used.

Sterilisation equipment

Autoclaves

Instruments to be sterilised have to be scrupulously clean as steam takes longer to penetrate debris and therefore the time/temperature of the autoclave would have to be recalibrated to match the level of each contamination.

Autoclaves should reach 121°C for 15 minutes (15 psi) or 134°C for 3 minutes (15 psi) although other times and temperatures may be used provided they have been shown to destroy the relevant organisms. Autoclaves usually have a pre-set timer tripped when the required temperature has been reached.

If **autoclave bags** and tape are used the bags must have the air driven out or alternatively the bags should be left open and resealed upon removal. Air within the bag restricts the steam movement and therefore the sterilisation process.

Items within the autoclave should ideally be single stacked. (An Investigation into The Use Of Autoclave Bags In Non-Vacuum Autoclaves. Wood P R & Martin M V Department

Of Dental Surgery, The Dental School, Liverpool.) Items within the autoclave should ideally be single stacked.

Using **autoclave tape** shows the piercer that sterilisation has taken place correctly. When this method is used correctly, the tape will change colour from a grey/white to a dark brown/black.

If equipment that has been autoclaved is exposed to damp from the atmosphere after processing it will open it to contamination. A **drying cycle** is therefore recommended, as is bagging of the equipment prior to autoclaving. If there is no drying cycle, opening the door slightly and leaving for half an hour will aid drying. Autoclaves should be calibrated and serviced according to the manufacturer's instruction. *Some autoclaves (with a pressure in excess of 0.5 bar) may require examination by a competent person under the **Pressure Systems Safety Regulations 2000**.*

Dry Heat Ovens

Much higher temperatures are needed than with an autoclave. There can be considerable temperature variations within the oven (hot and cold spots) and a long time is needed to both reach the required temperature and to cool down. Fan assisted ovens can assist in eliminating hot and cold spots. Recommended times/temperatures - 20 minutes at 180°C or 10 minutes at 190°C (source for times/temperatures Dr Noah.)

Glass bead sterilisers

This is like a baby's bottle warmer, a dry heat method. The outside gets very hot. Tests have shown that there is a large temperature variation at different levels in the glass bead compartment. Not recommended.

Sterilisation Liquids

E.g. Trigene or MedDis. These can be used in operating theatres to sterilise equipment which cannot be subjected to heat treatment. The disadvantages are that they rely on good training in their use. They must be used in strict accordance with the manufacturer's instructions.

NB Chemicals left on equipment can lead to skin reaction by the customer.

Piercing Needles

Must be **disposable** since the needles are usually hollow and cannot be satisfactorily sterilised using any method. If solid needles are used they **can** be sterilised (but this is not the preferred method.)

8) Emergency Procedures

A **risk assessment** (MHSWR Reg 3) could include the following:-

- violence from the customer service point
- fainting of clients
- excessive bleeding of clients
- needle stick injuries to staff or clients

- other events deemed necessary by the practitioner

9) Jewellery

It is good practice to remove sterile equipment and jewellery from their sterilisation bags (with gloved hands) in front of the customer. This will increase customer confidence in the procedures of the premises.

Stainless steel 316L (the L stands for low carbon) or surgical implant grade stainless steel and not greater than 3% nickel. This stainless steel will be shiny in appearance; if dull, the piercer will need to check the suitability of the jewellery. If stainless steel is used in tongue piercing, it can irritate the tissue and cause greater swelling therefore a larger size of jewellery bar is required to allow for the increased swelling i.e. 22 - 24mm in length. However, it should be noted that there is concern that damage can be caused to the teeth and mouth (source British Dental Association.) PTFE or Titanium is preferred for tongue piercing as it causes less irritation. 18 mm and 20 mm are commonly used within the industry but as body-piercing jewellery differs in grade and quality, the piercer must be able to justify the size used by seeking confirmation from the jewellery manufacturer.

Gold - A high carat is preferable.

Titanium commonly used for body piercing

PTFE - This looks similar to trimmer wire used to cut grass and should be distinguished from it. PTFE is usually white/clear and has no sharp edges. It is supple and will not snap like trimmer wire.

Silver - Unsuitable for body piercing, as the silver has a loose molecular structure and can trap organisms.

Ear lobe jewellery, studs and butterflies should not be used for body piercing as the design is not appropriate.

Good Practice Guidelines For Cleanliness During The Piercing Procedure

See also client records, anaesthetics, and aftercare.

- 1) Have the table ready set-out.
- 2) Wash hands up to the elbow and scrub nails. Don new sterile gloves.
- 3) Clean the area to be pierced and if marking, use a surgi-pen. Bacteria can grow in bottles of disinfectant so use pre-packaged and pre-soaked swabs and towlettes.
- 4) If local anaesthetic is to be used, apply with a clean surgical applicator e.g. sterile gauze, however see advice on anaesthetics.
- 5) Test the effectiveness of the anaesthetic.
- 6) Use a sterile needle pre-packed and pre-sterilising date on the bag containing the needle if sterilised in-house.
- 7) Similarly use sterile jewellery which is pre-packed and pre-sterilised.
- 8) Used needles should be immediately disposed of into the sharps container - do **NOT** re-sheathe them since accidental injuries to the piercer may occur.
- 9) Contaminated waste should be put into the clinical waste bin (if used) or into a lidded and lined waste bin.
- 10) Aftercare advice should be given both verbally and in the form of a leaflet.
- 11) Clean the area and prepare for the next customer.

Ear Piercing guns

Most commercially available ear piercing guns are sold for use only on the ears and should not be used for piercing any other parts of the body. Using the guns against the manufacturer's instructions could negate the piercer's insurance. It is therefore important that piercers (and inspectors) check the manufacturer's information if a piercing gun is to be used for any piercing (including nasal) other than the ear.

GUIDANCE NOTES ON HYGIENE BODY PIERCING

EVALUATION FORM

Thank you for taking the time to complete this form. Your comments will be used to develop and improve the guidance on hygienic body piercing.

Section 1 - The Guidance Notes

1. Do you think that the guidance notes are easy to understand?

--	--	--	--

Yes, easy to understand.

Mostly Understandable.

Only partially Understandable.

I do not Understand them.

2. Have all the main topics been covered?

Yes

No

If you have answered no, please state what other topics you would like to see included.

.....

.....

3. Has the right amount of information been included on each topic?

--	--	--	--

Yes, all topics sufficiently covered.

Yes, but some topics require more information.

No, most topics require more Information.

No, the guidance is too brief.

Which topic(s) requires more information?

Please tick the relevant box or boxes (if none, leave blank).

Structure of the piercing room/area

Emergency procedures

Ethics

Client records

Cleaning & sterilisation

Anaesthetics

Qualification/training of piercers

Jewellery

Aftercare

Cleanliness for the piercing procedure

4. Do you think that there should be separate guidance notes for body piercers, customers of body piercers and the Environmental Health Officers who inspect body piercers?

Yes

No

If yes, please give reasons.

.....
.....
.....

5. Is it clear from the guidance, what the current legal requirements are?

Yes

No

If no, please explain what you consider to be confusing and/or suggest how the guidance might be improved.

.....
.....
.....

Section 2 - In this section, your opinion is sought as to how or if controls on body piercing should develop.

6. At present the body piercing industry can be described as self-regulating since there are no specific regulations which apply just to them. Do you think that there should be greater controls (such as specific regulations) to regulate body piercing?

Yes

No

Comments:

.....
.....

7. At present piercers do not have to be registered or licenced (unless they also pierce ears). Do you think that body piercers and/or body piercing studios should be registered or licenced?

- No
- One-off registration
- Annual licence
- Don't know

8. Environmental Health Officers from the local council currently inspect body-piercing studios using their general powers under the Health and Safety legislation. Who do you think should inspect body piercers and body piercing studios?

- Environmental Health Officers
- Health and Safety Executive Inspectors (HSE)
- Inspectors from the Department of Health
- Other
- Don't know

If **Other**, please state:

Note: Please answer 'don't know' if you do not understand the roles of the above inspectors.

9. It is important that we know which sector you represent. Please indicate whether you are a body piercer, an enforcement officer, a customer (or potential customer) of a body piercer or other interested party.

- EHO
- Body piercer
- Customer or potential customer
- Other

If **Other**, please state eg member of the public, health service professional etc, concerned parent etc.

.....

Optional: Please provide you name and contact address and/or telephone number.

Name:

Address:

.....

.....

Telephone No.

Contact names for queries:-

Julie Footitt tel (direct) 0115 9156754 or Tina Edge tel (direct) 0115 9156748
At Nottingham City Council

Please return this form or post it to:-

Mrs J Footitt
Nottingham City Council
Health and Safety Enforcement
Lawrence House
Talbot Street
Nottingham
NG1 5NT

Body Piercing Guidance Notes.doc.