

THE ASSOCIATION OF PROFESSIONAL PIERCERS



MANUAL U. S. EDITION

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This is the first version of the Procedure Manual being described as a “USA Edition.” This manual and all the information, suggestions and guidelines are offered for use throughout the world, wherever applicable. We have recognized that laws vary and that not all products and items (including disinfectants, after care products, tools and jewelry) are available everywhere. As a result, we offer the USA Edition as a base and encourage APP members in other areas of the world to update, clarify and edit this version to be appropriate to their region.

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What is the APP?

The Association of Professional Piercers (APP) is an international nonprofit association dedicated to the dissemination of vital health and safety information related to body piercing to piercers, health care providers and the general public. The APP membership is made up of piercers who meet both personal and environmental criteria, companies who provide crucial goods and services to the industry, and members of the general public, as well as members of the medical community who support the efforts of the APP. It is the obligation of all professionals in the field to assume responsibility for their continued education. The Association dedicates itself to providing support for this goal to be met. New information is continuously becoming available and the APP's guidelines continue to evolve accordingly. Although this manual will be updated periodically, information in this edition may not be current or may not be appropriate to your practice. It is imperative that each piercer seeks out and evaluates new health and safety techniques and products for him/herself.

What is the Purpose of this Manual?

This manual is intended as a guide, reference resource and study aid for all people who care about the promotion and practice of responsible body piercing. Body piercers around the world, state and local health officials, legislators, medical and insurance professionals, and members of the general public will read this manual. Within these pages it will show you in easy steps on how to comply with the requirements for membership. If you have any questions, comments, additions or concerns about the content of this manual, please write, e-mail, or call the APP.

What are the Limitations of this Manual?

The following manual is not a training course or a formula to make one an instant piercer. The skills possessed by a fully qualified piercer take many years of experience to acquire. Ideally, training should take place in the environment of an informed, supervised apprenticeship under an experienced and knowledgeable piercer. This manual is intended to provide a basic overview of the health and safety concerns faced by all body piercers and offer guidelines that minimize risks. This manual is not a substitute for formal training and education. Preventing disease transmission and OSHA-com-

pliant bloodborne pathogens training, First Aid and CPR and other instructional courses related to health and safety are crucial for workers in any piercing facility. We encourage all piercers to complete as many such courses as possible and to undertake any other relevant education available to them.

Why Should I Join?

Joining the APP will provide you with a network of like-minded professionals who have skills and information to share. Benefits of this include increased confidence when interacting with customers and the potential to expand your skill level and techniques. You will have the support of the industry's most recognized Professional Association when dealing with local and state lawmakers.

Membership entitles you to receive a complementary Procedure Manual, a subscription to the APP newsletter, *The Point*; a listing on the APP website, a handsome certificate suitable for framing, and other benefits including reduced prices for educational offerings at the annual conference and the ability to attend members only courses.

What About Other Types of Body Art?

The APP specifically addresses the practice of body piercing. As such we do not have a position on tattooing, branding, scarification, dermal punching, scalpel, implants, or other such types of body art. Members are not precluded from also practicing these body art forms where they are allowed by law.

Environmental Criteria

The facility in which a piercer works is crucial to his/her effectiveness. Knowing that all surfaces in the piercing room are cleanable, that all equipment and products are stored safely, and that biohazard/sterile areas are well managed, offers both the piercer and client the assurance that the best standards of sanitation are being observed.

Documentation is also a vital part of the piercing practice. Every client should fill out a release form and be provided with both written and verbal aftercare instructions. In order to demonstrate the level of safety and documentation within the applicant's studio the following must be provided:

- * A walk-through 360 degree video of the applicant's entire facility including store front, foyer, piercing room(s), biohazard area, sterilization area, restroom, inside drawers, closets, etc.
- * A photograph of the applicant's autoclave, with make, model, and serial number printed on the back of the photo.
- * A copy of the two most recent spore test results for the applicant's autoclave from a biological monitoring service. Monthly spore test documentation will be required to maintain membership.
- * Copies of all release forms and aftercare information sheets in use at the applicant's studio.
- * A business license, business card, and one or more samples of advertising the applicant has used.

Personal Criteria

A piercer must have training and knowledge to correctly utilize the facility in which he/she works. A professional piercer must also have the know how required to assist his/her client in case of emergency. In order to assure this standard the following must be provided by each individual applicant piercer to the APP Board for review:

- * Completed answers to the questionnaire included in this manual, preferably type written.
- * A copy of current CPR and First Aid certification. These certifications must be kept current to retain membership. CPR lasts 1 year, First Aid lasts 3 years.¹
- * A copy of current Bloodborne Pathogens Training certificate (must also be renewed annually).²
- * Proof of the length of time the piercer has been piercing professionally. A notarized statement, dated business document, or newspaper article are examples of acceptable proof.

¹ This training is available at the APP annual conference, or through agencies such as the American the Red Cross (1-800-897-3452), or the National Safety Council (1-800-621-7619).

² This training is also available at the APP annual conference. Preferably, it should be industry-specific to address detailed concerns of the piercing professional. However, courses such as the Preventing Disease Transmission course offered by the American Red Cross is adequate training to achieve membership.

TYPES OF MEMBERSHIPS

Professional Business Member

This is a piercer who works full time, and has more than one year of professional experience. They must meet both personal and environmental criteria for membership.

Professional Member at Large

This is a piercer who works full or part time at one or more studio locations, and has more than three years of professional piercing experience. They must meet personal and environmental (at all studio locations) criteria for membership.

Associate Member

This individual has less than one year of professional experience, or is a non-piercer worker in a piercing establishment. If they are working as a piercer, the personal and environmental criteria must be met. If working as a non-piercer, environmental criteria must be met.

Corporate Associate Member

This is an entity or individual working in a field, or providing a service, that is associated with body piercing. Applicants must provide a letter describing in what way the applicant is beneficial and relevant to the profession of body piercing. Some examples of Corporate Associate Members include jewelry manufacturers, medical suppliers, insurers, educators, etc.

Patron

This is someone not actively involved in the body piercing industry, but who supports the APP and its goals. There are no requirements for membership other than to support the efforts of the APP.

Dues

Professional Business Member or Professional Member at Large--\$150.00 at time of acceptance and \$50.00 annual renewal

Associate Member--\$100.00 at time of acceptance and \$50.00 annual renewal

Corporate Associate Member--\$200.00 per year

Patron--\$50.00 per year

With the exception of patron membership, dues are billed upon acceptance and should not be sent in with the application. There is a nonrefundable processing fee of \$25.00 that is required with each application. Only one video per studio should be submitted.

QUESTIONNAIRE

At the end of this manual you will find a questionnaire containing 32 questions for you to answer. They are intended to determine your level of awareness of health and safety requirements for responsible piercing. Include the answers with your membership application, video, and application fee.

THE APP BASIC TENETS

The APP requires that a signed Health and Safety Agreement form (found at the end of this manual) will be kept on record from each individual member. Violation of these basic, critical health and safety requirements is grounds for immediate revocation of membership.

1. I agree not to use ear-piercing guns in my studio due to the impossibility of properly sterilizing the equipment and the inappropriateness of ear piercing gun jewelry.
2. I agree that all needles will be sterilized, used on one person only in one sitting, and will be immediately disposed of in a medical sharps container.
3. I agree that all forceps, tubes, etc., will be sterilized. If they are not used immediately, then they will be stored in sterile bags and used on only one person in one sitting. After one such use, instruments will be appropriately decontaminated and then sterilized in an autoclave.
4. I agree that all reusable, non-sterilized implements, such as calipers, will be nonporous and disinfected after each use with an FDA-approved commercial hard-surface disinfectant.
5. I agree that as many supplies as possible including corks, rubber bands, toothpicks, etc., will be pre-sterilized in an autoclave, and if not used immediately, stored in a clean, closed container and disposed of immediately after a single use. In addition, all skin prep products will be single use, and will be disposed of after one use.
6. I agree that a new pair of medical-grade gloves (sterile and/or non-sterile) will be donned appropriately and worn for every procedure and that gloves will be changed frequently, and whenever there is the slightest chance of cross-contamination.
7. I agree that the room used for piercings will be an enclosed room. This room must also be separate from the sterilization area. It will be kept scrupulously clean and will be disinfected frequently. All surfaces will be nonporous, allowing them to be cleaned with an FDA-approved commercial hard-surface disinfectant solution throughout the day and whenever cross-contamination might occur.
8. I agree that all jewelry for initial piercings will be autoclaved prior to insertion.
9. I agree that I will use only appropriate jewelry in initial piercings. Appropriate jewelry is made of implant grade, high quality stainless steel ASTM 316L (or LVM) F-138 Grade, solid 14k or higher white or yellow gold, niobium, titanium Ti 6A4V F-136 grade, solid platinum, or a dense low porosity plastic such as Tygon, or PTFE. Threaded jewelry for initial piercings must be tapped internally into the shaft (no threads on post) starting from 16 gauge. Appropriate jewelry is free from nicks, scratches, burrs, and polishing compounds that could endanger the tissue.
10. I agree that it is important to be open, available and not under the influence of legal or illegal substances that might compromise my abilities. I agree to maintain my certification in the First Aid/ CPR , and Bloodborne Pathogens training. I agree to meet or exceed all health, safety, and legal standards as required by my state and local authorities. I understand that it is important not to misrepresent myself, my abilities, or my standards in any way. I agree to consider all new health and safety information as it becomes known to me and to make appropriate changes in my techniques as applicable. I agree that it is my moral, ethical, and professional responsibility to continue to seek out, absorb, and share health and safety information relevant to the craft throughout my career. I also agree to adhere to the APP logo specifications and guidelines.

HOW DO I BECOME A MEMBER?

1. Find the Membership Level that applies to you
2. Compile all items on criteria lists for your membership type
3. Send in completed application with \$25.00 application fee to:
APP
5456 Peachtree Industrial Blvd.
PMB 286
Chamblee, GA 30341

Allow 6-8 weeks for processing

AN INTRODUCTION TO MICROBIOLOGY FOR THE PROFESSIONAL PIERCER

The biological sciences contain a number of categories of study. One of these is **Microbiology**, the study of microorganisms. Other subcategories of relevance to the piercer include Bacteriology, Immunology, and Virology.

Scientific facts will provide the professional piercer with the necessary knowledge to carry out appropriate hygiene and safety practices in the working environment.

Definitions

Cross-contamination is the act of spreading pathogenic (disease-causing) organisms from one item or surface to another.

It is the responsibility of the professional piercer to operate at all times with a high regard for the health and safety of their customers and co-workers, as well as themselves. By employing the appropriate techniques, the piercer will minimize the risk from harmful microorganisms such as certain bacteria and viruses.

Microbiology is the study of microscopic organisms.

Some of these are beneficial but others are detrimental and can cause illness or even death. By understanding how they live and reproduce, the piercer will be able to minimize disease transmission risks.

Bacteriology is the study of bacteria.

There are many different varieties that can be found in all areas of our environment. Bacteria are capable of surviving on their own, and there are both good and bad bacteria. The type of bacteria in yogurt may be helpful to your digestive tract whereas the bacteria on your teeth may cause tooth decay. Bacteria are of immense importance because of their capacity for rapid growth and reproduction.

Immunology is the scientific study of the ability to resist infection.

The immune system treads a fine line between successful defense of the organism and its complete destruction. An under reaction may allow the pathogen to gain a foothold and overpower the individual. However, an overreaction can also lead to dire consequences for the individual.

Virology is the study of viruses, which are submicroscopic organisms.

Viruses differ from other microorganisms in that they depend on the cells they invade for growth and reproduction. Some viruses do not kill cells but cause illness and then seem to disappear. They can remain latent and later cause another, sometimes much more severe form of disease. Viruses cause measles, mumps, polio, herpes, influenza, and the common cold. Some viral infections can be treated with drugs.

Bacteria are single celled microorganisms so small that they cannot be seen without the assistance of powerful magnification.

They have characteristics of both plants and animals. There are hundreds of different types, all belonging to specific families of bacteria with common properties.

Two very important and relevant classifications of bacteria exist. They are either **nonpathogenic** (harmless), or they are **pathogenic** (harmful, with the ability to cause disease). There are far more varieties of nonpathogenic bacteria, and some are actually beneficial and perform important functions in our bodies such as assisting in digestion.

There are quite literally millions of microscopic organisms that inhabit the spaces in which we live and work. Particles of organic matter including bacteria, viruses, fungi, and spores are present despite the most dedicated efforts to keep things clean. Fortunately, the majority of these organisms are harmless or can be successfully dealt with by the immune system.

However, if there is an opening into the body, some of these organisms can enter and cause illness. Certain organisms at worst, cause only temporary, minor discomfort while others can result in more serious or even fatal diseases. Since microorganisms are omnipresent, it is important to understand how to prevent them from gaining access into the body through piercings.

The three most common forms of bacteria that are of concern to the piercing professional are: Coccus, Bacillus, and Spirillum.

Coccus (Plural Cocci)



This type of bacteria is spherical or ovoid in form. One of the most commonly occurring bacteria that

threaten cleanliness is *Staphylococcus*. This bacterium is present in boils, abscesses, and most surface infections. It can enter the body during the piercing or any time thereafter, during the healing stages while the piercing is an open wound. That risk makes the post piercing care critical.

Other common types are *Diplococci* that cause Pneumonia, and *Streptococci*. Other diseases caused by this family of bacteria are Scarlet Fever and Meningitis.

Bacillus (Plural Bacilli)



This is a type of bacteria belonging to the family *Bacillaceae*. All species are rod shaped and sometimes occur in chains. *Bacillus* is the organism that causes dysentery, cholera, and diphtheria.

Spirillum (Plural Spirilla)



This is a genus of spiral shaped microorganisms belonging to the family *Pseudomonadaceae*. When in their flexible forms they are called spirochetes. Syphilis is in this group.

Pathogenic organisms that cause diseases such as tetanus, tuberculosis, diphtheria and many others, do not need to be feared if Standard Precautions are observed. Focus, utilize clean technique, and understand and practice appropriate sterilization to minimize risks of exposure.

MICROORGANISMS OF THE SKIN

There are two types of skin microorganisms:

RESIDENT: those that survive and multiply on the skin. Resident flora is removable with soaps containing antimicrobial ingredients. Some of the normal resident bacteria of the skin include diptheroids (found in outer ear, armpits, and groin/genital areas), micrococci, (*Staphylococci epidermis* found on skin surfaces) and a variety of canes (*Propionibacterium canes*, *Corynebacterium canes* found on the face and other skin surfaces).

TRANSIENT: those that through recent exposure can survive for a limited amount of time, generally less than 24 hours. Most often, they are acquired from others who are infected. Plain soap is effective for the removal of most transient microorganisms. If conditions

are conducive, overgrowth of some transient bacteria can occur such as *Staphylococcus aureus*, a type of staph found in boils, folliculitis and carbuncles; or *Streptococcus* infections that will take the form of cellulitis, impetigo and pneumonia.

FACTORS THAT INFLUENCE SURVIVAL AND GROWTH OF MICROORGANISMS

There are a number of considerations in determining whether or not a microorganism is potentially a problem for you or your clients.

1. The stability of an organism in its physical environment.
2. The number of organisms expelled from the host in the correct vehicle of transmission.
3. The availability of the medium the organism needs to spread.

PATHOGENICITY: The potential of an organism to cause disease. The factors that influence the pathogenicity of an organism are:

1. The **Host** susceptibility.
2. The **Organism** must be of a sufficient strength and number.
3. The **Portal of entry**; that is, the organism must have a way into the host.

TRANSMISSION: The method by which an infectious agent is passed. The factors that influence the transmission of an organism are: The Agent, Host and Environment.

A route of transmission, or portal of entry, is an important aspect that the piercer can control.

Routes of transmission are:

Direct contact: This is person-to-person spread, which requires actual physical contact between the client and the piercer. An example of this would be if a piercer touched a client's fresh piercing without gloves and had an open sore on his or her finger. A needle stick is also a direct contact route of transmission.

Indirect contact: Objects in the environment that are not adequately disinfected or sterilized between clients can result in indirect contact exposure. This would be transmission via microorganisms deposited on inanimate objects and then transferred to the client. This is referred to as **cross-contamination**. An example of this would be using tools at the counter, and then using them for a piercing procedure without sterilizing them.

Airborne: The transmission of an organism by inhaling infected droplets that become airborne when an infected person coughs or sneezes. Termed “droplet transmission”, this can occur when precautions are not taken during coughing or sneezing, such as failing to cover the mouth and nose.

Vector borne: The transmission of organisms by an animal or insect bite or through exposure to blood or other infectious bodily fluids.

Another topic of potential concern to the piercer is one of Zoonotic diseases. Zoonosis is defined as: a disease of animals that may be transmitted to humans un-

der natural conditions. (Dorland’s Illustrated Medical Dictionary, 26th ed.) Humans, once infected can transmit some of the diseases to one another.

The Zoonotic Diseases chart illustrates only a few of the possible diseases, how they are transmitted, what hosts (reservoirs) carry them and what symptoms may develop. This is by no means a complete listing of the known or emerging diseases carried by animals.

However, this should provide the reader with enough information about the risks to make it clear that animals should not be kept anywhere in the work environment of a piercing studio.

Zoonotic Diseases Chart

Disease Name	Transmission Vehicle/Host	Symptoms
BRUCELLOSIS	MILK - <i>Reservoir:</i> dogs	Swollen lymph nodes, fever, headache, chills, weakness, swollen testicles, nausea, weight loss
SALMONELLA	FECES - Contaminated Food, Water and Direct Contact <i>Reservoir:</i> birds, poultry, sheep and pigs	Incubation is 12-72 hours, abdominal pain, cramps, fever, diarrhea
SHIGELLA	FECES - Contaminated Food, Water, and Direct Contact. <i>Reservoir:</i> turtles, reptiles, birds, rats, mice, hamsters, guinea pigs	Abdominal pain, fever, weight loss
VERGINIA	FECES, URINE - Direct Contact. <i>Reservoir:</i> guinea pigs, mice, cats, rabbits, birds, rodents	Diarrhea, weight loss, enlarged lymph nodes, fever, headaches, anorexia, vomiting, ulcers of the mouth
TUBERCULOSIS	AEROSOLS, MUCOUS - <i>Reservoir:</i> all animals	Cough, weight loss, enlarged cervical, lymph nodes
LEPROSY	DIRECT CONTACT - <i>Reservoir:</i> monkeys, rodents	Incubation 3-7 yrs., sores, enlarged lymph nodes, upper respiratory disease, enlarged liver, spleen and testicles
VIBRIO	SHELL FISH - <i>Reservoir:</i> oysters, shrimp	Chronic liver disease, fever, jaundice, acute watery diarrhea, cellulitis, sepsis
LISTERIA	FOOD - <i>Reservoir:</i> fish, birds, horses, ferrets, rabbits, chinchillas, gerbils	Fever, headache, nausea, endocarditis, lesions of the skin and organs, runny nose, conjunctivitis
LEPTOSPIROSIS	DIRECT CONTACT, URINE/WATER - <i>Reservoir:</i> rats, mice, guinea pigs, dogs, squirrels, rabbits, hamsters, reptiles	Weakness, headache, myalgia, malaise, chills, fever
BORRELIA (Agent for Disease)	TICK BITES - <i>Reservoir:</i> dogs, deer, mice	Incubation 1-15 days, headache, fever of sudden onset, vomiting, nausea, diarrhea, rashes, jaundice. If left untreated may develop into arthritis or serious heart complications
CAMPYLO-BACTER	FECAL/ORAL - <i>Reservoir:</i> dogs, cats, hamsters, ferrets, rabbits, birds	Diarrhea, headache, nausea, jaundice

BREAKING THE CHAIN OF INFECTION

It is essential that the professional piercer understand how infection occurs and more importantly how to prevent this from happening in the work environment.

The “chain of infection” requires that these elements be present:

- * An infectious agent such as bacteria or virus
- * A reservoir (host)
- * A portal of exit from the reservoir (the path out)
- * Transmission of the agent
- * A portal of entry (the path in)
- * A “new” host

The single most important thing that the piercer can do to break this chain, is to **WASH THEIR HANDS**. This *very* simple and basic step has been proven to reduce or eliminate most pathogenic bacteria from the hands. This is the first line of defense in the prevention of disease transmission.

INFECTION CONTROL

Hand washing/Interdigitation

Correct hand-washing procedures are easy but effective. Both friction (rubbing hands together in a vigorous motion) and agents that can suspend surface bacteria (soap) are used in conjunction with running water to diminish presence of microorganisms on the hands.

The sink used for hand washing, should have “hands free” operation. The hands should not be used to touch any faucets or handles in order to shut off the flow of water. After the liquid soap has been dispensed, the only other thing the hands should touch is a single-use disposable towel. If the faucet is not operated by foot, elbow, or electronic means, use a paper towel to turn off the faucet.

Bar soap may retain bacteria and contaminants so it is not appropriate. Liquid soap dispensed from a pump unit should be used. The particular type of soap is important because soap that is not antibacterial will not kill or inhibit the growth of bacteria on the skin. Choose a gentle, no fragrance, low or no dye (to avoid allergies) antimicrobial or antibacterial soap. Commercial brands available at the local supermarket are not created for

those who wash their hands frequently and may cause the skin to dry out and become chapped or irritated. Products such as Provon and Techni-Care have been developed specifically for the frequent hand-washer. Both are readily available and not expensive.

Wet hands, dispense a dime-sized amount of liquid soap into the palm, and lather it up. Special attention should be given to the fingernails, the spaces between fingers, and the wrists. All surfaces of both hands and the area up to mid forearm, past where the gloves will end should be scrubbed vigorously.

This action should last a minimum of 30 seconds. If the hands are visibly soiled or contact with any known or suspected contamination has occurred, a longer scrub time is necessary.

The hands should be dried with single-use paper towels. Towels should be dispensed from a stationary, fully covered paper towel dispenser that allows for the distribution of one paper towel at a time. Paper towel rolls are not suitable as they may lead to recontamination of freshly washed hands. Air dryers are incompatible for this purpose as they may blow airborne pathogenic matter around the room. Additionally, they tend to dry the hands insufficiently leading to chapping and irritation.

Keep washed hands away from all objects and surfaces in the studio until gloved.

Antimicrobial and antibacterial moisturizing lotions can be used to assist in keeping hands smooth and free of rashes and dryness. Additionally, they may assist in the destruction of some pathogens found on the hands.

GLOVES

Gloves are imperative for professional piercers. Appropriate gloves and proper, consistent glove practices will protect the piercer from potential contaminants and reduce the risk of disease transmission from piercer to client, and from the piercer to coworkers. It is vital to follow the basic rules of glove use.

- * Hands should always be washed prior to gloving and immediately after removing gloves.
- * Fingernails should be kept trimmed to prevent accidental tearing.
- * Gloves should be worn only during the period of contact and should not be worn continuously.

- * Gloves are disposable and should never be washed or reused.
- * Gloves should be stored properly. Keep gloves away from light, heat, and moisture.
- * Gloves should be chosen for the task at hand.

When should gloves be worn?

During daily set-up and housekeeping

Gloves should be worn during initial studio set-up each morning to prevent cross-contamination and to protect hands from chemicals used for disinfection of surfaces in the studio. Gloves should also be worn during sweeping, mopping, and trash removal.

If you see objects such as tissues or a dropped bead on the floor, don gloves before picking them up.

During disinfection and sterilization procedures

Gloves should always be worn when working in the disinfection area to protect the piercer from contact with infectious microorganisms. Many piercers will double-glove when working on sterilizing used instruments. Clean gloves should also be available in the sterilization area for transporting autoclaved implements to their designated storage space.

Upon contact with client

A professional piercer should never touch a client with ungloved hands. This will provide protection from possible transmission of the client's resident and transient flora. This also provides a psychological comfort level between piercer and client.

When should gloves be changed?

If glove integrity is compromised

Change gloves immediately if a visible weak spot, pinhole, or tear is detected. If you have any doubt about the cleanliness of your hands or you are at risk for potential exposure you must wash your hands before regloving.

When moving from "field" to "field"

To prevent cross-contamination gloves should be changed when moving from a more contaminated area to a less contaminated area (visualized as moving from a "red" field to a "pale pink field", see Appendix for chart).

Systematically during a procedure

Many studios develop a written plan concerning glove changes during piercing procedures. For example, a studio may make it mandatory to use 5 pairs of gloves per procedure:

1. Initial set up of tray and instruments
2. Initial skin prep and marking
3. Opening autoclaved packages/final adjustments
4. Piercing procedure
5. Post procedure clean up

Although the number of gloves used during a procedure will vary, each studio should implement a policy on the quantity of gloves that should be worn to eliminate any chance of cross-contamination. Four minutes is the approximate time suggested for general use of medical gloves.

Gloves are not impervious to moisture and chemicals forever. Glove materials will break down over a period of time.

Many piercers are now using hand sanitizers and lotions as an additional barrier between the gloves and hands. If the sanitizer or lotion contains petroleum-based products, hydrocarbons will penetrate latex, causing a change in the physical characteristics, including a reduction in tear resistance.

When gloves turn yellow or brown

Changes in the color of gloves can take place after prolonged wear. This is normal and occurs from the reaction of traces of copper with dithiocarbamate, a curing chemical found on the surface of some gloves. Traces of copper can be found on sweaty palms, and copper accelerates the breakdown of rubber. Gloves should be changed frequently enough that such color changes do not take place.

Whenever you have a doubt about your gloves

If you have any doubt, it is always best to remove your gloves, wash your hands, and don fresh gloves before continuing your work.

Choosing the right glove

Many piercers use non-sterile, medical grade latex gloves for everyday duties within the piercing studio.

Latex is a polymeric membrane of natural rubber with an infinite number of holes between lattices. Latex is a better barrier than vinyl, which may allow permeation of blood and fluids over long exposure. Latex gloves vary

in thickness and texture and should be chosen for comfort and tactile sensitivity.

Latex contains protein antigens and is cured with agents that may cause an allergic dermatitis or systemic anaphylaxis (latex allergies will be discussed further in this chapter). Latex gloves labelled “hypoallergenic” do not always prevent reactions in a highly sensitive person. Latex gloves should never be used on a client who informs you of an allergy to latex.

Latex gloves are sometimes powdered to ease donning. These powders are usually cornstarch or talc that are placed on the glove after manufacturing. Research has shown that glove powder can lead to granulomas in the tissue and may be a catalyst for latex sensitivities.

Consider using non-powdered gloves for all procedures. Many manufacturers are now processing gloves with a polymer coating such as silicone to make donning easier.

Many piercers opt for latex-free alternatives such as Nitrile or special types of vinyl gloves. Synthetic gloves have no protein allergens and if bought in bulk are reasonably priced. If latex is the primary type of glove used in a studio, latex-free gloves should be stocked for clients with latex allergies and a comprehensive latex allergy procedure should be developed.

Sterile gloves

Some piercers use sterile gloves during piercing procedures and a few states are requiring the use of sterile gloves. There are arguments for and against the use of sterile gloves. A studio should make a research-based decision about whether or not to implement the use of sterile gloves in its practice (if they are not required by law to use them).

Sterile gloves are not required by APP standards, though piercers who wish to go beyond the established minimum guidelines may do so if they wish.

Donning Sterile Gloves

“Open donning” is the name of the method that piercers should use. The technique is as follows: (right-handers)



Pick up the cuff of the right glove with your left hand. Slide your right hand into the glove until you have a snug fit over the thumb joint and knuckles. Your bare left hand should only touch the folded cuff - the rest of the glove is sterile. Do not use bare hand to adjust fit.



Slide your right fingertips into the folded cuff of the left glove. Pull out the glove and fit your right hand into it.



Unfold the cuffs down over your wrists. Make sure your gloved fingertips do not touch your bare forearms or wrists.

Donning Clean Gloves

- * With freshly washed hands, reach into the clean glove box. Remove one glove by grasping it at the wrist portion, making an attempt to not touch the fingers of the glove.
- * Grasp as near to the rolled cuff as possible and slide your hand as far into the glove as possible. **DO NOT** use your bare hand to adjust fit.
- * With your gloved hand, reach into the clean glove box and remove a second glove.
- * Without touching any bare skin, slide your other hand into the second glove.
- * Now adjust both gloves for fit.

Latex Sensitivities

Latex sensitivities in the general population have risen since the development and implementation of Universal Precautions by the CDC (Centers for Disease Control

and Prevention). The precautions were designed to prevent the transmission of bloodborne pathogens by instituting standard practices of utilizing appropriate barriers between health care workers and patients. OSHA (Occupational Safety and Health Administration) followed these recommendations and suggested the same precautions be taken for those who work with HIV and HBV infected persons, and any employees who may be exposed to bloodborne pathogens during the course of their job duties.

These actions resulted in a dramatic increase in the use of latex gloves, not only in health care workers, but lab technicians, law enforcement, fire fighters, and emergency service personnel. There is some speculation that this increase created such a demand on the manufacturers that short cuts were taken in the processing and rinsing of these gloves. This may have created gloves that contained latex-burdened powders and thereby set the stage for allergen production in the wearers. There is also some speculation that the population as a whole has simply become more sensitive to allergens given the chemical changes in the environment over the last 20 years.

Whatever the reasons, latex sensitivities and allergies are very real and pose a significant health risk to workers who must wear protective gloves and to some persons in the general population.

Many common products contain latex. Balloons, Band-aids, condoms, elastic in clothing, bathing caps, goggles, zippered plastic storage bags, and beach toys are just a few of the many thousands of things that contain latex. In the piercing studio, latex gloves are not the only items that contain latex. Adhesive tape, rubber bands, some autoclave wrap, CPR masks, and even the handles of some tools and covering on ballpoint pens may contain traces of latex.

The two types of hypersensitivity reactions that occur are classified as Type I reactions and Type IV reactions.

Type I is an immediate and systemic response to latex allergens. For persons experiencing this type of reaction, it is likely that the cause is latex protein. Some of the systemic reactions that can occur range from itchy eyes, swelling of lips and tongue, abdominal pain, nausea, shock and potentially death from anaphylaxis.

Type IV is a delayed hypersensitivity that usually appears as some form of contact dermatitis. It is generally believed that this type of response is due to the chemicals used in manufacturing the rubber and not due to the latex itself. Some people experience a reaction that results in conjunctivitis, runny nose, or asthma from airborne detritus.

It is imperative that professional piercers take these health concerns seriously. Again, alternatives to latex products, such as Nitrile are available and should be utilized when the client's or employee's health and safety are in question.

DISINFECTING SOLUTIONS

Note the simple rule that disinfectants are used only on inanimate surfaces (objects) and antiseptics are only used on animate (alive) surfaces.

Disinfecting solutions are grouped in "families". All of the products within a family have similar characteristics and properties. Choose disinfectants that are proven nontoxic, broad spectrum, hospital grade disinfectants, with a narrow efficacy time, and a long, stable shelf life. Labelling should specifically state that the product is bactericidal, virucidal, fungicidal, and tuberculocidal. Some may also be described as germicidal or sporicidal as well.

Glutaraldehyde 2% solutions

These are non-biodegradable biohazards and have been classified by the FDA as toxic. These solutions are commonly found in two varieties, the acidic, and the alkaline. The alkaline type will require an activating agent to bring them to the proper Ph levels thereby making them usable. They generally have a long exposure time in order to be effective. Most, if not all of these that are currently available, require special ventilation and vapor monitoring equipment and must be disposed of in landfills that are approved for pesticides. Once activated these products have a limited shelf life and are rendered ineffective fairly quickly. Some common products in the alkaline solutions family are Cidex Plus, Procidex, and Omnicide.

Common acidic Glutaraldehyde products are Sterall and Banicide. The acidic formulations do not require activation, but are only tuberculocidal after about 30 minutes of exposure time.

All Glutaraldehyde solutions destroy unlike metals. Using any of these products and with mixed metals such as stainless steels tools, brass jaw pliers, and plated pliers will lead to rapid corrosion.

Phenolics 10% solutions

Phenols are surface disinfectants and are not broad spectrum enough to make them useful in the piercing shop. These are sold under such names as Birex, Pro-cide, and Lysol.

Iodophores

These are iodine-based disinfectants and as such will stain surfaces and discolor metals. This makes them a poor choice for soaking jewelry or tools. These disinfectants have been shown to have high levels of an organism called *Pseudomonas*, which grow in the solutions when stored for an extended period of time. Many individuals are iodine sensitive or allergic to these products. Biocide, Microdyne and Iodofive are common product names.

Chlorine Compounds

Sodium hypochlorite, more commonly known as bleach, acts as a protein disintegrator. Most pathogens are protein based making this an effective surface disinfectant. A solution of 10% bleach to 90% water will destroy most pathogens in less than 10 minutes. For it to be effective the surface area must be aggressively scrubbed and the solution allowed to remain on the surface for a full 10 minutes. This diluted mixture has a shelf life of less than 48 hours. Many people are highly sensitive to this chemical and may experience severe allergic reactions to even the vapors in a recently cleaned room.

Using other chemicals such as ammonia-based cleaners in the same area may cause a toxic reaction.

Full strength bleach may be an excellent choice to have available in the event of a needle stick because of its action as a protein disintegrator. This solution is incompatible with any stainless steel tools or surfaces. Its use in ultrasonic cleaners or autoclaves will not only void warranties, but will destroy these costly pieces of equipment. Jewelry should never be left to soak in even a weak diluted solution.

Quaternary Ammonium Compounds

Known as Super-quats, these products are some-

times mixed with other chemicals such as alcohol. Not all of this group of disinfectants will kill Tuberculosis, a particularly hardy pathogen. Towelette wipes impregnated with these solutions are excellent surface cleaners. These products should not be used for soaking jewelry. Common product names are Saniklen, Aseptic-seryl and Bafix.

Synergistic Formulas

By definition, a synergistic action is “two or more agents cooperating with each other resulting in an effect which is greater than the effect of each agent operating by itself”. These solutions are nontoxic, biodegradable, broad-spectrum disinfectants that are also noncorrosive and nonstaining. The stability of these solutions once opened is from 6 to 10 months maintaining full potency. They do not require special disposal handling.

These solutions are available in spray bottles, liquid pour bottles, foams, and impregnated towelettes. They can be used as a hard surface disinfectant and as a jewelry soaking solution (though this is not the suggested way to handle jewelry for preparation prior to use in a fresh piercing). Two of the most common products used by professional piercers are Madacide and Discide.

Alcohol

This can be used as a low-level disinfectant. It is not recommended as a soak or for disinfecting contaminated environments because it is an ineffective cleaner. In order for this product to perform optimally, the item that you are soaking must remain completely submerged in the solution for at least 20 minutes. In use as a soak for jewelry prior to insertion into a fresh piercing, this may cause a burning sensation unless the jewelry is thoroughly rinsed off with sterile water.

CLEANING, DISINFECTION AND STERILIZATION

All three are part of the disinfection process, but they differ significantly in the number and types of microorganisms killed. By understanding the differences, you will be able to choose the correct way to make contaminated items safe to use, or know to dispose of them if they cannot be decontaminated and their use makes them unsafe for you or your clients.

Cleaning:

The process that physically removes debris and reduces many of the microorganisms that may be present on an object.

Cleaning is the first step in the decontamination process. It is important for you to clean items prior to disinfecting and/or sterilizing them. There will be some items that will not require disinfecting or sterilizing and a thorough cleaning with an antibacterial or antimicrobial soap will be all that is necessary.

Washing ones hands before and after performing piercings, and several times during the day is a decontamination process. This, of course, does not take the place of wearing gloves. The subject of gloves is addressed in another section.

Sterilization kills all microorganisms on the object that is sterilized. High-level disinfection kills the same types of organisms, but it is not as thorough. It will kill some spores but not large numbers of them, making high-level disinfection an unacceptable level of decontamination for items that have been contaminated by bloodborne pathogens.

Disinfection:

The process that will kill some disease causing microorganisms, but not necessarily all of them.

Some nonpathogenic microorganisms can remain on an item that you have disinfected. What kind and how many of those you might kill depend on what level of disinfection you use.

Three levels of disinfection:

Low-level disinfection is the least effective of these processes and generally is what most of us think of when we talk about “clean”. It does not kill bacterial spores or *Mycobacterium tuberculosis* var. *bovis*. The significance is that this is a very difficult-to-kill, laboratory test microorganism that is used to classify the strength of a chemical disinfectant.

Intermediate-level disinfection is a process that will kill the tough tuberculosis microorganism. This is important because if you are employing a process that does kill *M. tuberculosis* var. *bovis*, then you will also be killing a host of other organisms that are much easier to kill, such as the ones that cause HIV.

High-level disinfection is a process that will also destroy some, but not all bacterial spores as well as other bacteria, fungi and viruses such as that which causes Hepatitis B, in addition to the microorganisms that are

killed at the intermediate level. According to the CDC, high-level disinfection can only be achieved by using a chemical solution that has capability to sterilize in appropriate conditions.

Sterilization:

The process that kills all microbial life

Sterilization will also kill bacterial spores, which are resilient and the most difficult microorganisms to kill. This is important because if you are able to eliminate bacterial spores then you will also kill other types of microorganisms such as fungi and viruses. You will eliminate the organisms that cause tuberculosis, Hepatitis B, Hepatitis C, HIV, and a variety of other infectious agents. When you have sterilized properly, there will be no microorganisms alive.

Any item or product in your shop that has the likely presence of bloodborne pathogen contamination must be sterilized prior to its use. This may include reusable items such as tools, forceps, and setup trays.

Single-use, disposable items such as piercing needles must also be sterilized prior to their use. However, once used they must never be sterilized and reused. If an item, once contaminated cannot be sterilized appropriately, it must be discarded.

Many operators of piercing studios do not understand the need to sterilize all jewelry before use in new piercings.

Appropriate practice for a reputable piercing shop is to insert high quality body piercing jewelry that is sterilized on the premises prior to its insertion, regardless of the source of the jewelry.



Manufacturers and suppliers of body jewelry must be honest with their customers by clearly informing them about the condition of the jewelry that they are providing.

It is not necessarily a manufacturer's responsibility to sell only sterilized jewelry. Though it is important not to misrepresent what is being sold by falsely labelling jewelry as “sterile” or “ready for insertion” or to make other misleading claims.

Sterilization can occur in the following manners with specific procedures:

Steam under pressure (Saturated steam/steam autoclave) 220-270 kip pressure, 140°C, and 284°F for 15-40 minutes depending on the cycle.

Dry Heat (Dry-Clave) 177°C, 350°F, for 1 hour. This is for use only on items that cannot withstand steam exposure.

Gas Plasma (ETO gas/chemical autoclave) requires specific site construction for venting of potentially toxic fumes and is not practical for piercers.

Gamma Radiation (exposure to specific radioactive waves) highly regulated, costly and requires specific site construction and disposal criteria. This is also not practical for piercers.

Liquid Chemical (cold sterilization) Immersion in an EPA (Environmental Protection Agency) approved and FDA (Food and Drug Administration) controlled chemical agent for 10 hours. Problems with disposal and exposure to toxic chemicals make this method impractical for piercers. Maintaining the sterility of items once removed from the solution is difficult.

Sterilization in the Studio

Steam under pressure is the only practical and cost effective method of sterilization for piercers. The efficacy can be verified by spore tests (the necessary biological monitor). An **autoclave** is the equipment that employs the steam under pressure method of sterilization. They can be obtained from a number of medical supply sources and can range from approximately \$600.00 to several thousand dollars.

It is vital to know that the color change of indicator strips on autoclave packaging is not a completely reliable method of determining if your autoclave is working properly. Spore tests are absolutely necessary.

Some piercing studios are also using steam-flush pressure-pulse autoclaves (such as the Statim) for sterilization.



The sterilization process in this type of autoclave facilitates air removal and steam penetration and provides sufficient lethality to flash-sterilize either nonporous or porous items in the recommended exposure time of 3 minutes at 132° C to 135° C (270° F to 275° F).

These autoclaves can be a great asset to the piercing facility, but are by no means required. The short cycle time can enable a piercer to sterilize all supplies and the jewelry for a procedure directly before the piercing. The Statim “cassettes” give the piercer a contained sterile field from which to work. However, this type of equipment is not adequate as a sole method of sterilization in a studio. A regular autoclave is also necessary.

The steam-flush pressure-pulse autoclave is perfectly acceptable as long as the following guidelines are followed:



These units **do not** take the place of the steam sterilizer (autoclave) referenced above that is necessary to process all contaminated equipment and jewelry. A Statim should be located in a “clean” area and not adjacent to the contaminated tools. It should be handled only with clean gloves.

These autoclaves should be spore tested once a week due to the high number of cycles run daily.

Studios should develop and follow a written sterilization monitor documentation program. Some new autoclaves come conveniently equipped with a printer that provides a sheet to document the sterilization cycle of each load.

Daily, weekly, and monthly maintenance of steam-flush pressure pulse autoclaves is required. This type of machinery requires a more rigorous maintenance schedule than traditional autoclaves, and a written log should be kept.

What can I use as a disinfecting agent in my shop?

This depends on what the application is, and on what products are available to you.

There are a number of products in a variety of categories that are marketed under different names. All require exposure times of at least 10 minutes in order to be effective, except in the case of what is considered “clean”. (See Sterility Chart in Appendix).

To reiterate, cleaning is a low-level disinfection process and generally, it can be achieved with the use of antibacterial soap.

Everything in the actual piercing environment should be decontaminated with no less than an intermediate level of disinfection.

Some of the categories of disinfectants and their properties are:

Glutaraldehyde 2%	10 minutes exposure time
Phenolics 10%	20 minutes exposure time
Iodophores	20 minutes exposure time
Quaternary Ammonium Compounds or Synergistic	10 minutes exposure time

See pages 12 and 13 for more details.

EQUIPMENT

Disposable Supplies

To minimize the risk of cross-contamination and to insure that the piercing procedure is as clean as possible, many components of a piercing setup are disposable. Disposables must be sterilized prior to their use. Packaged, autoclaved disposable items (and also packaged sterilized needles, forceps and other tools) remain sterile for only 30 days, and then must be re-sterilized.

Disposable materials that can and should be autoclaved include:

- * Piercing Needles
- * Cotton Swabs
- * Corks
- * Toothpicks
- * Rubber Bands
- * Gauze

Individual autoclaved pre-packs and single-use sterilized disposable supplies can be stored in sundry jars for easy access. Sundry jars should be made of autoclavable, nonporous tempered glass, or surgical

stainless steel. Plastic, regular glass, or other non-sterilizable materials are not acceptable for storage of autoclaved disposables.

Keep your supplies out of the reach of clients, on shelves enclosed in a storage cabinet or in the drawers of a piercing cabinet. Keep disposables away from light, moisture, air, and other potential contaminants.

Supplies of sterilized single-use disposables for only a few days usage should be stored in sundry jars.

Never handle sterile disposables with bare hands, not even freshly washed ungloved hands. Most piercers keep a pair of clean hemostats in a holder such as a thermometer jar nearby, for hands-free collection of supplies. Be sure not to contaminate the hemostats or handle them with bare hands.



If a client or the piercer touches the sundry jars bare-handed for any reason, the jar and its contents should immediately be taken for autoclaving.

It is preferable to pre-pack sterile disposables in individual packages, but at a minimum, the above standards should be followed.

When setting up for a piercing or jewelry insertion, the piercer must select and assemble all materials and tools that s/he may use for that procedure. It is entirely inappropriate in terms of cross-contamination to reach into the piercing cabinet or sundry jars with gloves that have touched a client. Therefore, s/he should anticipate the possibility of needing any of these items before the piercing begins.

If additional supplies are required, gloves must be changed before accessing any items in the piercing cabinet or sundry jars.

Use of Various Disposables

- * Presterilized rubber bands are wound around the handle of the forceps to adjust them to the appropriate tension. The teeth of the forceps should never be fully closed and locked onto a client during piercing.
- * Presterilized cotton swabs are excellent for cleaning and drying in tight spots, and erasing stray marks to insure accurate placement. They come in several lengths and thicknesses.
- * Presterilized toothpicks are used with gentian violet for marking placement.
- * Presterilized wire snips are used to connect internally tapped jewelry such as barbells to the piercing needle. This facilitates a smooth jewelry transfer.
- * Plastic relish cups have many uses. They should be kept at the front counter to contain customers' worn jewelry, keeping it off the countertop. In the piercing room, they hold individual portions of antimicrobial mouth rinse for oral piercing prep, or gentian violet for marking piercings.

Piercing Needles

Piercing needles are available in sizes corresponding to the gauges of jewelry inserted into fresh piercings. Needles are commonly used in 18 gauge, 16 gauge, 14 gauge, 12 gauge, and 10 gauge. Most professional piercers agree that needles and jewelry thinner than 18 gauge or thicker than 8 gauge are inappropriate for fresh piercings. Thinner jewelry may tear healing tissue. Thicker needles may damage or remove tissue (most piercings do not remove tissue) and the added weight of jewelry that is thicker than 8 gauge may result in tissue damage.

Some piercers do opt to use a larger gauge needle than the jewelry they will insert when performing ear cartilage piercings. This allows for extra room for tissue healing. This is a valid choice. Other piercers feel that the larger gauge needle may create increased opportunity for bacterial invasion and so use the same gauge needle as jewelry, even with cartilage piercings. This is also acceptable.

It may be helpful to compress the tissue together (apply brief, firm pressure to the front and back of the piercing, right around the jewelry) directly following an ear cartilage piercing, regardless of needle size used. This may help to prevent the formation of bumps by reattaching the exit-side tissue.

For piercings other than ear cartilage, standard practice is to use the same gauge size for both the needle and the jewelry.

Appropriate piercing needles are hollow (or “hollow-core”) and have no scratches or surface flaws that could damage the tissue.

Should the piercer choose to bend or shorten a needle, s/he should take great care to avoid such flaws and polish the needle thoroughly after alteration. Most piercing needles are sold as “super-sharp” or double or triple bevelled. The true test of needle sharpness is, of course, in its use. Piercers should inspect each needle immediately before use to be sure there are no burrs or other irregularities.

The APP does not suggest stretching via insertion taper immediately post-piercing. This can damage the freshly pierced tissue causing a variety of healing complications. Though, those who do so are not excluded from membership.

Needle Handling, Storage, and Disposal

Piercing needles are extremely sharp. Bulk, unsterilized needles should arrive at the piercing studio in a clearly-marked thick plastic, padded roll tube. Under no circumstances should piercing needles be mailed in a plastic bag, taped to a cardboard square or rolling around loose in a cardboard box. These methods create the risk of a needle stick (contaminating the needle) and are certain to dull the fine points of the needles.

Professional piercing studios should perform their own in-house sterilization of piercing needles. Only then will there be certainty that proper handling has occurred at every stage of the process. Needles should be individually packaged and labeled with size and date of sterilization.

After a single use, needles must immediately be disposed of in an approved sharps container. They should never be resterilized nor used more than once.

Sharps Disposal

Untreated, used sharps disposal containers may not be included with ordinary trash, even if there is no specific law against this in your area.

Sharps containers and waste in red biohazard liners must be picked up by a biohazard waste management company or disposed of in a manner that does not violate local regulated waste laws. All containers in your

studio bearing a biohazard label must have the contents disposed of according to regulated waste laws.



Isolysers or other solidifying polymers may be required prior to disposal of used sharps containers in public landfills.

Preventing Needle Accidents

There can be no deviation from the appropriate handling of piercing needles. The utmost care should be taken at all times to prevent against any possibility of a needle stick.

Every action in a piercing procedure should be deliberate and intended to minimize the risk of a needle accident.

Never lose control of a piercing to the extent that you don't know where an opened or used needle is located. Never put your fingers in the path of a needle.

Dispose of paper waste such as autoclave bags and used gauze immediately, rather than letting it remain on the tray, possibly hiding a needle. Dispose of needles immediately after use. Do not return them to the tray whenever possible. Make each action logically lead to the next when piercing. Wasted moves create potentially dangerous situations.

Reusable Equipment

Forceps come in a variety of sizes and shapes. Stainless steel is the most common material for them, so that they will withstand repeated autoclaving.

Following each usage they should be soaked in a disinfectant liquid, rinsed, run through an ultrasonic cycle, rinsed again, dried, bagged, labeled with date, and then autoclaved.

Remember not to store these tools for more than a month before use, or they will need re-sterilizing.

Needle Receiving Tubes also called "NRT's", are

stainless steel or pyrex hollow tubes with smoothed edges. Most often, they are used for piercings where forceps are not practical or useful such as nasal septum or Prince Albert piercings.

Other forceps and piercing tools are frequently "invented" or altered for use by individual piercers. It is important to keep practicality, and safety of both piercee and piercer in mind when developing new techniques or equipment.

Pliers should be made of stainless steel for unlimited autoclaving. Many types of pliers can be nickel- or chrome-plated to resist rusting, but will eventually break down and become unusable. When these tools become rusty, they must be replaced.

Metal-jaw pliers can damage jewelry. To prevent scratches and burrs on jewelry, latex- or plastic-dip, surgical gauze tape, or cloth band-aids can be used to pad the plier jaws. To allow for complete sterilization, this protective covering must be removed before autoclaving, and replaced with a fresh protective barrier before use.

Ring Expanding Pliers are used to remove and insert captive beads and possibly widen the gap on captive rings for insertion or removal.



Ring Closing Pliers are used to narrow the gap on captive rings allowing for appropriate tension to hold in the bead. They are also known as dental extraction forceps, loop closing pliers, or ring holding pliers.



Nostril Screw Bending Pliers are used to custom-bend nostril screws to fit the individual nostril. The bend is angled differently for the left and the right nostril. Double-round or rosary pliers, work best; some come with a built-in wire cutter.



Dial Calipers are available in hard plastic or metal. Some have measurement increments in 64th, 32nd, or 16th of an inch, some have millimeter increments, and some have both. Plastic calipers should never be touched to the skin to avoid cross-contamination. Metal calipers that can be autoclaved are better suited to the piercing studio.

Gauge Wheels are used to measure the thickness or gauge of a needle or piece of jewelry. Most American body jewelry manufacturers use the Browne & Sharp/American Standard wire gauge system. Some manufacturers develop their own size systems, so be sure that all materials (such as needle and jewelry sizes) in use at your studio are compatible.

Insertion Tapers in gauges 18 and thicker, are used to locate and stretch a piercing that has shrunk, stretch a piercing up to the next gauge, and locate the hole if the jewelry transfer is lost during a piercing. Reusable tapers are made of 316L stainless steel and are available in concave and pin coupling styles for easy insertion of rings or threaded jewelry.

Piercing Trays should be made of autoclavable plastic or stainless steel and covered with a dental bib or other appropriate tray liner for laying out equipment just prior to a piercing. Trays should fit into your autoclave and should be sterilized at least daily, or immediately, if cross-contamination is suspected. Optimally you should work from an entirely autoclaved tray set-up, or an autoclaved liner. You can open a sterile forcep package or gauze 3x3 or 4x4 package and work from the sterile inside surface of the package interior. Never set your

needle, jewelry or even forceps down on an unsterile tray or tray liner surface. “Clean” is not sufficient for this.

Sundry Jars can be made of pyrex (tempered glass) or stainless steel for easy sterilization. There are also specific grades of autoclavable plastic available. Jars need to be disinfected daily and sterilized weekly or whenever cross-contamination is suspected.

ENVIRONMENT

The Reception and Sales Room

The reception room is a client’s first impression of your business and it is also your first line of defense against cross-contamination.

Counter

The counter surface should be glass, metal, or other nonporous surface that can be disinfected several times each day. An FDA approved hard-surface disinfectant should be used according to the manufacturer’s instructions. Glass cleaner should then be used to minimize streaking.

Keep disposable plastic relish cups, gloves, dental bibs, and tissues at the counter to minimize cross-contamination by customers. Don’t ever allow clients to place their used jewelry on the counter. It should be placed in a cup or on a dental bib or paper towel. Dispose of such products immediately after each use. Be careful not to reuse cups if they have contained a client’s own jewelry, whether they report that it was previously worn or not.

Any jewelry that has been stored with previously worn jewelry is considered contaminated. Even new, unworn jewelry brought in by a client should be handled as though it is contaminated; it might be, and that is reason enough for standard procedures of cautious treatment.

If a client does touch worn (contaminated) jewelry or their piercing (whether new or healed) require them to wash their hands, or provide germicidal hand wipes for their use immediately to prevent cross-contamination of the studio.

It is extremely common for customers to touch their piercings and the jewelry they are wearing when they are at the counter, even when they are asked to refrain from such activity. Keep a close watch on your customers and do not tolerate this potential for cross-contamination in your studio. Be consistent with requiring

hand sanitizing after each and every such contact.

Touch clients only with freshly gloved hands, even if they don't yet have a piercing in that area.

Dial calipers, gauge wheels, ring expanding pliers, and other tools that are used at the front counter should only be used for new, unworn jewelry.

Disinfect or sterilize the front counter tools as necessary. Should contamination occur, you must autoclave or discard the item.

Display

The display jewelry should be protected from any potential contamination. Do not allow customers to touch display jewelry to any part of their skin, piercing, or their own worn jewelry. If in doubt, the item should be autoclaved before returning it to the display.

Sterile jewelry used in piercings should not be kept in the display case.

If you are going to use jewelry from your display in a fresh piercing, the item must be sterilized and meet all other criteria for initial piercing jewelry.

If display or stock jewelry cannot be autoclaved, contact the manufacturer for proper handling, care and maintenance. Whenever possible, handle with gloved hands.

Signage

The exact wording and message of signs will vary from store to store however, these basic messages should be conveyed at the front counter of any piercing studio:

We reserve the right to refuse service to anyone.

Please do not remove, insert or handle your jewelry while in the store; we will do it for you.

You must also post signage relating to the following:

Age limits and identification requirements (Make sure you are following the laws of your area or state.)

Refund and exchange policy

The Piercing Room

Walls and doors in the piercing room should be made of a nonporous material (tile, semigloss/gloss paint, sealed

brick, vinyl). Unsealed brick, cement, wood, and other uneven or porous wall surfaces can trap and store pathogens that could cause disease. Walls should be disinfected at least weekly using an FDA-approved hard-surface disinfectant according to manufacturer's instructions.

Flooring in the piercing room should be made of linoleum, tile (ceramic, vinyl, etc.), sealed wood or other nonporous material and should have a splash guard around the perimeter to protect walls (usually between 4 and 6 inches). The floors should be mopped daily with fresh water and a disinfectant product specific to the type of flooring.

Lighting in the room must be bright and adjustable. Most piercers combine fixed lighting with adjustable lamps. Lamps that are adjusted or touched during piercings must be frequently disinfected during the day.

A specific area should be provided for the client's belongings to prevent inappropriate contact with both biohazard and clean areas in the studio.

As many objects as possible in the piercing room should be nonporous. All pictures, posters, and wall hangings should be framed or laminated.

The sharps container and contaminated-tools tray should not be close to your sterilized piercing implements and supplies. Many piercers use a biohazard-labeled shelf above their trash can for their contaminated tools. This establishes a single contamination area in the room. Used piercing implements should be kept in an enclosed, nonporous tray or container. The sharps container should be secure to avoid accidental spillage.

Packaged equipment, sundry jars, and other supplies used during a piercing should be stored in or on a cabinet, credenza, or other storage unit nearby. They should always be handled only with clean, freshly gloved hands.

At a minimum HEPA air purifiers, or other air purification devices, should be employed in the piercing room and other appropriate locations. Purifiers must be selected according to square footage specifications and maintained according to manufacturer's instructions.

Piercing businesses are often located within hair salons, tattoo studios, and other retail stores. These other services should be located in their own enclosed rooms.

Signage

Signs will impart vital information without necessitating that you verbally explain these things to each client entering your piercing room.

“Do not touch or put anything on this table”

over piercing setup area

“Biohazard: Do not touch”

in areas used for contaminated instruments and biohazard trash

“Contaminated Waste”

on trash cans in piercing rooms that are not for biohazard waste

Biohazard and Sterilization Room(s)

Having a completely separate and enclosed biohazard room for processing used implements, jewelry and tools is crucial to your health and safety and that of your clients. The particular set up of this area will depend largely on available space. The following are the most common options.

Two Room Set Up

An ideal studio has two rooms for sterilization procedures. One room is for highly contaminated items such as used forceps, insertion tapers, etc. This room contains the biohazard sink, presoak container, ultrasonic cleaning unit, and autoclave packaging materials. The second room, or “clean room” will generally contain a hand-washing sink, autoclave, and an additional (uncontaminated) ultrasonic unit for processing new jewelry.

One Room Set Up

Many studios have limited space and must place sterilization and biohazard processing in one room. This can be done effectively provided the two areas are clearly separated.

The ultrasonic unit and sink should be positioned as far as possible away from the autoclave to reduce the risk of contaminating sterilized items as they are being removed from the autoclave. (See Sterility Chart in the Appendix). Nonporous barriers such as Plexiglass can be employed to further delineate zones.

GENERAL GUIDELINES

The sterilization room(s) should be as far as possible away from clients and should be labelled

Warning! Biohazard, Employees Only

to keep clients from entering the room.

Remember that once an object is used in the biohazard area, it cannot be used for any other purpose or in any other room. This includes tissue and gloves boxes, paper towel rolls, pencils, tape, etc.

The ultrasonic cleaning unit should be clearly labelled with a biohazard sign.

Piercers working in facilities that share space with other body art practitioners such as tattooists must have a dedicated ultrasonic unit for their own type of service. Ultrasonic cleaners used for contaminated processing require a tight-fitting, solid lid to reduce the quantity of airborne contaminants.

Everything in proximity to the ultrasonic unit is considered contaminated and should be handled only with protective gloves.

It is common practice to use two sets of gloves (“double glove”) for studio cleaning, maintenance, and for any operations involving contaminated instruments.

Gloves should be changed before moving from the contaminated ultrasonic area to the autoclave.

The autoclave area has tremendous potential for cross-contamination. The operating procedures must be carefully outlined and followed with consistency.

Contaminated items are placed into the autoclave, and then after processing, sterile items are removed. Minimize cross-contamination by cleaning autoclave surfaces with an FDA-approved hard-surface disinfectant before and after each use.

Gloves must be changed often: Use different sets of gloves to open and to close the autoclave door, and also to insert the contaminated instruments; and then wear fresh gloves (optimally change gloves after opening the door) to remove the sterile contents.

Once an autoclave cycle is complete and the contents are dry, the sterile items should be promptly removed from the autoclave and placed in safe storage. This will minimize potential for contamination to the re-

cently sterilized objects.

Extra care must be taken to avoid contaminating the sterile packages as they are removed from the autoclave with freshly gloved hands.

OSHA guidelines, printed sterilization procedures, and any other signage required in the area should be framed or laminated to allow for proper cleaning.

Furniture

Credenzas, storage units, and medical supply cabinets can be found at office or medical supply stores. Many models are available, but all should be made of a nonporous, easily disinfected surface material, and have several drawers for storage of air- and light-sensitive supplies. Furnishings must be disinfected no less than twice daily and whenever cross-contamination occurs.

Mayo stands are portable tray holding devices. These stainless steel rolling carts must be disinfected before and after each use. Any shelving or surface used for the same purpose must also be disinfected.

Client seating comes in a wide variety of styles. The most commonly used types are dentist's chairs, massage tables, and gynecological exam tables.

Choose your furniture for comfort, adjustability, and ease of disinfection.

Seating covers should be a nonporous material such as vinyl or sealed leather. Disposable table paper is an optional covering. Client seating must be disinfected after each use, even if no contamination is apparent. Scabies, parasites, and other highly transmissible organisms may be transferred from the hair or clothing of a client to the table or chair.

Trash cans must be heavy-grade plastic or metal, foot-pedal operated, lidded, and clearly labeled. Cans should be fitted with plastic liners and should be placed where they will be accessible to piercers yet out of the reach of clients.

According to usual medical standards, most piercing studios do not produce enough blood-soaked trash to necessitate regulated biohazard waste management. However, it is appropriate to elect to have a biohazard waste container that is collected by a biohazard waste service weekly or monthly. Red biohazard can liners should be used in these containers and should never be disposed with regular trash.

Be certain to check local regulations on handling regulated waste.

If you do not use a biohazard waste service, large trash can liners should be used. Bagging the trash in a second bag, called "double bagging" is advisable.

Reasonable access to a sink used exclusively for hand washing is mandatory. In-room prep sinks are ideal. This sink should be used only for pre- and post-piercing hand washing, and optimally would operate via a hands-free method.

Air conditioners, fans, and heaters should be used judiciously in a piercing room, as they can blow contaminants into the designated clean areas of the room. Turn these devices towards the door and away from the piercing supply cabinet, trays, and seating. Airflow should always be from "clean to dirty".

The Restroom

The sink must have hot and cold water, a paper towel dispenser, and liquid antibacterial soap in a pump dispenser. A trash can with liner must be provided. The toilet, sink, doorknob and other frequently handled surfaces should be thoroughly cleaned daily and disinfected as needed during business hours.

Signage

"In consideration of others, please do not remove, insert or handle your jewelry in the bathroom; we will do it for you."

SKIN PREPARATION

The Purpose of Skin Preparation

The purpose of skin preparation, also known as skin prep, before performing a piercing is to render the surface of the area to be pierced as free as possible from oil, perspiration, dirt, and transient and resident bacteria.

Stages of Skin Prep

Antiseptic Solutions

Chemical agents selected for skin prep should have the following properties:

- * A broad-spectrum antimicrobial action
- * Rapid activation and remains effective for a period of time
- * Can be used with minimal skin irritation or sensitization
- * Can be quickly applied

The chart below is a comparison of products

COMPARISON OF SKIN PREP PRODUCTS				
	Hibiclens	Betadine	Linear Alcohol	Techni-Care
Scrub Time (Minutes)	8	3.5	11	.5
Dermatitis Potential	30%	30%	High	<1%
Amount Needed	10 ml	10 ml	N/A	2.5 ml
PH Measurement	5.86	4.0	6.8	7.2
Tissue Contraindications	Yes	Yes	Yes	None
Toxicity Chemical Burns	Eyes, Ears Genitals	Skin	Eyes	Non-Toxic
Transdermal Penetration	No	Unknown	No	Yes
Ocular Irritation	Yes	Yes	Yes	Minimal

Any skin prep product selected must be used according to manufacturer's guidelines. Options include presoaked swabs and towelettes, or a product such as Techni-Care dispensed from a pump apparatus onto sterile gauze or swabs.

Aseptic Cleaning for Skin Surfaces

Effective skin asepsis is achieved through mechanical and chemical action. Using a suitable skin prep, begin at the center of the site to be pierced. Utilizing enough pressure to create friction, scrub in a widening outward circular motion. If necessary sterile gauze can be used (in the same motion) to dry the area. Note that Betadine has a 3.5 minute scrub time and that the scrub must be repeated three times with separate sterile gauze pads or swabs.



Preparation Procedure for Oral Piercing

The client should be given a disposable cup that contains a small amount of an antimicrobial mouthwash. The client will then rinse thoroughly with mouthwash for a minimum of thirty seconds.



For Oral/ Facial piercing such as the lip, both types of prep must be implemented.

Marking the Skin

Marking should be done after aseptic skin cleaning or oral prep. All products and implements coming in contact with the client should be single-use and sterile or antimicrobial. This includes the placement-marking implement. Gentian Violet (available at most pharmacies) applied with a sterilized toothpick meets these requirements. Any other marking implement must be single use.

Client Cooperation

Once the skin is prepped, the client must be directed to keep unwashed, ungloved hands away from the area. If the client touches on or near the prepped skin, the procedure for aseptic cleaning must be repeated.

ANESTHETICS

A skilled, experienced piercer should work quickly and gently so that anesthesia is unnecessary. Whatever sensations a piercee encounters should be momentary. There is no doubt that the worst part of a piercing for most piercees is the mental aspect of worrying, imagining, and fearing the unknown. The physical reality of it should be easy by comparison.

Anesthetics effective for prevention of all sensation during a piercing would require a prescription and/or need to be administered or applied by a licensed medical professional.

The majority of piercers are not licensed medical practitioners and therefore do not have those credentials. Medical professionals who are also trained and experienced piercers are generally not piercing within the scope of their medical practice. They should advise against anesthetics for the reasons explained below.

Injectable Anesthetics

These are illegal unless administered by a licensed medical practitioner. Using an injectable product such as Lidocaine or Xylocaine is ill advised and inappropriate. The injection would be more uncomfortable and also take far longer to administer than the piercing itself. Fluid injected into tissue distorts the area and causes additional trauma. This can hamper accurate piercing placement and is likely to result in additional discomfort as the anesthesia dissipates.

Serious complications such as an allergic reaction may be caused by the anesthetic as well. Removal of the anesthetic by the immune system adds to the stress caused by a body piercing.

All else aside, it doesn't really make sense to stick someone with a needle and inject their body with a foreign substance in order to perform a piercing.

Topical Anesthetics

The use of over-the-counter topical anesthetics such as creams is not necessary for body piercings. These products are ineffective for minimizing sensation to the area that will be pierced. An effective topical anesthetic only numbs the upper layers of tissue, and as with injectable agents, the potential for allergic reactions exists.

A prescription-strength topical anesthetic is illegal unless prescribed by a licensed medical professional. These may induce tissue edema, alter skin texture and affect accurate jewelry placement. These effects make the procedure itself more challenging for the piercer to perform. It is difficult or impossible to verify the ultimate appearance of the piercing which can change once the effects of the product on the tissue are diminished.

Ethyl Chloride is a prescription-only freeze spray. It may result in frostbite damage to the tissue that can com-

plicate and delay healing. It is quite painful to have applied, and takes much longer to administer than to simply perform the piercing.

Ice is another method of superficial freezing. Like ethyl chloride, it may result in tissue damage. All of the same complications related to ethyl chloride apply to ice, and ice is not sterile.

The only advisable use of ice during a piercing would be for the client to hold an ice cube in their hand. This works as sensory confusion much like when a doctor or nurse will pinch one hip while injecting the other. This ice cube technique can be helpful for highly anxious piercees.

Drugs and Alcohol

Purposely self-medicating with prescription or recreational drugs or alcohol prior to a piercing is unwise and is an inappropriate behavior. An ethical piercer who becomes aware that a client is in an altered state will refuse to perform the piercing. There are dangers for both parties as well as the obvious ethical considerations. Only individuals fully in possession of their faculties should be pierced.

IMPORTANCE OF AFTERCARE

It is absolutely vital to educate the client about the importance of maintaining a clean environment and to provide information and instructions on the appropriate care for healing their piercing. A well-placed piercing fitted with high quality jewelry performed under hygienic conditions can still go awry if proper care procedures are not observed.

Many misconceptions still exist about what products and methods are most effective for piercing care. Until recently the industry was divided on this important topic, fostering confusion and dissent. The APP has established an industry standard of suggestions for piercing care.



While we recognize the fact that each human body is unique, we have also found that the following guidelines are optimal for uneventful, timely healing for the vast majority of piercees.

Even clients with prior experience healing piercings should receive the complete instructions. Many suggestions have changed over time, and it is important to impart the most recent care guidelines available.

The following thorough care instructions should be provided to each piercee both verbally and in a written format to take home with them.

Preprinted tri-fold pamphlets containing these written care guidelines are available from the APP. See the website or contact the Secretary for details.

AFTERCARE GUIDELINES FOR BODY PIERCINGS

Cleaning Instructions

Body piercings need to be cleaned once or twice daily, every day, for the entire initial healing period. Most people clean morning and/or night, in the shower. Do not clean more often as this can irritate the piercing, and potentially delay the healing time. For once-a-day cleanings, do it at the end of your day. Optimal frequency will depend on your skin sensitivity, activity level, and environmental factors.

Cleaning Solutions:

A mild liquid antimicrobial/germicidal medicated soap such as **Provon** or **Satin**, and water. Inferior alternatives include products such as Almay Clearly Natural, Hypocare, NutriBiotic; or other mild, fragrance- and color-free liquid antibacterial soap. These should possibly be diluted with distilled or bottled water, depending on product strength.

In addition, mild non-iodized (no iodine) **sea salt** soaks as described below.

Before cleaning wash hands thoroughly with liquid antibacterial soap and hot water. If you wish, you may wear disposable latex or vinyl gloves and/or also use a hand sanitizing gel. Never, never touch healing piercings with dirty hands. This is vital for avoiding infections.

Prepare the area for cleaning by rinsing or soaking with warm water and be sure to remove any stubborn crust using a cotton swab and warm water. Do not pick at the piercing with fingernails!

Apply a small amount of a suitable cleaning solution to the area with your clean hands. Cleanse the area and the jewelry, and gently rotate the jewelry back and forth a few times to work the solution to the inside. (There is no need to rotate the jewelry during the first several cleanings).

Allow the solution to remain for a minute. Regular bathing is fine, just don't purposely work anything other than the cleanser into the inside of the piercing.

Rinse the area thoroughly under running water, while rotating the jewelry back and forth to completely remove the cleanser from the inside and outside of the piercing.

Gently pat dry with disposable paper products such as gauze or tissues, as cloth towels can harbor bacteria.

Please try to be patient. Each body is unique, and healing times can vary considerably. If the piercing is tender or secreting the care regimen should continue, even if it is past the stated average healing time.

Salt Water Soaks

Mild sea salt-water soaks are **strongly suggested** at least once a day to accelerate healing and increase your comfort. This may also help to reduce irritation in the area. Dissolve a pinch (1/4 teaspoon) of sea salt into one cup (8 oz.) of warm or hot water in a clean cup. Distilled water is optimal. If skin becomes dry use 1/8 teaspoon.



1/4 tsp. sea salt
1 8 oz. cup
warm water

A stronger solution is **not** better as you can burn your piercing with too much salt. Invert it over the area to form a vacuum and soak directly for a few minutes. For certain placements it is easier to use a clean cotton ball or gauze pad soaked in the salt water and applied to the pierced area. Follow with a clear water rinse or splash then pat dry with paper products. Do not rotate the ring with salt on it. Salt water is for the exterior of the piercing only.

Salt water soaks help to stimulate air and blood circulation, which facilitates healing. You can do a brief saltwater soak before your daily cleaning(s) as well as several additional times a day. It is particularly advisable to soak before you do anything active, as it will prevent crust from being pulled inside the piercing as you move around. Salt water is the only additional product (other than the cleanser and water) we suggest you use to care for your piercing.

One soak per day should be for at least a few minutes. Additional soaks can be brief (1 minute or so) and still be effective for soothing the area and removing matter.

What is Normal?

Bleeding, bruising, discoloration and/or swelling are not uncommon. Any break in the skin, including a new piercing can bleed or bruise. These are not indications of any complication. Reduce intake of aspirin, alcohol, and caffeine. For above-the-neck piercings try sleeping with your head elevated above your heart (prop up on some pillows) to limit overnight swelling. Nonsteroidal anti-inflammatory products such as Ibuprofen (Advil, Motrin, etc.) may help minimize swelling.

Some tenderness or discomfort in the area of a new piercing is not unusual. You may feel stinging, burning, aching or other unpleasant sensations off and on for several days or longer. During healing there may be some itching.

Secretion of a fluid, which contains blood plasma, lymph, and dead cells, is perfectly normal. It is fairly liquid, whitish-yellow in color and forms a crust on the jewelry at the openings of the piercing. This is not pus, but is an indication of a healing piercing.

Once healed, the piercing may secrete a semisolid white malodorous substance from the oil glands called sebum. This is not pus, but indicates a healed piercing.

Piercings may have a tendency to have a series of ups and downs during healing by seeming healed and then regressing. Try to be patient, and do keep cleaning during the entire initial healing time, even if the piercing seems healed.

The sensation of tightness is normal. Do not expect jewelry to swing freely in most body piercings, even after they are thoroughly healed.

Note: for lip or cheek piercings, care of both the inside of the mouth and facial surface area must be followed.

Hints for particular areas:

Navel

Avoid tight, cinching belts and waistbands and inflexible clothing on the area during healing.

A hard, vented eye patch (sold at pharmacies) can be applied under tight clothing (such as nylon stockings) or secured using a length of ace bandage around the body (to avoid irritation from adhesive). This can protect the area from restrictive clothing, excess irritation, and impact during physical activities such as contact sports.

Ear/Ear Cartilage and Facial

Shield piercings from hair spray and avoid getting lotion, make up and other foreign substances in piercings.

Make sure pillowcases are clean and changed frequently.

Clean your telephone receiver with a disinfectant and avoid contact with public telephones.

Nipple

It is advisable to sleep in a cotton tank top or tee shirt especially if you have any pets that get on or in your bed. Many women find sleeping in a bra or sports bra to be comfortable with a healing nipple piercing.

Genital

Sexual activity isn't prohibited, but it must be hygienic.

Listen to your body! If something feels sore, it means you need to ease up or stop for the time being. Use condoms (without Nonoxynol 9) and dental dams for all sexual contact to prevent sharing of bodily fluids. This is necessary even if you are in a monogamous relationship. It is mandatory for your health and safety during the entire minimum initial healing time.

- * Pleasure Plus condoms have extra room that will accommodate jewelry.
- * Use water-based lubricants such as KY Jelly.

What to Do

Wash your hands prior to contact with or near the area of your healing piercing!

Leave the piercing alone except for when you are cleaning it. It is not necessary or advisable to rotate the ring while healing except during cleaning.

Leave the jewelry in during the entire minimum initial healing time! (Assuming your initial jewelry is appropriate in terms of metal content, style, and size). Inappropriate jewelry should be changed by a professional. Those with captive-style rings or barbells (straight, bent, or circular) can change the bead/ball portion of the jewelry at any time.

Check twice daily with clean hands to make sure the balls are screwed on tight on threaded jewelry such as barbells. Both balls tighten to the right.

If you like the piercing leave jewelry in at all times. Even old, well-healed piercings can shrink or close in minutes after having been there for years! This varies from person to person. Even if your ear lobe piercings stay open without jewelry your body piercing may not! Contact your piercer if your jewelry must be temporarily removed, such as for a medical procedure. Monofilament nylon or another inert nonmetallic substance may be able to be inserted to maintain the piercing until jewelry can be reinserted.

Make sure your bedding is clean and changed frequently while you are healing, especially if pets get into your bed.

Wear clean, comfortable, breathable fabric clothing in the area of a body piercing.

A multivitamin mineral supplement containing zinc and vitamin C may help boost your body's healing abilities. Take these according to package instructions.

Get enough sleep, eat a nutritious diet, and avoid undue stress, recreational drugs, and alcohol consumption. The healthier your life-style, the easier it will be for your piercing to heal.

Showering is safer than taking a bath, as bathtubs tend to harbor bacteria. To bathe safely, clean your tub with a bleach product before each bath, and rinse the tub before you fill it. Also, be sure to do a running water rinse on your piercing when you are done in the tub.

In the event that the piercing drains a thick pus discharge instead of the normal liquid secretion, you may wish to see a physician for evaluation and possible antibiotic treatment. If you do have an infection, the jewelry should be left in the piercing to allow for drainage of pus. If the jewelry is removed, the holes can close up, resulting in an abscess.

What to Avoid

Don't use alcohol, peroxide, Betadine or Hibiclens as they are overly strong and drying which can hinder healing. Don't apply any ointment such as Bacitracin, Neosporin or any triple antibiotic ointment on your piercing. These prevent oxygen from reaching the wound and form a sticky residue, which can cause complications. They are not designed for use on healing piercings.

- * Don't over clean. Cleaning more often than once or twice a day is NOT better. This can delay your healing and irritate your piercing.
- * Don't use too many different products; select and use only one cleaning solution (such as Provon or Satin) plus sea salt.
- * Avoid oral contact, rough play, and contact with others' bodily fluids on or near your piercing during healing.
- * Don't use band aids on a healing piercing. They limit air circulation and the adhesive can irritate the surrounding area.
- * Avoiding sleeping on a piercing during the healing time is advised.
- * Don't hang charms or any object from your jewelry until the piercing is fully healed.

Avoid submerging your piercings in water such as pools, lakes, jacuzzis, or other public bodies of water unless you feel confident that it is clean enough for you and an open wound (which is what your piercing is while it is healing). Most bodies of water harbor large amounts of bacteria. If there is sea life, motor oil or children in the water it is not clean!

If you are going to be in water of questionable cleanliness, use a breathable, non water-permeable wound sealant such as Tegaderm or Clean Seals. These are available at drugstores and pharmacies. Applied before you go in, these protect the piercing and prevent dirty water from getting inside the open wound. Cleaning afterwards is not likely to be effective in preventing infection.

Exercise during healing is fine, just listen to your body. Try to avoid activities that put undue stress on the area. Your own sweat and bodily fluids aren't harmful to your piercing, provided you clean as directed.

AFTERCARE GUIDELINES FOR ORAL PIERCINGS

Cleaning Solutions

Tech 2000 diluted with distilled or bottled water (not tap water) according to package instructions as an oral irrigator (two capfuls to one cup of water). An alternative is Biotene or other alcohol-free antimicrobial or antibacterial mouth rinse used according to package instructions. These are available in the oral medications section of most drugstores.

Also: Mild sea salt water rinses. Use 1/4 teaspoon non-iodized (iodine-free) sea salt to one cup (8 oz.) warm to hot water. (Avoid hot water for the first few days.)

Cleaning Instructions

Rinse mouth for 30-60 seconds with diluted Tech 2000 or Biotene (see Cleaning Solutions above) after meals during the entire minimum initial healing time. Do not use more than 4-5 times daily.

Rinse mouth briefly (10-15 seconds) with the mild sea salt mixture (see recipe above) after anything goes in your mouth except water or clean ice. This includes rinsing after coffee, tea, soft drinks, all snacks, and smoking during the entire initial healing time. Salt water should be avoided if you suffer from high blood pressure or heart conditions.

What is Normal?

Swelling of the area is perfectly normal during the first part of healing an oral piercing. It can be greatly reduced by gently sucking (rather than chewing) on clean ice. Chipped or shaved ice, or small cubes are best. The majority of the swelling usually only lasts for 3-5 days.

Any new piercing can bleed off and on for a few days. There can also be some bleeding under the surface resulting in temporary bruising or discoloration. This is perfectly normal and not indicative of any complication.

Some tenderness or discomfort in the area of a new piercing is not unusual. You may feel aching, pinching, tightness or other unpleasant sensations off and on for several days or longer.

Don't be alarmed if you see a fairly liquid, yellowish secretion coming from the piercing. This is blood plasma, lymph and dead cells, which is per-

fectly normal. All healing piercings secrete, it just looks different inside the mouth as it doesn't have a chance to dry and form a crust as it does on body piercings. This is not pus, but indicates a healing piercing.

Plaque may form on tongue jewelry, commonly on the bottom ball and/or post. Scrub your barbell with a firm toothbrush (gently during healing). If you are diligent with oral hygiene the jewelry will **not** need to be removed for cleaning, and it can usually be left in even for routine visits to the dentist.

Piercings may have a tendency to have a series of ups and downs during healing by seeming healed and then regressing. Try to be patient, and do keep cleaning during the *entire* initial healing time, even if the piercing seems healed sooner.

Each body is unique, and healing times can vary considerably. If you have any questions, please contact your piercer.

What to Do

Try to sleep with your head propped up on pillows during the first few nights of healing; keeping your head above your heart will help to avoid much initial overnight swelling.

An over-the-counter, nonsteroidal anti-inflammatory such as Ibuprofen (Advil, Motrin, etc.) taken according to package instructions can reduce discomfort, and it can also help to diminish swelling during the first few days.

Check twice daily with clean hands to be sure the threaded ends on your jewelry are on tight. To clean hands, wash them carefully with liquid antibacterial soap such as Dial or Lever 2000. If your hands aren't freshly washed, don't touch yourself above the neck during the initial healing time.

Replace your toothbrush and make sure to keep it clean so that everything that goes into your mouth is hygienic while you are healing. A sensitive type of toothpaste may be less irritating to your mouth during healing than a usual, stronger variety.

Try to go slowly when you eat and to take small bites when you are getting used to your new jewelry. Cold foods and beverages feel great and can help diminish swelling. Drink plenty of liquids, especially bottled water.

Get enough sleep and eat a nutritious diet. The healthier your life-style, the easier it will be for your piercing to heal.

Once initial swelling is down having your piercer replace the post portion of bar style jewelry with a shorter post may be wise. Jewelry that fits more closely is less likely to irritate your mouth or get between your teeth and be bitten.

If you like your piercing leave jewelry in *at all times*. Even healed piercings can shrink or close in minutes after having been there for **years**! This varies from person to person, and even if your ear lobe piercings stay open without jewelry your oral piercing may not!

Keep following the care procedures during the *entire minimum* initial healing time, even if the piercing seems healed sooner.

What to Avoid

No oral sexual contact including French (wet) kissing or oral sex during the **entire** initial healing period, *even if you are in a monogamous relationship*. (If you had a large cut you would not allow anyone to spit into it! This is essentially the same thing.)

Avoid chewing on gum, tobacco, fingernails, pencils, sunglasses, etc., during healing. Don't share plates, cups or eating utensils.

Reducing smoking or quitting is highly advisable when healing an oral piercing. Smoking increases risks and can lengthen the healing time. Avoid undue stress and recreational drug usage.

Stay away from aspirin, large amounts of caffeine, and alcoholic beverages for the first several days. These can cause additional swelling, bleeding and discomfort. Refrain from eating spicy, salty, acidic, or hot temperature foods and beverages for a few days.

Do **not** play with the piercing for the initial healing time beyond the necessary movement for speaking and eating. The mouth withstands a lot of trauma from normal speaking and eating. Try to avoid other disturbances such as excessive talking, actively playing with the jewelry, or clicking the jewelry against your teeth. Undue stress on the piercing can cause the formation of unsightly and uncomfortable scar tissue, migration and other complications.

Even after healing, excessive play with oral jewelry can result in permanent damage to teeth, gums, and oral structures. Metal is harder than the human body; be gentle.

Do not use Listerine or other mouthwash that con-

tains alcohol. It can irritate the area and delay healing.

Don't use too many different products; select and use only one cleaning solution (such as Tech 2000 or Biotene) plus sea salt.

Oral Piercing Hints and Tips

Some piercees will carry a spare ball in their wallet or purse. This is particularly advisable if you wear non-metallic balls such as acrylic, which is more fragile.

If you break or lose a ball, a small piece of clean pencil eraser can be press-fit onto the post as an emergency measure to keep the jewelry from coming out until a replacement can be obtained.

On barbells/labret studs you may change the ball portion of the jewelry at any time, but the original post should remain until initial swelling is down.

Tongue:

Try to focus on keeping your tongue level in your mouth to avoid biting on the jewelry as you eat. Your mouth is likely to feel uncoordinated at first, but this *will* pass soon.

Try eating small bites of solid foods by placing food directly into the molars with clean fingers or a fork. Food that is already in the back of the mouth doesn't have to get moved there by your tongue.

Gently brush your tongue and jewelry when you are healing. Once healed brush tongue and jewelry thoroughly to keep plaque away.

Lip/cheek:

Be cautious about opening your mouth wide when you eat as this can result in the backing of the jewelry catching on your teeth. Take small bites and go slowly at first.

The outside of the piercing may become somewhat red or pink during healing and this is normal. Refer to the Aftercare Guidelines for Body and Facial Piercings sheet for instructions on how to care for the exterior surface of such a piercing.

Disclaimer

These guidelines are based on a combination of vast professional experience, common sense, research, and extensive clinical practice. This is not to be considered a substitute for medical advice from a doctor. Be aware, however, that many doctors and dentists have no specific training or experience regarding piercing and may not be educated on how to best assist you.

If you do get an infection, the jewelry should be left in, so that pus can drain. If the jewelry is removed, the holes can close up, resulting in an abscess. LEAVE YOUR JEWELRY IN!

PIERCING HEALING TIMES CHART

Below is a table of approximate average healing times for various piercings. Information on the healing time (and the suggested aftercare) should be provided to clients before they consent to be pierced, since the usual healing time range may not meet with their expectations. Make sure to inform potential piercees that human bodies are highly individual and that healing times vary greatly and can not be guaranteed.

Ampallang	4-6 months or longer	Labia (inner)	4-6 weeks or longer
Apadravya	4-6 months or longer	Labia (outer)	2-3 months or longer
Cheek	4-6 months or longer	Labret	6-8 weeks or longer
Clitoral hood		Lingual frenulum	6-8 weeks or longer
Horizontal	6-8 weeks or longer	Lip (side)	6-8 weeks or longer
Vertical	4-6 weeks or longer	Lorum	2-3 months or longer
Clitoris	4-6 weeks or longer	Madison (mid-neck)	6-9 months or longer
Conch	2-3 months or longer	Navel	6-9 months or longer
Daith	2-3 months or longer	Neck (side or nape)	6-9 months or longer
Dydoe	2-3 months or longer	Nipple	2-3 months or longer
Ear cartilage		Nostril	2-3 months or longer
all variations	2-3 months or longer	Prince Albert	4-6 weeks or longer
Earl (mid brow)	2-3 months or longer	Pubic	2-3 months or longer
Earlobe	4-6 weeks or longer	Rook	2-3 months or longer
Eyebrow	6-8 weeks or longer	Scrotum	2-3 months or longer
Foreskin	6-8 weeks or longer	Septum	4-6 weeks or longer
Fourchette	6-8 weeks or longer	Surface piercings	6-9 months or longer
Frenum	2-3 months or longer	Tongue	4-6 weeks or longer
Guiche	2-3 months or longer	Tongue (tip)	4-6 weeks or longer
Hand web	6-9 months or longer	Tragus	2-3 months or longer
		Triangle	2-3 months or longer

JEWELRY

The APP members voted in and approved the following broad Minimum Standards for jewelry to be inserted into new piercings:

APP Minimum Jewelry Standards

Jewelry placed in new piercings must be made of one of the following metals:

In order of bio-compatibility

Surgical Implant Stainless Steel,
ASTM 316L (or LVM) F-138

Surgical Implant Titanium ASTM Ti 6A4V
F-136

Niobium (Nb)

Platinum

14 karat or higher karat solid white or yellow gold

Other criteria for jewelry:

- * Must be free of nicks, scratches, burrs, and polishing compounds.
- * Must have internal tapping (no threads on posts) for 16 gauge and thicker.
- * Must have rounded ends on rings.
- * Must have threads of 1.2 mm for 14 and 12 gauge, and .080 for 10 gauge threaded stem ends.

APP Members agree to uphold these basic minimum standards and use only such jewelry for new piercings.

With the blossoming popularity of piercing a plethora of manufacturers have poured into the market in this field. Many of them know little or nothing about piercing, nor the most basic requirements for safety and quality.

Caveat emptor! The buyer must beware. Do not let low prices be your guide. At this point there is a tremendous quantity of jewelry on the market that an ethical, knowledgeable piercer would find completely unusable.

Jewelry Styles

Many variations on the following basic styles exist. All jewelry placed in body piercings should be practical and safe. Remember that piercings are foreign objects, and for the body to accept them and heal them the highest quality jewelry is imperative.

Bead Rings have a bead fixed at one end of the ring. The ring is opened and closed by bending. This style is suitable for piercings in which the jewelry will basically be left in place and not changed frequently. In sizes 12 gauge or thicker they can require padded or brass-jaw pliers to bend for insertion and removal if the diameter is small.



Captive Bead Rings are the most popular ring style of piercing jewelry. They resemble bead rings, but the bead can be removed and changed. They are more versatile than bead rings, but it is possible that a bead could be lost if it is not inserted properly. There must be enough tension on the bead to hold it securely in place. Large diameter rings in thin gauges may not hold the bead in well due to a lack of sufficient tension on the bead.



Barbells are the usual choice for tongues, ampallangs, frenums and other piercings where a ring would be uncomfortable, or the required diameter of a ring would cause too much friction or be disproportionate to the anatomy. They are most versatile when both threaded balls unscrew and can be changed.



L-Bars or Curved Bars are ideal for navels and other piercings that experience problems with friction but aren't suited to a straight barbell. Also, they are appropriate in areas where the tissue is such that a straight barbell would not conform well to the area.



Circular Barbells are excellent for piercings that, once healed, the jewelry may be removed frequently, such as the Prince Albert. The balls unscrew for easy removal. They are different in appearance but are equally suited as full-circle rings (captive bead rings or fixed bead rings) for most piercings that use ring-style jewelry.



Captive Circular Barbell is a Circular Barbell in which a bead or ball has been added to the center (held in by tension, as is the bead in a Captive Bead Ring). This results in a ring that is a complete circle that has three beads on it. This is versatile as the center bead and the two screw-on balls can be changed easily.



Nostril Screws are based on an old East Indian design. The screw allows the stud to hug the inside of the nostril without injuring the septum or falling out easily. It does not require a backing (that can trap bacteria) as a regular stud earring does. This is more attractive, safer, and superior for comfort. There is a left-bend and a right-bend, depending on whether the jewelry is worn in the left or right nostril, with the tail end of the screw pointing up and away, concealed inside the nostril. Also, the nostril can vary considerably in thickness and this dimension must be taken into account when selecting or custom bending the nostril screw for each client.



Labret Studs have a flat rounded, smooth disc on the back to protect the gums from damage. A post portion goes within the piercing, and a threaded ball, spike, or other decorative object appears on the front.



Plugs and Earlets are used for stretched ear and cartilage piercings. They are either flanged, (flared) or have autoclavable, neoprene rubber or silicone O-rings to secure them; or they have a combination of one of each, on the single-flared eyelet.



Septum Retainers resemble thick staples. They are usually made of charcoal niobium or implant grade steel and are worn in circumstances where the client wishes to conceal the jewelry, such as at work. This style of jewelry flips up and hides within the nose and is virtually invisible.



JEWELRY MATERIALS FOR NEW PIERCINGS

The APP standards for jewelry materials that are appropriate for insertion into a new piercing are:

Surgical Implant Grade Stainless Steel

Surgical Implant Grade Stainless Steel is ASTM 316 L (or LVM) F-138. It is low carbon stainless steel. The high purity of this grade of steel eliminates susceptibility of implants (or body jewelry) to corrosion by maintaining carbon and sulfur within extremely low limits.

This is the only grade that is designated for implant use and it is the only grade of steel considered high enough quality for insertion into piercings.

The concern of nickel sensitivity or nickel allergy reactions to body jewelry is frequently expressed. Even implant grade stainless steel does contain a small quantity of nickel, but there is a lower percentage present than in other alloys of steel.

The main reason this particular grade of stainless steel is so biocompatible is the successful way in which the alloys (elements within the steel) interact. There is an ionic bond between the elements, and so the nickel is largely prevented from interacting directly with the body.

Actual nickel allergies to implant grade steel are quite rare and often misdiagnosed. Far more common are sensitivities to cleaning products, too strong a salt solution, or dermatitis (skin irritation) from adhesive applied to the area.

Surgical Implant Grade Titanium

Surgical Implant Grade Titanium is ASTM Ti 6Al4V F-136. It is a relatively new material for piercing jewelry. It is an extremely inert and lightweight alloy made from titanium, aluminum and vanadium.

Titanium can be anodized to produce brightly colored jewelry. The colors produced by anodizing titanium are formed by the refraction of light off of, and through, the thin titanium oxide layer that is produced through an electrochemical process. These colors are called interference colors. There are no pigments or dyes involved. By combining various surface finishes, striking effects can be achieved. Colored titanium has many medical uses including promoting tissue growth and adhesion, and to help conceal the visibility of implants through the skin.

Niobium and Tantalum

The name Niobium is derived from Niobe, in Greek mythology the daughter of Tantalus, after whom the very similar element (Tantalum) is named. Niobium is an element that was once known in the USA as Columbium (Number 41 on the Periodic Table of the Elements).

Uncolored, polished niobium is a dark silver colored metal that is very resistant to corrosion and is added in small amounts to improve certain types of stainless steel alloys. It can be anodized to a variety of iridescent colors using an electrical charge delivered in an oxygen-rich bath.

As with any anodized metal, the coloration is on the surface, and high friction to the jewelry can result in a loss or alteration of the colors. This is not harmful, but may disappoint clients if they are not informed of this possibility.

Tantalum is the third and least-well known element in the titanium and niobium trio family. It can be anodized like the others in its family, and in implant grade may be appropriate for use in piercings.

Solid 14k or 18k White or Yellow Gold

Jewelry that is less than 14k (which is only 57% gold) is not pure enough and may contain high quantities of alloys that can react with the body. Jewelry that is higher than 18k is likely to be too soft and may warp or scratch, inviting bacteria and damaging the piercing.

Colored gold such as green or red gold contain a much higher concentration of copper and are more likely to result in negative reactions. Colored gold should only be used for beads and decorative attachments, and never for jewelry that may enter the body. Only solid white or yellow gold is appropriate for insertion into the body. Never insert gold-plated or gold-filled jewelry.

The other important factor in addition to the karat of the gold is the specific elements that are in the alloy. If gold is mixed with too much nickel, silver, tin, or other non-bio compatible metals it can irritate the skin and complicate healing of new piercings. Body jewelry should be specifically alloyed to be inert.

Platinum

This very heavy and expensive precious metal is inert and can be used for piercing jewelry. It is a brilliant white color. It is harder to work than other precious metals and styles may be limited as a result of both high metal cost and greater difficulty in manufacturing it.

High-Density, Low-Porosity Non-Toxic Plastics

These include Tygon tubing and Polytetrafluoroethylene (PTFE). Both materials are autoclavable, and come in a variety of sizes very close to the gauges commonly worn in body piercings. They are sized by thousandths of an inch, rather than the Brown and Sharpe or American Standard gauge sizing generally used by American piercers.

PTFE

This inert plastic comes as a solid rod and uses tapped balls. As the ball is screwed onto the end of the PTFE the tapping inside of the ball cuts into and threads the plastic rod to keep the ball in place. These can be useful in medical situations where no metal jewelry can be worn.

Tygon (S-54-HL)

This micro-bore tubing is used in many medical applications and comes in approximately 14, 12, and 10 gauge sizes. The tubing has a lumen (hollow center/hole) that male barbell balls can self-thread into, creating a barbell style of jewelry that can easily be cut to size. Tygon should be changed every one to two months.

JEWELRY MATERIALS FOR HEALED PIERCINGS

When used and cared for responsibly, the following materials are appropriate for healed piercings, although some individuals may experience sensitivity to one or more of these:

Tempered Glass (Pyrex)

In pieces larger than 6 gauge, pyrex plugs are safe and comfortable, especially for wear in stretched earlobes. Caution should be exercised with thinner pyrex jewelry or long/curved styles, as these may be more susceptible to breakage. Pyrex is autoclavable.

High-Density, Low-Porosity Non-Toxic Hardwoods

Hardwood plugs are a popular and comfortable choice for some clients who have successfully stretched ear piercings to a large size. Because many types of wood and lacquers can be toxic, it is important to purchase wood plugs from knowledgeable, reputable manufacturers. Wood is not usually autoclavable so each piece should be for dedicated use by only one wearer. Accepting returns or exchanges on purchased wood products is not appropriate.

High-Density, Low-Porosity Non-Toxic Plastics

Although there is some controversy surrounding long-term wear of acrylic jewelry, most clients find that a new, clean piece of FDA-approved acrylic is a fine choice for a piercing that has been stretched, or is in the process of being stretched. Sensitive clients may do better to wear metal or hardwoods. Acrylic can crack or shatter if treated with alcohol or Madacide, and when worn in the mouth. Acrylic is not autoclavable and should be considered appropriate for one-person use only.

Manufacturers

A growing number of jewelry manufacturers are forging alliances with the APP to supply the highest quality jewelry made for body piercings. Although it is not a requirement for member piercers, patronizing APP-supporting manufacturers is suggested for two reasons: your business will encourage these manufacturers to continue their mutually beneficial association with the APP (including Member discounts) and you will receive the highest quality jewelry for your studio.

JEWELRY TO AVOID

Jewelry designed for earlobe piercings is never appropriate in body piercings and often isn't even well designed for use in earlobes. The designs are usually poorly suited for safe or comfortable wear in body piercings. The materials and workmanship are often inferior and the wires are much too thin, causing discomfort and a "cheese-cutter" effect that can cut or tear the piercing.

Gold-filled, Gold-Rolled or Gold-Plated

These are completely unacceptable for wear in body piercings. Only a very thin layer or very small percentage of gold is used in these products. Underneath the gold is either an inferior metal (i.e. nickel or aluminum) or an under-plating of nickel or copper (to help the gold adhere to the steel). This thin layer can quickly wear off, leaving sharp edges and exposing the poor quality metals underneath.

The plating process is often achieved in a cyanide bath or a mercury amalgam, creating the potential for these two highly toxic chemicals to contact the body and leach into the bloodstream.

Silver

Even pure silver is not appropriate for use in body piercings. Silver reacts with the sulfur in the body to break

down, tarnish (rot/oxidize). Many piercees will find that even if they can wear silver comfortably in ear lobe piercings, other areas of the body cause faster oxidation of the silver, and more irritation to piercings.

Most pierced anatomy is in regions more reactive than ear lobes, being more glandular, damp, or otherwise not amenable to the presence of silver.

Other Grades of Stainless Steel

These might include the 400 series, 302, 306, and high-carbon steel, all of which are inappropriate for piercing jewelry. Many of these grades of steel break down or corrode when in contact with saline, which is a primary component of the human body.

All manufacturers allied with the APP have provided Mill Certificates to authenticate and confirm the high quality of metal they are using. If your jewelry manufacturer has not allied with the APP, request Mill Certificates from your manufacturer. They are required by law to provide these documents that detail the composition of the metal.

Aluminum

This metal resembles niobium, but is not appropriate for use in piercings. Aluminum has been implicated in contributing to Alzheimer's Disease, and is not suitably inert or biocompatible for use in the body.

Organic Materials

It is generally not appropriate to insert wood, bone, horn, leather or other organic materials into a new piercing.

Jewelry Quality

Important quality issues relate to the equipment used, and the abilities of the manufacturer, regardless of the material(s) used. It is very common for piercers and clients alike to forget that jewelry quality, not cost, should be the deciding factor. There are certain criteria by which to judge the manufacturing quality of the jewelry:

Polishing

Piercing jewelry must be polished to a mirror finish. Look carefully for tiny tracks indicating insufficient polishing. Jewelry that is not highly polished will be more porous and that can result in healing delays and complications as well as additional discomfort.

Piercing jewelry must be free of toxic polishing slurries or compounds. These appear as blackish deposits

near a fixed bead or in the threading. All jewelry must be free of nicks, scratches, burrs, and polishing compounds.

Annealing

Annealing is a heat treatment that tempers metal, making it more pliable and easier to open and close. Annealed jewelry does not need to be opened forcefully with pliers, reducing the risk that it will be scratched.

Jewelry that is well annealed should be able to be opened with finger pressure only in sizes such as 14 gauge 1/2" diameter and 12 gauge 5/8" diameter. There will still be more than enough tensile strength to hold in a captive bead.

Jewelry such as captive rings or fixed bead rings is made from wire that is wrapped in the manufacturing process. This wrapping can change the molecular structure of the metal. It should be annealed to restore it to its pre-wrapping grade.

Shaping

Rings should be perfectly round and bars perfectly straight, without warping or irregularities. Jewelry with numerous or sharp angles that must pass through the piercing is inappropriate.

Threading

Professional piercers agree that internally threaded jewelry is much safer for piercings. External threads may tear new tissue, trap bacteria and release polishing materials into the piercing. Balls for tapped/threaded jewelry thicker than 16 gauge should be countersunk so the bead fits onto the end of the jewelry more closely. This will serve to further reduce the risk of bacterial collection and discomfort.

Machining

Many people currently manufacturing body piercing jewelry are amateurs who don't have the knowledge or skill to produce well-machined jewelry. Beads and posts should be drilled to match, and should not be off-center.

Check for gaps between the ball and post that could retain bacteria and signify poor drilling. Likewise, ends of rings and posts should not be blunt or sharp, but smoothly rounded for painless insertion.

Proportion

Many manufacturers try to save money by using one standard bead size for every gauge of jewelry. Beads

should always be proportionate to the jewelry on which they are worn.

MSDS/Mill Certifications

Jewelry manufacturers should be pleased to provide you with the material safety data sheets (MSDS) and/or Mill Certifications that verify the quality of the metal stock that is being used for the jewelry. It is required by law that these be provided to the purchaser of the metal stock.

Jewelry Size

Inexperienced or uncaring piercers frequently insert inappropriately sized jewelry into new piercings. Each body is unique and a skilled piercer will select the appropriate gauge and diameter/length of jewelry for the specific anatomy of each individual client.

Remember that the piercing is permanent, but the jewelry can always be changed. The jewelry should be selected to fit the piercing, rather than altering the piercings placement to accommodate the selected jewelry. Each piece of jewelry is measured using two proportions:

Gauge

This is the thickness of the metal wire. Most American piercers use the Browne & Sharp/American Standard wire gauge sizing system. Some manufacturers create their own gauge sizing system. European countries and others often measure jewelry thickness by millimeters using the metric system.



Diameter

This is the width of a ring, or the length of a bar. It is measured from the inside of ring style jewelry at the widest point. Similarly, the length of a bar post is measured from end to end, to encompass only the size of the bar itself. Barbell balls are not included in the measurement.



THE PIERCING GUN

APP members utilize techniques for body piercing that include sterile instruments and disposable piercing devices (i.e., needles). The use of an ear stud gun is **not** part of the practice of APP Members. Therefore discussion of the ear stud gun is not a part of the APP Procedural Manual.

ETHICS AND LEGALITIES

It is widely accepted that the following ethical standards should be adhered to in every piercing establishment. In some cases local or state laws will exceed these standards.

We suggest that every piercer consult with an attorney in his/her state to determine what applicable state and local regulations may influence how these standards will be applied in your studio.

Personal Boundaries

APP literature outlines a client's rights with regard to piercing services. The piercer also has the right to expect appropriate behavior from his/her clients. These boundaries are to protect the piercer (and the client) from potentially dangerous or inappropriate situations. The following are reasons a piercer may decline to perform a particular piercing, reschedule or abort a piercing, or dismiss a client permanently:

- * The client appears intoxicated, behaves erratically, or is not in full possession of his or her mental or physical faculties.
- * The client maintains poor personal hygiene that could compromise the well being of the piercing and/or that affects the comfort level of the piercer.
- * The client makes comments or gestures of a sexual or otherwise inappropriate nature.

Piercers are Not Perfect

No piercer, however experienced or skilled, is perfect. Unfortunately, some piercings will be poorly placed, jewelry transfers will be missed, and items will be dropped. Piercers should always handle these situations with professionalism, honesty, and tact.

Piercing is a service profession. The piercer should take responsibility for the error and correct it to suit the client's needs and preferences. It is inappropriate and most unprofessional to blame the client (telling the client,

"It's crooked because you moved.")

If the client is displeased with the results or if you determine the piercing may not heal successfully due to an inaccuracy in placement, it should be abandoned.

If you have made a mistake it is appropriate to offer additional services free of charge. If the client has experienced undue discomfort it may be reasonable to offer an additional discount, free piercing, or jewelry.

Determining Appropriateness of a Piercing

Sometimes it is inappropriate to perform even the most standard piercing. A piercer should politely refuse to perform a piercing that could be dangerous, ill suited, unsuccessful, or for which they are not trained.

The following are examples for which a second opinion, in some cases from a piercing-friendly physician, may be needed before proceeding:

- * There is an obvious skin or tissue abnormality that may include but is not limited to rashes, lumps, bumps, scars, lesions, moles, freckles, and/or abrasions
- * The client has impending plans to become pregnant and wishes to get a nipple, navel, or other piercing
- * The client wants to pierce irregular or surgically-altered anatomy, or the client is unsuited due to occupational, recreational, or environmental factors
- * Surface-to-surface, or other frequently unsuccessful (commonly rejected by the body) piercings
- * An individual has a heart murmur, diabetes, hemophilia, auto-immune disorder, or other medical condition(s) that may negatively influence the piercing procedure or the healing process
- * An individual with heart valve disease (such as mitral valve prolapse) should consult their physician for prophylactic antibiotics
- * It is advisable to refrain from piercing during pregnancy to allow the body to focus on the important, complex, and demanding task that it is handling already

Techniques

Techniques vary considerably from piercer to piercer. Some will utilize tools such as forceps and needle receiving tubes, or special hand positioning that allows for freehand piercing.

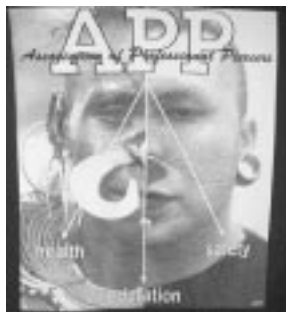
Most piercers will combine knowledge of various techniques, use of tools, and hand placements in the way that works the best for them in that particular piercing situation.

The most fundamental aspects for the evolution of a piercer's personal style are proper training, continued education, and an open mind.

New procedures and techniques should not be undertaken merely for the sake of innovation or emulation. Piercers should be thoroughly trained and well skilled in the basic procedures before attempting more difficult methods, thereby ensuring both client and piercer safety.

Appropriate Placement

For thousands of years, tribal people around the world have made similar choices in piercing placements. This is not because of a lack of creativity, but because of the superior suitability of certain anatomy.



As piercing has resurfaced in the global community, new information on anatomy, jewelry, and asepsis have made possible piercing placements not previously considered.

All piercing placements, old or new, should be decided by anatomical suitability and overall safety.

Piercing placements that are 'new' should not be invented for the sake of personal aggrandizement or novelty. Of course, no field progresses without cautious experimentation. Any trials should be a matter of personal consideration and not involve the general public. It is neither safe nor professional to use paying customers to test techniques or placement theories. Experimental piercings should not be introduced to the paying public or the press until they have proven to be successful and safe for a sufficient percentage of individuals.

Piercing liability insurance providers may refuse to cover experimental piercing placements. For more information, contact your insurance provider directly.

Off-Site Piercing

Piercing at music festivals, nightclubs, conventions, and street fairs may seem like a fine way to build clientele. Guest piercing at someone else's studio might seem like fun. However, these situations may encompass pitfalls that must be avoided for a piercer to maintain appropriate hygiene standards, ethics, and reputation.

When piercing in a public space, it can be more difficult to distinguish between inebriated and sober clientele. False identification is common and conditions are not conducive to hygienic piercing practices or the safety and cleanliness of a fresh piercing. In such places, piercing can take on the freak-show element that is distasteful to most professional piercers. Many piercers avoid public piercing altogether and this is a valid option.

Wherever you work, the setup needs to be no less hygienic than your business studio. This means nonporous flooring, a fully enclosed piercing room, stainless steel trays, an autoclave, sharps containers, and all hygienic practices that are required in a studio. If you are unable or unwilling to make the investments of time, money, and research to assemble and move a full piercing studio, it may be inappropriate for you to be piercing off-site.

Competitiveness

The rapid rise of popularity in piercing has led to much competitiveness between piercers. In some cities, piercing studios can be found two to a block. Studios will have different levels of health and safety awareness. It is easy to become frustrated and engage in negative interactions with competitors, especially if you feel that you are the more informed, conscientious piercer.

Piercers should strive to maintain a genuinely professional demeanor with all other piercers, including competitors. This will facilitate the exchange of information and enhance progress for the industry and all parties involved.

It is very important to remember that anything you say about a competitor, even though it may be true, can be held against you in the event of a libel or slander lawsuit. It is preferable and most professional to show concern for your client's health and safety by giving them a checklist of things to look for at any piercing studio, including your own.

Such a brochure is available from the APP. It is entitled *Picking Your Piercer* and it can be ordered directly from the APP website at: www.safepiercing.org.

Paperwork & Business Documentation

Professional piercers should obtain and keep on file a release/consent form for every service performed within the studio. This includes piercings, stretchings, and insertions. This should be done regardless of whether it is required by legislation and/or your insurance.

The consent form should state that the client requested the piercing (i.e., you did not pierce him/her without consent) and you informed the client about how to properly care for the piercing.

While release forms do not prevent legal action, they do provide evidence that you have made an effort to educate your client, and to operate a legitimate business.

Sample release form:

To induce (company or piercer's name) to pierce my (name of piercing/anatomical region of piercing) and in consideration of doing so, I hereby release (company or piercer's name) from all manner of liabilities, claims, actions and demands, in law or in equity, which I or my heirs might have now or hereafter by reason of complying with my request to be pierced.

To ensure proper healing of my piercing, I agree to follow the written aftercare guidelines until healing is complete.

I understand that this type of piercing usually takes (healing time) or longer to heal. I have signed this release on (date). I declare under penalty of perjury that the above is correct.

The signature of the client must be at the end of this statement, not prior to it.

The release form should also contain records of the following information from the client:

- * Valid photo identification number, and type (state issued driver's license or identification card, Passport, or Military identification)
- * Date of birth
- * Allergies, particularly to Iodine, Latex, or other products routinely used in your studio during a piercing
- * Consumption of alcoholic beverages or other intoxicants within the last 8 hours
- * Information on recent intake of any medications such as blood thinners (Coumadin, Warfarin, or Lovenox), aspirin, ibuprofen, or other NSAIDs
- * Disclosure of whether the client is under the care

of a physician for any condition that might affect the procedure or healing process

- * Consumption of food within the last 4 hours (clients should eat before being pierced to avoid low blood sugar/ vaso-vagal reactions)
- * Diabetes, hemophilia, or other medical condition(s) that may affect the piercing procedure or healing (if inquiry is allowed by law)
- * Any other information required by state or local authorities or insurance provider

In certain states it is not legal to ask about a client's medical history including Hepatitis, STDs, or HIV, status on a release form; in other states it is a requirement. Check your local laws for compliance.

Piercing-specific liability insurance providers may require you to use one of their release forms, with slightly different wording. Legally suitable wording will also vary by state and even by county, so it is advisable to consult an attorney when drafting release forms. Check and uphold your local laws.



It is prudent to store paperwork indefinitely. Note and follow any state laws for minimum requirements.

Additional details should be added to release forms for the following circumstances:

- * Piercings of minors
- * Piercings done off-site (at clinics, conventions, etc.)
- * Insertion of a client's own jewelry

Minors

Laws regarding the piercing of minors vary by location. In the United States, the legal age of consent or legal responsibility is usually 18 years of age. A minor's body is the legal responsibility of his or her parent, or legal guardian. Additionally, any contract (i.e., a release form) signed by a minor, and not by the person legally responsible for them, is not legally binding. For these

reasons, significant caution is required when piercing minors, even on the earlobes.

A child who cannot comprehend the procedure and consequences should not be pierced under any circumstances. On an infant, the body is still developing (this includes ear lobes) and a baby is obviously unable to care for a piercing.

Some piercers agree to pierce babies or children, thinking to save them from the ear piercing gun. It is important to remember that we as professionals are responsible for only our own actions and cannot be accountable for how people choose to treat or raise their children.

The best course of action is to provide parents with all pertinent information about health and safety.

Minors age 16 and up may be eligible depending on circumstances, studio policy and local laws for the following piercings, with consent and release of the parent or legal guardian:

- * Ear Cartilage * Navel * Oral/ Facial
- * Nostril * Eyebrow

Other piercings are either potentially dangerous, unethical to perform, or problematic to heal.

Under no circumstances is it acceptable, nor is it appropriate for a piercer to perform piercing on the nipples or genitals of an individual under 18 years of age. This is ethically unconscionable and may even be deemed sexual assault in a court of law. This may apply to oral piercings in some states.

For any piercing of a minor, a parent or legal guardian must be present to sign a consent form. Proof-positive, state issued photo identification is required from the legal guardian, and a bona fide form of identification from the minor. In the event the parent has a different last name and/or address from the child, documentation is needed to prove the relationship, i.e., divorce papers, or a remarriage certificate.

A unique single exception would be an emancipated and/or married minor who presents positive proof of their legal emancipation and/or marriage. They are then, in certain states, for practical and legal purposes considered to be an adult. Check your local legislation regarding emancipated/married minors.

A valid business practice is to simply refuse to pierce anyone under the age of 18. Many studios follow this policy.

It is wise to check with an attorney in your state to clarify the letter of the law when deciding your studio's policy on this matter. Once you have developed a policy that is comfortable and works well, be consistent.

Photos displaying genital piercings may be considered pornography in the hands of a minor. If minors are allowed in the studio, having two separate, well labeled, albums available for display is advisable.

Small children should never be allowed in the piercing room.

Drugs and Alcohol

Being under the influence of drugs and/or alcohol is never appropriate for either party involved in a piercing procedure.



A piercer must be focused and in control. Any piercer who feels it is acceptable to work under the influence of drugs or alcohol is reprehensible, unprofessional, and a menace to him/herself and his/her clients.

A piercer who is addicted to alcohol or drugs, even if s/he does not appear influenced at work, is a serious potential hazard.

Even for a skilled and focused piercer, it is dangerous to work on a client who is under the influence of drugs or alcohol.

- * S/he may bleed more heavily
- * S/he may faint or vomit
- * S/he may not be able to communicate vital information to the piercer or may be unable to follow important instructions from the piercer
- * S/he may move suddenly, endangering the piercer and him/herself

Ethical considerations need to be addressed. First, a medicated or inebriated individual is not legally able to give informed consent. Any consent obtained under such conditions is not a binding contract. Further, the client, once sober, may regret the decision made under altered consciousness.

Piercers should agree to pierce only sober, consenting clients who appear to be in full possession of their mental and physical faculties.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) COMPLIANCE

OSHA is a federal agency that monitors and regulates worker safety for all businesses with one or more employees. Whether piercing-specific legislation has passed in your area or not, OSHA has explicit requirements that directly relate to piercing, and apply if you have even one employee.

Since federal and state regulations may apply, it is important to inquire about the most relevant information for your area. To comply with OSHA requirements, piercing studios with one or more employees must meet these standards:

- * Observation of Universal Precautions for Bloodborne Pathogens
- * Listing of standard operating procedures (such as the manual you are reading), detailing:
 - * Exposure control plan
 - * Exposure determination
 - * Engineering controls
 - * Work practices
 - * Housekeeping
- * Personal protective work clothing and equipment, where appropriate, provided by employer
- * Regulated biohazard waste disposal
- * Communication of hazards to employees (written and verbal)
- * Record keeping/documentation
- * Appropriate information and training
- * Adequate decontamination and disinfection
- * Employer-provided Hepatitis B vaccine
- * Accurate reporting of all exposure incidents
- * See the text of the Bloodborne Pathogens Standard in this book.

Piercer Training

The APP does not have any official requirements in this particular area, since there are many different ways to develop proficiency in piercing.

Some piercers learn to pierce by trial and error, by observation of a video, studying a magazine, and/or by attending a seminar or training class. The piercer is lim-

ited in that each of these methods provides incomplete or inadequate training.

It is widely agreed that an apprenticeship is the best way to most thoroughly and scrupulously learn the art of piercing.

What is an Apprenticeship?

An apprenticeship is defined as a specific period of guided progress through the basic, intermediate, and advanced levels of piercing training. During an apprenticeship, the novice piercer should do the following:

Locate a suitable apprenticeship in a reputable studio under a well respected, highly skilled, and experienced professional.

Attend a bloodborne pathogens training class, such as that given by OSHA, The Red Cross, or The National Safety Council.

Attend a First Aid/CPR class, such as that given by Red Cross or the YMCA.

Spend a minimum of three months full time as a trainee, learning sterilization, disinfection, cross contamination avoidance, and other health and safety issues before piercing.

Spend a minimum of six months to one year in full time supervised training as an apprentice before achieving the title of piercer. The location, volume, and studio standards will help to determine the duration of an apprenticeship.

Observe all procedures before attempting them, and attempt a new procedure only with close supervision by a senior/training piercer.

Learn customer service, appropriate jewelry quality and selection, aftercare procedures, and troubleshooting.

Attend a reputable training seminar of four days or longer. The course should include lectures on anatomy, safety, hygiene, techniques, and hands-on piercing experience. Some states have passed legislation that requires courses in anatomy, and/or physiology be taken in order to be licensed for piercing.

Perform new piercings in order of relative difficulty, depending on client availability, mutual comfort level, and individual anatomical considerations. Progress to more advanced piercings over time. After sufficient experience is achieved and proficiency is demonstrated, at the supervisor's discretion, the apprentice may begin to perform the most difficult or advanced piercings.

Apprentice Training Facilities

If you plan to train an apprentice, note the following:

The apprentice will probably interpret your methodology and techniques as the “right” way to pierce. If you are producing the next generation of professionals, be sure to pass on current and correct information.

Choose your apprentices carefully because your reputation will continue to be affected by their actions as they practice piercing for years to come.

The APP does not specifically monitor the way piercers train their apprentices. However, the following criteria are suggested for studios offering apprenticeships:

- * Compliance with appropriate state and local regulations, including business and piercing-specific licensing
- * Liability insurance coverage for the studio, senior/training piercer and/or apprentice
- * A senior or training piercer with at least four years of full-time piercing experience
- * Apprentices should not charge full price for a supervised piercing; a small materials fee or a half price fee is more appropriate and professional
- * If an apprentice is an employee, he or she should receive wages in accordance with federal and state requirements

Merely attending a seminar is not sufficient training to make one a professional piercer. The seminar should set the foundation to prepare one to undertake an apprenticeship.

TITLES

Establishing standard job titles related to levels of piercing expertise is difficult because misunderstanding and abuse of these terms is widespread. The definitions used by the APP are as follows:

Apprentice/Trainee

During first year of piercing, all individuals are considered to be apprentices or trainees. During this time, the individual is learning basic concepts and skills that set a firm foundation for the future.

Piercer

A piercer is an individual who has pierced full time for a minimum of one year and can confidently and accurately perform most common piercings. A supervisor

and/or a network of experienced piercers who can answer questions as they arise is appropriate during this phase. He/she should still have a trainer or peer observe and assess his/her piercings from time to time.

Senior or Training Piercer

A senior piercer has been piercing full time for four or more years and behaves in a manner befitting a role model at all times. S/he is modest but in possession of a vast body of information and experience. A senior piercer continues to actively seek out new information, constructive criticism, and ideas from others. A senior piercer is an educator, willing to share knowledge with others by networking, writing articles, or training an apprentice.

Master Piercer

This title has been abused to the extent of near meaninglessness. A master piercer is an individual with more than five years of full-time piercing experience, who has been acknowledged by the piercing community for a substantial contribution to the field of piercing. S/he is comfortable enough with her/his abilities that s/he has no need to rely on the title, and so ironically rarely claims it. The proficiency that makes one a master piercer requires constant diligence and a relentless pursuit of excellence.

Continuing Education

Piercing is not a static skill. To maintain one's abilities it is crucial to acquire continuing education throughout one's career.

Piercing seminars are not just for novices. A true professional will seek out training seminars, not only for new information, but also for the much-needed review of old facts, principles, and practices.

OSHA requires that employees with an occupational risk of exposure to bloodborne pathogens receive annual training. There are a number of agencies from which to choose, but few actually relate this course work information to the piercing environment. Choose a class that will provide relevant applications of this knowledge and that offers information such as prevention of disease transmission, infection control and sterilization skill training.

The American Red Cross, YMCA, hospitals and clinics offer training in basic First Aid, CPR, and advanced emergency training.

Massage schools are a valid resource for piercers to learn about grounding, touch, and bedside manner.

Community colleges are a good place to find inexpensive college-level anatomy & physiology courses. There are also many fine anatomy texts, CD-ROMs and videos on the subject of the human body. Numerous websites also contain relevant information.

EMERGENCIES

Being Prepared in the Studio

All piercing shops should have at least one first aid kit that is well stocked, familiar and available to all staff, and that is used for emergencies only.

At a minimum, the kit should contain;

- * Antiseptic ointment
- * Plastic Bags
- * Blanket (emergency type)
- * Scissors and Tweezers
- * Small Flashlight with extra batteries
- * Band Aids (assorted sizes)
- * Cold Packs
- * Gauze pads (2x2 & 4x4)
- * Roller Gauze (1 and 2 are good sizes)
- * Gloves
- * Triangular Bandage
- * Candy, glucose tablets
- * Hand Cleaner
- * C.P.R. mask
- * Adhesive Tape
- * Roller Bandage



Each of the piercing stations or rooms should also be emergency equipped. These kits should contain at least the following;

- * Small flashlight /extra batteries
- * C.P.R. mask
- * Hard sugar candy and/or packed orange juice, or glucose tablets
- * Band Aids
- * Cold pack



Some emergencies in the piercing studio can be avoided by being prepared. The piercing release form can provide relevant information about the health of the customer that can alert the piercer to potential problems.

However, the release form cannot be used to gather information about the health status of a customer if the question is a violation of the person's right to privacy. Questions such as, "Are you prone to fainting?" or, "Are you diabetic?" can provide information that is important to know.

Asking a person, "Are you HIV positive?" is a violation of the right to privacy and in most states is prohibited by law.

In a professionally run shop, OSHA safety standards will be observed and Standard Precautions employed. Therefore, information gained by the answer would have absolutely no bearing on the procedure of any service provided to that customer.

Knowing how to respond appropriately is important if a customer faints or a diabetic suffers an insulin reaction (see Special Circumstances section).

Fainting

It can happen occasionally that a customer will pass out or faint before, during, or after a piercing. For some people, even the filling out paperwork at the counter and picking out jewelry results in their feeling faint.

Answers to a question on the release form regarding whether a client has a history of fainting can be very helpful to the piercer in preparing for that possibility.

It is important to understand why some people lose consciousness (pass out). A common misconception is that low blood-sugar levels specifically cause this reaction.

Fainting is frequently caused by a loss of blood flow to the brain. Most often this is a response triggered by the Pneumogastric or vagus nerve, called a vaso-vagal response. The occurrence of fainting is more likely if the client has consumed excessive caffeine, or certain prescription drugs. Also, if the client has not eaten a meal within 4 hours and the stomach is empty; if the weather is very hot and/or humid, if the client stands up too soon after being pierced, the client has not slept well, has a high anxiety level, or any combination of the above.

A client may faint or become light headed at any time. It could happen while browsing at the front counter, being marked for the piercing, during the actual piercing or several minutes after the piercing.

Beware that a client's companion may also faint! Keep watch on all people who come into your business and maintain control of the environment so that a fainting person will not surprise you.

Observant employees and piercers can often spot a person who is having trouble. Symptoms that are frequently seen are:

- * Pale complexion
- * Headache or blurred vision
- * White or blue lips
- * Crying
- * Nausea
- * Trembling
- * Inability to concentrate, irritability or confusion
- * Excessive perspiration
- * Drowsiness, dizziness, or lack of coordination

Whether it is the client or an onlooker experiencing the difficulty, the course of action should be the same. If the person is not in a supine (feet elevated above the heart) position, place them in such a posture.



Or, if they are seated, bend them forward, so the head is between the knees. Continue to talk to them, reassure them, and offer cool water, candy, juice, and/or glucose tablets. A cold compress on the forehead, wrists and/or back of the neck may help. An actual loss of consciousness can often be prevented with these measures.

If the client does “pass out” do not give them any sort of inhalants such as ammonia. These are considered a last resort. That is, they are only to be used if the person remains unconscious for more than two minutes, which is rare.

DO NOT attempt to put anything in their mouth. Move away any object that may cause injury to the person. Some shaking or twitching is not unusual with fainting.

Most often the person will “come to” within a few seconds. However, a few seconds can seem extraordinarily long, so it is important that you remain calm and aware. It is possible that they can still hear you, although they may be unable to respond. Attempt to achieve communication by saying their name calmly, and not too loudly.

People are often very confused when regaining consciousness and may not know who you are or where they are, or what has taken place. Tell them know where they are and what has happened. Do not let them jump up and leave the building. Although this is a very common reaction, it is ill advised. People are sometimes ashamed that they have fainted and therefore want to leave immediately.

Turn off or dim bright lights in the room. The application of an ice pack to the forehead or back of the neck and/or a cool drink of water can be helpful in reducing the sense of being too warm. Have the person lie quietly for a few minutes.

As they begin to feel better, first have them sit up for a few minutes. Several minutes later you may allow them to stand up. If at any point they begin to feel unstable or unwell, have them lie down again. Stay with the person as long as necessary, and call for assistance from a co-worker if needed.

If this should happen during a piercing, **first, secure the needle.** It may be acceptable to attend to the piercee and finish the jewelry insertion later. If the presence of the needle may endanger you or the client, as with a tongue or lip piercing, immediately remove the needle and deal with the situation at hand.

It may not be wise to proceed with the piercing even when the customer is fully recovered. Discuss these concerns with the customer and if necessary, suggest they make the appointment for another day.

Emotional disturbances or panic attacks can often take on the appearance of a serious physical condition. It is important in these instances not to draw undue attention to the situation. Such episodes are often humiliating for the client. A quiet place to sit, a drink of cool water, and a self-administered dose of whatever medication has been prescribed for the condition (where applicable) is generally all that is necessary to resolve the situation.

LOSS OF CONSCIOUSNESS

Special Circumstances

The types of client reactions most often handled in a piercing studio are in no way life-threatening. There are, however, certain circumstances in which the symptoms discussed above including a loss of consciousness may be the result of a more serious physical condition.

The knowledge gained through the required First Aid/CPR courses will increase the piercers awareness of appropriate steps to take in an emergency, and thereby increase the confidence level of the individual should an emergency occur. The following are a few potentially more serious conditions about which all piercers should be aware:

Diabetes is not an infectious disease. It is a condition that has to do with the body's inability to effectively produce insulin in response to blood sugar. Some diabetics can control their diabetes by diet and others require medication.

Insulin reactions occur when the blood sugar level is too low. This could be caused by nervous or emotional tension, strenuous exercise, too little food or a delayed meal. Consumption of food will raise blood sugar levels.

Customers should be asked to record on the release form whether they have eaten within the previous 4 hours. Should the symptoms (listed under the Fainting section above) appear, it is critical that the diabetic receive immediate assistance. If no treatment is given, this becomes a life-threatening event.

Most diabetics are aware of their blood sugar levels and will ask for assistance when needed. Provide the customer with some form of sugar. This can be fruit juice, several pieces of candy, sugar, or soda pop (not diet). Improvement should be seen within about 10 minutes. If the condition does not improve, call Emergency Medical Services (EMS).

Heart disease afflicts an estimated 70 million Americans. Of the nearly one million deaths annually attributed to cardiovascular disease, more than half result from heart attacks. A person is just as likely to suffer a heart attack in your studio as anywhere else. CPR training courses outline the proper procedures for a person suspected of suffering from a heart attack.

Seizures involve convulsions and intense shaking of the body with aggressive, jerky outward movements. This is much more serious than simply passing out and

you should call 911. The affected party may also urinate, defecate, or vomit. This is uncommon, but natural. Maintain professionalism and try not to make the client feel embarrassed about such an occurrence. Seizures may be caused by an acute or chronic condition. One chronic condition is known as epilepsy. Epilepsy is usually controlled with medication. Still, some people with epilepsy may have seizures from time to time. Just as with someone who has merely fainted, make the area safe for the client, removing any nearby objects that may cause injury. Place a thin protective cushion or article of clothing under the head and try to turn them onto their side. **DO NOT** attempt to hold or restrain the person or place anything in his/her mouth. Again, CPR/First Aid courses will outline in detail the proper steps to take if this occurs.

NEEDLE STICK ACCIDENTS

One of the risks of faced by professional piercers is the possibility of an accidental needle stick with a contaminated (used) piercing needle.

A professional piercer who remains focused, alert, and in control of the environment will greatly minimize the possibility of this event.

To prevent needle sticks:

- * Know the location of all needles at all times. Once removed from its sterile packaging and used, never set it down or obscure it from vision.
- * Dispose of any unnecessary gauze, paper products and packaging before piercing. Don't clutter your tray.
- * Don't rush when using, handling or disposing of needles. Focus on your task.
- * Never have more than one needle out of its protective packaging at a time.
- * Do not confuse insertion tapers and piercing needles.
- * Remain in control and do not pierce customers who are unprepared or overly nervous.
- * Do not pierce if you are ill, overly tired, or if you haven't eaten for a prolonged period of time. Be at your best, awake and aware.
- * Examine all other equipment such as corks, gloves, and rubber bands. Flaws and failure of these to perform as intended can lead to needle sticks.

- * Practice skills such as forcep and cork holding techniques.
- * Don't resterilize if a needle gets contaminated without being used. Dispose of it in the Sharps container.
- * Do not recork the needle. If the cork is on the used needle, do not remove the cork before disposal.
- * If it is necessary to remove the cork (in order to remove forceps) rock the cork back and forth; never pull it off the needle.
- * Never put fingers or hands in the path of the needle or use excessive force to drive the needle into the cork.
- * Dispose of used needles in Sharps containers immediately.
- * Don't force needles into full Sharps containers.
- * Replace Sharps containers as needed and never remove anything from a Sharps container.
- * Do not reach into contaminated instrument trays. Carefully dump them out and then sort the contents.

By observing the same precautions in the piercing room as in the sterilization area, and having a clearly written shop Exposure Plan, much can be done to minimize the fear and uncertainty that often follows a needle stick.

If, despite all precautions being observed, a needle stick occurs:

- * Secure the needle to prevent additional sticks. If necessary, call a co-worker to finish the procedure.
- * Wash the area for several minutes with antibacterial liquid soap.
- * Rinse and bandage the wound.
- * Remain calm.

Take some time to calm down before returning to the piercing room if you are unable to have a co-worker stand in for you.

You may or may not feel that it is appropriate to ask about a client's health status, particularly regarding Hepatitis and HIV. In some States, it is **illegal** to ask, and many clients do not know or may not be honest about their status. When asking the client, avoid a judgmental approach, and explain clearly that you, and not they, are the party at risk.

Immediately follow OSHA's mandatory reporting format, and also review what your shop Exposure Plan instructs you to do. Follow through with all of the steps in the plan. Failure to do so in a timely fashion may result in an illness that will affect you for the rest of your life.

Mentally review the accident. Think about what went wrong and what could be done more safely. Learn from your experience so you do not get stuck again due to the same mistake.

The day after a needle stick, you may sign up for a ten-day series of Hepatitis B shots that may protect you from the disease. You may want to consider this series if you have not been immunized against HBV.

HIV tests won't be accurate for up to six months, so if you plan to get tested after a needlestick, schedule the test accordingly.

BLEEDING

Most piercings do not bleed much, if at all, but the possibility always exists. It is good practice to remind clients that any break in the skin can bleed, and that piercings are no exception. If the client is made aware in advance that the possibility of bleeding exists, they are much less likely to be concerned or anxious if it should happen.

The client who has recently ingested alcohol, aspirin, caffeine or certain prescription drugs is more likely to bleed, sometimes profusely. Inform clients to avoid these blood-thinning agents if at all possible. Piercers should prepare themselves and their client for the possibility of additional bleeding when a piercee has these agents in his/her system.

Some piercings such as Prince Alberts and eyebrows are located in more vascular areas so they are more apt to bleed.

Using a needle of a gauge larger than the jewelry may result in excess bleeding. To minimize bleeding and client discomfort, use a larger needle only when necessary.

Removing jewelry from a fresh piercing may produce copious bleeding. In an emergency, it may be best not to remove the jewelry; let the emergency room handle the situation.

When you anticipate bleeding, have sterile gauze pads ready. To stop bleeding, apply firm pressure for two

minutes. Dispose of all used gauze pads containing blood in biohazard waste. A small disposable ice pack can be applied to help minimize swelling and bleeding.

Apply ice to stop bleeding in an oral piercing. For a tongue piercing, have the client gently suck on small cubes, chipped ice, or shaved ice. The amount of blood may seem greater when mixed with saliva.

Cautery (styptic) pencils and similar products are not appropriate for use on puncture wounds such as piercings. Additionally, they can be very painful.

It is unprofessional to release a client with an actively bleeding piercing. Be sure that bleeding has essentially ceased and that the area is reasonably clean before the client leaves.

It is illegal for a piercer to stitch or attach tissue. If a client is bleeding profusely and you cannot stop it with pressure, the client must be taken to the hospital.

Emergency Bleeding

Piercers are not to treat bleeding emergencies, so the client should be brought to the emergency room immediately.

Examples of emergency bleeding are:

- * Profuse bleeding that does not stop after several minutes of pressure, particularly from oral, surface-to surface or genital piercings, excluding the normal bleeding of a Prince Albert or apadravya
- * Significant bleeding that persists several days after the piercing excluding the normal bleeding of a Prince Albert or apadravya.

GLOSSARY OF TERMS

Acute: Short term or temporary. Often severe but resolves quickly.

AIDS: Acquired Immunodeficiency Syndrome, a disease that may result from HIV infection causing breakdown of the immune system.

Airborne: Capable of being transmitted by air particles.

Anaphylaxis: A hypersensitive (allergenic reaction) state of the body to a foreign protein or drug. Latex, Iodine and other chemicals commonly found in the piercing studio can cause this reaction. Sudden in onset, the reactions include increased irritability, cyanosis, sometimes convulsions, unconsciousness and even death. Death generally occurs due to spasms of the bronchioles in the lungs.

Anesthetic: A drug or other agent used to produce insensibility to pain or touch. Most anesthetics are available by prescription only and are not legal for piercers to use on clients.

Anesthetic, Injectable: A drug or other agent applied subdermally by use of a syringe or other injection device. Only trained, licensed medical professionals are legally qualified to administer this class of prescription-only anesthetics.

Anesthetic, Topical: A drug or other agent applied to the surface of the skin with the intent of providing relief from pain. Topical anesthetics include ice, ethyl chloride (spray freeze), EMLA and the xylocaine family of topical creams and ointments. Most topical anesthetics are available only by prescription and most are not intended for use in or near puncture wounds.

Antibacterial: Destroying or suppressing the growth or reproduction of bacteria.

Antibiotic: A chemical substance produced by a living organism that has the capacity to destroy and/or suppress the growth of other microorganisms.

Antibodies: Infection fighting proteins released by white blood cells.

Antigen: A substance that causes antibody formation.

Antimicrobial: Killing or suppressing the growth of microorganisms.

Asepsis: A condition free from germs.

Bacillus: A genus of bacteria belonging to the family Bacillaceae. Plural is Bacilli. This includes the organisms that cause dysentery, cholera, and conjunctivitis.

Bacteria: Minute unicellular microorganisms with plant and animal characteristics. Also known as germs or microbes. The primary types are cocci, spirilla and bacilli. Bacterial diseases include pneumonia, staph infections, tetanus, tuberculosis, syphilis, and diphtheria.

Bacteriostatic: Retards or inhibits the growth of organisms, but does not kill them.

Bacteriocidal/Bactericidal: The ability to destroy bacteria.

Bloodborne Pathogen: A pathogenic microorganism that is present in human blood and can cause disease in humans.

Body Substance Isolation: An infection control strategy that considers all body substances as potentially infectious.

Broad Spectrum: A wide range of microorganisms.

Cartilage: A type of dense connective tissue consisting of cells embedded in a substance or matrix. It has no nerve or blood supply of its own. There are several types of cartilage:

Articular: Hyaline cartilage covering the articular surfaces of the bones.

Costal: Cartilage connecting the true ribs and sternum.

Hyaline: Flexible and slightly elastic, this is very fine connective tissue and is found in the septum and nostrils of the nose as well as the larynx and trachea.

Elastic: A rigid network of yellow fibers, this is found in the external ear and the auditory tube, giving them strength and maintaining their shape.

Chemical Sterilization: See Sterilization, Chemical.

Chronic: Long term or protracted. Often incurable medical condition or illness. Always present or returning.

Coccus: A type of bacteria that is spherical or ovoid in form. The plural is Cocci. Many are pathogenic causing diseases such as scarlet fever, pneumonia, and meningitis.

Cold Sterilization: See Sterilization, Cold.

Contamination: The presence or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to needles, snip wires, or broken glass.

Cross-Contamination: The act of spreading pathogenic organisms from one item or surface to another.

Cyanosis: A disordered condition of the circulatory system from inadequate oxygen in the blood that results in a bluish color to the skin.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, or the item is rendered safe for handling, use, or disposal.

Direct-Contact Transmission: The transmission of a disease by touching an infected person's body fluids.

Disease: Disturbed or abnormal structure or physiological action in the living organism as a whole, or in any of its parts. Literally, the lack of ease.

Disease Transmission: The passage of a disease to a person.

Disinfect: To free from pathogenic organisms, or to prevent pathogens from reproducing.

Edema: A swelling caused by excess fluid in the intercellular spaces. Edema can be caused by a chemical reaction, an infection, stress to the area, (as in improper piercing technique) or other causes.

Engineering Controls: Physical controls such as sharps disposal containers that isolate or remove the bloodborne pathogen from the workplace.

Epithelial Tissue: A membranous tissue consisting of one or more layers of cells of various types and sizes, which are compactly joined.

Exposure Control Plan: Method by which an employer creates a system to protect employees from infection by identifying which jobs require employee training, protective equipment, and immunizations.

Exposure Determination: The identification and documentation of job classifications in which occupational exposure to blood can occur.

Exposure Incident: A specific mucous, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Fascia: A fibrous membrane covering, supporting, and separating muscles. It also unites the skin with underlying tissue.

Fungal: Any inflammatory condition caused by a fungus.

Fungicidal: Kills fungi.

Gamma Radiation Sterilization: See Sterilization, Gamma Ray.

Germicidal: That which is capable of killing germs.

Handwashing Facility: An area dedicated to handwashing that provides an adequate supply of running potable water, soap and single use towels.

HBV: Hepatitis B Virus. One of the viruses that cause illness directly affecting the liver. It is a bloodborne pathogen.

HCV: Hepatitis C Virus. One strain of the Hepatitis Virus that once was referred to as non-A-non-B Hepatitis.

HEPA: High efficiency particulate air (filter) used to improve air quality and reduce the quantity of airborne contaminants.

Hepatitis: A disease that causes swelling, soreness, and loss of normal function of the liver. Symptoms include weakness, fatigue, anorexia, nausea, abdominal pain, fever and headache. Jaundice is a symptom that may develop.

HIV: Human Immunodeficiency Virus is a virus that infects immune system blood cells in humans and renders them less effective in preventing disease.

Immune: Resistant to infectious disease.

Immune System: The body's group of responses for fighting disease.

Immunization: A process or procedure by which resistance to infection is produced in people.

Indirect-Contact Transmission: The transmission of a disease by touching a contaminated object.

Inert: Devoid of active properties.

Infectious Disease: Disease capable of being trans-

mitted from people, objects, animals, or insects.

Interstitial: Situated within the tissues of an organ or part.

Jaundice: A yellow discoloration of the skin, mucous membranes, and whites of the eyes; characteristic of the later stages of Hepatitis or other liver disease.

Microorganism: A bacteria, virus, or other microscopic organism that may enter the body. Those that cause infection or disease are called germs.

Mucous Membrane: Any one of the four types of thin sheets of tissue that cover various parts of the body. For example, the skin lining of the mouth or nose.

Mucus: The clear secretion of the mucous membrane.

Non-Intact skin: Skin that has a break in the surface. It includes but is not limited to abrasions, cuts, hangnails, paper cuts, or burns.

NSAIDs: Nonsteroidal anti-inflammatory medications such as Ibuprofen.

Occupational Exposure: Reasonable anticipated exposure to potentially infectious material that may result from the performance of the employee's duties.

Occupational Safety & Health Administration (OSHA): Federal agency responsible for the development, administration and enforcement of employment-related health and safety regulations.

Opportunistic Infection: An infection that strikes a person with a weakened immune system.

Pre-Cleaning: The act of soaking or otherwise disinfecting a contaminated tool prior to actual sterilization. Not a substitute for cleaning tools in an ultrasonic machine.

Sporicidal: Kills mold and other spores. Spores, especially TB, are generally very hard to kill; so sporicidal agents are powerful against all organisms.

Steam Sterilization: See Sterilization, Steam.

Sterilization: The complete elimination of microbial life. If an object is sterile, nothing lives on its surfaces. As the air around us is teeming with organisms, nothing that has been in contact with air is considered sterile.

Sterilization, Cold: Killing organisms by long-term (usually 24-72 hours) immersion in a liquid sterilant solution.

Sterilization, Chemical: Sterilization by exposure to Ethylene Oxide (EO) gas.

Sterilization, Gamma Ray: An effective, very rapid method of sterilization by means of gamma radiation.

Sterilization, Steam: Sterilization by means of high pressure, superheated steam. The most common, efficient sterilization method for most piercers. This is also known as hospital or autoclave sterilization.

Sterilization, Liquid: See Sterilization, Cold.

Thermal Death Time: The amount of time (in minutes) required to kill a given organism at a given temperature. Generally, the higher the temperature, the shorter the thermal death time. Minimum TDT for most autoclaves and a majority of organisms is 15 minutes at 270 F.

Tuberculocidal: A very strong agent that is capable of destroying the hardy TB spores.

Virucidal: Kills viruses.

Virus: An ultra-microscopic micro-organism, parasitic within living cells and of which many can cause disease in humans. A virus cannot grow or reproduce apart from a living cell. It invades living cells and uses their chemical machinery to keep itself alive and to replicate itself. It may reproduce with fidelity or with errors (mutations) and this ability to mutate is responsible for the ability of some viruses to change slightly in each infected person, making treatment more difficult.

UNDERSTANDING MATERIAL SAFETY DATA SHEETS (MSDS)

According to OSHA standards, MSDS must be kept on file for all chemicals used within the studio. This includes everything from window/glass cleaner and hard surface disinfectants to skin prep products and soaps used for hand washing and more.

Copies of MSDSs for all potentially hazardous chemicals to which employees may be exposed must be readily available to all employees during each work shift.

Chemical Product Information

This section provides the name, address, and telephone number of the company that produced the product, the MSDS's date of issue, and the name of the material. The name of the material on the MSDS must be spelled exactly as it is on the container you received. In addition, you will find the following information:

- * Product Name
- * Commercial or marketing name
- * Synonym
- * Approved chemical name and/or synonyms
- * Chemical Family
- * Group of chemicals with related physical and chemical properties
- * Formula: Chemical formula, if applicable; i.e., the conventional scientific definition for a material
- * CAS Number
- * Number assigned to chemicals or materials by the Chemical Abstracts Service (CAS)
- * Composition of Ingredients



This section lists the product's individual hazardous chemicals and their relative percentages. The material's corresponding CAS No.(s) must also be listed. All ingredients that meet the OSHA Hazard Communication standard criteria of a hazardous ingredient must be identified here.

Manufacturers may also choose to list active ingredients, significant ingredients regulated under other Federal, state, or local regulations, or a complete ingredient disclosure, including nonhazardous components. Complex mixtures recognized as single substances may be listed as single components. If any of the hazardous components is a trade secret, this will be indicated in lieu of identifying the component. Suppliers of such products must still provide health hazard data on the MSDS and additional information to safety professionals who have a verifiable need to know.

Hazardous Identification Information

This section is divided into two parts. The first part describes the material's appearance and gives an overview of the most significant immediate concerns for emergency personnel.

The second part provides information on the potential adverse health effects and symptoms associated with exposure to the material, its components, or known by products. In addition, this section lists all of the routes of entry pertinent to this material. Acute (short-term) and chronic (long-term) health effects, symptoms of exposure, and medical conditions aggravated by exposure must be stated. If the material is carcinogenic, that fact must be stated.

First Aid Measures

This section describes medical and first aid treatments for accidental exposure by route of exposure (i.e. inhalation, skin, eye, ingestion). Any known antidotes that may be administered by a layperson or specially trained personnel will be indicated here.

Fire Fighting Measures

This section provides basic fire fighting guidance for trained fire fighters, emergency responders, employees, and occupational health and safety professionals. It describes the flammable and explosive properties of the material, the proper extinguishing materials, and the pre-

cautions and procedures to safely and effectively fight the fire.

Accidental Release Measures

This section provides spill, and leak procedures, and response procedures for emergency responders and environmental professionals. It describes evacuation procedures, and other emergency advice to protect the health and safety of the responders and the environment.

Handling and Storage Information

This section provides safe handling and storage information for employees, occupational health and safety professionals, and employers. General handling precautions and practices are described to prevent release to the environment and overexposure during contact with the material, and also to minimize continued contact after handling.

In addition, this section explains necessary storage conditions to avoid damage to containers, contact with incompatible materials and subsequent dangerous reactions, evaporation or decomposition of the stored material, or flammable and explosive atmospheres in the storage area.

Exposure Controls/Personal Protection

This section discusses methods intended for occupational health and safety professionals and employers for reducing worker exposure to hazardous materials. Exposure controls include engineering controls such as ventilation and special process conditions (e.g. isolation, enclosure), or administrative controls (e.g. training, labeling, warning devices).

This section also provides guidance on personal protective equipment (PPE) including respirators, safety glasses, goggles, gloves, aprons, and boots.

Physical and Chemical Properties

This section lists physical data, including a material's boiling point, solubility in water, viscosity, specific gravity, melting point, evaporation rate, molecular weight, etc., and appearance and odor. These properties can help in predicting how the material will act and react so that you can determine safe handling procedures and select appropriate personal protective equipment.

Stability and Reactivity Information

This section lists materials and circumstances that could be hazardous when combined with the material

covered by the MSDS. This section provides information on chemical incompatibilities, conditions to avoid, decomposition products, and the material's stability.

Toxicology Information

This section provides information on toxicity testing of the material and/or its components. The information in this section is intended for medical professionals, occupational health and safety professionals, and toxicologists.

Ecological Information

This section assists you in evaluating the effect a chemical may have if it's released into the environment. It may also be useful in evaluating waste treatment practices.

Disposal Considerations

This section provides proper disposal information for environmental professionals or individuals responsible for waste management activities. Information may include special disposal methods or limitations per Federal, state, or local regulations, and waste management options, such as recycling or reclamation. It may also include RCRA waste classifications and EPA waste identification numbers and descriptions.

Transport Information

This section provides shipping classification information for the employer, distributor, emergency responders, and transport/shipping departments. If regulated, shipping information includes U.S. Department of Transportation (DOT) hazardous materials description/proper shipping name, hazard class, and identification numbers (UN or NA numbers).

Regulatory Information

This section provides regulatory information for employers and regulatory compliance personnel. U.S. Federal regulations such as OSHA, TSCA, SARA, CERCLA, and CWA are addressed. Reportable quantities (RQ) for spills or discharges and threshold planning quantities (TPQ) for hazardous materials stored at facilities are listed.

Other Information

This section provides a location for additional information, such as a list of references, keys/legends, or preparation and revision indicators. Hazard ratings defining the acute health, flammability, and reactivity hazards of a material may also be included.

Full Text Of Bloodborne Pathogens Standard 1910.1030

(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) Definitions. For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless Systems means a device that does not use needles for (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized cloth-

ing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with Engineered Sharps Injury Protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce

the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) Exposure Control -

(c)(1) Exposure Control Plan.

(c)(1)(i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(c)(1)(ii) The Exposure Control Plan shall contain at least the following elements:

(c)(1)(ii)(A) The exposure determination required by paragraph (c)(2),

(c)(1)(ii)(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(c)(1)(ii)(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(c)(1)(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

(c)(1)(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

(c)(1)(iv)(A) reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(c)(1)(iv)(B) document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(c)(1)(v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

(c)(1)(vi) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(c)(2) Exposure Determination.

(c)(2)(i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(c)(2)(i)(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(c)(2)(i)(B) A list of job classifications in which some employees have occupational exposure, and

(c)(2)(i)(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(c)(2)(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance -

(d)(1) General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(d)(2) Engineering and Work Practice Controls.

(d)(2)(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(d)(2)(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(d)(2)(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(d)(2)(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(d)(2)(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(d)(2)(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(d)(2)(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(d)(2)(vii)(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(d)(2)(vii)(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(d)(2)(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(d)(2)(viii)(A) puncture resistant;

(d)(2)(viii)(B) labeled or color-coded in accordance with this standard;

(d)(2)(viii)(C) leakproof on the sides and bottom; and

(d)(2)(viii)(D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(d)(2)(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(d)(2)(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(d)(2)(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. (d)(2)(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(d)(2)(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(d)(2)(xiii)(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(d)(2)(xiii)(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(d)(2)(xiii)(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(d)(2)(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(d)(2)(xiv)(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(d)(2)(xiv)(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(d)(3) Personal Protective Equipment -

(d)(3)(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ven-

tilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(d)(3)(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(d)(3)(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(d)(3)(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(d)(3)(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(d)(3)(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(d)(3)(vii) All personal protective equipment shall be removed prior to leaving the work area.

(d)(3)(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(d)(3)(ix) Gloves. Gloves shall be worn when it can be

reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(d)(3)(ix)(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(d)(3)(ix)(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(d)(3)(ix)(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(d)(3)(ix)(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(d)(3)(ix)(D)(1) Periodically reevaluate this policy;

(d)(3)(ix)(D)(2) Make gloves available to all employees who wish to use them for phlebotomy;

(d)(3)(ix)(D)(3) Not discourage the use of gloves for phlebotomy; and

(d)(3)(ix)(D)(4) Require that gloves be used for phlebotomy in the following circumstances:

(d)(3)(ix)(D)(4)(i) When the employee has cuts, scratches, or other breaks in his or her skin;

(d)(3)(ix)(D)(4)(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(d)(3)(ix)(D)(4)(iii) When the employee is receiving training in phlebotomy.

(d)(3)(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(d)(3)(xi) Gowns, Aprons, and Other Protective Body

Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(d)(3)(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(d)(4) Housekeeping -

(d)(4)(i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(d)(4)(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(d)(4)(ii)(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(d)(4)(ii)(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(d)(4)(ii)(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(d)(4)(ii)(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(d)(4)(ii)(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(d)(4)(iii) Regulated Waste—

(d)(4)(iii)(A) Contaminated Sharps Discarding and Containment.

(d)(4)(iii)(A)(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(d)(4)(iii)(A)(1)(i) Closable;

(d)(4)(iii)(A)(1)(ii) Puncture resistant;

(d)(4)(iii)(A)(1)(iii) Leakproof on sides and bottom; and

(d)(4)(iii)(A)(1)(iv) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(2) During use, containers for contaminated sharps shall be:

(d)(4)(iii)(A)(2)(i) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(d)(4)(iii)(A)(2)(ii) Maintained upright throughout use; and

(d)(4)(iii)(A)(2)(iii) Replaced routinely and not be allowed to overfill.

(d)(4)(iii)(A)(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

(d)(4)(iii)(A)(3)(i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(d)(4)(iii)(A)(3)(ii) Placed in a secondary container if leakage is possible. The second container shall be:

(d)(4)(iii)(A)(3)(ii)(A) Closable;

(d)(4)(iii)(A)(3)(ii)(B) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(d)(4)(iii)(A)(3)(ii)(C) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(d)(4)(iii)(B) Other Regulated Waste Containment -

(d)(4)(iii)(B)(1) Regulated waste shall be placed in containers which are:

(d)(4)(iii)(B)(1)(i) Closable;

(d)(4)(iii)(B)(1)(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(d)(4)(iii)(B)(1)(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(d)(4)(iii)(B)(1)(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(B)(2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(d)(4)(iii)(B)(2)(i) Closable;

(d)(4)(iii)(B)(2)(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(d)(4)(iii)(B)(2)(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(d)(4)(iii)(B)(2)(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(d)(4)(iv) Laundry.

(d)(4)(iv)(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(d)(4)(iv)(A)(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(d)(4)(iv)(A)(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(d)(4)(iv)(A)(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which

prevent soak-through and/or leakage of fluids to the exterior.

(d)(4)(iv)(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(d)(4)(iv)(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) HIV and HBV Research Laboratories and Production Facilities.

(e)(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(e)(2) Research laboratories and production facilities shall meet the following criteria:

(e)(2)(i) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii) Special Practices.

(e)(2)(ii)(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(e)(2)(ii)(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(e)(2)(ii)(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(e)(2)(ii)(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all

access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(e)(2)(ii)(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(e)(2)(ii)(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(e)(2)(ii)(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(e)(2)(ii)(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii)(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(e)(2)(ii)(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(e)(2)(ii)(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(e)(2)(ii)(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(e)(2)(ii)(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(e)(2)(iii) Containment Equipment.

(e)(2)(iii)(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(e)(2)(iii)(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(e)(3) HIV and HBV research laboratories shall meet the following criteria:

(e)(3)(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(e)(3)(ii) An autoclave for decontamination of regulated waste shall be available.

(e)(4) HIV and HBV production facilities shall meet the following criteria:

(e)(4)(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(e)(4)(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(e)(4)(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and

shall be located near the exit door of the work area.

(e)(4)(iv) Access doors to the work area or containment module shall be self-closing.

(e)(4)(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(e)(4)(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(e)(5) Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up -

(f)(1) General.

(f)(1)(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(f)(1)(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(f)(1)(ii)(A) Made available at no cost to the employee;

(f)(1)(ii)(B) Made available to the employee at a reasonable time and place;

(f)(1)(ii)(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(f)(1)(ii)(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(f)(1)(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(f)(2) Hepatitis B Vaccination.

(f)(2)(i) Hepatitis B vaccination shall be made available

after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(f)(2)(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(f)(2)(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(f)(2)(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(f)(2)(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(f)(3) Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(f)(3)(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(f)(3)(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(f)(3)(ii)(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(f)(3)(ii)(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(f)(3)(ii)(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(f)(3)(iii) Collection and testing of blood for HBV and HIV serological status;

(f)(3)(iii)(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(f)(3)(iii)(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(f)(3)(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(f)(3)(v) Counseling; and

(f)(3)(vi) Evaluation of reported illnesses.

(f)(4) Information Provided to the Healthcare Professional.

(f)(4)(i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(f)(4)(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(f)(4)(ii)(A) A copy of this regulation;

(f)(4)(ii)(B) A description of the exposed employee's duties as they relate to the exposure incident;

(f)(4)(ii)(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(f)(4)(ii)(D) Results of the source individual's blood testing, if available; and

(f)(4)(ii)(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(f)(5) Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(f)(5)(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(f)(5)(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(f)(5)(ii)(A) That the employee has been informed of the results of the evaluation; and

(f)(5)(ii)(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(f)(5)(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(f)(6) Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) Communication of Hazards to Employees -

(g)(1) Labels and Signs -

(g)(1)(i) Labels.

(g)(1)(i)(A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(g)(1)(i)(B) Labels required by this section shall include the following legend:

(g)(1)(i)(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(1)(i)(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(g)(1)(i)(E) Red bags or red containers may be substituted for labels.

(g)(1)(i)(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(g)(1)(i)(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(g)(1)(i)(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(g)(1)(i)(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(g)(1)(ii) Signs.

(g)(1)(ii)(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

(Name of the Infectious Agent) (Special requirements for entering the area) (name, telephone number of the laboratory director or other responsible person.)

(g)(1)(ii)(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(2) Information and Training.

(g)(2)(i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(g)(2)(ii) Training shall be provided as follows:

(g)(2)(ii)(A) At the time of initial assignment to tasks where occupational exposure may take place;

(g)(2)(ii)(B) Within 90 days after the effective date of the standard; and

(g)(2)(ii)(C) At least annually thereafter.

(g)(2)(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(g)(2)(iv) Annual training for all employees shall be provided within one year of their previous training.

(g)(2)(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(g)(2)(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(g)(2)(vii) The training program shall contain at a minimum the following elements:

(g)(2)(vii)(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(g)(2)(vii)(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(g)(2)(vii)(C) An explanation of the modes of transmission of bloodborne pathogens;

(g)(2)(vii)(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(g)(2)(vii)(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(g)(2)(vii)(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(g)(2)(vii)(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(g)(2)(vii)(H) An explanation of the basis for selection of personal protective equipment;

(g)(2)(vii)(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(g)(2)(vii)(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(g)(2)(vii)(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(g)(2)(vii)(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(g)(2)(vii)(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(g)(2)(vii)(N) An opportunity for interactive questions

and answers with the person conducting the training session.

(g)(2)(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(g)(2)(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(g)(2)(ix)(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(g)(2)(ix)(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(g)(2)(ix)(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) Recordkeeping -

(h)(1) Medical Records.

(h)(1)(i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(h)(1)(ii) This record shall include:

(h)(1)(ii)(A) The name and social security number of the employee;

(h)(1)(ii)(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(h)(1)(ii)(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(h)(1)(ii)(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(h)(1)(ii)(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(h)(1)(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(h)(1)(iii)(A) Kept confidential; and

(h)(1)(iii)(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(h)(1)(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(h)(2) Training Records.

(h)(2)(i) Training records shall include the following information:

(h)(2)(i)(A) The dates of the training sessions;

(h)(2)(i)(B) The contents or a summary of the training sessions;

(h)(2)(i)(C) The names and qualifications of persons conducting the training; and

(h)(2)(i)(D) The names and job titles of all persons attending the training sessions.

(h)(2)(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(h)(3) Availability.

(h)(3)(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(h)(3)(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(h)(3)(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

(h)(4) Transfer of Records.

(h)(4)(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(h)(4)(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(h)(5) Sharps Injury Log.

(h)(5)(i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(h)(5)(i)(A) the type and brand of device involved in the incident,

(h)(5)(i)(B) the department or work area where the exposure incident occurred, and

(h)(5)(i)(C) an explanation of how the incident occurred.

(h)(5)(ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

(h)(5)(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

(i) Dates -

(i)(1) Effective Date. The standard shall become effective on March 6, 1992.

(i)(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

(i)(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(i)(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

APPENDIX A TO SECTION 1910.1030 HEPATITIS B DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand

that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

AFTERWARD

Merely reading this manual has not in any way endowed you or anyone else with the ability to pierce or provided all the knowledge required to do so safely. If you plan to accept money for piercing services, it is your professional and ethical responsibility to seek out a highly skilled, experienced professional piercer and undertake an apprenticeship. Only after extensive hands-on training and expert supervision will you be able to provide high quality professional services.

This manual has attempted to provide details of acceptable safety and hygiene standards, and appropriate piercing practices. Reputable piercers will work diligently to meet all relevant documented procedures and to uphold the standards described within this manual. There are equivalent methods, products, and equipment that may be acceptable, if they meet the criteria of minimal customer discomfort, maximum safety, and zero risk of cross-contamination.

Meeting all of these standards is not quick and easy; it takes a great deal of time, effort, and money to create a safe working environment with all required equipment and supplies, training, and preparation. A piercer who

upholds all of the standards described herein should feel very proud to be a reputable, respectable and responsible piercer. If you can honestly say you do everything appropriately as described in the manual, you should pat yourself on the back and congratulate yourself! Keep up the good work, and also keep up with the new information as it becomes available. There is always more to learn.

The industry is continuing to develop and mature. The APP is always acquiring new information, so it is likely that no matter how often we update this manual, some of the information contained within has already become obsolete. Whether you are a professional piercer, a serious piercing enthusiast, a piercing-friendly medical professional or a concerned legislator or public health official, it is your responsibility to keep up to date with the latest techniques, products and other piercing information.

Readers are encouraged to contact the APP by e-mail at: secretary@safepiercing.org or visit our website at <http://www.safepiercing.org> with any suggestions, comments, contributions or criticism.

APPENDICES

NIOSH

(National Institute for Occupational Health and Safety)

Bloodborne Infectious Diseases
HIV/AIDS, Hepatitis B Virus, and Hepatitis C Virus

Workers Please Note:

If you experience a needlestick or other sharps injury or were exposed to the blood or other body fluid of a client during the course of your work, immediately follow these steps:

- 1 Wash needlesticks and cuts with soap and water**
- 2 Flush splashes to the nose, mouth, or skin with water**
- 3 Irrigate eyes with clean water, saline, or sterile irrigants**
- 4 Report the incident to your supervisor**
- 5 Immediately seek medical treatment**

Medical Providers Please Note:

If you have questions about appropriate medical treatment for occupational exposures to blood, 24 hour assistance is available from the Clinicians' Post Exposure Prophylaxis Hotline (PEPline) at 1-888-448-4911

OSHA Requirements:

Recording of Exposure Incidents. The new record keeping rule effective January 1, 2002 requires at 29 CFR 1904.8 that all employers, whether or not they are covered by the bloodborne pathogens standard, record all work-related needlesticks and cuts from sharp objects that are contaminated with another person's blood or OPIM on the 300 Log as an injury. The employee's name must not be entered on the 300 Log. [See the requirements for privacy cases in paragraphs 1904.29(b)(6) through (b)(9).] If the employee is later diagnosed with an infectious bloodborne disease, the identity of the disease must be entered and the classification must be changed to an illness. If an employee is splashed or exposed to blood or OPIM without being cut or punctured, the incident must be recorded on the OSHA 300, if it results in the diagnosis of a bloodborne illness or it meets one or more of the recording criteria of 1904.7.

STERILE CHART

From STERILE to CLEAN to CONTAMINATED

Every piercer should thoroughly grasp how their environment and the tools they use pass through stages from sterile to clean to contaminated. The chart below should help your understanding. Visualize sterile as white and contaminated as dark red with several shades in between. Always remember that when a lighter colored item comes in contact with a darker one it becomes that color, and can pass it on, until it is disinfected or sterilized.

Nothing darker than pale pink should ever come in contact with a piercing, directly or indirectly. Bare hands should avoid red items. If red items are touched, hands should be immediately washed. Dark red items should never be touched with bare hands.



WHITE	PALEST PINK	PALE PINK	PINK	RED	DARK RED
Sterile. No living matter.	Very clean. Only very small quantities of airborne matter.	Clean. Only small quantities of airborne matter.	Not clean. Normal levels of airborne matter.	Dirty.	Contaminated. High levels of airborne/ bloodborne matter.
Autoclaved implements, jewelry, needles, etc. in unopened, sterile bags, untouched.	Sterile implements just removed from their bags. Disinfected implements only touched with freshly gloved hands, trays or surfaces immediately after disinfection/bleaching. Bagged "sterile" implements after several weeks in storage.	Presterilized corks, rubber bands, nonsterile latex gloves, tissues, cotton swabs, etc. stored in protective containers and only touched with freshly gloved hands. Surface of "sterile" field, only touched with freshly gloved hands. Needles, forceps, sterilized jewelry, etc. after several minutes in open air, unused. Surface of skin immediately after aseptic skin prep. Hands immediately after correct hand washing procedure.	Needles, forceps, corks, rubber bands, etc., after extended exposure to open air or frequent handling. Clothing, surfaces, implements, neither contaminated with bloodborne organisms, nor recently disinfected. Unused jewelry prior to sterilization/disinfection. Piercing room furniture, etc.	High levels of airborne matter and possible presence of bloodborne matter. Floors, countertops, sinks, door-knobs, light switches, and other areas that may have been exposed to bloodborne contaminants, either directly or indirectly. Unbroken, uncleaned skin. Frequently handled display jewelry. Phones Money	Bodily fluids, new or old. Piercings, new or healed. Broken skin of any kind. Used piercing implements, used disposable piercing needles. Previously worn jewelry.



HEALTH AND SAFETY AGREEMENT

The APP requires that a signed agreement be kept on record from each individual business member. Violation of these basic, critical health and safety requirements is grounds for immediate revocation of membership. Please initial each numbered line below to indicate that you have read, fully understand, and will comply with each point.

1. ____ I agree not to use ear-piercing guns in my studio due to the impossibility of properly sterilizing the equipment and the inappropriateness of ear piercing gun jewelry.
2. ____ I agree that all needles will be presterilized, used on one person only in one sitting, and will be immediately disposed of in a medical sharps container.
3. ____ I agree that all forceps, tubes, etc., will be presterilized. If they are not used immediately, then they will be stored in sterile bags and used on only one person in one sitting. After one such use, instruments will be appropriately decontaminated and then sterilized in an autoclave.
4. ____ I agree that all reusable, non-sterilized implements, such as calipers, will be nonporous and disinfected after each use with an FDA-approved commercial hard-surface disinfectant.
5. ____ I agree that as many supplies as possible including corks, rubber bands, toothpicks, etc., will be presterilized in an autoclave, and if not used immediately, stored in a clean, closed container and disposed of immediately after a single use. In addition, all skin prep products will be single use, and will be disposed of after one use.
6. ____ I agree that a new pair of medical-grade gloves (sterile and/or non-sterile) will be donned appropriately and worn for every procedure and that gloves will be changed frequently, and whenever there is the slightest chance of cross-contamination.
7. ____ I agree that the room used for piercings will be an enclosed room. This room must also be separate from the sterilization area. It will be kept scrupulously clean and will be disinfected frequently. All surfaces will be nonporous, allowing them to be cleaned with an FDA-approved commercial hard-surface disinfectant solution throughout the day and whenever cross-contamination might occur.
8. ____ I agree that all jewelry for initial piercings will be autoclaved prior to insertion.
9. ____ I will use only appropriate jewelry in initial piercings. Appropriate jewelry is made of implant grade, high quality stainless ASTM 316L (or LVM) F-138 Grade, solid 14k or higher white or yellow gold, niobium, titanium Ti 6A4V F-136 grade, solid platinum, or a dense low-porosity plastic such as Tygon, or PTFE. Threaded jewelry for initial piercings must be tapped internally into the shaft (no threads on post) starting from 16 gauge. Appropriate jewelry is free from nicks, scratches, burrs, and polishing compounds that could endanger the tissue.
10. ____ I agree that it is important to be open, available and not under the influence of legal or illegal substances that might compromise my abilities. I agree to maintain my certification in the First Aid/ CPR , and Bloodborne Pathogens training. I agree to meet or exceed all health, safety, and legal standards as required by my state and local authorities. I understand that it is important not to misrepresent myself, my abilities, or my standards in any way. I agree to consider all new health and safety information as it becomes known to me and to make appropriate changes in my techniques as applicable. I agree that it is the moral, ethical, and professional responsibility of each piercer to continue to seek out, absorb, and share health and safety information relevant to the craft throughout my career. I also agree to adhere to the APP logo specification and guidelines.

NAME (please print): _____ Member business name: _____

Address: _____ Business phone and fax: _____

Signature _____ Date _____

Witness Signature _____ Date _____



QUESTIONNAIRE

The following questions are intended to determine your level of awareness of health and safety requirements for responsible piercing. Please type your responses.

1. Give a brief definition of the term "sterile."
2. Describe methods whereby objects in your studio could be made sterile.
3. What materials, equipment, or surfaces in your studio are sterile?
4. Give a brief definition of the term "disinfect."
5. Describe the methods and products used to disinfect objects or surfaces in your studio.
6. What materials, equipment or surfaces in your studio are disinfected?
7. Give a brief definition of the term "contaminated".
8. Describe the concept of cross-contamination.
9. What kind of gloves do you wear?
10. Under what conditions is it necessary to change your gloves?
11. List three bloodborne pathogens:
12. In the context of piercing, what are the practical distinctions between Hepatitis and HIV?
13. How is new, unused jewelry cleaned in preparation for insertion in a fresh piercing?
14. How is previously worn jewelry cleaned in preparation for insertion in a fresh piercing?
15. How is the skin and other tissue to be pierced cleaned in preparation for a piercing?
16. How and with what are your piercing needles prepared for piercing and how are they stored?

17. How many times are piercing needles used before being disposed?
18. How are piercing needles disposed?
19. What is the procedure in your studio for dealing with a needle stick?
20. What objects or areas in your studio are clearly marked with a biohazard sticker or sign?
21. Do you use a gun for any type of piercing? If so, please elaborate:
22. If you use a gun, how is it cleaned between uses?
23. Do you use any type of anesthetics?
If so, please describe the method, product(s) and types of piercings involved:
24. What other services are offered in the room used to perform your piercings?
Please describe:
25. What are the specifications for the jewelry that you insert into new piercings?
List all acceptable materials:
26. Where did you receive your training/apprenticeship/information?
How long did you train?
27. Are you certified, licensed, or otherwise legally qualified or regulated by any source or authority?
Please elaborate:
28. List any sources of continuing education directed towards improving your piercing knowledge and skills:
29. List the qualities that you feel are important in a piercer's bedside manner:
30. What is your policy on piercing persons under eighteen?
31. Under what circumstances related to yourself or to the customer would you refuse to perform a piercing?
32. We all make occasional mistakes. If a piercing does not come out as planned, how do you deal with this situation?

Hand Washing Technique

1. Remove all jewelry, including watches and push long sleeves up past your elbows.
2. To open up pores, wet hands with warm water, keeping finger pointed downward.
3. Keep your hands away from all surfaces of the sink. The inside of the sink should be considered a contaminated area.
4. With antibacterial soap, wash all hand surfaces, including wrists thoroughly following the technique illustrated below.
5. Thoroughly rinse hands in running water, keeping your fingers pointed downward.
6. Pat hands dry from the fingertips back with a clean, dry paper towel.
7. Use a dry paper towel to turn off the tap.

Wash hands following procedure illustrated below, each step consists of five or more strokes, backward and forward.



Rub palms together



Rub palm over back of one hand then the same with other hand



Interlace fingers and rub palm to palm and between fingers



Back of fingers to opposing palms with fingers interlocked



Thumb clasped and rubbed in palm, then same on other hand, thumb clasped and rubbed in palm



Rubbing backward and forward with clasped fingers of one hand, then vice versa for the other hand, in curricular motion.

STATE LAWS

To research the laws, go to the state website, type in the bill # in the search block and it will pull up the contents of the bill(s).

State	Bill #	Website
Alabama	HB 303	http://www.legislature.state.al.us/search/searchtext.htm
Alaska	SB 34	http://www.legis.state.ak.us/
Arizona	HB2488 and HB2345	http://www.azleg.state.az.us/
Arkansas		No regs.
California	AB	http://www.leginfo.ca.gov
Colorado	HB 1246	http://www.state.co.us/gov_dir/stateleg.html
Connecticut	HB 7501	http://www.cga.state.ct.us/default.asp
Delaware	HB93	http://www.state.de.us/research/dor/lis.htm
District of Columbia		No regs
Florida	HB 489	http://www.leg.state.fl.us/
Georgia	code 16-5-17	http://lcweb.loc.gov/global/state/ga-gov.html
Hawaii	HB 125	http://www.capitol.hawaii.gov/
Idaho		No regs.
Illinois	Public Act 91-0412	http://www.legis.state.il.us/
Indiana	SB 38	http://www.state.in.us/legislative/
Iowa	HF 2251	http://www.legis.state.ia.us/
Kansas	HB 2529	http://www.state.ks.us/public/legislative
Kentucky	HB 164	http://www.lrc.state.ky.us/
Louisiana	RS 40.2255	http://www.state.la.us/
Maine	Public Law 206 title 32 ch.64	http://janus.state.me.us/legis/
Maryland		No regs.
Massachusetts	H 774	http://www.mahb.org/
Michigan	HB 4451	http://www.migov.state.mi.us/
Minnesota	HF 3505	http://www.leg.state.mn.us/leg/legis.htm
Mississippi	HB 311 and HB 360	http://www.ls.state.ms.us/
Missouri	HB998	http://www.house.state.mo.us/
Montana		No regs.
Nebraska	LB 255	http://www.unicam.state.ne.us/index.htm
Nevada	Chapter 441A Section 285	http://www.leg.state.nv.us/
New Hampshire	SB 140 and HB 1473	http://www.state.nh.us/
New Jersey	A 806 and A811	http://njleg.state.nj.us/
New Mexico	HB 0423 and HB 0790	http://legis.state.nm.us/
New York	A 2599 and A 5232	http://assembly.state.ny.us/
North Carolina	HB 635	http://www.ncga.state.nc.us/
North Dakota		No regs.
Ohio	HB 25	http://www.state.oh.us/ohio/legislat.htm
Oklahoma	HB 2547	http://www.lsb.state.ok.us/
Oregon	SB 15	http://www.hdlp.hr.state.or.us/bphear.htm
Pennsylvania	HB 347 PN360	http://www.legis.state.pa.us/search/billsearch.idq
Rhode Island	H 7870	http://www.state.ri.us/
South Carolina	S139	http://www.state.sc.us/
South Dakota	Article 44:12	http://legis.state.sd.us/
Tennessee	HB 1208	http://www.legislature.state.tn.us/
Texas	SB 61	http://www.capitol.state.tx.us/
Utah	HB 390	http://www.le.state.ut.us/
Vermont		No regs.
Virginia	HB 758 and HB 1108	http://legis.state.va.us/
Washington	SB 611 and SB 6683	http://www.leg.wa.gov/wsladm/default.htm
West Virginia	HB 4012	http://www.legis.state.wv.us/
Wisconsin	Statute 252.24 and AB 468	http://www.legis.state.wi.us/
Wyoming	HB 0105	http://legisweb.state.wy.us/