

Advice and Safe Practice for



Body Piercing

Guidance for Operators ›

Introduction

How can this booklet help me?

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Introduction (a)

How can this booklet help me?

Body piercing has been with us in a variety of forms throughout history, and influences on modern, Western body piercing are derived from a range of ethnic groups across the world. In recent times body piercing has increased greatly in popularity within Western society, and can no longer be regarded as an art form for the minority. Influences such as specialist body art magazines, TV interest and the popularity of piercing within the celebrity community, mean that the number of people requesting treatment is growing. Consequently, all sections of society are now providing the client base for the modern body piercing business.

These developments are good news for the industry, but also mean that the planning and preparation that operators need to perform are more important than ever for ensuring safe, well-executed treatments. Client health and safety is obviously a priority, but so is your own (operator) health and safety. This guidance provides information that is relevant for both you and your clients.

The following pages cover important topics that require your attention if you are in the business of body piercing. The subjects covered here are those that your local environmental health officer will ask you about when he or she calls to inspect your premises. By checking and understanding this information you can be sure that you haven't overlooked anything important. And the result? Well, your business has every chance of being a safe and successful one.



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Introduction (b)

That's fine, but I've been doing this for years – what can a booklet teach me?

For those already in established businesses, there are constant new developments that can affect your work and the way you conduct it. Some examples include:

- Recent changes to the law that may affect business registration with your local authority;
- The increasing role of the Internet as a supplier of equipment – It is now easier for inexperienced operators to order equipment online, and outside of the usual business-based training circles. This may result in inexperienced operators, with little background knowledge of body piercing, establishing businesses; and,
- Revisions on the safe use of certain chemical disinfectants at your premises – what has changed in the UK under The Biocidal Products Regulations 2001?

This booklet covers these and many other topics. The information has been designed for use as a reliable guide for the 'now', as well as a useful reference for the future, should you need it.

Talking about it

This guidance is designed to be as up to date and informative as possible, but no booklet can ever replace being able to speak to someone knowledgeable in this area. If you have any concerns about body piercing health and safety, do seek help from your local Environmental Health Department, as staff there can act as your main source of advice. Other useful sources of information are provided towards the end of this booklet. Please remember, body piercing businesses in Great Britain require registration, which will involve inspection of your premises at an early stage. Contact your local Environmental Health Department so they can advise you on requirements.



What do I need to do to ensure safe treatment at my premises? (a)

Training – a contentious topic

- As with tattooing, Body piercing is traditionally taught under informal apprenticeship schemes, usually on a one-to-one basis within established business premises;

- Several courses of varying cost are offered by The British School of Body Piercing™, (<http://www.bsbodypiercing.org/main.html>), ranging from 1 day to 11 days. Although these courses are not universally supported by the industry, they do incorporate the expertise of professional piercers, health professionals and members of the legal profession for various aspects of the course content;



- The Association for Safe and Professional Piercing (ASPP) is a non-profit making organisation that supports seminars covering numerous aspects of body piercing education (<http://www.aspp.org.uk/index.html>). The ASPP Web site indicates that it does not attempt to show people how to pierce, but is concerned with promoting safe and professional piercing;
- The Vocational Training Charitable Trust (VTCT; <http://www.vtct.org.uk/>), is a well established, Government supported charitable trust that is currently developing training courses on body piercing, and working towards a National Qualifications Framework on this subject;
- The Tattooing and Piercing Industry Union represent many industry members and its website contain information on industry developments, as well as a contact facility (see <http://www.tpi.org.uk/>)

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What do I need to do to ensure safe treatment at my premises? (b)

Training – a contentious topic

- Piercers and tattooists consulted in the preparation of this guidance agreed that trainee piercers should serve with an experienced operator for at least a year before thinking of starting up their own business activities;
- Operator training methods, however, may differ, and the lack of any standardised, UK-wide form of apprenticeship means that variations in training quality are likely across the industry;
- The role of the apprenticeship may also be influenced by the availability of body piercing equipment via the Internet. In theory, anyone – whether trained or untrained – can order equipment on-line and set up business as a body piercer. This may encourage some operators to by-pass any kind of recognised training;
- The Tattooing and Piercing Industry Union (TPI - <http://www.tpi.org.uk/>), a GMB-affiliated organisation, was formed in 2004 as a voice for many operators in the industry. The TPI has rejected a proposal for a formal college-based platform for tattooing and piercing training, though it acknowledges that poor practice in these industries is unacceptable;
- At the time of writing the TPI has indicated that its members are willing to work together and with others to create consistent standards that will ensure safe, hygienic treatments across the UK. Related discussions are on going, however any new framework for training is likely to take some time to plan and to agree upon; and,
- Although body piercing techniques are not covered by this document, it is recommended that some basic training information be recorded. Areas covered should include first aid, hand hygiene, skin disinfection, the decontamination of equipment and use of autoclaves. Relevant staff training records should be kept on site.

The information in this document is intended as a guide to promote safe, hygienic body piercing, and should therefore **not** be regarded as a formal training document. Its contents – other than the legal aspects - are not compulsory, but are there to advise you on good practice. The advice and protocols provided here should therefore be regarded as the preferred way of proceeding, for the areas described. Guidance on tattooing is covered within a separate, related document.



What do I need to do to ensure safe treatment at my premises? (c)

What about the basics - my work area and sink?

- All work surfaces, couches, seats, floors, lower wall regions etc should be designed so that they are smooth and impervious to liquid spills and splashes;
- Floors should be slip-resistant and carpets should be avoided in treatment areas;
- A suitable operating bench, couch or adjustable recliner chair with washable surfaces is required;



- A paper roller towel system should be used to cover bench, couch or recliner chair between clients;
- All smooth, impervious surfaces should be cleaned with detergent and disinfected by wiping with a suitable disinfectant between clients. These steps reduce the risk of cross infection;
- Products used for cleaning and disinfection should be chosen with care to be effective but to avoid causing damage to your work surfaces. Before purchasing, check the manufacturer's catalogue, or with the supplier direct, to ensure the products are suitable for your needs;
- Water for hand washing should be supplied hot and cold via a mixer tap, preferably via a foot, elbow or lever operated tap system, and hands should be washed with soap ideally from a soap dispenser - and dried using good quality disposable paper towels (see also Page 14);

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What do I need to do to ensure safe treatment at my premises? (d)

What about the basics - my work area and sink?

- A separate deep sink with hot and cold water should be provided exclusively for washing equipment and instruments and should be located in a separate 'dirty' area, away from the clean operating area;
- Alcoholic hand rub (cleanser) should not be used as a substitute for good hand washing and should only be used on hands that are already physically clean;
- Do ensure the light level where you work is sufficient for your needs. A combination of natural and artificial lighting is ideal;
- Advice on sharps disposal is provided elsewhere in this document; and,
- Some businesses are employing air-sanitising equipment to allegedly reduce the risk of airborne contamination in the work place. These instruments often use proven air filtration, ozone, or UV technology – and sometimes a combination of these - to reduce the level of airborne microorganisms in workplace air. The need for such air treatments for any skin piercing premises is, however, unproven, since any infection transmission during these treatments is unlikely to be via the airborne route. Performance for these instruments may also vary between manufacturers and they can be expensive; such purchases therefore require careful consideration of specifications, cost and benefit.



What do I need to do to ensure safe treatment at my premises? (e)

I'm bombarded with information on cleaning detergents, disinfectants and sterilants. What do these terms mean?

The cleaning, disinfection and sterilization of equipment or surfaces are essential for making treatments safe. Without these steps, microorganisms such as bacteria, fungi and viruses can cause infection in your clients, or may infect you.

■ **Cleaning** is a process that physically removes contamination, including some microorganisms, but does not necessarily destroy all microorganisms, even if a surface looks cleaner. Cleaning of equipment and work surfaces is best done using **detergent** and warm water. It's also important to ensure that the product you use will not damage your equipment and work surfaces, as some cleaning products can cause scratching or corrosion of certain surfaces

□ **Ultrasonication** is a liquid-based method of cleaning recommended for some equipment that are in close contact with the client's skin and may become soiled, e.g. clamps and tweezers. Ultrasonication is performed in a lidded tank and can even clean apertures and recesses, such as serrated surfaces. The tank of the ultrasonic cleaner should be cleaned twice a day as a minimum requirement, and kept clean and dry overnight.

■ **Disinfection** reduces the number of live microorganisms but may not necessarily kill all bacteria, fungi, viruses and spores. Disinfection is therefore not the same as sterilization (below). Prior cleaning is required before disinfection can be reliable, as any soiling of a surface (e.g. grease, ink, blood) can reduce the effectiveness of the disinfectant. Disinfection is not sufficient for preparing invasive items e.g. jewellery, prior to insertion, and such items must be sterile at first use (see definition on page 8);

■ **Sterilization** kills all microorganisms, including bacterial and fungal spores that may survive disinfection treatments. Steam sterilization is the preferred method of sterilizing equipment as it is quick, automated, easy to use, reliable, non-toxic and always effective when used correctly. It is particularly suitable for re-used metal items such as clamps and tweezers, so long as these parts have been previously cleaned. UV light boxes and glassbead sterilizers are not regarded as adequate for sterilization and should not be used; and

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What do I need to do to ensure safe treatment at my premises? (f)

I'm bombarded with information on cleaning detergents, disinfectants and sterilants. What do these terms mean?

- The term '**sterilant**' is sometimes used by chemical manufacturers to describe chemical products that can kill many harmful microorganisms, including spores. Although a sterilant may be capable, under certain, carefully controlled conditions, of producing sterility, real life offers a far greater challenge. Chemicals sold as sterilants should therefore be regarded as disinfectants, with their activity limited to those defined above, under 'Disinfection'. ;



Which cleaning, disinfection or sterilizing methods should I use?

The methods you use within your business will depend on the type of equipment you use. Although it is impossible to anticipate every requirement, there are a few principles that should be followed:

- As described for surface cleaning, chemical products used for cleaning and disinfection should be chosen with care, to be effective but to avoid causing damage to your equipment. For example, some metal surfaces may be damaged by disinfectants containing bleach or other corrosive chemicals;

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What do I need to do to ensure safe treatment at my premises? (g)

Which cleaning, disinfection or sterilizing methods should I use?

- Before purchasing any chemicals of this kind check the manufacturer's catalogue / web site, or with the supplier direct, to ensure the products are suitable for your needs and capable of killing bacteria, spores and blood-borne viruses. A selection of cleaning agents and disinfectants, and their appropriate uses, is given in Table 1, on page 11;
- Body piercers should own an ultrasonication bath for the effective cleaning of instruments prior to steam sterilization, and this type of equipment is essential for effective instrument cleaning prior to sterilization and re-use. Ultrasonication generates millions of bubbles that vibrate within the ultrasonication bath of liquid and these facilitate thorough cleaning of even recessed and hollow regions, by a process known as 'cavitation';
- If you use a steam sterilizer for sterilizing hollow or packaged items it must have a vacuum step that will allow penetration of steam in to hollow spaces. If not, there is no guarantee that steam treatment will sterilize those areas at all. Packaged items also require a drying step, as damp packaging can become contaminated once removed from the sterilizer to the open air;
- Non-hollow, re-usable items such as metal tweezers, clamps etc. can be safely sterilized (once cleaned) using a basic bench-top steam sterilizer, but should not be packaged before sterilizing;



What do I need to do to ensure safe treatment at my premises? (h)

Which cleaning, disinfection or sterilizing methods should I use?

- Although highly effective, vacuum steam sterilizers can be expensive to purchase, run and maintain and are complex pieces of equipment. As such, the suitability of a particular sterilizer for a particular load needs to be checked to ensure sterilization. Further guidance is available in document MHRA-MDA DB 2002 (06) – see [Appendix 1](#) for details;



- Many methods are used by operators to clean and prepare their client's skin before treatment. Although 70-80% ethanol wipes will achieve this and will not damage the skin under limited use, thorough washing of the area with soap and water, followed by drying with a clean disposable towel, is sufficient to provide a safe starting point for body piercing;
- Needles used for body piercing are in direct contact with the client's punctured skin. In the past some operators cleaned, sterilized and then re-used their needles, but this is not regarded as good practice. Today cheap, one-use-only needles are readily available in bulk, and should always be used and then disposed of after each client;

Further details on body piercing hygiene procedures are available within the Local Authority Circular on tattooing and body piercing, at: <http://www.hse.gov.uk/lau/lacs/76-2.htm>.



What do I need to do to ensure safe treatment at my premises? (i)

Table 1. Common cleaning agents / disinfectants – and their appropriate uses

Cleaning agent / disinfectant	Instruments	Skin	Work surfaces
Powder or liquid detergent diluted in hot water as indicated by the manufacturer – this is a cleaning agent and not a disinfectant	Yes – can be used for initial cleaning of instruments prior to disinfection or steam sterilization	No	Effective for cleaning down surfaces at end of sessions/day, prior to surface disinfection
Bleach – hypochlorite - on application bleach products must contain minimum 1000ppm available chlorine, e.g. from: sodium hypochlorite solution or other source of chlorine such as sodium dichloroisocyanurate (NaDCC) soluble tablets	No	No	Yes (hard, man-made work surfaces). Corrosive - not for jewellery.
60-80% alcohol , available as a component of disinfectant spray or 60-70% alcohol wipes	No	Yes	Yes, but effect is greatly reduced by any soiling
Halogenated Tertiary Amines and quaternary ammonium compounds (e.g. Trigene); these products often available as spray, ready to use bulk solution, powder or wipes	Yes – but some products may damage metal surfaces with lengthy exposure	No	Yes
Chlorhexidine based products – often combined with alcohol, e.g. Hibisol. Sachets should be packed individually to prevent contamination	No	Yes	No
Glutaraldehyde -based products such as Omnicide™	This substance cannot be used on skin and is both an irritant and a potent allergen. Exposure to it is strictly controlled under COSHH. Its use cannot be recommended unless appropriate exposure control measures are in place.		
Phenolic -based products such as Hycolin, and related products such as Stericol and Clearsol	These products contain 2,4,6-trichlorophenol and/or xlenol, and these chemicals were not supported under a recent biocides review. As such these products can no longer be supplied or used for any application, and were never appropriate for use on skin **		

**Information source: <http://www.hse.gov.uk/biosafety/notices/biosn012007.htm> Additional free information on chemicals and their safe use under COSHH can be found at: <http://www.hse.gov.uk/coshh/>



What do I need to do to ensure safe treatment at my premises? (j)

Do I have to wear disposable gloves or other protective clothing? I have a latex allergy and the gloves irritate my skin

When disposable gloves are worn they provide a two-way barrier that protects both operator and client. A high standard of hygiene and a reduction in operator skin problems can be achieved by following a few basic steps:

- Your hands should always be washed and dried thoroughly before putting on disposable gloves. Instructions on good hand washing techniques are given in Figure 1, page 14;
- Cover any cuts or grazes you have prior to putting on gloves and starting treatment;
- A fresh pair of disposable examination-style gloves must be worn during each body piercing procedure and must be disposed of between clients to avoid cross-infection. Never wash and re-use disposable gloves;
- If you are undertaking lengthy, invasive procedures such as implant insertion, surgeon-style gloves are recommended, as these are sterile at first use. The use of sterile gloves is particularly important here because such treatments may involve an increased level of skin piercing and therefore an increased risk of infection for your client. This approach is supported by the advice of medical practitioners, who would always use sterile, surgeon-style gloves for similarly invasive procedures;
- If you need to temporarily stop work, e.g. to answer a phone, always remove and discard the gloves you are wearing and replace them when you continue working;
- Latex allergies are becoming common with prolonged use of latex gloves, and the use of nitrile or vinyl gloves will avoid sensitisation. Transparent polythene gloves are loose-fitting and easily perforated, so are not suitable for this type of work;
- Ensure the gloves you use are CE-marked for use with 'biological agents', and replace them immediately if they ever puncture or tear. This means you are protected against microorganisms if you get blood/blood products on your gloved hands;

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What do I need to do to ensure safe treatment at my premises? (k)

Do I have to wear disposable gloves or other protective clothing? I have a latex allergy and the gloves irritate my skin

- If latex gloves are worn, those with low protein content should be chosen to help prevent latex allergy.
- Powdered gloves must never be used as they can increase skin irritation and the likelihood of allergy development;
- Always wash your hands after glove removal - gloves are not a replacement for hand washing;
- Moisturising hand cream, applied after hand washing, can help prevent skin drying after frequent washing. Such products should never be relied upon as a physical barrier to protect the skin from infection;
- Further information on latex allergy can be found on-line at:
<http://www.hse.gov.uk/latex/about.htm>; and,
- Detailed information on skin care and dermatitis in the work place can be found at:
<http://www.hse.gov.uk/skin/>

Some body piercers may choose to wear dedicated works clothing, and tunic tops that tolerate frequent, high temperature washes are often chosen for this purpose. This approach is fine so long as the top is changed daily to maintain a high standard of operator hygiene. Any other choice of work clothing should be changed daily.

A single-use plastic apron should be worn over these garments and should be disposed of between clients. These aprons are convenient, inexpensive and do provide an extra barrier of protection for the operator.



What do I need to do to ensure safe treatment at my premises? (/)

Hand washing – an essential part of all hygienic work activity

As the operator, your hands should be washed regularly to maintain a high level of personal hygiene. Hand washing is one of the most important procedures for preventing the spread of infection and the first step in infection control.

When to wash hands:

- Before and after direct contact with each client
- After contact with any blood or body fluids
- Before and after using gloves
- After visiting the toilet
- Any point when cross contamination occurs

Instructions on good hand washing techniques are given below:



Wet hands, apply soap and lather palm to palm



Clean between fingers;
right hand over left and left
over right



Wash palm to palm with
fingers interlaced



Wash with backs of fingers to
opposing palms, fingers
interlocked



Clean left thumb with
rotational movement of right
hand and vice-versa



Rotational rubbing of palms;
right fingers to left palm and
vice-versa



After washing, rinse hands
under running water and dry
thoroughly on paper towels

Hand washing technique as described originally by Ayliffe et al., (1978). J. Clin. Path. 31; 923



What do I need to do to ensure safe treatment at my premises? (m)

General housekeeping

- Don't allow smoking - the new smoke free law that came in on 1st July 2007 applies to virtually all enclosed public places and work places. This includes both permanent structures and temporary ones such as tents. Premises are considered to be enclosed if they have a ceiling and roof and are wholly enclosed either on a temporary or permanent basis. If you require further guidance as to whether your premises are or are not enclosed please contact your local council.
- Do keep your premises clutter free. There is no point investing money in correct equipment, work surfaces and disinfection procedures if your work areas become cluttered with unnecessary mess. Untidiness is more likely to lead to contamination and cross-infection, and it is important to have storage space set aside for the equipment you need. Ideally this should be an area separate from your treatment area;
- This document is not intended to tell you how to perform your treatment techniques, but as a general principle do ensure that your working area or trolley has a 'clean' and 'dirty' area – two zones - to ensure that clean and soiled materials are kept separate during each treatment;
- Do display information posters prominently to remind your staff of their responsibility to maintain cleanliness and safe practice at all times – over sinks is a good spot;
- Do display prominently within your premises any certificates relating to approved registration or training you have received;
- For larger businesses, cleaning regimes or rotas are a good way of ensuring that routine jobs are not overlooked, and a useful way for larger businesses to organise this is to have a procedures manual. That way, everyone takes some responsibility and knows what needs to be done, and when; and,
- Practitioners should be trained in first aid and up-dated regularly. The Red Cross and St John Ambulance are examples of organisations which provide training;



What do I need to do to ensure safe treatment at my premises? (n)

What is the best way for me to store and handle jewellery items, instruments and needles to avoid contamination?

There are a number of simple ways you can reduce the likelihood of contamination after items are removed from packaging or from the sterilizer, and so make your work safer for yourself and your client:

- Many types and gauges of body piercing needle are now available by mail order and via the Internet, and at low cost, so use of one-use-only needles is now best practice *and* affordable. Ordering your needles sterile-packed from a reliable supplier is best, and also means that they will be of a consistent quality and so less likely to cause unnecessary skin damage or infection during use. Sharps disposal is covered [elsewhere](#) in this document (See waste disposal).
- If you steam sterilize unpackaged items, such as pliers and forceps, and these are not used immediately, they must be stored dry, in a clean, disinfected, covered container that avoids dust settling on clean items. Although such items have been cleaned and sterilized, they cannot be regarded as having a high quality assurance of sterility at point of use because they are not being used in a controlled clinical environment such as an operating theatre; so,
- Such items should be used within three hours of removal from the steam sterilizer and must be stored as described during that time.

What should I do if I'm still unsure about anything?

If you have any concerns about the use of any aspect of your body piercing equipment, and cannot find the information you need in any accompanying instructions, do contact your supplier directly, or if different, the manufacturer. They may have information that has not been supplied to you but which is available on request. If you are not happy with their response contact your local environmental health department for advice. They will be pleased to assist you.



Do I need to organise special waste disposal for my business? (a)

Definitions and disposal

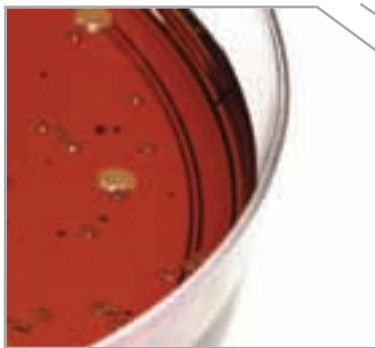
Waste that may contain living microorganisms or their toxins, which are known or reliably believed to cause disease in man or other living organisms, are regarded as hazardous wastes. Blood and other body fluids fall in to this category, and may be present on items such as used dressings, towels used for mopping and also on contaminated sharps. The way in which this waste is safely disposed of depends on a number of things:

- The nature of the waste (whether sharps or non-sharps [Soft] Waste);
- The likelihood that it will contain infectious microorganisms – based on a risk assessment and procedures that you plan for your business activities; and,
- The quantity in which the waste is generated.

Further advice on waste handling is provided below, but more detailed information is available on line from the Department of Health (DH) at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063274).

If you remain in any doubt about the type of waste you are generating, or the way in which to store and dispose of it, do seek advice from your local Environmental Health Officer.



Do I need to organise special waste disposal for my business? (b)

Sharps Waste

Because your business uses needle-based techniques for treatment it will generate waste material that contains sharps (needles and other sharps items). Used sharps may be contaminated with small amounts of blood or blood products from clients, and because blood can carry serious infections such as hepatitis B and C, as well as HIV, these materials must be disposed of responsibly by an approved contractor.

Sharps are typically classed as clinical waste due to this risk of infection, and are given the hazardous property 'H9' in the Recent DH Best Practice Guidance. Details on approved contractors who can safely dispose of such waste are available from your Local Authority. In particular, used needles must be disposed of to containers that prevent any risk of sharps injury. In order to stay 'sharps safe':

- You must dispose of sharps in an approved sharps container, no matter how small your business. This must be done using containers constructed to BS 7320; 1990 / UN 3291, and used containers must be disposed of through a waste management company who will dispose of them safely as waste for incineration only. A contract is required for this service and best practice is for weekly waste collection;
- Don't try to re-sheath any used needles, should they be supplied sheathed;
- Do avoid risk of injury and discard sharps directly into the sharps container immediately after use and at the point of use. Close the aperture to the sharps container when carrying or if left unsupervised, to prevent spillage or tampering;
- Do not place sharps containers on the floor, window sills or above shoulder height – use wall or trolley brackets, they should be stored above knee level and below shoulder level;
- Do carry sharps containers by the handle - do not hold them close to the body;
- Don't leave sharps lying around and don't try to retrieve items from a sharps container;



Do I need to organise special waste disposal for my business? (c)

Sharps Waste

- Don't try to press sharps down in the container to make more room;
- Do lock the container when it is three-quarters full using the closure mechanism;
- Do label sharps containers with premises address prior to disposal;
- Do place any damaged sharps containers inside a larger sharps container - lock and label prior to disposal - do not place this or anything sharp inside a yellow hazardous waste bag as it may cause injury; and,
- Do keep all sharps waste in a designated, locked area until it is collected.

Razors are often necessary for skin preparation prior to body piercing; these should be one-use-only (disposable) and should be discarded to a sharps bin immediately after use. Razors should never be re-sheathed after use.



Do I need to organise special waste disposal for my business? (d)

Soft Waste

In addition to the above clinical waste management requirements, used gloves, aprons, swabs, dressings and other non-sharps materials that are contaminated with bodily fluids do require segregation if generated in quantity. This is because such materials are defined as offensive/hygiene waste when generated in quantities of more than 7 kg during any collection interval, and must be disposed of in yellow/black receptacles ('Tiger bags'). Only when such waste is generated in small quantities (less than 7kg during any collection interval), should it be disposed of in the black bag stream with other waste. All offensive/hygiene waste must be post code labelled and kept in a designated, locked area until collected.

If your business suffers any kind of infection outbreak, e.g. gastrointestinal disease (diarrhoea and vomiting), then you may need to re-assess the nature of the waste you generate because it may pose a greater risk of infection. A risk assessment and waste disposal procedures should be in place to cope with such an eventuality.

First aid for bleeding

Although excessive bleeding is unlikely during body piercing treatments, some bleeding or loss of blood products (oozing) from treated areas may occur and can be safely treated as follows:

- The operator must put on gloves (nitrile, latex or vinyl – approved for use with biological agents) if not already wearing them;
- Stop any bleeding by applying firm pressure to the wound with a dry sterile dressing;
- Once bleeding stops dispose of soiled dressing into yellow hazardous waste bag; and replace with a sterile, non-adherent dressing;
- Remove and dispose of your soiled gloves, then wash your hands; but

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First aid for bleeding

- If bleeding persists it may be arterial bleeding and hospital attention should be sought immediately from your local A&E Department.

Always keep a basic first aid kit on your premises, to include sterile gauze, non-adhesive dressings and hypo-allergenic skin tape.

- Ensure you know the correct procedure, should needle-stick injury occur with a used needle, namely:
 - Immediately following ANY exposure - whether or not the source is known to pose a risk of infection - the wound or non-intact skin should be washed liberally with soap and water, but without scrubbing;
 - Antiseptics and skin washes should not be used - there is no evidence that they help, and their effect on local defences is unknown;
 - Free bleeding of puncture wounds should be encouraged gently, but wounds should not be sucked;
 - Seek medical advice from your local A&E Department whether your client is a known sufferer of blood-borne disease or not;
 - Record all such occurrences in your accident book; and
 - In the unlikely event that a reverse needle-stick injury occurs – e.g. the client is concerned about acquiring blood borne infection from the operator - the operator may be asked to give a blood sample for testing, to confirm an absence of blood borne disease.



I'm all set up now (a)

What about the legal issues?

There are a number of important legal requirements that affect body piercing treatments, and you must adhere to these to operate legally and safely:

- For body piercing, tattooing and micropigmentation treatments you are required to register your activities under Local Government bylaws, enforced by the Local Authority¹. Your local environmental health department can advise you on these requirements;
- The registration process usually involves an initial visit from an environmental health inspector, who will want to check the suitability of your premises, fittings, equipment and will verify the experience of the persons carrying on the business;
- Businesses are inspected to ensure that they comply with the bylaws, but the inspector can also offer advice and answer any questions you might have;
- Any home visits that you make must not make up the majority of your work, and by legal definition can only be undertaken 'sometimes' and not 'often'. A piercer who's main business takes them out of their registered premises for the main part of their working time would therefore be breaking the terms of their Local Authority registration;
- Legally, the equipment you use for body piercing in peoples' homes, as well as the working conditions, e.g. a couch for the client to lie on, should match those of your permanent premises. This is to ensure that any hygiene risks associated with mobile body piercing are minimised;
- Girls and boys under the age of 16 cannot legally give consent to intimate sexual contact under any circumstances², so piercing of nipples and genitalia (for girls) or genitalia (for boys) can be regarded as an assault offence. Although only proof that such contact was for sexual gratification would likely constitute an indecent assault, such piercings should be avoided and proof of age should always be asked for if you are in any doubt;



I'm all set up now (b)

What about the legal issues?

- Unless byelaws or local registration prohibits, the law does allow children under the age of 18 to consent to body piercing provided they are sufficiently mature to understand the nature of the request. This kind of assessment is clearly a subjective matter for the operator involved. The client should be provided with sufficient information to allow them to proceed in an informed way and without pressure. The presence of a parent or guardian, however, is recommended during any such procedure, to avoid conflicts later;
- Genital piercing should be by appointment only. Advise clients to bring a chaperone to help ensure there is no misunderstanding or allegation of impropriety;
- Body piercers should be aware that, based on the legal proceedings of Brown (1994) - where the Court ruled that one could not consent to the infliction of grievous bodily harm - it is likely that scarification, branding and related activities would be regarded as **illegal** under UK law. The Courts have not been asked to rule on these as commercial activities, but as they can be so extreme, the Courts could classify such levels of violence and harm to be unacceptable to public policy^Ψ;

- The Prohibition of Female Circumcision Act (1985) states that female genital mutilation; cutting, piercing or otherwise surgically modifying genitalia for non-medical reasons is, illegal. Therefore, piercing the female genitalia could be deemed an offence in a court of law;



I'm all set up now (c)

What about the legal issues?

- Under the Health and Safety at Work Act 1974 (HSWA) anyone carrying on a business must ensure that their staff, clients and members of the public should be protected from risks posed to health and safety by their business. This Act and the associated health and safety regulations, contain wide ranging powers that enable health and safety inspectors to check that your business premises are suitable for the work to be undertaken;



- If you employ people on your premises you must demonstrate that some form of training is given, so that they can do their job safely³. In addition, any equipment used in the business must be safe and fit for purpose. This could include equipment such as sanitation equipment used by the business⁴;
- If you are a business that also supplies equipment to others, you must ensure that the machinery and safety components that you supply satisfy essential health and safety requirements and that the machinery is accompanied by instructions for safe use and maintenance⁵;
- Where your business uses chemicals, e.g. disinfectants, which may be harmful (hazardous substances), under the COSHH regulations⁶ you must ensure that you do not expose yourself, your employees or clients or other members of the public to these substances. This is also true of infectious agents, so for example, people must be protected against exposure to blood or blood products that may contain blood borne viruses⁶. Safe disposal of swabs, dressings and any sharps is therefore essential, and vaccination against hepatitis B is recommended – see [additional advice](#) later in this document;

Cont ➤



I'm all set up now (d)

What about the legal issues?

- Lignocaine-based cream or spray and Ametop gel products are only available from a pharmacy and are for medical application only. Their use is subject to strict licensing conditions and use by a non-medically trained practitioner is likely to be an offence under the Medicines Act 1968.

Under no circumstances should they be administered by injection, as this will breach product licence conditions and will render the products Prescription Only Medicines (POM)⁷. In addition:

- ☐ Any creams or gels that can be used legally must be used safely, i.e. in accordance with the manufacturer's instructions or following advice from a pharmacist;
 - ☐ They should be applied using sterile gauze, or from one-use-only (mini) packs for each client, to avoid product contamination.
 - ☐ Repeated use of some topical local anaesthetics can lead to the development of skin sensitisation.
- Any injected product automatically becomes POM under UK law, and can only be administered by a doctor, dentist, or under certain circumstances, an independent nurse prescriber.

Details of Acts of law and regulations referred to above:

¹The Local Government (Miscellaneous Provisions) Act 1982; As amended by section 120 of the Local Government Act 2003.

²The Sexual Offences Act (1956)

³Management of Health and Safety at Work Regulations 1999

⁴The Workplace (Health, Safety and Welfare) Regulations 1992 and The Provision and Use of Work Equipment Regulations 1998 (PUWER)

⁵The Supply of Machinery (Safety) (Amended) Regulations 1992 [as amended 2005, and by the Supply of Machinery (Safety) (Amendment) Regulations 1994] (SMSR)

⁶Control of Substances Hazardous to Health Regulations 2002 (COSHH)

⁷The Medicines (Sale or Supply) (Miscellaneous Provisions) Regulations 1980

⁸See article 'Assault, Consent and Body Art: a review of the law relating to assault and consent in the UK and the practice of body art' from The Journal of Environmental Health, Volume 4, Issue 1, 2005.



Why so much emphasis on asking a client about their general health before I treat them?

Some of your prospective clients may have known medical conditions that place them at greater risk of complications, should they choose to have a body piercing treatment. Examples of these conditions include:

- Congenital (i.e. those present from birth) and other heart defects that make it much more likely that any kind of blood infection could cause serious heart complications;
- Known, chronic diabetic conditions that may reduce a person's skin healing ability due to their condition;
- Known sensitivity (allergy) to certain products, including some disinfectants, latex (gloves) as well as trace metals that may be present in certain jewellery products – see also 'Other considerations' below
- Anyone with a bleeding or clotting disorder such as haemophilia, or who is taking medication, may heal poorly after even the slightest skin breakage.

In addition to the above, there are known risks to the operator from blood-borne viruses such as HIV and Hepatitis B and C. In view of all these issues a checklist has been provided towards the end of this document ([Appendix 2](#)), which lists examples of what you should ask of a potential clients before treating them.

It is logical to make your client aware of health related issues at an early stage, and before any treatment is given. A signature can then be obtained that declares their understanding of possible complications associated with certain medical conditions. It is recommended that a prospective client always speak with their GP, should they be suffering from any of the conditions highlighted in [Appendix 2](#). The client signature would also give their consent to a specified treatment. That way your business has proof that you have asked all the right questions and, once satisfied, have gained the client's confidence and approval for their body piercing treatment to go ahead.

Records containing named clients' health data are confidential and should be stored in a locked cabinet. The documents in [Appendix 2](#) give examples of how such information might be presented and recorded.



Other important considerations prior to treatment (a)

As emphasised at the start of this document, the guidance is not intended as a training manual for body piercing. Consideration of the following points will, however, help to ensure that unnecessary complications are avoided during or after treatment of your client:

Pre-treatment information – Do draw your client's attention to the potential risks associated with body piercing (see [Appendix 2](#)) and give the client the aftercare advice sheet. Treatment should only be ever undertaken when both you and the client are happy with the health responses and other conditions listed in [Appendix 2](#).

Organise your space and plan ahead - Infection control issues are covered elsewhere in this document, but as a general guide do ensure that your work area is prepared so as to avoid having to leave the client in the middle of a procedure to get something that may be needed. Ensure all items needed for the procedure are within easy reach and that any items not required are removed from the immediate area;

Positioning your client - To minimise the consequences of fainting, the client should be in a secure, preferably reclined position when piercing is carried out. **This is not appropriate for tongue piercing**, as there is a risk of swallowing or inhaling jewellery, or of the tongue falling back;



Cont ➤



Other important considerations prior to treatment (b)

Jewellery quality - The quality of an inserted jewellery item is therefore important and can greatly reduce the risk of allergic reaction and infection. For example:

- Stainless steel items complying with The Dangerous Substances and Preparations (Nickel) (Safety) Regulations 2000 will minimise the risk of nickel allergies and have superior resistance to pitting and corrosion
- Gold, although desirable for other forms of adornment, is avoided by many body piercers. Only solid 14 carat and 18 carat material is said to be pure enough for body piercing applications;
- The use of gold below 14 carat increases the chance of metal impurities that may cause allergic reactions. Jewellery that is much more than 18 carat is generally too soft, becoming easily pitted and scratched, which may encourage infection to develop;
- Other metals and non-metal materials have been used safely in body piercing work providing they are free of nickel or other toxic metals. These include titanium, platinum, niobium (metals) and PTFE (also known as Teflon™); the last being an inert non-metal sometimes used for subcutaneous implants;
- Silver is not suitable for body piercing because it damages easily and may increase the chances of infection;

Client privacy - All piercings must be undertaken in conditions of appropriate privacy

Client skin cleanliness - The client's skin should be physically clean before any invasive piercing procedure is carried out, and any visibly dirty area must be washed with soap and water before any marking up. After marking up (see below) an alcohol-based skin wipe, preferably from an individually wrapped sachet, should be used to cleanse the skin in accordance with the manufacturer's guidelines. This must be allowed to dry before the start of a procedure.

Cont >



Other important considerations prior to treatment (c)

Skin marking up - If the piercing site is to be marked then this should preferably be done with a single use toothpick and non-toxic ink, to mark the piercing site. The toothpick should be discarded immediately after use. Alternatively, a non-toxic, fine indelible pen may be applied, using the minimum marking possible. For tongue and genital piercing, if a toothpick method cannot be used to mark the piercing site - then the marker pen used should be discarded after use.

Jewellery insertion - Most body piercers use one-use only sterile, cannulated needles to pierce the skin and to lead in jewellery items of the same gauge, so piercing guns are not used for their work. If you do choose to use a pre-sterilized piercing gun of some kind;

- Do not use ear-piercing guns for any other parts of the body other than the ear lobe. In most cases, such equipment is designed for the ear lobe alone and the guns will become contaminated by inappropriate use elsewhere; and,

- The guns can also cause tissue damage if used outside of their manufacturer's intended application, due to variation in the thickness of the skin and in accessibility to the treated area. Used away from the ear the gun is likely to insert jewellery that is too small for these other regions of the body, and this can result in jewellery embedding;



General aftercare advice (a)

It is best practice to supply your clients with both verbal and written aftercare advice at the time of treatment, rather than verbal advice alone. Some operators prefer to present and discuss this before treatment, others after. The decision should be based on your own experience of when you feel the client is at their most receptive and relaxed. The advice should include:

- Most piercings will bleed initially, but this should stop within a few minutes. Any recurrence of bleeding within the first few days should stop with firm pressure to the pierced site. If bleeding at the time of piercing – or anytime afterwards – becomes continuous / excessive then your client should be advised to seek medical attention;
- Leaving the pierced area completely dry is preferable. In view of this, your client should be advised that personal hygiene should avoid submersion or direct handling of the newly pierced site for at least 4 days after the initial treatment. This will allow drying of the wound and will greatly reduce the chance of wound infection;
- A sterile, non-adhesive dressing may be appropriate for applying over the pierced site for the client's journey home, but in many cases, simply keeping the area clean and dry is likely to be the best approach;
- Be aware of any signs of developing infection if your client returns for a check-up – although some reddening and localised swelling is likely around any pierced area, if this persists more than 2 weeks, or becomes worse within that period, then medical advice should be sought;
- Although a piercing may ooze clear, odourless fluid for a few days, if this discolours and turns to pus, or develops odour and / or is accompanied by persistent redness and soreness around the area, then your client should be advised to seek urgent medical advice;

Cont >



General aftercare advice (b)

- Cleaning, and the use of skin disinfectant chemicals can result in damage to delicate scar tissue and extended healing time and should therefore be avoided; and,
- The use of petroleum jelly based creams is permissible following treatment but should be applied from single use supply or from some other non-communal source. During healing any cream used by clients should be from an appropriate tube/pot at home and hand washing before use is important. A good level of hygiene around the treated area is also essential during healing. Cream can be purchased with advice at a pharmacy or may be available via the tattooist as a specific tattoo wound care product.

More detailed aftercare information, including a guide on healing times, is provided in [Appendix 2](#) of this document – an aftercare advice sheet - and has been designed so that it can be copied and used as an aftercare handout sheet.



What about other treatments that might be offered by some piercers?

A variety of techniques are encompassed by the term body modification, and these all involve the conscious transformation of the body in to a desired form. The following methods fall in to this category:

- **Enlargement jewellery**, such as a flesh tunnel, is notably used for some ear piercing techniques. This method progressively enlarges the initial piercing site and, as a result, the stretched area will not simply return to its original state on removal of the jewellery item. A permanent change is created;
- **Implants**, also fall in to this category, and these involve the insertion of inert, subcutaneous materials (e.g. Teflon™ (PTFE) beads hidden beneath the skin), which create a raised body art effect. The technique is often used in conjunction with tattooing effects. Implants vary in size and may migrate after insertion. This may make removal more difficult than original insertion, and scarring is likely if removal is required.
- **Scarification**, is the intentional creation of permanent scarring of the skin. Methods used include cutting or branding. Historically, inks or ashes were often introduced into the open wound to enhance the visual impact of the scarring effect. When the wound heals it usually leaves a pronounced scar (a keloid). This treatment is specifically prohibited in parts of Great Britain, and failure to observe local legislation could result in prosecution.

Although some of these ancient techniques are now being revived by modern operators requests for such treatments should be given careful consideration by both client and operator, particularly in view of the questionable legality of treatments that result in permanent scarring. The enduring physical and psychological impact that these treatments may have on the client and those close to them must also be taken in to account.

Please remember: Removal of large jewellery items and/or subcutaneous implant materials may either leave a significant change in the structure of the treated area (as with flesh tunnel stretching), or else require complex, near surgical intervention (as with implant removal).



Is there some kind of checklist that I can use? (a)

There seems to be a lot to remember

The following list is not exhaustive, but should serve as a useful reminder of the many areas that need to be considered prior to starting treatment:

- Need for contact with Local Authority - for registration purposes;
- Requirement to display registration certificate in premises;
- Records keeping for possible inspection – e.g. client details such as health questionnaires; signed consent forms or other related client records, e.g. photographic;
- COSHH Assessments – For staff levels of more than 4 people, these should detail any risk-related activity, who was involved, and what was done to control or eliminate the risk, e.g. the handling, storage and disposal of strong chemicals or soiled swabs / sharps materials – for guidance see also <http://www.hse.gov.uk/pubns/guidance/sr12.pdf>;
- Evidence of written aftercare advice for clients – see also Appendix 2;
- Training records for yourself and other operators in the business;
- First aid training; posters, booklets, first aid kit availability, spill kit for cleaning up vomit and blood;
- Spill kit for chemical spills, e.g. bleach or other concentrated disinfectant – to include absorbent granules and / or paper tissue roll;
- Operator hepatitis B immunisation – advisable for anyone using needles or in contact with blood products on a regular basis**;
- All individuals handling sharps are advised to ensure they are up-to-date with tetanus vaccination. Your GP will be able to tell you whether or not you are fully protected against tetanus;

**A safe and effective vaccine for the prevention of hepatitis B is available. Vaccination is strongly advised for all body piercers and for staff who may be involved in cleaning equipment. There are currently no vaccines available against hepatitis C or HIV. However, there are measures that can be taken post-exposure to blood or body fluids that may prevent infection.

Cont ➤

Is there some kind of checklist that I can use? (b)

There seems to be a lot to remember

■ Hygiene measures required, including:

Designated wash hand basin for operators only

Liquid dispensed soap

Hot and cold running water

Disposable paper towels and foot operated towel discard bin

Procedures for cleaning work surfaces

Procedures for cleansing client's skin

Disposable vinyl/nitrile/vinyl gloves with Microbiological Hazard Group 2

CE marking (latex gloves should be avoided as they are associated with latex allergy)

Disposable plastic apron or washable tunic, as appropriate

Disposable paper sheets for treatment couch

No smoking sign

Needles: Pre-sterilized, one use only

- Types of topical anaesthetics – ensure they are licensed for your use and preferably available in one-use-only packs;
- Sharps box use – different sizes are available depending on your needs and are delivered and disposed of by licensed contractor;
- Ensure hazardous waste disposal by licensed contractor;
- Ensure you know the correct procedure, should needle-stick injury occur with a used needle;
- Work surface – type / ability to clean; e.g. ensure floors are well sealed;
- Ultrasonic tank – different tank sizes are available for instrument cleaning;

Cont >



Is there some kind of checklist that I can use? (c)

There seems to be a lot to remember

- Frequency of ultrasonic bath solution changes – type / suitability;
- Disinfectants used – check type and appropriate biocidal activity;
- Autoclave sterilization procedures / records sheet / maintenance records;
- Autoclave performance test certificate and compliance with Pressure Systems Safety Regulations 2000. The owner of the autoclave is responsible for ensuring that:
 - ❑ The machine is certified as suitable by a competent person
 - ❑ The machine is properly maintained and in a good state of repair
 - ❑ Installation and validation of the autoclave is done via an authorised person
 - ❑ Training of the operator occurs and is documented
 - ❑ A written scheme of examination is available for the autoclave – this record may be examined by any visiting Environmental Health Officer and must include: evidence of daily, weekly, quarterly and yearly testing, completed and documented in a logbook and with each cycle recorded
 - ❑ A pressure testing certificate is available (the door can blow off with fatal consequences)

Further detailed information is available from the MHRA on-line guidance link in [Appendix 1](#); and,

- Public liability insurance - not a legal requirement, but it makes sense for anyone who has a business or who might otherwise incur liability to obtain Public Liability Insurance cover to simplify matters in the event of an aggrieved client making a claim. NB. using any equipment inappropriately may invalidate cover, for example, using an ear-piercing gun to pierce other body parts.



Appendix 1 (a)

Other useful sources of information

- **A Guide to Hygienic Skin Piercing**; tattoos, acupuncture, ear piercing, electrolysis. (Copy right 1983). Professor Norman Noah, MB, MRCP, MFCM. Published by PHLS, Colindale Avenue, London. ISBN 0 901144 10 X. (Now available with other supplements electronically only from norman.noah@lshtm.ac.uk)
- **Bench-top steam sterilizers** - guidance on purchase, operation and maintenance: Medical Devices Agency, Device Bulletin 2002(06) October 2002. At: <http://www.mhra.gov.uk/home/groups/dts-bi/documents/publication/con007327.pdf>
- **Body art**, cosmetic therapies and other special treatments: Barbour Index: CIEH: ISBN 1-902423-80-1 (Price, £20 at the time of this publication)
- **Eames, M.** (2001). **Body Piercing: 'Does it Hurt?'** A complete illustrated guide to body piercing. NliteN Publications, UK. ISBN 0 9541138 0 2
- **HSE Local Authority Circular (LAC)**; detailed guidance on Cosmetic piercing tattooing and scarification (LAC 76-2). Available free at <http://www.hse.gov.uk/lau/lacs/76-2.htm>
- **HSE Local Authority Circular (LAC)**; detailed guidance on micropigmentation (LAC 14-1). Available free at <http://www.hse.gov.uk/lau/lacs/14-1.htm>
- **HSE online guidance** on alternatives to latex gloves due to the high incidence of allergy reported by wearers. <http://www.hse.gov.uk/latex/about.htm>
- **Ink – The not just skin deep guide to getting a tattoo.** (2005). Written by Terisa Green, PhD. Published by New American Library, a division of Penguin Group USA, 375 Hudson Street, New York. ISBN 0 451 21514 1.
- **Local Government Act 2003: Regulation of cosmetic piercing and skin-colouring businesses** – guidance on Section 120 and Schedule 6 (Department of Health) - http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLegislation/PublicationsLegislationArticle/fs/en?CONTENT_ID=4076283&chk=nElxNU

Cont >



Appendix 1 (b)

Other useful sources of information

- **Single-use Medical Devices:** Implications and consequence of Re-use. MHRA-MDA document DB2006(04). http://www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&useSecondary=true&ssDocName=CON2024995&ssTargetNodeId=572
- The Tattooing and Piercing Industry Union (TPI), in association with the GMB. At: <http://www.tpi.org.uk/>

N.B. Trade journals, industry seminars, trade conventions and Internet web sites can all be a valuable source of information for your business, but standards of publication and presentation may vary. If you read or hear about anything from such sources that you are uncertain of, please consult your local Environmental Health Officer for advice.



Appendix 2.

Health questionnaire and checklist (a)

Prompt for operator – aspects of a client's medical history that you must check

The medical prompts and client information sheet below are designed to obtain medical information fairly, non-invasively and to only collect relevant and accurate information needed to safeguard against any adverse effect from the proposed body piercing. Once you have provided your prospective client with combined health information / questionnaire (shown below), and they have read it carefully, you need to check whether they have a medical history of any of the following conditions before they sign a declaration form. The client questionnaire is designed to allow discussion if any condition is revealed that may be affected by the body piercing:

Skin Conditions

- **Eczema** – as this may make a person more prone to skin infections / irritation
- **Psoriasis** and other chronic skin conditions at the proposed site of the treatment - e.g. lesions from Koebner phenomenon - but excluding acne and disorders of pigmentation – same complications as eczema

Circulation disorders

- **Heart disorders** – individuals are more prone to serious heart complications from any blood infections
- **High/low blood pressure** – can cause light headedness and may be linked to other heart-circulation disorders
- **Haemophilia** and other bleeding disorders – due to poor clotting / healing

Pregnancy

- **Nursing mothers** – ensure that treatment area does not interfere with the feeding process; also, any risk of infection for them is also a potential risk to their baby
- **Pregnancy** – the immune response may be affected by pregnancy; any infection may affect the unborn child

Cont ➤



Appendix 2.

Health questionnaire and checklist (b)

Prompt for operator – aspects of a client's medical history that you must check

Other medical conditions

- **Epilepsy** – medication may cause side effects and poor control of the condition may result in fitting during treatment
- **Diabetes** – long term sufferers may have circulation problems that can reduce healing properties of the skin; this can result in severe infection
- **Autoimmune disease** or other conditions or treatments causing immuno-deficiency (e.g. cancer treatments) – more prone to serious infection; HIV a risk factor for operator
- **Medication** – side effects may affect healing and recovery from treatment

Allergic responses

- **Allergies*** - especially nickel allergy; may result in serious skin reaction from small amounts of metals in present in applied products (jewellery items.)

Other considerations before you treat a client

- **General observation** – treatment should never be undertaken if the client appears to be under the influence of drugs or alcohol
- **Any other conditions**; always ask as the above list is not exhaustive



Cont ➤



Appendix 2.

Health questionnaire and checklist (c)

Prompt for operator – aspects of a client's medical history that you must check

Note: Body piercing of clients with any of the above conditions is not necessarily impossible. Before any treatment is given, however, affected individuals should be encouraged to consult their doctor for advice as to whether or not there are any contra-indications to having a body piercing.

* Patch testing of skin products may be needed if sensitivities are indicated.

- Associated hazards and risks, e.g. is the client suffering from any infections that may pose a risk to themselves or to the operator as a result of the treatment?
- Please remember, information provided by the prospective client may be unreliable and standard precautions should always be in place to protect both parties, regardless of the response. If a client is suffering from a serious and incurable infection, such as a blood borne-virus infection, it may be inappropriate for them to have treatment undertaken.

UNDER THE DATA PROTECTION ACT (1998) ANY INFORMATION OF A SENSITIVE OR PERSONAL NATURE THAT YOU REQUEST FROM YOUR CLIENT MUST BE STORED SECURELY AFTERWARDS, UNDER LOCK AND KEY. THE INFORMATION MUST NOT BE USED FOR ANY PURPOSE OTHER THAN THAT FIRST INDICATED TO THE CLIENT (I.E. ONLY FOR PURPOSES OF ENSURING THAT BODY PIERCING IS A SAFE OPTION FOR THEM, AND THAT ANY RISK TO THEM IS MINIMISED BY ASSESSING THEIR MEDICAL HISTORY).

YOU MUST MAKE SURE THAT YOUR CLIENT KNOWS WHO IS OBTAINING THE DATA, FOR WHAT PURPOSE AND FOR HOW LONG THE INFORMATION WILL BE KEPT. IT IS SUGGESTED THAT ANY COLLECTED MEDICAL INFORMATION BE STORED FOR AT LEAST ONE YEAR FROM THE DATE OF TREATMENT, BUT PLEASE CHECK THIS WITH YOUR LOCAL ENVIRONMENTAL HEALTH OFFICER, AS REQUIREMENTS MAY VARY IN DIFFERENT AREAS.



Client health information and declaration of understanding

You have requested a treatment that involves breakage of the skin surface with a sterile needle, and this process may complicate some medical conditions. Please read the following information carefully, and if any of these conditions apply to you, **you MUST declare them to the operator on the premises** and discuss these matter with him / her.

Skin conditions

Eczema this may make a person more prone to skin infections / irritation

Psoriasis or other chronic skin conditions, excluding acne and disorders of pigmentation – same complications as eczema

Circulatory disorders

Heart disorders some heart defects render individuals more prone to serious heart complications from any blood infections

High/low blood pressure can cause light headedness and may be linked to other heart-circulation disorders

Haemophilia and other bleeding disorders – as may result in poor clotting / healing

Pregnancy

Nursing mothers treatment must not interfere with the feeding process; also, any risk of infection for them is also potential risk to their baby

Pregnancy the immune response may be affected by pregnancy; any infection may affect the unborn child

Other medical conditions

Epilepsy medication may cause side effects and poor control of the condition may result in fitting during treatment

Diabetes long term sufferers may have circulation problems that can reduce healing properties of the skin; this can result in severe infection

Autoimmune disease or other conditions or treatments causing immuno- deficiency (e.g. cancer treatments) – more prone to serious infection; HIV a risk factor for operator

Medication side effects may affect healing and recovery from treatment

Allergic responses

Allergies E.g. nickel allergy; may result in serious skin reaction from small amounts of metals sometimes present in applied products (e.g. jewellery, inks etc.)

Other considerations before you undergo treatment

General treatment cannot be undertaken if you are under the influence of drugs or alcohol

Any other conditions the above list is not exhaustive. If you are suffering from any other medical condition not listed, please inform your operator

I confirm that have read the above information and discussed it with my operator.

Print client's name _____

Signature of Client: _____ Date: _____

Signature of Operator: _____

Was treatment refused by the operator? **Yes / No** (Circle as appropriate)

Reasons? _____

Client consent form

Sample page

Name of Premises:			
Address & Tel. No. of Premises:			
Name of Operator (print):			
Name of Client (print):			
Address & Tel. No. of client:			
Age of client and DOB:			
Proof of age of client and type of ID used (attach copy if possible)			
Type of procedure:			Please provide a short description
Type of Jewellery used (as applicable):			
Site of Procedure (& design if applicable)			
FOR CLIENT'S INFORMATION Known (potential) risks associated with body piercing	<ul style="list-style-type: none"> ■ Scarring ■ Blood poisoning (Septicaemia) ■ Jewellery embedding/ migration ■ Localised infection - particularly nose, navel, genitals ■ Allergic reactions to jewellery metals ■ Localised swelling & trauma around the site ■ Tongue piercing may lead to swelling, choking & restriction of the a airway 		
INDIVIDUAL CONSENT 'I declare that I give my full consent to the body piercing being carried out by the aforementioned operator. I confirm that potential complications, (e.g. infection, swelling, gum/tooth damage, jewellery migration/embedding) for the procedure undertaken, and aftercare instructions, have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.I confirm that the above information provided by me for this consent form is correct to the best of my knowledge, that I am over the age of consent for this procedure (i.e. over 16 years old) and that I am not currently under the influence of alcohol or drugs.'			
Signature of Client:		Date:	
Signature of Practitioner (operator):		Date:	
Appropriate aftercare advice sheet given?	YES*	NO*	Please circle as appropriate
PARENTAL CONSENT (as applicable for piercing): 'I consent that all of the intended procedure has been explained to me and that the information provided by me is correct to the best of my knowledge. I hereby consent to my child (named above) having the body piercing and I understand the risks as summarised below'			
Name of Parent (Print):			
Signature of Parent:			
Contact Details of Parent:			
GP name and address details (PRINT):			

Based (with permission) on a format created by City of York Council



Body piercing aftercare advice sheet (a)

Sample pages

Premises Name:	
Premises Address:	
Telephone No:	
Practitioner (print name):	
Date of treatment & site:	

This advice sheet is given as your written reminder of the advised aftercare for your new piercing. Getting a new piercing involves breaking the skin surface so there is always a potential risk for infection to occur afterwards. Your piercing should be treated as a wound initially and it is important that this advice is followed so that the infection risk can be minimised.

Minimising infection risk guidance tips:

- Most piercings will bleed at first but this should stop within a few minutes. Gentle pressure on or around the pierced site will slow bleeding, but if it is excessive or persists then immediate medical advice should be sought;
- Remember, all pierced regions will tend to swell immediately after treatment, and the item of jewellery you have inserted will be designed to accommodate this. Tongue piercings may swell to the limit of the inserted bar, and this can be reduced by rinsing the mouth with iced water;
- If the jewellery becomes too tight because of swelling, see your body piercer immediately. If, however, you have a tongue piercing and begin to experience neck pain or problems with swallowing, **contact a medical practitioner immediately or go direct to your local Accident and Emergency Dept.**
- Always wash and dry your hands before and after any essential handling a newly pierced site, e.g. cleaning of the area;
- Avoid unnecessary touching, scratching or picking of the newly pierced site to reduce the risk of introducing infection. In particular, avoid using fingernails to handle jewellery, as the underside of nails are more likely to introduce infection to the pierced site;
- After removing any initial dressing applied by the piercer, clean the piercing twice a day if possible – the use of boiled water, allowed to cool, and clean gauze or other non-disintegrating cotton wool swabs is best for this. Sterile (normal) saline purchased in sachets from your pharmacist is also suitable for this;
- Gently soak off and wipe away any crusty formations at the wound site – do not pick them off;
- Avoid applying hot cleaning solutions or surgical spirit on the treated area as they can damage delicate healing skin;
- If possible, shower rather than bathe whilst the piercing is healing so that unnecessary water submersion is avoided;
- Pat dry the pierced area after cleaning – do not rub as this could snag jewellery and tear delicate healing tissue;
- Do not use skin products on the treated area that have not been recommended by your operator or are not intended for open wound healing. There is generally no need to use any other skin antiseptic products and you should not share skin products with others;

Cont ➤



Body piercing aftercare advice sheet (b)

Sample pages

- Avoid swimming, sun beds and sun bathing until your new piercing is fully healed, as direct sunlight / chlorine can interact with treated site causing skin irritation and inflammation;
- Try to wear loose, cotton clothing to minimise rubbing and irritation to a newly pierced site, and in general try and keep a new piercing as dry and exposed as possible;
- Always keep a new piercing covered and protected if working in a dirty, dusty or oily environment – a non-adhesive dressing secured with dermatological tape is best;
- Only ever change your jewellery as directed by your operator, and ensure any new jewellery you buy is of good quality and is from a reputable dealer; and,
- If you have any problems/ queries, please contact your operator initially. He/she will refer you onto your GP if there are signs of adverse reaction / infection.

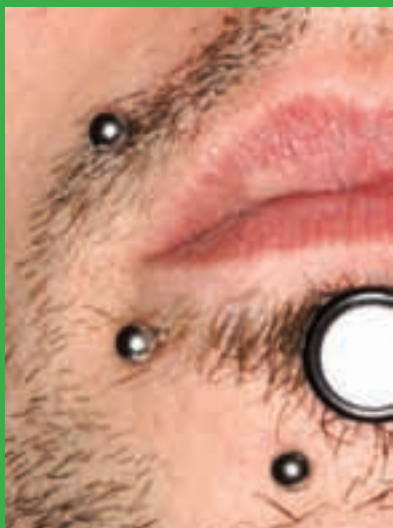
For body piercing, expected (complete) healing times are difficult to predict because individuals' healing abilities vary, but all clients should be told what to expect. The healing time is the time required for the jewellery 'tunnel' to become dry and healed after the initial tissue damage. Guidelines are scarce in this area, but those provided below are originate from the US Association of Professional Piercers:

- Ear lobe, eyebrow and nasal septum: 6 – 8 weeks
- Ear (cartilaginous region) and nostril: 2 months to 1 year
- Tongue: 4 to 8 weeks**
- Lips and cheeks: 6 to 12 weeks**
- Genital (female and male) including inner labia, clitoral hood: 4 to 12 weeks
- Nipple, scrotum, outer labia: 2 to 6 months
- Navel and ampallang (a transverse penile piercing): 4 months to 1 year

**Chewing gum should be avoided while oral piercings are healing. Newly pierced tongue regions can be gently cleansed with a clean, soft toothbrush and toothpaste, in order to remove any coating around the site. Half strength mouth wash – diluted with tap water – should be used twice daily after tongue piercings, and additionally after eating, drinking or smoking.

These aftercare guidelines based (in part) on guidance compiled by the MSW Collaborative Special Treatment Working Group - July 2002 – format reproduced with permission from the City of York Council. Healing times reflect those provided by the US Association of Professional Piercers.





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