

**Greater Manchester Health Protection Unit**

**INFECTION CONTROL ADVICE**  
**for**  
**BODY PIERCERS**

**GUIDANCE**  
**FOR PRACTITIONERS**

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Body Piercing has become a fashionable and popular form of modern youth culture. It is necessary to ensure that high standards of hygiene are maintained by those performing body piercing in order to protect the public and practitioners. This document aims to offer advice to practitioners on how to prevent the transmission of infection and how to comply with relevant legislation & Bye-laws.

The document consists of two main sections. The first section reflects on the legal considerations that a practitioner needs to be aware of, in order to help protect him/herself and the client. The second, which requires equal respect, is that of infection control in the premises. This section promotes best practice and provides a framework/audit tool to monitor minimum standards, thus reducing the risk of infection to both the operator and the client.

Both sections compliment one another and the overall content requires the serious consideration of those individuals who provide a service of body piercing.

Further guidance maybe obtained via your local Environmental Health Department, and infection control advice from the local Primary Care Trust, Infection Control Nurse or the local Health Protection Unit.

### ***ACKNOWLEDGEMENTS***

- 1) Health & Safety Team for the Environmental Health and Consumer Services Division, Tameside Metropolitan Borough Council
- 2) Mrs J.K. Dawson, Clinical Nurse Specialist Infection Control, Staffordshire Health Protection Unit.
- 3) The Body Piercing Consortium, Body Piercing Guidelines 7th Edition
- 4) LACHO - East Lancashire Sub Group
- 5) Mr Jeff Scott, Nurse Consultant in Health Protection, Cumbria & Lancashire HPU.
- 6) Bury & Rochdale, Body Piercing Guidelines
- 7) Mr Allan Silverwood, Senior Infection Control Practitioner, Bury PCT.

## SECTION 1

### Guidelines for the Practice of Body Piercing

#### *INTRODUCTION*

This guidance has been produced to aid practitioners in understanding their obligations relating to body piercing. The guidance sets out best practice information based on current knowledge of the body piercing industry. It must be borne in mind, however, that the information given is for advisory purposes only.

*All body piercing operations are carried out entirely at the practitioners own risk and compliance with this guide does not indicate compliance with any legal responsibilities and obligations, either civil or criminal.*

The guidance is not intended to be an authoritative interpretation of the law; such interpretation can only be made by the Courts.

#### **1.1 Registration**

Whilst there is not legal requirement for a body piercing practitioner to be registered by the Local Authority, it is a requirement that the practitioner must register where ear piercing is offered. This will ensure that the minimum standards of the ear piercing bye-laws can be met at body piercing premises.

Body piercers who employ staff to work at their premises must also register the premises under the provisions of the Offices, Shops and Railway Premises Act 1963.

#### **1.2 Definitions**

Body piercing may be defined as any facial, cosmetic or deep body piercing other than the ear.

#### **1.3 Legal Considerations**

There are no specific legislative controls on the practice of body piercing. There are, however, a number of general legal provisions and arguments that should be taken into account:-

- (a) **Section 3 of the Health and Safety at Work etc. Act 1974** requires every employer and self-employed person to carry out their activities in a manner that

does not create risks to the health and safety of persons who are not their employees.

Many types of body piercing have prolonged healing periods and a high risk of infection and so body piercers must demonstrate that their competence, hygiene standards and after care information are sufficient to protect their clients from health risks arising from piercing operations.

- (b) **The Local Government (Miscellaneous Provisions) Act 1982** requires that a person performing ear piercing (or electrolysis, tattooing & acupuncture) and the premises where this takes place, must be registered with the local authority. The person & the premises must comply with any bye-laws in force under the Act.
- (c) **The Prohibition of Female Circumcision Act 1985** states that a person *excises, infibulates or otherwise mutilates the whole or any part of the labia majora labia minora or clitoris of another person* is guilty of a criminal offence. It is arguable that the piercing of female genitalia in the absence of medical reason could be an offence under this Act.
- (d) A recent House of Lords decision in a sado masochism case ruled that no individual has a right to allow an assault on their person. It could be argued that deep body piercing (i.e. piercing of nipples, penis and labia) is a form of assault on their person and a practitioner could therefore be criminally liable even if consent has been given by the client.
- (e) There is a growing body of legal opinion that deep body piercing is bordering on a surgical operation. The practice of clinical surgery without medical qualifications is a criminal offence. It is also illegal for piercers to administer local anaesthetic injections, unless medically qualified.

All of the above points should be borne in mind when body piercing is offered to clients, or requested by them.

**In addition, a practitioner should NEVER perform piercing on a person who is intoxicated or whose judgement maybe affected by alcohol or other substances .**

## **1.4 Age Limitations**

Again, there are no specific legal controls over the age at which body piercing should be offered.

Although not a requirement, it is good practice that body piercing is not offered or administered to any person under the age of 18 years.

Exceptions may be made in the case of facial or cosmetic piercing (e.g. nose, lip, eyebrow, navel etc.) provided that such piercing is only offered or administered to persons under 18 years of age when they are accompanied by their consenting parent or guardian.

**Under no circumstances should deep body piercing (i.e. deep tissue involvement) be offered or administered to persons under 18 years.**

## 1.5 Proof of Age

Every effort must be made to ensure that persons requesting body piercing are 18 years old or over. It is not sufficient to simply ask them their age. As a minimum standard, the client must be asked to produce appropriate proof of age, such as:-

- (a) a passport
- (b) a proof of age Identity Card

Both of these carry a photograph of the holder. A driving licence or other form of identification that does not carry a photograph is not sufficient for borderline cases. In cases where it is reasonably obvious that the client is over 18, a driving licence is sufficient if accompanied by supporting proof of age, identity and address, such as a gas or electricity bill, bank statement etc.

Under no circumstances should body piercing be offered or administered to anyone who cannot produce appropriate identification and proof of age.

## 1.6 Records of Information

It is good practice that accurate and comprehensive records are kept of all body piercing operations.

A Consent Form should be produced that allows the records of the following information:-

- a) the client's name and address
- b) their age
- c) the proof of age or identification provided by the client
- d) the date and nature of the piercing/procedure carried out
- e) the client's medical history, covering the following conditions:-
  - heart disease
  - Cellulites
  - HIV status
  - Hepatitis B or C status
  - genital warts ( only if relevant )
  - diabetes
  - epilepsy
  - allergic responses to anaesthetics, adhesive plasters, or jewellery, metals such as nickel.

- eczema
  - impetigo
  - haemorrhaging
  - fainting
- f) client's signature for consent and acknowledgement of risk information.
- g) records may also contain information regarding type of body jewellery used and any previous piercing/tattoo's carried out by the practitioner.

There should be a notice prominently displayed on the premises informing clients of the possible risks associated with body piercing operations, including:

- blood poisoning (e.g. septicaemia)
- localised severe swelling and trauma at and around the piercing site
- scarring
- jewellery embedding
- localised severe swelling and trauma at and around the piercing site
- localised infections e.g. sepsis and urethritis
- allergic reactions to jewellery, metals, antiseptics, soaps, creams and ointments
- fainting.

All clients must read the displayed information before signing the Consent Form or if necessary, the information should be read out to the client.

## 1.7 The Premises and The Practitioner

The premises should meet the minimum standards laid down relating to ear piercers/tattooing. An autoclave must be provided for the sterilisation of all piercing equipment that is not pre-sterilised. The practitioner should have a professional qualification in body piercing, or should have undergone training or instruction approved by a recognised national body piercing association.

A list of national associations and professional bodies is given at the end of this code of practice, in the section "*Further Information*". It is strongly recommended that the practitioner is a member of such an organisation.

**It is recommended that practitioners are immunised against Hepatitis B infection.**

Smoking should be prohibited in the treatment area and practitioners must not carry out piercing operations whilst under the influence of drugs or alcohol. Practitioners are advised against administering body piercing to clients who appear to be under the influence of drugs or alcohol.

There should be a comprehensive first aid kit on the premises that complies with the Health & Safety (First Aid) Regulations 1981 for use for the employees of the premises. It is

strongly recommended that the practitioner should hold an HSE approved first aid qualification.

## 1.8 Procedures

The following procedures should be adopted prior to any piercing operation:-

- a) Practitioners should **“surgically scrub” hands and elbows with soap and hot water, dry with clean disposable paper towels and then wear new single use sterile surgical rubber gloves for each client.** Gloves must be discarded after each piercing and if gloves come into contact with non-sterile surfaces during the piercing operation.
- b) All needles used for body piercing must be prepacked, pre-sterilised and single use. After use, they must be disposed of in an approved ‘sharps’ container (see page 24). Hollow needles should be a minimum of 1.55 mm diameter. 1 to 1.2 mm needles are suitable for piercing ears and nostrils.
- c) A no touch technique (eg. using forceps) should be used wherever practicable to reduce the risk of skin and soft tissue infections and to minimise the risk of injury to the practitioner.
- d) The skin in the area of the piercing site must be appropriately cleansed before any piercing, using 70% ethanol or isopropyl alcohol swabs (e.g. medi swab) or 10% Povidone Iodine (eg Betadine). If the piercing site is to be marked, it should be done after cleansing, using a fine indelible pen - preferably gentian violet.
- e) An appropriate surface local anaesthetic (sterile) may be applied to the area to be pierced, using a clean disposable applicator, such as sterile gauze. A sensitivity test should be carried out before piercing commences, to check the effectiveness of the anaesthetic.

***Local anaesthetic injections cannot be administered by anyone other than a qualified medical practitioner.***

Ethyl chloride should be used with extreme caution and only by an operator who understands its hazards and limitations. It is toxic, flammable, non-sterile and can cause frostbite.

The following precautions should be adopted for the piercing operation:-

- a) The piercing needle should be held as far away from the tip as possible whilst affording adequate control of the needle.
- b) Body piercing guns should not be used as they are inaccurate and non-sterile. Ear piercing guns are not appropriate for use on any other part of the body.

- c) All jewellery should be '316' surgical stainless steel, 18 or 22 carat gold niobium, titanium or platinum. It must be sterilised and kept in sterile conditions until inserted. All insertables should be inert, non-toxic and smooth. For nose piercing, the back butterfly clip should not be placed onto the piercing stud. A sleeper should be used instead.
- d) For oral piercing (e.g. cheeks, tongues or lips), clients should gargle and rinse with antiseptic mouthwash prior to the piercing operation.
- e) In the case of genital piercing, KY jelly from a sterile, single use pack should be used as a lubricant. Other soaps, creams and ointments should be avoided.
- f) To minimise the risk of injury from fainting, the client should be in a reclined position when piercing is carried out. This is not appropriate, however, for tongue piercing, as there may be a risk of swallowing jewellery or the tongue itself.
- g) If intimate piercing is to be carried out (i.e. piercing of nipples or genitalia), a second member of staff must be present to offset possible allegations of sexual harassment or assault. In the case of intimate female piercing, **the second member of staff must be female.**

If this is impracticable, the client should be encouraged to bring a friend to the appointment for "moral support".

## 1.9 After Care

Clients should be given verbal and written information about body piercing after care. Information should include the following precautions:-

- a) The pierced area should be kept dry outside normal bathing and showering routines.
- b) Turn jewellery when the pierced area is wet. Only touch jewellery with clean hands.
- The pierced area should **not** be closely covered or bandaged, so as to allow free circulation of air.
- d) The expected healing time of the wound.
- e) Description of possible indicators of complications and where to get further assistance, e.g. piercing of the head (glands) of the penis and urethra may cause scarring, which can lead to problems with urine flow when healed.
- f) Medical advice should be sought before any attempt to remove jewellery from an infected piercing.
- g) No attempt should be made to increase the size of the piercing until it is completely healed. Any such increasing should be carried out gradually by the insertion of progressively larger gauge sterile jewellery.
- h) Advice should be given on any specific precautions that are necessary for particular types of piercing, e.g. clients with oral piercing should be advised to rinse their mouth with either a chlorhexidine or iodine based antiseptic mouthwash after eating, for a period of about one month after the piercing.

Written information may be based on the After Care Guidelines (Pages 39 and 40).

**SKIN PIERCING/TATTOO CONSENT FORM (Specimen)**

**To be filled in clearly and correctly by the person wishing to be pierced/tattooed.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Age/Date  
of Birth:** \_\_\_\_\_

**This is to certify that I, *the above named and undersigned*, today give the correct name, address and age when asked to do so by:**

(Enter the name and address of the skin piercing/tattoo establishment)

\_\_\_\_\_  
\_\_\_\_\_

**I fully understand that I must be over 18 years of age to be pierced/tattooed or to attempt to obtain any body piercing or tattoo.**

This is to certify that I, *the above named and undersigned*, do give my permission to be pierced. I am fully aware of the process involved, understand the importance of the daily aftercare procedures and have read the risk information made available to me.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tattoo/Piercing (site)** \_\_\_\_\_  
\_\_\_\_\_

**Piercer/Tattooist(name):**  
\_\_\_\_\_

## SECTION 2

### Infection Control Guidance

#### 1) *HAND HYGIENE*

**AIM: *Hands will be washed correctly using an appropriate cleansing agent to reduce cross-infection***

Hand washing is the single most important means of preventing the spread of infection.

Thorough hand washing, using a good technique with soap and running water at an appropriate temperature is particularly important:-

- before and after tattooing/skin piercing procedures;
- if hands are accidentally contaminated with blood, body fluids or secretions;
- after removing gloves;
- after visiting the toilet;
- before handling food and drinks.

Hands must be thoroughly dried afterwards using disposable paper towels.

Any cuts, abrasions or breaks in the skin of the hands or wrists of the practitioner should be covered with an impermeable waterproof dressing at all times. Nails should be kept clean and short. No false nails or nail varnish. No jewellery except wedding band.

The minimum requirements for hand washing facilities in the studio work room are:-

- a wash hand basin with a hot and cold running water supply properly connected to the drainage system;
- mixer taps or thermostatically controlled hot water (preferably foot or elbow operated taps);
- liquid soap dispensed from a cartridge type dispenser;
- disposable paper towels for hand drying;
- access to the hand wash basin should be clear.

***NB: There should be no eating or drinking facilities in the studio work/practice room.***

### **References/Further Reading:**

Ayliffe GAJ, Lowbury EJJ, Geddes AM and Williams JD (1992) Control of Hospital Infection - A Practical Handbook, 3rd Edition. London: Chapman & Hall.

Bowell B (1992) Hands Up for Cleanliness. Nursing Standard 6 (15/16): 24-25

Hoffman PN, Wilson JA. Hands, Hygiene and Hospitals. PHLS Microbiol. Digest (1995): 11 (4): 211-216.

Taylor L, (1978) An Evaluation of Handwashing Techniques. Nursing Times 74 (2) pg 54-55, 74 (3) pg 108-109, 1978.

## **EFFECTIVE HAND WASHING TECHNIQUE**

## **AREAS OF HANDS OFTEN MISSED IN HANDWASHING**

## 2) *PERSONAL PROTECTIVE CLOTHING*

**AIM: *To ensure best practice by practitioners that will reduce the risk of cross infection to clients and provide appropriate protection for practitioners***

Skin piercing and tattooing practices must reflect Local Authority guidance.

### **i) Gloves**

Gloves must be worn routinely by all persons coming into contact with blood/body fluids or tissues or objects contaminated with blood/body fluids.

Disposable latex/vinyl gloves must be worn during tattooing/skin piercing procedures in order to:-

- protect the client from micro-organisms that may be present on the hands of the operator that could be transmitted via skin contact;
- protect the operator from micro-organisms which may be present in the client's blood or on the skin;
- **a new pair** of disposable latex/vinyl gloves must be **used for each client**. PVC gloves are **not** suitable;
- gloves must be changed if a puncture or tear is suspected or noted at any time;
- domestic type gloves may be used for cleaning instruments or the environment;
- hands should always be washed following glove removal.

### **ii) Protective Clothing**

The practitioner should wear clean, washable clothing. A supply of single use disposable plastic aprons should be available for use when it is anticipated that clothing may become contaminated with blood/body fluids or when the part of the body to be tattooed/pierced is rested upon the operators knee.

**Re-useable cotton towels should NOT be used to protect the operators clothing.**

### **iii) Eye Protection**

The practitioner should wear eye protection when a procedure is likely to cause splashing of blood or body fluids. This includes the manual cleaning of instruments prior to sterilisation.

## **References/Further Reading:**

Health & Safety Executive (HSE). Personal Protective Equipment (PPE) at Work. Guidance on Regulations. London, HMSO, 1992.

Medical Devices Agency (1996) Latex Sensitisation in the Health Care Setting (Use of Latex Gloves) Bulletin Devices MDA DB9601 April 1996.

### 3) *SAFE DISPOSAL OF WASTE*

**AIM:** *Waste will be disposed of safely without risk of contamination or injury and within current guidelines*

Waste can be divided into two groups:

1) Clinical Waste

Clinical waste is disposed of by incineration. Clinical waste is defined as:-

“human/animal tissue, excretions, drugs and medicinal products, swabs and dressings, instruments or similar substances and materials”.

2) Domestic Waste

Domestic waste is disposed of in landfill sites and is normal household rubbish/waste.

**The studio should have written instructions on the safe disposal of waste.**

- Clinical waste must be disposed of in appropriate yellow bags or sharps box, labelled for incineration only.
- Foot operational bins should be used for the collection of clinical waste.
- Clinical waste bags/sharps boxes must be no more than two thirds full, and must be fastened securely.
- Yellow bags/sharps boxes must be labelled clearly identifying the name and address of the studio.
- Sharps boxes must conform to British Standard 7320 or UN3291.
- Sharps boxes should be assembled correctly prior to use, following manufacturer’s instructions.
- Sharps should be disposed of **immediately** following use by the practitioner and under no circumstances be left to be disposed of by someone else.
- Clinical waste/sharps should be kept separate from domestic waste at all times.
- Clinical waste/sharps boxes should be stored in a designated locked area prior to collection.
- Operators should wear appropriate protective clothing when handling clinical waste bags.

- Clinical waste bags should be handled by the neck only and boxes by the handle only.
- Collection of clinical waste should be undertaken regularly by a registered company and be disposed of by incineration.

The advice of the local Environmental Health Department can be sought about the final disposal of sealed yellow bags and sharps disposal boxes from premises.

***Remember:- Clinical waste is the responsibility of the producer and is governed by the Environmental Protection Act 1990. Producers of waste have a duty of care to ensure the safe management of waste at all steps, including transportation and final disposal.***

### **References/Further Reading:**

Environmental Protection Act 1990 Part II

Waste Management Duty of Care

Health Service Advisory Committee, Safe Disposal of Clinical Waster, 1992. HMSO

Specification for Sharps Containers BS7320, 1990.

#### **4) SAFE DISPOSAL OF SHARPS TO REDUCE THE RISK OF INJURY**

**AIM: Sharps will be handled safely in order to negate the risk of sharps injury and in accordance with current guidelines**

A **sharp** is any item that is capable of cutting, puncturing or penetrating the skin and includes needles, scalpel blades, any other sharp instruments.

**Occupational exposure** to potentially infected blood and body fluids can occur in three ways:-

- percutaneous injury - cuts or punctures of the skin from contaminated needles, scalpel blades, etc;
- exposure of broken skin - e.g. abrasions, cuts, eczema;
- exposure of mucous membrane - splashes into the eyes or mouth.

#### **Blood Borne Viral Hepatitis**

Hepatitis B and C viruses (HBV and HCV) are transmitted by blood and body fluids of an infected person and may enter through the eyes, mouth or breaks in the skin of the practitioner.

All persons regularly coming into contact with the blood/body fluids of another person should be immunised against Hepatitis B, unless they have immunity to hepatitis B as a result of previous infection or previous immunisation. The response to the vaccine should be checked 2 - 4 months after completion of the primary course of injections (usually 3). A booster dose five years after completion of the primary course is required to ensure continuing protection.

**Immunisation against Hepatitis B does not mean relaxation of good infection control procedures.**

#### **Human Immunodeficiency Virus**

HIV is less transmissible than the HBV/HCV but is transmitted in the same way.

The best protection is by employing a high standard of infection control practice at all times, taking care with blood/body fluids, contaminated instruments and needles and avoiding puncture of the skin as the practitioner has no way of knowing if the client has a blood borne infection.

Inoculation injuries are the most likely route for the transmission of blood borne viral and other infections in tattooing/skin piercing practice. **Great care must be taken when handling and disposing of ALL sharps.**

Single use disposable razors must always be used when shaving of a client is required prior to body piercing. Used razors should be disposed of in the official Sharps Box.

A sharp/inoculation injury may be defined as:-

- sticking or stabbing with a used needle or other contaminated sharp instrument;
- splashes in the eyes, mucous membranes or open lesions on the skin surface;
- cuts with used equipment

## **ACTION IN THE EVENT OF A SHARPS INJURY**

- **DO NOT SUCK** the wound
- Make it bleed
- Wash it with soap and running water and cover with an impermeable waterproof dressing
- Splashes into the eyes or mouth should be rinsed out with copious amounts of water
- Report to your GP or Accident and Emergency Department for further assessment and advice.

*Inoculation injuries involving known or suspected high risk cases must be referred to the A&E Department immediately\* for further advice.*

(\*treatment may be advised which should be started preferably within the hour or as soon as possible and may be for up to two weeks duration).

## **References/Further Reading:**

Exposure to Hepatitis B Virus: Guidance on Post-Exposure Prophylaxis. CDR Review, Vol. 2, No. 9, 14th August 1992.

Guidance for Clinical Health Care Workers: Protection Against Infection with Blood-Borne Viruses. Recommendation of the Expert Advisory Group on AIDS and the Advisory group on Hepatitis, UK Health Departments.

Guidelines on Post-Exposure Prophylaxis for Health Care Workers Occupationally Exposed to HIV (June 1997) Department of Health.

Immunisation against Infectious Diseases (1996) Department of Health Welsh Office, Scottish Office Department of Health, DHSS (Northern Ireland) HMSO.

Protecting Health Care Workers and Patients from Hepatitis B: Recommendations of the Advisory group on Hepatitis. August 1993.

UK Health Departments. Guidance for Clinical Health Care Workers: Protection against Infection with HIV and Hepatitis Viruses. Recommendations of the Expert Advisory Group on AIDS. London: HMSO, 1990.

## 5) *DISINFECTANTS/ANTISEPTICS*

**AIM: *Appropriate detergents, disinfectants and antiseptics are used correctly to negate the risk of infection***

### **Cleaning**

The removal of dirt, dust and some micro-organisms by washing with detergent and hot water and thoroughly drying.

Thorough CLEANING of equipment and the environment is essential and removes the majority of micro-organisms. Therefore the purposes for which disinfectants are used in the studio/practice should be few and limited to those of proven value.

### **Disinfection**

The reduction in the number of micro-organisms not spores by the use of heat or chemicals. Eg: dishwashers, washing machines, bleach.

The DISINFECTANTS available in the studio/practice should be restricted to a preparatory skin disinfectant and an appropriate product to enable the safe clearing up of spills of blood/body fluids.

**NB: *Equipment and surfaces must be cleaned before applying a disinfectant as this will remove organic matter and ensure penetration of the disinfectant.***

### **Skin Disinfectants**

Chlorhexidine is a useful disinfectant for the skin and mucous membranes. It is UNSUITABLE FOR USE IN THE ENVIRONMENT AND ON EQUIPMENT as it is rapidly inactivated by organic matter. Aqueous solutions can easily become contaminated and therefore should only be used as sterile preparations and must be dispensed via a plunger to prevent contamination by hands.

Alcohol may be used to disinfect clean skin. 70% Isopropyl alcohol impregnated wipes are the most convenient method. ALCOHOL IS NOT RECOMMENDED FOR DISINFECTING THE SURFACE, EQUIPMENT OR WORK BENCHES and should only be used as a final choice for materials which are incompatible with other disinfectants and soap and water. In these cases the items should be immersed in 70% Isopropanol or industrial methylated spirit for a minimum of 10 minutes.

‘Savlon’ (Cetrimide) solution may be used to disinfect the skin. SAVLON IS NOT RECOMMENDED FOR DISINFECTING SURFACES OR EQUIPMENT OR WORK BENCHES as it is inactivated by organic matter, soap and anionic detergents.

**NB: *Several different brands are available and the activity of a particular concentration may vary depending on the preparation.***

'Dettol' may be used to disinfect the skin, DETTOL IS NOT RECOMMENDED FOR DISINFECTING SURFACES OR EQUIPMENT OR WORK BENCHES as it is inactivated by soaps, anionic detergents and organic matter.

***NB: Operators should be aware of the importance of ensuring appropriate use and dilution of skin disinfectants and always adhere to the manufacturer's instructions.***

### **Skin Creams/Ointments etc.**

Operators using Petroleum Jelly (Vaseline) or similar preparations on clients skin must ensure that it is dispensed in a manner which prevents cross contamination i.e. single use containers or a spatula used once only and discarded & **not returned to the pot.** Multi-use pots of creams/ointments should be discouraged.

### **Environmental Disinfectants**

#### **Hypochlorite**

Hypochlorite solutions (bleach) e.g. Milton or Domestos are recommended for cleaning surfaces contaminated with blood/body fluid spillage. The concentration used must be equivalent to 10,000 parts per million (ppm) available chlorine. In general this corresponds to 1:10 dilution of household bleach but it is emphasised that the strength of individual proprietary brands of bleach may vary and that hypochlorite may deteriorate on storage. For general disinfection of the environment the concentration used must be equivalent to 1,000 ppm available chlorine. In general this dilution corresponds to 1:100 dilution of household bleach. Hypochlorite has the disadvantage of being corrosive to metals and of bleaching fabrics.

Glutaraldehyde (Cidex) **SHOULD NOT BE USED** IN TATTOOING / SKIN PIERCING PRACTICE as it is an irritant to eyes, skin and respiratory mucous. 'Cidex' is subject to **strict guidelines for use and COSHH regulations.**

***NB: Operators should be aware that disinfectants do not sterilise. The most commonly used methods of sterilisation are by using heat under pressure or irradiation.***

## 6) EQUIPMENT DECONTAMINATION AND STERILISATION

**AIM: Equipment will be decontaminated appropriately and stored correctly to negate the risk of cross infection**

### Sterilisation

The killing of all micro-organisms including spores by the use of heat under pressure, irradiation.

All instruments and equipment likely to be contaminated must be decontaminated between client use. Instruments which may breach intact skin are considered “high risk” and should be sterile for use. All needles, needle bars and needle tubes whenever possible should be sterilised immediately before use or as near to the procedure as possible and stored in a sealed container.

All equipment **must be thoroughly cleaned before sterilisation** and all visible deposits must be removed. Ultrasonic cleaners are recommended wherever possible for small items.

Gloves (heavy duty “kitchen” type), protective eye wear and disposable plastic aprons should be worn whilst cleaning equipment and instruments prior to sterilisation. The equipment/instruments should be scrubbed in a designated deep sink using hot water and general purpose detergent eg Fairy Liquid.

Great care should be taken to avoid inoculation (sharps) injury while cleaning equipment/instruments.

### ***Bench Top Steam Sterilisers (Autoclaves)***

All persons operating bench top steam sterilisers (BTSSs) should have received training on the safe use of portable autoclaves.

The following sterilisation temperature bands, holding times and pressure for sterilisation using high temperature steam must be **checked daily** before the start of the session and **documented on a log sheet / in a log book**:

Option	Sterilisation Temperature Range (degrees centigrade)			Approx. Pressure (bar)	Minimum Hold (Min)
	Normal	Minimum	Maximum		
A	136	134	137	2.25	3
B	127.5	126	129	1.50	10
C	122.5	121	124	1.15	15

**Steam sterilisers without a pre-sterilising vacuum phase must NOT be used for the sterilisation of wrapped items or instruments with narrow lumens eg. needle tubes.**

The Owner of the autoclave is responsible for:

- Ensuring 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.
- Daily, weekly, quarterly and yearly testing is completed and documented in a log book.

### **Daily Test**

Run a normal cycle and monitor:-

- Time/Temperature/Pressure limits at Beginning/Maximum holding time/End
- Cycle Completed indicated
- Door cannot be opened during cycle
- No dysfunction observed
- Record on log sheet

### **Weekly Test**

As above including:-

- Examine door seal
- Check door safety devices
- Check pressure devices

**\*Water boilers, hot air ovens and UVA light boxes are not effective methods of sterilising tattooing/skin piercing equipment and must NOT be used (Ref: Health Technical Memorandum 2010).**

## **References/Further Reading**

British Standard 3970: Part 4: (1990) Specification for Bench-Top Steam Sterilizers.

European Standard BS EN 554: (1994) Sterilization of Medical Devices - Validation and Routine Control of Sterilization by Moist Heat.

Health Technical Memorandum (HTM) 20/10 (1994). Steam Sterilisers. DOH.

Health Equipment HEI 185 & HEI 196 Evaluation of portable steam sterilizers for unwrapped instruments.

MDA DB 9605 (1996). The Purchase, Operation and Maintenance of bench-top steam sterilisers (June 1996).

The Benchtop Vacuum Steriliser Users Reference Guide (1998) Community Infection Control Nurses Network and Prestige Medical. Tel: 012534-682606 £9.95.

## 7) ENVIRONMENTAL CLEANING

**AIM: *The practice environment will be appropriately maintained to negate the risk of cross-infection***

All surfaces liable to become contaminated with blood/body fluids must be protected with intact water repellent cover/surface. Effective infection control measures are aided and simplified by using a strict system of zoning i.e. designated clean and dirty work areas zoning one way from clean to dirty with no reintroduction of used dirty items into the “clean zone”.

Between tattooing/skin piercing sessions, all work surfaces, including those apparently uncontaminated should be thoroughly cleaned with ***detergent and hot water*** and **immediately** if there is a spillage (refer also to page 22 Environmental Disinfectants).

All sterile products should be stored above floor level in sealed boxes or closed cupboards.

Client couches/chairs should be in a good state of repair and have intact impermeable coverings to facilitate appropriate cleaning between clients. The couches should be covered with disposable paper covering between client use and regularly checked for splits or breaks in the covering.

Modesty/cover blankets used during the procedure to cover parts of the body not normally exposed should be changed between clients, be laundered regularly and changed **immediately** when contaminated.

## SAFE WORKING PRACTICE

**This section relates to the practitioner.**

Infection control precautions to be taken at all times.

**Hands:** **Good hand washing is the most important way to prevent the spread of infection.** An intact skin is an efficient waterproof barrier. The practitioner should look after their skin and cover all lesions/cuts with an impermeable waterproof dressing. If skin becomes contaminated with body fluids, wash off immediately.

**Gloves** : Disposable latex/vinyl gloves should be available for contact with blood/body fluids and mucus membranes. They must be **discarded between clients** or after each procedure. PVC gloves are not suitable.

**Plastic Aprons:** Disposable plastic aprons should be worn whenever contamination of the clothing with blood/body fluids is likely.

**Sharps:** Sharps must be discarded by the person who has used them directly into an approved sharps container which conforms to BS 7320/UN 3291 standard. Sharp containers must be discarded once 3/4 full.

**Needles must not be bent, broken or resheathed by hand.**

**Waste:** All clinical waste should be discarded into a **yellow waste bag** and securely sealed. Black bags are for household waste only.

**Spillages:** Wearing appropriate protective clothing, soak up spillage immediately with paper towels. For blood spillage, use 10,000ppm (parts per million) hypochlorite bleach. Wash the area with detergent and water and dry, discard the paper towels into a clinical waste bag.

**Accidents:** For injuries with needles or sharp instruments encourage bleeding (but not by sucking) and wash well with soap and running water. Then cover with an impermeable waterproof dressing. Injury by splashing into the eyes or mouth, irrigate with copious amounts of water. Always report accidents and write details into the Accident Book.

**NB:** Piercing sites should always be appropriately cleaned and if necessary, covered with a sterile dressing. Both verbal and written after care instructions should be given to the client following each procedure. (*See After Care Guidelines for Skin Piercing*).

## **FURTHER INFORMATION**

### **Further information on body piercing can be obtained from:**

- The Body Piercing Consortium                      Tel:    01865-252239  
C/O Helen Wheeler  
Oxford City Council  
Thomas Hull House  
1 Bonne Square  
Oxford, OX1 1QH.
- Mrs. P. Clarke  
Piercing World Magazine  
153 Tomkinson Road  
Nuneaton  
Warwick, CV10 8DP.
- Mr. P. Barry    Tel:    0117-960-3923  
Member of the European Professional  
Piercers Association  
Bristol.

### **References/Further Reading:**

The following publications were referred to during the preparation of this guidance:-

Noah, N.D. "Guide to Hygienic Skin Piercing". King College School of Medicine and Dentistry.

Department of Health "Regulation of Skin Piercing - a Consultation Paper"

London Body Piercing Working Group "Guidelines for Body Piercing Good Practice".

Medical Devices Agency (MDA) The Purchase, Operation and Maintenance of Bench Top Steam Sterilisers.

Communicable Disease Surveillance Project (London) Body Piercing Guidelines - Insert No.3, 25 February 1995.

**EXAMPLE OF AN  
INFECTION CONTROL AUDIT TOOL FOR  
SKIN PIERCING/TATTOOIST PRACTICES**

**PRACTICE NAME:** \_\_\_\_\_

**Undertakes:**

<b>TATTOOING</b>	<input type="checkbox"/>
<b>SKIN PIERCING</b>	<input type="checkbox"/>
<b>BOTH</b>	<input type="checkbox"/>

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Present:** \_\_\_\_\_

Please answer 'Yes', 'No' or 'Not Applicable' by ticking the appropriate box for **ALL** questions.

**HAND HYGIENE**

**STANDARD 1      Hands will be washed correctly using an appropriate cleansing agent to reduce cross-infection.**

		Yes	No	N/A
1)	Liquid soap is available at all sinks in the practice area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Paper towels are available at all sinks in practice areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Hand washing sinks are free from re-usable towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Sinks in practice are free from nail brushes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Mixer taps or thermostatically controlled hot water is available at sinks in practice areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Sinks in practice areas are free from cups and drinking facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Access to hand wash basin is clear e.g. no equipment soaking in the sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**

***PROTECTION AGAINST CROSS INFECTION***

**STANDARD 2      Skin piercing will reflect Local Authority Guidance and to ensure best practice by Practitioners that will reduce the risk of cross-infection to clients and provide appropriate protection for Practitioners.**

**Protective Clothing:**

	Yes	No	N/A
1) Latex/Vinyl CE marked gloves are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Disposable Polythene Aprons are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Body Fluid Spillage:**

3) The appropriate disinfection (chlorine releasing agent/bleach) is available for cleaning up body fluid spillage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Operators are aware of the procedure for dealing with body fluid spillage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) An appropriate disinfectant is used to clean the client's skin prior to procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Disposable <b>single use razors</b> are used to shave client's skin prior to the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) These guidelines are available and known to operators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Verbal and printed information regarding aftercare of tattoo/piercing is available for clients to take away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Creams/ointments are in single use sachets or are dispensed in a manner which will prevent contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Spray/topical anaesthetics are applied in a manner which will prevent contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Single use sterile dressings are applied following the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**

## DISPOSAL OF WASTE

<b>STANDARD 3</b> <b>Waste will be disposed of safely without risk of contamination or injury and within current guidelines.</b>
--

		Yes	No	N/A
1)	The practice has written instructions on the safe disposal of waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Foot operational bins are in working order in practice areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Appropriate yellow bags are used for disposal in clinical waste. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	Clinical waste and domestic waste is correctly segregated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Waste bags are less than 3/4 full and securely tied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Clinical waste is stored in designated area prior to disposal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	The storage area is locked and inaccessible to unauthorised persons and pests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	Storage area is cleaned at least weekly and immediately following a spill. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9)	Bags are labelled with source (Practice Name and Address) in accordance with the Duty of Care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Protective clothing e.g. gloves and aprons are available to staff handling clinical waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Collection of clinical waste is undertaken with a registered company and disposed of by incineration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**

## SAFE HANDLING OF SHARPS

<b>STANDARD 4</b>	<b>Sharps will be handled safely in order to negate the risk of sharps injury and in accordance with current guidelines.</b>
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		Yes	No	N/A
1)	Sharps boxes are available for use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Sharps boxes conform with British Standard BS7320/UN3291 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	The box is less than 3/4 full with no protruding sharps. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	The sharps box is assembled correctly - <b>check lid is secure</b> . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5)	The sharps box is labelled with point of source. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6)	Staff are aware of inoculation injury policy and procedure to take in case of accident. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Sharps boxes are stored above floor level and safely out of reach of children and visitors, i.e. wall or trolley mounted. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	Sharps boxes are disposed of appropriately in accordance with the Duty of Care. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Additional Comments:**

**USE OF CLEANSING AGENTS**

**STANDARD 5: Appropriate detergents/disinfectants and antiseptics are used correctly to negate the risk of infection.**

		Yes	No	N/A
1)	Disinfectants are used at the correct dilution and appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Chemical disinfectants are used only for heat labile equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	A deep sink is available for washing items <b>separate</b> to hand washing facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Data sheets are available on products in conjunction with COSHH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Environmental surfaces are cleaned appropriately between clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Environmental surfaces are protected with disposable paper towelling between clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	When not in use, disinfectants are stored in locked cupboard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**

## DECONTAMINATION OF EQUIPMENT

**STANDARD 6: Equipment will be decontaminated appropriately and stored correctly to negate the risk of cross-infection.**

Indicate method of sterilisation used in the practice:

Hot Air Oven  Front Loading Benchtop Autoclave e.g. Little Sister   
 Water Boiler#  Top Loading Benchtop Autoclave e.g. Prestige   
 Other

# See Page 25.

		Yes	No	N/A
1)	Is single use equipment being used once only and then discarded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Sterilising equipment is maintained on a quality maintenance programme in accordance with HTM2010. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Sterilising equipment cycle checked and recorded daily/sessionally in log book. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Sterilising equipment is checked weekly in accordance with HTM 2010. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Sterilising equipment is clean and in a good state of repair. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Are instruments for sterilisation unwrapped prior to sterilisation and not in pouches, unless the steriliser incorporates a pre-sterilising vacuum cycle. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Is a water boiler being used for instruments requiring sterilising. <input type="checkbox"/> <b>If yes, this is bad practice and must be discontinued immediately.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	Used contaminated/equipment is stored safely out of client areas after use. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	A system is in place to accommodate breakdown and repair of equipment (autoclaves/ultrasonic cleaning machines etc.) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Ultra sonic cleaners are emptied daily and kept dry overnight. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Sterile disposable needles are single use only. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**

**ENVIRONMENTAL CLEANLINESS**

**STANDARD 7      The practice environment will be appropriately maintained to negate the risk of cross-infection.**

		<b>Yes</b>	<b>No</b>	<b>N/A</b>
1)	All general areas are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Practice areas are clean and free from extraneous items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	All sterile products are appropriately stored above floor level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Client couches/chairs in the practice areas have wipeable intact surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Client couches/chairs in the practice areas are in a good state of repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Disposable paper is used to protect the couches/chairs in the practice area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Modesty cover blankets are available and are changed if contaminated and regularly laundered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**

<b>MISCELLANEOUS QUESTIONS FOR PRACTITIONERS TO CONSIDER</b>
--

- |  | <u>Yes</u>               | <u>No</u>                |     |
|--|--------------------------|--------------------------|-----|
| 1) Have you ever had clients return to inform you of an infection as a result of piercing?                 | <input type="checkbox"/> | <input type="checkbox"/> |     |
| 2) Have you ever had clients return to inform you of infection as a result of a visit to another practice? | <input type="checkbox"/> | <input type="checkbox"/> |     |
| 3) Are you immunised against Hepatitis B and Tetanus?  | <input type="checkbox"/> | <input type="checkbox"/> |     |
| 4) Do clients sign a Consent Form?   | <input type="checkbox"/> | <input type="checkbox"/> |     |
| 5) Do you ask clients health related questions prior to undertaking procedure?                             | <input type="checkbox"/> | <input type="checkbox"/> | the |
| 6) Do you keep records of client information?  | <input type="checkbox"/> | <input type="checkbox"/> |     |
| 7) Do you belong to any professional body/organisation?<br>If 'yes', which: _____                          | <input type="checkbox"/> | <input type="checkbox"/> |     |
| 8) Have you received any approved training in body piercing?   | <input type="checkbox"/> | <input type="checkbox"/> |     |
| 9) Do you carry out a sensitivity test? (See Section 1.8e)   | <input type="checkbox"/> | <input type="checkbox"/> |     |

**Additional Comments:**