

H E A L T H . S A F E T Y . E D U C A T I O N

THE ASSOCIATION OF PROFESSIONAL PIERCERS
Recommended Response
& Recovery Interim Protocols

SAFEPIERCING.ORG  **APP**
ASSOCIATION OF PROFESSIONAL PIERCERS

The Association of Professional Piercers

Post COVID-19 Recommended Response & Recovery

Interim Protocols

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INTRODUCTION

The **Association of Professional Piercers (APP)** is an international health and safety organization. It is a nonprofit voluntary alliance dedicated to the dissemination of information about body piercing. Governed by a voluntary elected Board of Directors, the APP is a united group of piercing professionals that freely shares information to help fellow members, piercers, healthcare professionals, legislators, health inspectors, and the general public get the best and most up-to-date information about body piercing.

For most countries around the world, the COVID-19 pandemic has forced the closure of body art facilities (including body piercing, tattooing, and other elective body art procedures). As countries seek to reopen their economies and ease measures like forced business closings and social distancing, the APP has sought to give accurate, appropriate, and achievable guidelines for all body artists to follow to decrease the spread of COVID-19 and lower the impact in their workplace.

We continue to recommend that body art professionals follow local, state or provincial, and national guidelines regarding the closure of non-essential business operations and, within these guidelines, make decisions that are best for them and their individual situations.

The COVID-19 pandemic has had a terrible impact on all body art businesses and the people who work in them. It has sickened and killed hundreds of thousands worldwide. Through it all, body artists have stuck together, freely shared information, and readied themselves to return to work and serve their clientele. The Association of Professional Piercers would like to thank the body piercing and body art community for their resiliency, professionalism, and commitment to health and safety.

During this pandemic, information continues to evolve very quickly. The authors of this document will make every effort to make regular updates as new and better information becomes available.

If citing these protocols, please link back to this document. Please remember that the information may change as updates occur regularly. If you have suggestions for improvements to this document please email the secretary of the APP at secretary@safepiercing.org

THE IMPORTANCE OF LOCAL GUIDELINES

Because COVID-19 has affected different parts of the world in dramatically different ways, it is important to follow local, state or provincial, and national guidelines. This means taking measures to keep yourself informed of what these rules, guidelines, and policies are and regularly researching updated information from reliable sources.

The Center for Disease Control (CDC) has developed a way for local communities to determine their risks going forward and their path to reopening their economies (**Table 1**).¹ These categories will no doubt play a large role in your local government's assessment of when non-essential businesses may resume business. If body art isn't specifically addressed in your local rules and guidelines, please contact your local health agency for direction. If that is not possible, follow the closest comparative standard such as the rules applied to cosmetology and massage therapy industries.

The White House released guidelines for the phased opening of states based on meeting gating criteria. According to these guidelines, non-essential businesses, such as body art facilities, should remain closed until the state or region has satisfied gating criteria to enter Phase Two (**Table 2**).²

We hope to provide information concerning the guidelines being suggested in other countries or regions through continued collaboration with organizations internationally.

Asociación de Perforadores Profesionales Españoles (APPE) - Spain

<https://www.appepiercing.org/covid-19>

Grupo de Estudio de Piercing (GEP) - Brasil & Argentina

<https://www.safepiercing.com.br/>

¹ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>

² <https://www.whitehouse.gov/openingamerica/>

Table 1 - “Public health control activities by level of COVID-19 community transmission”³

None to Minimal	Minimal to Moderate	Substantial
Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.	Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.

Table 2 - “Proposed State or Regional Gating Criteria”⁴

Satisfy Before Proceeding to Phased Comeback

SYMPTOMS	CASES	HOSPITALS
<p>Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period</p> <p style="text-align: center;">AND</p> <p>Downward trajectory of covid-like syndromic cases reported within a 14-day period</p>	<p>Downward trajectory of documented cases within a 14-day period</p> <p style="text-align: center;">OR</p> <p>Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)</p>	<p>Treat all patients without crisis care</p> <p style="text-align: center;">AND</p> <p>Robust testing program in place for at-risk healthcare workers, including emerging antibody testing</p>

³ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>

⁴ <https://www.whitehouse.gov/openingamerica/>

CDP - CLEAN, DISTANCE, PROTECT

The APP has developed a three-pronged approach for body art facilities (BAFs) and staff members to follow in addition to their normal precautionary measures. These measures are built upon enhanced **C**leaning, continued social **D**istancing, and expanded use of Personal **P**rotective Equipment (PPE). We call this the “CDP” approach. We recommend that BAF management institutes protocol training and ensures staff participation. This training must take place before any staff member is allowed to return to work. Management should solicit input from non-managerial staff members who are potentially exposed for this protocol development. This training should include, but not be limited to universal precautions, the effective use of disinfectants, antiseptics, and personal protective equipment (PPE), cross contamination prevention, and hazard communication.

CLEAN

Cleaning should always take place wearing appropriate PPE for the task at hand. In general, disinfection should take place with an EPA approved (or international equivalent) hard-surface disinfectant.

Enhanced Cleaning Protocols include but are not limited to:

- a. Disinfecting regularly used surfaces, such as countertops, pens, tablets, seating areas, bathrooms, and door handles between clients
- b. Hand hygiene for practitioners and other customer service employees before and after every interaction with a new customer
- c. Each new customer should be given the opportunity to perform hand hygiene (hand washing or hand sanitizer) when they enter the BAF
- d. Consider not allowing customers to handle jewelry in the BAF. If necessary, have customers wear gloves to handle jewelry; removal of gloves should be followed by performing hand hygiene. If jewelry is handled by a customer, immediate disinfection of that jewelry should be performed
- e. Increasing ventilation to outside air by opening windows or adjusting air conditioning in office and waiting areas
- f. Keep your facility as well ventilated as possible for increased exchange of outside air
- g. While specific data regarding efficacy of HEPA filters for SARS-COV-2 is not available at this time, utilizing HEPA filter air filtration and HVAC systems is a good universal precaution to ensure air changes are occurring throughout the studio
 - i. Waiting areas: Minimum 6 total air changes⁵ per hour with air movement inwards in relationship to adjacent areas⁶
 - ii. Procedure room: Minimum 6 total air changes per hour with air movement outwards in relationship to adjacent areas⁷
 - iii. Processing and decontamination room: Minimum 6 total air changes per hour with air movement inwards in relationship to adjacent areas⁸
 - iv. When deciding on a filter to purchase, look at the MERV rating, the higher the rating, the more efficient the filter is considered
 - v. HVAC filters should be changed about every 90 days or when they start to clog
 - vi. Filters should be changed while wearing appropriate PPE⁹

⁵ Air change per hour is how many times the entire volume of air passes through the HEPA filter or is replaced by filtered outside air. This is something that the HEPA filter manufacturer will specify.

⁶ Table B.1. <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html>

⁷ *ibid*

⁸ *ibid*

⁹ Appendix I <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html>

Additional suggestions

- Assessment of the BAF budget and ordering processes should take into consideration changes in pricing and/or availability of necessary supplies for cleaning and disinfection.
- Ensure that products are used in accordance with manufacturer recommendations.
- Update Exposure Control Plan (ECP) when adding new protocols and training for staff.
- Perform biological spore testing and any manufacturer suggested maintenance on all autoclaves upon reopening.
 - Most autoclave manufacturers recommend running the unit for 3 full cycles after it has not been in use for over 48 hours.
- Ensure that your water system is safe to use after a prolonged shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.¹⁰
 - Ensure your water heater is properly maintained and the temperature is correctly set
 - Flush hot and cold water through all points of use (e.g., showers, sink faucets)

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>

DISTANCE

Social distancing is one of the key practices of the COVID-19 pandemic response. As forced closures of non-essential businesses are lifted, social distancing measures are still needed to be utilized to prevent the spread of the virus. In addition, because body art can be planned in advance, this is an opportunity for staff members to screen customers and eliminate unnecessary face-to-face interactions.

Social Distancing measures in body art facilities include but are not limited to:

- a. Making every effort to keep 6-feet or more apart unless a procedure is taking place
- b. Minimizing the amount of customers in the BAF. This includes switching to performing procedures by “appointment only”, (no walk-ins)
- c. Limiting body art procedure areas to the customer and the artist/technician only
- d. Limiting customer companions to digital means (via digital conferencing applications) unless required by law (minor piercings, genital piercing)
- e. Screening clients for symptoms digitally or by phone before entering facility
- f. Limiting employees on staff to minimum
- g. Strongly considering special accommodations for personnel who are members of a vulnerable population¹¹
- h. Moving as many services as possible to video conferencing/email such as troubleshooting, consultations, aftercare information, release forms (if allowed by local law), etc.
- i. Encouraging customers to use touchless payment options, when available. Minimize handling cash, credit cards, reward cards, and mobile devices, where possible.¹² Consider removing furniture in non-procedure areas, utilizing plastic covers, or using furniture that is non-porous, wipeable, and easy to clean.
- j. Marking areas on the body art facility floor to designate a 6-foot perimeter distancing
- k. Encouraging clients to wait in their cars until their artist/technician is ready. At a bare minimum closing off waiting areas and contacting customers via phone when their artist/technician is ready for their procedure.
- l. Refusing service to any client who arrives with symptoms¹³
- m. Refusing to allow symptomatic employees to work
- n. Asking employees to self monitor their temperature before leaving for work
- o. Develop and agree to a response plan in case someone in the workplace becomes ill with symptoms of COVID-19. This plan should include at least:
 - i. – Identify a room or area where someone who is feeling unwell or has symptoms can be safely isolated

¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

¹² <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/grocery-food-retail-workers.html>

¹³ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- ii. – Have a plan for how they can be safely transferred from there to a health facility.
 - iii. – Know what to do if a staff member tests positive for COVID-19 during or just after their work shift
 - iv. – Agree to the plan in advance with your partner health care provider or health department.
- p. If employee develops symptoms at work, follow the protocol you've developed, gather together the names of the clients they worked with, and contact your local department of health

Additional suggestions

- Monitor and record employee temperature with a non-contact thermometer device in the facility at the beginning and end of each shift, and as needed if fever is suspected (if allowed by local law).
- Monitor and record each client's temperature with a non-contact thermometer device (if allowed by local law and client consents to this).
Consider revamping the BAF's release form/waiver. Whenever creating or revamping a release form / waiver the BAF, have them reviewed by your
 - Local Health Department
 - Liability Insurance Provider
 - Lawyer
- An example of release from questions has been provided below. If using anything in this sample, it is HIGHLY suggested that you have an attorney review it for your BAF and local requirements. **(Example 1)**

EXAMPLE 1: COVID-19 RELEASE FORM QUESTIONS

_____ The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact.

_____ [BODY ART FACILITY NAME] (“**the Facility**”) has put in place preventative measures to reduce the spread of COVID-19; however, infection from COVID-19 can happen anywhere and **no business can guarantee or completely prevent** someone from becoming infected. Further, **being in any business could increase** your risk of contracting COVID-19.

_____ To prevent the spread of contagious viruses and to help protect others, I understand that I will have to follow the facility’s guidelines. The facility’s guidelines can be changed at anytime as new information and technology become available

_____ I confirm that I am not presenting any of the symptoms of COVID-19 including

- dry cough
- runny nose
- sore throat
- shortness of breath
- loss of sense of taste or smell
- fever - temperature: _____ degrees

_____ I confirm that I have not been in close contact with anyone with these symptoms or anyone who has been diagnosed with COVID-19 in the past 14 days.

_____ I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have not traveled outside of or domestically within the [nation OR region] in the past 14 days.

PROTECT

The use of personal protective equipment (PPE) is already an every-procedure-practice in body art facilities. Once again, due to the airborne nature of the novel coronavirus, more extensive and new PPE practices are recommended during this pandemic until new information is gathered.

The enhanced use of PPE includes but is not limited to:

- a. PPE use such as gloves and face protection by all employees, including customer service employees, management, and artists/technicians¹⁴
- b. The use of face masks, eye protection, face shields for all body art procedures
 - i. For more consistent results, it is suggested to follow the ASTM 2100 standard for facemasks if available
- c. All employees wearing new disposable gloves for each interaction with a new customer, and performing hand hygiene whenever gloves are changed
- d. Advising customers before entering the facility, regardless of symptoms, to put on a cloth face covering or facemask¹⁵
- e. BAF and its staff should assess exposure risks of performing individual procedures based on the data available and their general understanding of the procedure. Appropriate policies should be made and reviewed regularly

Additional suggestions

- Use discretion and consider reducing non-essential nasal and oral procedures until we have more relevant data.
- If available, set up hand sanitizer and face masks for clients at the entrance of the BAF.
- Post visual media (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, entrances) to provide instructions (in appropriate languages) about hand hygiene and respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene¹⁶
- Assessment of the BAF budget and ordering processes should take into consideration changes in pricing and/or availability of necessary PPE.
- Ensure that PPE is used in accordance with manufacturer recommendations.

¹⁴ [Rational use of personal protective equipment for coronavirus disease \(COVID-19\) and considerations during severe shortages](#)

¹⁵ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

¹⁶ [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

ADDITIONAL RESOURCES

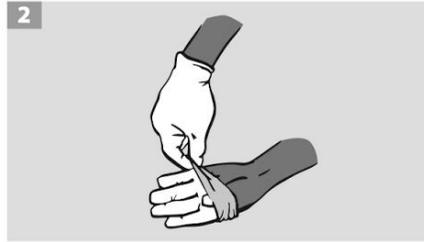
- [OSAP COVID-19](#)
- [JHPIEGO Reference Manual for Health Care Facilities with Limited Resources Module 11: Infection Prevention and Control Program Management](#)
- [OSHA Guidance on Preparing Workplaces for COVID-19](#)
- **Free online courses available** - [OpenWHO Infection Prevention and Control \(IPC\) for Novel Coronavirus](#)

ANNEX I: MASKS AND GLOVES

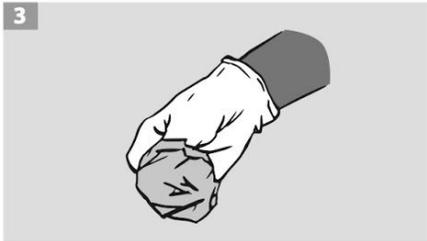
HOW TO REMOVE GLOVES



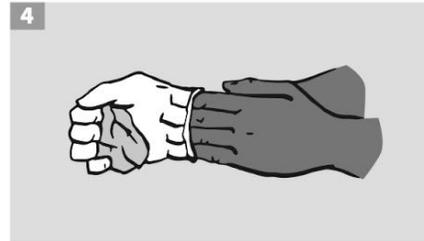
1 Grasp the outside of one glove at the wrist. Do not touch your bare skin.



2 Peel the glove away from your body, pulling it inside out.



3 Hold the glove you just removed in your gloved hand.



4 Peel off the second glove by putting your fingers inside the glove at the top of your wrist.



5 Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.



6 Dispose of the gloves safely. Do not reuse the gloves.



7 Clean your hands immediately after removing gloves.

FACE MASK BEST PRACTICES



1
Clean your hands with soap and water or hand sanitizer.



2
Remove a mask from the box and make sure there are no obvious tears or holes in either side of the mask



3
The colored side of the mask faces out, the top has a metal edge.



4
Hold the mask by the ear loops. Place a loop around each ear.



5
Mold or pinch the metal edge to the shape of your nose, this is necessary for a good seal, and to reduce fogging of eye protection.



6
Pull the bottom of the mask over your mouth and chin.



7
The mask should stay in this position until it is discarded. Do not adjust the mask with gloves on.



8
After the procedure remove your gloves.



9
Wash your hands with soap and water.



10
Remove the mask via Earloops. Avoid touching the front of the mask as it is contaminated.



11
Discard mask in the trash



12
Clean your hands with soap and water or hand sanitizer.

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Steps for putting on a respirator

The following are steps for putting on a particulate (N95) respirator (see Figures 1-6 to 1-8):

STEP 1: Cup the respirator in one hand, with the nosepiece at the fingertips, allowing the headbands to hang freely below your hand.

STEP 2: Position the respirator under the chin with the nosepiece up. Pull the top strap over your head, resting it high at the top of the back of your head. Pull the bottom strap over your head and position it around the neck, below the ears. (see Figure 1-6)

Figure 1-6. Putting On a Respirator



STEP 3: Perform a user “fit test” (see Figure 1-7). Place two fingertips from both hands at the top of the metal nose clip. Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Figure 1-7. Fit Test



STEP 4: Perform a user “seal check” (see Figure 1-8). At a minimum, a seal check should be performed by the wearer of a respirator each time a respirator is worn to minimize air leakage around the facepiece. If either test fails, adjust the respirator and seal check again.

Figure 1-8. Seal Check



- Positive pressure seal check—put on the respirator and exhale gently while blocking the paths for exhaled breath to exit the facepiece. A successful check is when the facepiece is slightly pressurized before increased pressure causes outward leakage.

- Negative pressure seal check—put on the respirator and inhale sharply while blocking the paths for inhaled breath to enter the facepiece. A successful check is when the facepiece collapses slightly under the negative pressure that is created with this procedure. **Infection Prevention and control. Module 3 PPE < Johns*

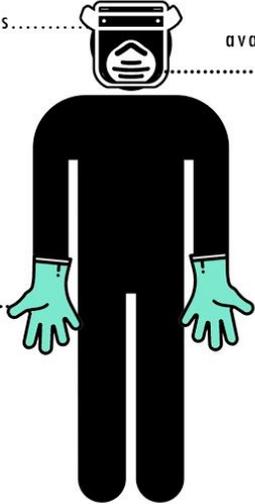
Hopkins Hospital



PPE Best Practices –Use N95 or Higher Respirator to perform piercing services.

Face shield or goggles.....
N95 or higher respirator
When respirators are not available, use the best available alternative, like a facemask.

Sterile gloves for piercing procedure.....



Minimum Acceptable Alternative PPE – Use Facemask to perform piercing services.

Face shield or goggles.....
Facemask
N95 or higher respirators are preferred but facemasks are an acceptable alternative



Non-Sterile gloves for piercing procedures



ANNEX II: HAND HYGIENE

HOW TO HAND WASH

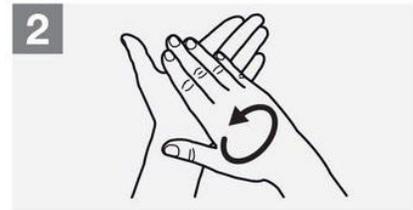
 **Duration of the entire procedure: 40-60 seconds**



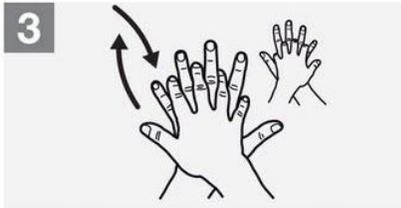
0 Wet hands with water;



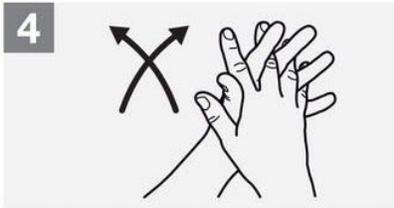
1 Apply enough soap to cover all hand surfaces;



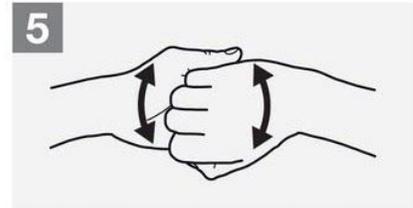
2 Rub hands palm to palm;



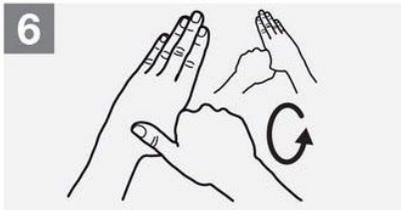
3 Right palm over left dorsum with interlaced fingers and vice versa;



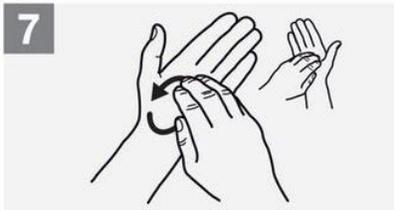
4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



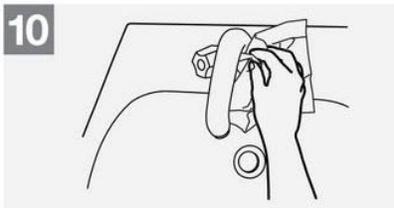
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



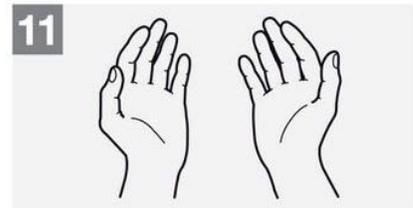
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;

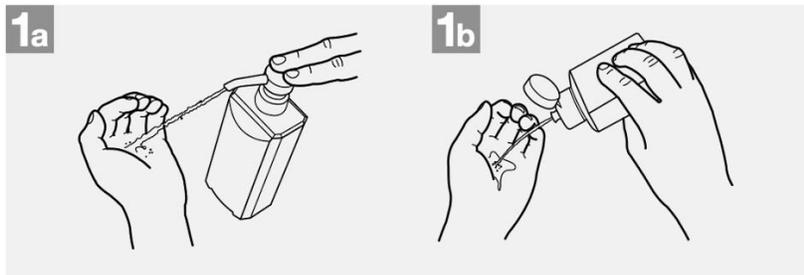


11 Your hands are now safe.

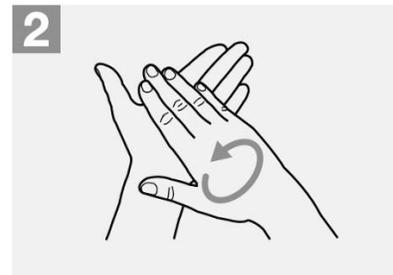
HOW TO HANDRUB

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

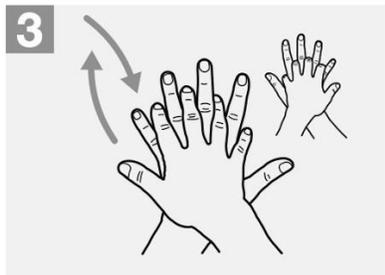
 **Duration of the entire procedure: 20-30 seconds**



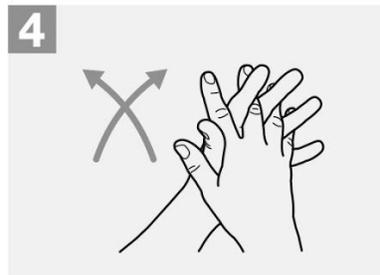
1a Apply a palmful of the product in a cupped hand, covering all surfaces;



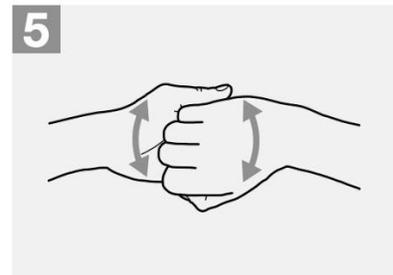
2 Rub hands palm to palm;



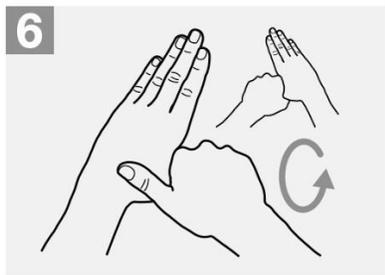
3 Right palm over left dorsum with interlaced fingers and vice versa;



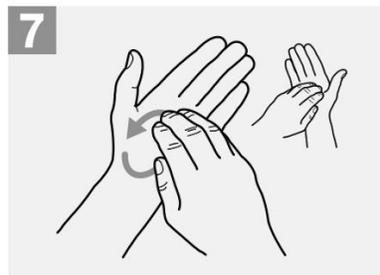
4 Palm to palm with fingers interlaced;



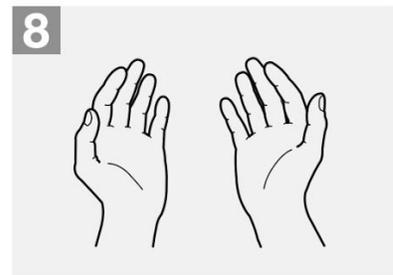
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Once dry, your hands are safe.

ANNEX III: INFOGRAPHICS FOR THE STUDIO



NOTICE

**MANTAIN PROPER
SOCIAL DISTANCING**

