

The POINT — official newsletter of the:

APP 
TM ...the cutting edge of
piercing technology

• ASSOCIATION OF
PROFESSIONAL
PIERCERS™

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Welcome to *The Point!*

Body piercing as an ancient tradition has finally entered into mainstream culture, and today, there are professional piercing studios who provide expert service under conditions which exceed hospital sterilization procedures.

America's leading studios — where staffs range from 4 to over 40 — have collaborated and consolidated health and safety information, techniques and ethics, and have formed the APP. Our primary objectives are to disseminate information, educate the public, set the standards under which body piercing is safely exacted, and protect the piercee.

In every major city, main streets are filled with people out for a quick buck. Hair salons, clothing stores, head shops and the like plague our profession. Improper training and lack of sterilization under these conditions often leads to disaster. Hence, the need for professional mobilization has become obvious. The result of our efforts is over twenty years of cumulative experience and information that will directly benefit our profession, and, most importantly, the public.

The Point is a quarterly publication which we intend to serve as a forum for information; all contributions are welcome. Its

pages will reflect updated health and safety information, editorials and columns by doctors and people in the medical community, as well as contributions from professional piercers, helpful hints and the like.

Our price donation of ten dollars has been revised to twenty dollars a year as our format has expanded to a quarterly publication and increased circulation has become evident. Our hope is that this newsletter can mobilize and fund a widespread public service message campaign.

We wish to thank those companies and individuals who have contributed their time and energy, money and information, and brought our profession closer together.

We look forward to hearing all voices in the future. Welcome to *The Point*.

The information in this premiere issue was submitted by the following APP member businesses (in alphabetical order): Body Manipulations, Gauntlet, Inc., Nomad, Obscurities, Primeval Body, and Venus Modern Body Arts. Feel free to contact them for any additional information.

To subscribe to this newsletter fill out the form on page 11 and send it with your check or money order for \$20.00 to APP, 519 Castro St., Box 120, San Francisco, CA 94114.



April 13, 1994 The founders of APP: (standing l-r) Irwin Kane (Gauntlet, Inc.), Raelyn Gallina, Vaughn (Body Manipulations), Michaela Grey and Jim Ward (Gauntlet, Inc.), Melisa Kaye (Body Manipulations), Richard White (Primeval Body), Joann Wyman (Body Manipulations), Elizabeth (Body Manipulations), Drew Ward (Gauntlet, Inc.) - (kneeling l-r) Blake Perlingieri (Nomad), Kristian (Nomad).

ETHICS —

So many people are practicing piercing today that it is inevitable that greed or insecurity has led many to misrepresent themselves to their clientele. Just what is a "professional" piercer, anyway? Clearly, health and safety issues are a top priority for the true professional. A lack of ego or defensiveness leads to a more available, honest piercer, who is willing to learn new things without embarrassment. Technical skill is acquired over a long period of time, but so, unfortunately, are ingrained bad habits. While the qualities that define one as being truly professional may be difficult to define, it is much easier to define an unprofessional piercer.

A giveaway sign of a non-professional is misrepresentation of one's abilities. If you were doing something well, it wouldn't be nearly as important for you to have some sort of fancy title or long list of fabricated qualifications. You'd simply do good work, and let your ability speak for itself.

When a piercing establishment uses term in their advertising such as "medically approved", or "medically trained", what does that mean? It can mean that one or all of the staff have taken first aid or CPR classes. Did one of the staff go to

nursing school for a time, or work as an EMT (ambulance attendant)? Such claims should not simply be taken at face value. If they're making a medically related claim, ask specifically what they mean. If it's "too good to be true", it probably is. Medically-related training doesn't indicate skill as a piercer. Piercing is a very specialized skill. It may, hopefully, indicate awareness of sterility issues. Would you choose a tattoo artist who is a retired nurse, and cannot draw anything more complex than a stick figure?

If piercing-related training is being offered, be sure to ask questions about the provider's accreditation! What does the fee actually get you? Anyone can offer training and make whatever claims they want about their benefits. However, part of complying with applicable laws requires the provider to be honest about what exactly you're getting for those hard-earned dollars. Laws which apply to taking money for training cover other important issues as well. If they're not operating their "training" or "school" in compliance with applicable laws, what does that say about their integrity? Can they be irresponsible about the training, yet remain safe and responsible about the piercing services they provide?

A PIERCEE'S BILL OF RIGHTS



every person being pierced has the right...

- to be pierced in a scrupulously hygienic, open environment, by a clean, conscientious piercer wearing a fresh pair of disposable latex gloves.
- to a sober, friendly, calm, and knowledgeable piercer, who will guide them through their piercing experience with confidence and assurance.
- to the peace of mind which comes from knowing that their piercer knows and practices the very highest standards of sterilization and hygiene.
- to be pierced with a brand-new, completely sterilized needle, which is immediately disposed of in a medical sharps container after use on the piercee alone.
- to be touched only with freshly sterilized, appropriate implements, properly used and disposed of or resterilized in an autoclave prior to use on anyone else.
- to know that ear-piercing guns are NEVER appropriate, and are often dangerous, when used on anything other than ear lobes.
- to be fitted only with jewelry which is appropriately sized, safe in material, design, and construction, and which best promotes healing. gold-plated, gold-filled, and sterling silver jewelry are never appropriate for any new or unhealed piercing.
- to be fully informed about proper aftercare, and to have continuing access to their piercer for consultation and assistance with all their piercing-related questions.

Presented as a public service by the APP. Show your support. Please copy and distribute.

The Basic Ten —

To begin this newsletter, we thought it would be appropriate to clarify our position on health & safety. We have compiled a list of ten absolutely minimum basic standards which we believe all responsible piercers MUST follow to avoid disease transmission to themselves and their clientele. All information not included in this basic list is optional. Other information is worthy of being considered, weighed, and discussed, but these ten basic requirements are CRITICAL and must be implemented!! Please read each of these and hopefully you too will agree:

1.) Ear piercing guns are not adequately sterilizable. I agree that because of this, and because they can cause serious, permanent damage to body parts other than earlobes, I agree not to use ear piercing guns in my practice.

We cannot stress this point enough! Although the manufacturers of the guns claim that the product is hygienic, there is always the chance of invisible blood or blood plasma microspray due to the incredibly strong spring mechanism. The practice of swabbing the area with alcohol is simply inefficient, and serves only to push the contaminants around on the skin. There is no way to autoclave these plastic guns, and the porosity and rough surface texture make excellent hiding places for bacteria.

The jewelry used in these guns is usually steel, plated with gold, and frequently underplated with nickel or copper. This can result in a metal reaction and infection for the piercee when the thin plating chips off. Furthermore, rather than being pierced with a surgically sharp needle, the tissue is brutally torn by the blunt backing of the ear stud. This is not an easier way to be pierced.

The style of jewelry is less than ideal for even earlobes, but on other body parts, it can be dangerous, debilitating, and permanently scarring. It is not unlikely that the body part pierced with an ear stud may lose all nerve sensitivity. For all these reasons, the APP is strictly opposed to the

use of ear piercing guns.

2.) I agree that all needles should be presterilized, used on one person, in one sitting, and immediately disposed of in a medical sharps container.

One elemental aspect of responsible piercing is proper sterilization, use and disposal of the actual piercing needle. This is an aspect that piercers training in more experienced shops are usually made aware of on their first day, but many people who are piercing out there may not be aware of the risks that can come with reuse or improper use of needles.

An autoclave is a helpful appliance for a piercer to have. For those who may not be familiar with this device, it's most widely used in the medical profession for sterilization of their implements. For piercers, it's mainly used to clean implements, tools, and jewelry. It's the most desirable form of sterilization for anything else that can fit into it (trays, containers), and that can withstand this form of sterilization. The autoclave works by using heat, pressure and moisture to kill any living contaminants.

One small side note: The word "sterile," in medical terms, also refers to the elimination of airborne contaminants that are inconsequential (and impossible to avoid) for our purposes. Technically, once you open the autoclave, the outsides of your packages are no longer sterile, and when you open the packages, their contents are no longer sterile. For our purposes, if any object in question has only come into contact with air, it is still as clean.

In order to insure that the piercing needle remains as clean as possible before the actual piercing, it should be autoclaved individually and taken out of the closed package immediately before use. A good package to contain the piercing needle for sterilization is a "sterilization tube," which is commercially available. This "tube" is actually a flat piece with a window on one side, and comes in a roll that can be cut into pieces of an appropriate size. Once the contents are in the tube, it can be sealed with heat (a

household iron will work) or with autoclave tape (also commercially available). Generally, a piercer will have different sized needles, so some indication of the size (a small slip of paper) could also be contained in the package. This package will also feature some sort of indicator so it is clear that the package has been sterilized.

Once the package has been opened and the needle has been used for a piercing, the needle has been exposed to bloodborne pathogens, or "contaminated." Use of this needle on another individual at this point would expose them to anything that is in the other person's system, and the piercer would be responsible for a very severe risk to the other person's well being.

Sterilization and re-use of this needle is a suspect practice. The piercing needle, having been contaminated, can not be considered adequately cleaned by an autoclave. Matter could be trapped on the interior of the needle, and a needle will become dull with use. The small amount of money saved by reusing a needle is not worth the potential consequences.

The needle can be best disposed of in a hard, sealable container, such as a "medical sharps disposal container" (commercially available). This container should then be sterilized and disposed of as hazardous waste.

Improper use and disposal of a piercing needle is one of the most serious risks that piercer could impose on himself and his clientele. If a piercer is going to expose a piercing needle to bloodborne pathogens, knowledge of the responsible course of action is essential.

3.) I agree that all forceps, tubes, etc. are presterilized, stored in sterile bags, and used one one person, in one sitting. After one such use, they must be autoclaved.

Implements that may come in contact with a piercing (broken skin) must be as clean as possible. For forceps, nostril tubes, and NRTs, this means sterilization (autoclave), secure packaging (sterilization bags or tubes), and storage designed to minimize contact with airborne pathogens. Moisture, air, and light can all com-

promise the sterility of the implements, so keep them in a clean, dark, dry drawer. As soon as the bag is opened, airborne material begins to accumulate on the implement, so only open a package immediately prior to use.

After one use, bloodborne material is on the implement, even if none is visible. It is not acceptable to use the same pair of forceps on two people, no matter what their relationship. Even if neither of the two had any transmittable diseases, every person has very different bacteria, and the result would, at the very least, be infection.

For more information, see the clean/sterile/contaminated charts.

4.) I agree that as many supplies as possible, including corks, rubber bands, etc. should be presterilized in an autoclave or disinfected with liquids, stored in a clean, closed container, and disposed of immediately after a single use.

All tools that come in contact with the skin or jewelry (especially jewelry just inserted in to a fresh piercing) should be considered contaminated. To disinfect tools that can not be autoclaved two things must be done. First, the surface must be free of greasy ointment and/or oils from the skin that act as a barrier to non-solvent disinfectants; to do this, use a detergent soap and clean water or a common solvent such as isopropyl alcohol (only 70% strength is effective for our purposes). Soaps and alcohol should be used only as cleaning agents ; they are not antibacterial enough to combat many airborne/bloodborne pathogens. Secondly, the tools must be disinfected. A variety of products are available from medical supply companies that work effectively on the hard surfaces of tools made of brass or steel, (soft or porous surfaces like plastics are difficult to disinfect) these solutions use chemicals such as quaternary ammonium, synergistic compounds (Madacide) or glutaraldehyde (Cidex & Wavicide). When used properly, these products can effectively disinfect tools in about 10 to 20 minutes. Last but

From STERILE to CLEAN to CONTAMINATED

Every piercer should thoroughly grasp how their environment and the tools they use pass through stages from sterile to clean to contaminated. The chart below should help your understanding. Visualize sterile as white and contaminated as dark red with several shades in between. Always remember that when a lighter colored item comes in contact with a darker one it becomes that color, and can pass it on, until it is disinfected or sterilized.

Nothing darker than pale pink should ever come in contact with a piercing, directly or indirectly. Bare hands should avoid red items. If red items are touched, hands should be immediately washed. Dark red items should never be touched with bare hands.

•WHITE	•PALEST PINK	•PALE PINK	•PINK	•RED	•DARK RED
Sterile.	Very clean.	Clean.	Not clean.	Dirty.	Contaminated.
No living matter.	Only very small quantities of airborne matter.	Only small quantities of airborne matter.	Normal levels of airborne matter.	High levels of airborne matter.	High levels of airborne/bloodborne matter.
Autoclaved implements, jewelry, needles, etc. in unopened, sterile bags, untouched.	Sterile implements just removed from their bags. Disinfected implements only touched with freshly gloved hands, trays or surfaces immediately after disinfection/bleaching. Jewelry that has just been removed from	Sterile. Presterilized corks, rubber bands, nonsterile latex gloves, tissues, cotton swabs, etc. stored in protective containers and only touched with freshly gloved hands. Surface of "sterile" field, only touched with	Needles, for caps, corks, rubber bands, etc. after extended exposure to open air or frequent handling. Clothing surfaces, implements, needles, neither contaminated with bloodborne organisms, nor recently disin-	and possible presence of bloodborne matter. Floors, countertops, sinks, doorknobs, light switches, and other areas that may have been exposed to bloodborne contaminants, either directly or indirectly. Unbroken, uncleaned skin.	Bodily fluids, new or old. Piercings, new or healed. Broken skin of any kind. Used piercing implements, used disposable piercing needles. Previously worn jewelry.

disinfecting solution. Bagged "sterile" implants after several weeks in storage.

freshly gloved hands if paper is changed daily. Needles, forceps, disinfect- ed jewelry, etc. after several minutes in open air. unused Surface of skin immedi- ately after Povidone- iodine prep. Hands immedi- ately after washing with antibacterial scrub.

facted, unused jewelry prior to sterilization/dis- infection. Piercing room furniture, etc. Frequently han- dled display Jewelry Phones. Money.

not least, one of the easiest and most economical disinfectants on the market is a solution of 90% water and 10% bleach. While some of them can bring tools to complete sterility in as little as 10 to 12 hours, there is too much risk of not completely killing all matter, and so this process is vastly inferior to autoclaving. Use this process only for non-autoclavable materials.

5.) I agree that as many supplies as possible, including corks, rubber bands, etc. should be presterilized in an autoclave or cleaned with disinfecting liquids, stored in a clean, closed container, and disposed of immediately after a single use.

Everything that might come in contact with the area to be pierced should be as clean as possible. While we can completely avoid transmission of bloodborne pathogens by remaining alert for cross-contamination, we can unfortunately only reduce or limit the amount of airborne contaminants.

Ways to minimize airborne pathogens include presterilization of corks, hair clips, wooden, handled cotton swabs, or toothpicks, or pre-soaking of rubber bands (hard-surface disinfectants are much less likely to erode the rubber than bleach) to remove all living matter. All supplies, whether or not they can be presterilized or pre-cleaned, should be handled only with a fresh pair of gloves. Even freshly washed hands and clean gloves have airborne matter on them. All supplies should be kept in clean, closed containers made of a nonporous material to allow for easy sterilization or disinfection. Frequent exposure to air means frequent exposure to organisms which might cause illness or infection to your piercees. Since people's unwashed hands may be contaminated with bloodborne matter, any accidental handling by bare hands will contaminate your supplies. They should be thrown out, the container cleaned or sterilized, and new, clean supplies should replace the old.

For further clarification on the matter, refer to the sterile/clean/contaminated chart.

6.) I agree that new pair of latex gloves (ster-

ile or nonsterile) should be worn for every procedure, and gloves should be changed whenever the slightest chance of cross-contamination might occur.

In this day and age it seems incredible that a piercer would fail to wear gloves, or fail to change them between clients, and yet we hear stories of this time and time again! Obviously, this is a major health threat that piercers and piercees need to be made aware of. Changing your gloves between clients and when accessing or handling anything other than your client's individual set-up during the piercing will drastically lower the chance of contamination to you, your client, the piercing room, and the rest of your shop. Here are a few easy steps to stop the risk of cross-contamination:

1. Wash your hands before and after the piercing, using a disinfectant soap and warm water.
2. Always don gloves BEFORE you prep your client.

3. Always de-glove when accessing anything anywhere in your shop other than your client's individual piercing set-up.

4. Always re-glove with a NEW pair of gloves.

5. Never handle contaminated materials without gloves. (needles, bloody refuse, forceps, etc.) This includes soiled equipment being prepared for sterilization.

A quick note on Sterile vs. Non-Sterile gloves: While most of us in the piercing industry use non-sterile gloves, some prefer to use sterile gloves only. Keep in mind, however, that once you open a pair of sterile gloves and come in contact with anything previously handled, the client, and even the air in the room (with its airborne bacteria) they immediately become non-sterile.

7.) I agree that the room used for piercings, as well as the bathroom and other common areas, should be kept scrupulously clean and disinfected frequently. All surfaces should be nonporous, to allow them to be cleaned with bleach solution or other disinfecting liquids whenever cross-contamination might occur.

Because everything you touch, including doorknobs, faucets, countertops, walls, and floors, is a potential source of cross-contamination, it is critical that these areas and surfaces be regularly cleaned with a bactericidal, virucidal liquid such as bleach solution or one of the many hard-surface disinfectants. This is especially important in a piercing studio, where there is always the possibility of bloodborne contaminants being present somehow. It is also very important that piercing services not take place in the same room as hairstyling, tattooing, retail sales, or other services. The potential for cross-contamination is simply too great. Have a separate room for piercing.

8.) I agree that all jewelry contaminated with only airborne pathogens (not previously worn or contaminated) should be disinfected with a non-hazardous hard-surface disinfectant such as Madacide. I agree that all jewelry contaminated or potentially contaminated with bloodborne pathogens (previously worn by another person) should be autoclaved.

We don't know where jewelry has been. We don't know who's been wearing or handling it. We don't know what's on it. If you don't personally know that jewelry has never been worn or otherwise contaminated, treat it as potentially contaminated.

Jewelry that has never been worn doesn't have any bloodborne pathogens on it. It may be adequately disinfected with Madacide (a non-hazardous synergistic hospital level disinfection compound) or other non-hazardous hard-surface disinfectant. Formalin (formaldehyde) and, recently, gluteraldehydes, have been classified as biohazardous material, requiring special disposal and ventilation. That's not something you'd want to put into someone's bloodstream! The average disinfection time is between five and ten minutes.

Jewelry that has been worn only by the person who is now having it installed may not be hazardous to them, but certainly poses a threat to anyone else. Disinfect this type of jewelry in a

disposable plastic relish cup, to avoid contaminating your main supply.

Jewelry that has been worn by someone other than the piercee is contaminated with bloodborne pathogens, many of which won't be killed by a five-minute soak in disinfectant. Without exception, this type of jewelry **MUST** be sterilized in an autoclave. There is **NO** other way to be sure that you aren't passing along potentially deadly diseases.

For further information, refer to the sterile/clean/contaminated chart centerfold.

10.) I will only use appropriate jewelry in piercings. Appropriate jewelry is made of implant grade, high-quality stainless steel (300 series), solid 14 k or 18 k gold, niobium, titanium, platinum, or a dense, low-porosity plastic such as monofilament nylon, acrylic, or lucite. Ear studs or other jewelry designed for earlobe piercings are not appropriate jewelry for other body parts. Appropriate jewelry has no nicks, scratches, or irregular surfaces which might endanger the tissue.

What's the point of doing a clean, accurate piercing, if the jewelry that you've chosen may subject the piercee to rejection, metal reactions, infections, abscesses, tearing, swelling, keloiding, or worse? Choose your jewelry carefully. Jewelry made of metals other than those listed above literally rot when they come into contact with human bodily fluids.

Ear studs are not only ugly in other body parts, they're dangerous. The design allows for inadequate cleaning, easy tearing and snagging, and certain suffocation of pinched tissue. The thickness (16 to 20 gauge for most studs) is dangerously thin for the majority of piercings. And most are made of gold-plated aluminum or sterling silver, two highly reactive metal choices.

As regards thickness and diameter, different bodies and different piercings call for different jewelry. A ring that's the perfect size in an eyebrow can be downright dangerous in a navel, for example. Use common sense.

Thinner isn't always "better". Jewelry that's

too thin can act just like a cheese cutter, tearing its way right out of the body. Jewelry that's too thick can cause abscessing and keloiding, because the weight is cutting off oxygen supplies to the tissue. Jewelry too large in diameter is likely to get snagged on things, possibly tearing, while jewelry that's too small in diameter can keloid, or be sucked right into the body. Consider these factors when choosing an appropriate piece of piercing jewelry.

io.) I agree that it is important to be open, available, and not under the influence of legal or illegal substances which would compromise my abilities. I will seriously consider attending a one day Red Cross First Aid/CPR instruction course. I agree to meet or exceed all health, safety, and legal standards as required by my state and local authorities. I understand that it is important not to misrepresent myself, my abilities, or my standards in any way. I agree to consider all new health & safety suggestions as they become known to me, and to make appropriate changes in my techniques as applicable. I agree that it is the moral, ethical, and professional responsibility of all piercers to continue to seek out, absorb, and share health & safety information relevant to the craft throughout their career.

Since piercing is a very specialized profession, it will be to the piercer's advantage to strive for certain personal qualities.

One aspect of this is the relationship between the piercer and piercee. It's important to remember that an individual interested in a piercing will be in need of an open and comfortable line of communication with their piercer. Every person that approaches a piercer has the right to know about the piercer's experience and training, details of how the piercing will be performed, details about sterile procedures, and how to optimally care for their piercing. Since the piercee is putting an amount of trust in the piercer, it is most ethical for the piercer to be available and honest before, during and after the actual piercing. In most cases, the piercer is

the most reliable (if not only) source of information regarding the piercing.

On a similar note, it's important for the piercer to be in good health and to be free of any substances that would hinder their abilities while piercing. A piercer can also be prepared for emergencies by regularly taking first aid/CPR training.

As a changing profession, piercing will frequently expose piercers to new options relevant to their craft. It is essential for piercers to listen to these options and acknowledge where improvements can be made,

If a piercer is able to subscribe to these simple ethics, he will be most likely to have a quality piercing service that he can offer with integrity.



MEDICAL PRODUCT/ PROCEDURE UPDATES

Air Cleaners

A new appliance has recently come to our attention: the Enviracaire portable air cleaner. It is likely that other brands are available, but check their specifications before buying. The Enviracaire is equipped with a true HEPA (High Efficiency Particulate Air) filter, the same filter used in hospitals and medical laboratories. A paper-thin sheet made of tiny glass fibers catches all airborne particles measuring .3 microns or larger- that's over 99.97% of what you'd find floating around in the average room. This drastically reduces the amount of airborne pollen, animal hair and dander, BACTERIA, VIRUSES, general dust, asbestos, mites, and odors that might settle onto your clean surfaces.

The cleaner is listed as a class 2 medical device, whatever that means. Enviracaire comes in 3 sizes, to clean anywhere from a 9' x 12' space to a 20' x 22' space, up to nine times an hour. While this air cleaner is certainly no substitute

for thorough, regular dusting and cleaning, it does seem to make a lot of sense in a piercing studio. Check it out!

Call Honeywell Environmental Air Control, Inc. at 1-800-332-1110

Madacide

There's a new hard-surface disinfectant on the block! Madacide is a synergistic compound with the active ingredients Isopropanol (15.3%) and Dowanol EB (4%). It is listed as bacteriocidal, viruocidal, tubercuocidal and fungiocidal—that makes it a hospital level disinfectant. Disinfection time is ten minutes, and the product maintains full potency for 10 months after opening. Unlike gluteraldehydes and formaldehydes, both biohazardous and nonbiodegradable, Madacide requires no special disposal or ventilation systems. It is furthermore non-toxic, non-corrosive, and non-irritating.

Madacide may be used as an ultrasonic fluid, and is available in premixed gallon bottles (suggested) and spray bottles (not suggested—the force of the spray could send particles out into the air). But the neatest thing about Madacide is that it's also available as an antiseptic hand foam. If you can put the stuff directly on your hands, I personally feel like it's the best thing yet for jewelry disinfection.

For more information, contact Mada Medical Products at 1-800- 526-6370.



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