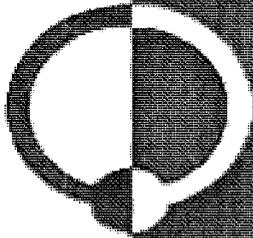


The POINT — official newsletter of the:

Volume 2, Issue 1
February 1996

APP

association of professional piercers

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A Word of Caution

For those of you who do not know me, and that should be just about everyone, I am a dermatologist with an interest in tattoos and piercing. While I've learned a fair amount about tattooing since my medical training began, I've only recently been introduced to piercing through *PFIQ*, *The Point*, and a Gauntlet training Seminar. Through these resources I've learned that the piercing experience can be a very positive one for many people, but there are also some pretty scary things going on out there.

I believe that some piercings are simply more anatomically dangerous than others. Take, for instance, neck piercings. I agree Madisons should pose little risk; however, piercings in the center midline of the neck or the lateral neck are potentially very risky. At the center of the neck is the thyroid gland, a notoriously vascular tissue, supplied by the superior thyroid artery and its branches. Since the soft tissue of the neck is generally thin and these vessels may lie close to the surface, a piercing in these areas could conceivably puncture one of these vessels with a serious hemorrhage as the result. Lateral neck piercings are also dangerous since these could hit superficial structures such as the spinal accessory nerve (which lifts the shoulder) or the external jugular vein. Does anyone out there really want a radical new piercing AND a permanent shoulder droop or a trip to the emergency room to stop significant

bleeding? Personally, I get very cautious when I have to remove even very superficial skin cancers in these areas. Even if the initial piercing goes well, the further problem of infection is a serious consideration. The major vessels in the neck (carotid artery, jugular vein) are ensheathed in thin tissue along which infectious organisms may move rather freely either downward into the chest or upward into the skull. Either of these occurrences would require at least a sojourn in the hospital.

How about the uvula? The uvula actually does have some function rather than just to hang in the back of your throat waiting to be adorned. It contains some taste buds, gives you some sensation of where food is in your throat, and sweeps the back of your throat during swallowing. While you could live without a few taste buds, the latter two functions do help coordinate swallowing. The uvula is supported by the palatine artery which can produce frank bleeding if transected. By far and away the greatest concern lies in the piercee aspirating the jewelry or needle into his/her wind pipe, or swallowing an object which might perforate the bowel on its way through the digestive tract. Either situation would necessitate medical attention, emergent or otherwise.

Finally, I heard through the tattoo and piercing grapevine, as I'm sure others did, about a guy at a recent Seattle tattoo convention who had

a "steel mohawk" implanted under and pierced through his scalp. From what I heard, a buddy of his did this "for" him while he was too drunk to remember or feel much of anything. YIKES!!! Any implant which is placed under the scalp and pierces through the overlying tissue is just waiting for a serious infection or bleeding to occur. Infections of the scalp can easily track through small vessels (termed the emissary veins) into the skull and cause thrombosis of intracranial vessels leading to strokes and potentially death. The scalp is also well supplied with a number of inter-connecting arteries which bleed freely even when injected by 30 gauge needles to achieve anesthesia for medical procedures. Any implant which extends outward through the skin can allow bacteria to track down into the implant and establish infection. Implants are basically fixed into position; you can't rotate them or slide them back and forth to clean them as you would a bead ring or barbell. My bet is also that they are placed a bit deeper than your average piercing, giving bacteria access to deeper structures, like fascia, muscle, or bone. If you think an abscess in the soft tissue of your ear or nipple is bad, wait til you've experienced an infection of the fascia (fasciitis) or bone (osteomyelitis). Again, you'd be in for a long hospital stay at the least.

As far as I know only Oregon has passed specific legislation allowing non-physicians to perform piercings. Most state's medical licensing statues include procedures which pierce the skin as falling within the scope of the practice of medicine. The only exclusion is the practice of tattooing. Thus, in states without such legislation, a serious problem resulting from a body piercing would be perceived by the medical community as the result of someone practicing medicine without a license, or as battery. Either of these could land you in jail. Aside from these medico-legal issues, I believe that true professionals never subject their clients to unnecessary risk. Each piercing should be judged upon the risk it carries for your client. And, if you aren't knowledgeable about the underlying anatomy, you can't accu-

rately judge the risk and shouldn't perform the piercing. More legislation of piercing will occur in the future; it's only a matter of time. You can be sure that problems associated with dangerous piercings will be brought up in considering such legislation. Unfortunately, a single mishap is far longer remembered than the thousands of happy piercees who were safely and appropriately pierced. The impact of dangerous piercings and implantations may come back to haunt many piercers.

Whitney D. Tope, MPhil, MD
Piercing Friendly MD
Advising MD for PPIB
San Diego, CA

The KY Conspiracy

Just the facts: Ointments (Bacitracin, Triple Antibiotic, etc.), versus water-based lubricants (KY, Surgilube, etc.):

1.) Water based lubricants: Benefits

- A. Sterile
- B. Individual single use packets
- C. Hypoallergenic
- D. Does not promote more resistant pathogens
- E. No need to scrub tools after presoaking to remove residue— debatable point
- F. Ultrasonic will be able to remove residue more easily
- G. Prevents oil buildup on jewelry and piercing
- H. Does not break down latex barriers (gloves)

2.) Ointment: Benefits

- A. Sterile
- B. Individual, single use packets
- C. Allergic reactions/sensitivity extremely rare
- D. Germicidal
- E. Adequate wipedown, enzymatic or solvent presoak and mechanical scrubbing removes residue
- F. Ultrasonic cleaning with immersion in enzymatic or solvent agent breaks down oil and

removes microscopic residue

G. Provides a barrier to rare bleeding

H. Does not cause latex breakdown in the short duration of the procedure

The enzymatic cleaning agents described are long chain fatty acid molecules which bond to oils, proteins, and gross soil, and pull them off surfaces during the presoak, mechanical, and ultrasonic scrubbing processes of decontamination prior to autoclaving. Alconox and most soaps (*Ophthalmic surgeons clean their tools with Joy!—ed*) fit this description and work well.

The solvents described break apart molecular bonds dislodging and separating oils and ointment when used as a presoak and/or ultrasonic cleaning agent. Alcohol and Madacide (which is 15% alcohol) are examples of acceptable solvents.

Both lubricant types share common benefits A, B, and C. Sterility, a crucial point to any item inserted under the skin. Individual use packaging minimizes cross contamination. Negative reactions are exceedingly rare and confined to only the most sensitive individuals. Often reactive individuals will also be sensitive to other materials used in the procedure, and this information will be known if the piercer's release form and prepiercing questions are appropriately designed. Some people have reactions to compositions of both water-based and oil-based lubricants.

To address claims that antibiotic ointments cause bacteria of a more dangerous and resistant nature to develop, we must look closely at the time frame in which it would occur. It is accepted that piercees should not use antibiotic ointments as aftercare for the reasons described on the ointment's packaging.

A piercing is a puncture wound and contraindicated for routine ointment application. The manufacturer's label is a legal document and a guarantee that the product will perform as promised. Instructions direct use of varied amounts daily, for no more than five to ten days,

stopping to seek medical attention should a reaction occur. For that period of five days or more the antibiotic effect is guaranteed effective with controllable and limited risk of resistance in the population of harmful microorganisms.

Used once, during a piercing, the level of risk is reduced exponentially, almost nullifying an already low risk. Weighing the initial and residual germicidal effects at the pierced site against the risk of significant growth of harmful pathogens, after a single use, shows the advantage of using antibiotic ointment over water based lubricants. It is maintained that should the ointment be applied as aftercare, the risk would indeed grow daily.

To address claim E, that manual cleaning as a step in the process of decontamination and sterilization could be reduced or skipped altogether is a fundamental issue. To remove gross soil and debris, and to break down ointment, either a washer/sterilizer (as used by hospitals) or human hands provide the necessary mechanical friction to remove the soil. The tools are immersed in either an enzymatic cleansing agent or solvent after a presoak in disinfectant. The tools are scrubbed by either machine or by hand and brush. Without this step, the pathogens can and will remain in the crevices of tools, particularly tubes and the teeth of forceps. Regardless of ointment or water-based lubricant, this step is essential to prepare tools for ultrasonic cleaning and sterilization.

To address claim F, that ultrasonic waves will not remove the residue of ointments or other lubricants. It is essential to recognize the manufacturer's instructions for ultrasonic cleaning. The assertion that instruments immersed in an ultrasonic device will not be cleaned of ointment is only correct when using no liquid agent other than water. A solution of enzymatic cleaning agent or solvent, used in accordance with the manufacturer's directions will disperse residues of oil as well as hard-to-scrub microscopic debris.

Ultrasonic cavitation scrubs solid surfaces clean aided by chemical interaction. The high fre-

quency vibration creates microscopic bubbles in instruments which implode, dislodging microorganisms and oils. Following tool processing by presoak, manual scrub, and ultrasonic action, instruments should be lubricated by soaking them in aqueous antimicrobial lubricant (i.e. surgical milk). This will prolong their operational life and also serve to keep corrosive antiseptics, body fluids, protein soil, skin debris, and oils like ointment from clinging to them in their next use after sterilization.

Claim G is not intrinsic as a disadvantage to ointment use. In the final cleandown before the piercee leaves the studio, most lubricant residue will be washed off. Employing a cationic detergent (benzalkonium chloride) to wipe clean the jewelry and pierced area, moving outward away from the center, will remove most residue. Any remaining residue inside or out will be absorbed by the body with a minimum of harmful results, or washed away during the first aftercare session.

Antibiotic ointments and their residue can provide advantages in the rare case when presented with unusual bleeding. Sterile application to cover the pierced area tends to swiftly stop blood flow and minimize the spread of blood-borne pathogens. This is the same working principle by which bleeding is staunched on broken skin surfaces during the process of tattooing. This barrier prevents further exposure risks and provides residual germicidal effects until washed away by soap and water.

Claim H is only a disadvantage in certain circumstances for ointment use. The swift aseptic installation of jewelry will not necessarily involve contact with ointment to gloved hands, depending on the barriers, tools, and amount of ointment used. If ointment contacts glove latex, gloves can easily be changed or carefully wiped, or the piercer can take the strong chance that the operation will be completed long before any latex breakdown occurs. Gloves such as Safeskin can be worn to minimize that risk even further. Checking gloves for pinholes and wear and tear is

a primary concern to the personal service worker in any case, to protect the wearer and piercee from eachother's pathogens.

In evaluation of the benefits of both ointments and water based lubricants, it is to the advantage of a piercing studio to keep both on hand. For the piercee who is reactive to antibiotic ointments but not water-based lubricants, the choice is clear. For the piercee who is sensitive to both, other lubricants are available, such as povidone-iodine gel. For situations where a residual germicidal effect is desirable, or blood flow is to be staunched, the ointment is preferred. The potential for residue causing harmful levels of resistant pathogens after a single use is negligible.

The core of the issue is that both lubricants can do the job— causing a reduction in friction without contributing to contamination— and allergy to either is rare. Fundamentally, using one or the other cannot allow a piercer to avoid cleaning their tools manually. The residues left on instruments (skin, fluids, strong antiseptics, and more) absolutely **MUST** be presoaked and followed by a manual scrubbing to rough clean surfaces before finer particulate scrubbing by ultrasonic device action (microscopic cavitation). Effective cleaning agents must be employed at all stages of the process of decontamination and sterilization to fully destroy all pathogens.

Questioning piercees about allergies and medical history is every piercer's responsibility. Thorough information is needed to make appropriate decisions about jewelry and procedure. Since human bodies do unexpected things before, during, and after piercings, what is most important is to gather, absorb, organize, and assimilate or adapt for a piercee's own special circumstances. A plan of action will limit the potential for negative reactions from any source from start to finish. Safe piercing is the goal of this process.

Brian Skellie and Kevin Covella
Piercing Experience
Atlanta, GA

Insurance Pioneers

Professional Program Insurance Brokerage (PPIB) has recently pioneered an insurance program for body piercing that is receiving a lot of attention throughout the insurance world. The program is unique because the insurance industry has never before made a thorough study of the body piercing field in an effort to understand the unique nature of piercing.

At PPIB, we have been able to pioneer professional liability coverage to industries other insurance people have not been able to insure because of the amount of time we spend studying an industry.

When we were approached in early 1995 by the body piercing industry to develop a program, the first thing we did was to seek out some of the respected people in the piercing industry as well as doctors who could assist us with infection and after care issues.

After spending six months learning the industry and developing professional contacts, PPIB was able to get our primary insurance carrier to add on body piercing to our other programs, which include the beauty industry, tattoo industry and permanent cosmetic fields. The professional piercer can now get insurance whether he or she has their own shop, or is part of another entity such as a tattoo business.

With the help of people from APP including Gahdi and Michaela Grey, we were able to identify the standards the top piercers in the industry adhere to. These standards form the basis of our underwriting guidelines.

To get insurance, a piercer must have a CPR certificate, get an annual spore test on their autoclave and use appropriate categories of jewelry and sterilization, among other requirements. The use of piercing guns is not allowed by professional body piercers.

Having an insurance carrier work with body piercers can make it easier for the industry to

develop professional standards. Already PPIB has been asked by two state legislators to send information on our guidelines for them to consider when regulating the field and a number of national magazines have asked for information on this program as well. PPIB will continue to work with the piercing industry to be sure to adequately serve the needs of this growing, exciting field.

Susan Preston, President
Professional Program Insurance Brokerage
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A Clinical Study of Bactroban

The Georgetown Medical Center is doing a clinical study of a creme version of Bactroban (the ointment is already been FDA approved). Participants will receive free treatment of their infected piercings, plus a cash incentive for participating in the study. For more information, contact Dr. Kupiec of Georgetown Medical Center at 202.687.8550

Rev. Drew
Perforations Piercing Studio
Washington, D.C.
perforat@access.digex.net

1*800*210*0306

This is the APP's new toll free number. You can reach us here with questions, requests for information or assistance, or to let us know about health & safety/legislative/other piercing issues happening in your area. We hope to hear from you!

Painless Piercing? Warning!

I have had countless conversations with clients asking "why don't you numb the area first?" and other piercers have asked the appropriateness of numbing agents and their effects.

Some piercers in the United States and internationally are using numbing agents, from prescription to over-the-counter. 98% of these prescription numbing agents belong to the **Xylocaine** family.

Over-the-counter numbing agents contain under 2% of any of the xylocaine family, 2% and above is, in most States, strictly by prescription only, to be used under the supervision of a physician!

Non-script agents being used:

Anbesol is to be used for minor irritation and pain and should never be used on a puncture wound or mucosal tissue. The use of Anbesol in the urethra in the P.A. process would be most inappropriate.

Prescription agents being used:

1) **Hurricane** is used in oral mucosa (mouth) In addition to the xylocaine, it also contains a lubricant base. It is used for dental aches and pains due to dental prostheses, but is most commonly used in endoscopy procedures to numb the mouth and throat, and decrease the gag reflex. Note: none of these procedures involve open puncture wounds.

2) **Emla** is a cream that is applied to tissue to create numbness. It must be left on for at least one hour to provide appropriate effect. This also is not indicated for use in a puncture procedure until appropriately removed from the tissue to which it is applied. It causes redness and swelling (edema), often severe, to the area.

3) **Ethyl chloride** (spray freeze) should never be used as a topical anesthetic for piercings. The risk of frostbite and scarring, particularly when

used on bony or rigid areas such as eyebrows or nostrils, is very high.

4) **Injectable anesthetics** must be used appropriately, and should never be used by anyone but a physician or a nurse under direct supervision of a physician.

Some issues around using these anesthetics that concern me, other piercers, medical professionals, doctors and lawyers are as follows:

1) If we are piercing a tongue, why would we want to decrease the gag reflex if the natural reaction to the piercing is to increase saliva production? The risk of a client aspirating on his/her saliva will increase past acceptable levels.

2) If there is swelling in an area that we are piercing, how can we be sure of proper placement? A majority of the nipple piercings coming from Europe, where use of injectable anesthetics is widespread, are placed far too deeply into the areola and extremely crooked.

3) If not an over-the-counter agent, how is it obtained, and who is administering it? (Remember, we are not doctors!)

4) How "bad" is the "pain" anyway? It could be minimal or intense as part of the piercing experience, but it rarely lasts longer than a second, and is an integral part of the experience. Perhaps those who rely heavily on anesthetics do so to hide their incompetence from their clients.

5.) It is not only my opinion, but that of many medical professionals that any of these agents can be very dangerous if they go systemic. They can cause, at the minimum, an allergic reaction. The worst case scenario is an anaphylactic reaction which usually equals death. Do we really want to risk a client dying in our studio for the placebo effect of an illegal anesthetic?

6.) From a legal standpoint, to use either a prescription or non-prescriptive anesthesia on anyone other than yourself constitutes acting as a physician. If you act as a physician, you can be sued as a physician. If you are a nurse or physician and you use anesthetics in this out-of-con-

text manner, you could have your medical license taken away from you, and you still could be sued for medical malpractice.

As a piercer, it is my experience that an appropriate bedside manner, calming music, breathing techniques and plain, old-fashioned trust will ensure a tolerable and even pleasurable experience for the piercee. Isn't this the magic of our profession? Some food for thought.

David Anthony
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Piercing-Positive Legislation in Kentucky?

Dear members and supporters of the APP,
I recently moved our shop to Lexington, Kentucky, yet another state with no regulation regarding body piercing (no big surprise here!). But the difference is that the State Cabinet of Human Resources is willing to create legislation for regulating piercing. Thanks go to Michaela Grey of the APP and Jeff Hunter of the Oklahoma Board of Health for helping to get things rolling. Letters of support can be sent to:

**Cabinet of Human Resources
Food Safety and Cosmetics Division
Attn: Anita Travis
275 E Main St
Frankfort, KY 40621**

Thanks!
Sincerely,

Greg Dinkins
The Hole Thing
Lexington, KY

Legislative Updates: Wisconsin and Maryland

Wisconsin's proposed Assembly Bill is awaiting a vote by the Senate committee. The proposed bill will allow regulation of tattooing and body piercing by the Department of Health and Family Services, or by local health departments. The next open hearing will take place in Madison, WI, the first or second week of March. The APP will have a representative there to make clear our goals for the upcoming regulations. We also hope to make clear the differences between tattooing and body piercing. We will be there to advise and give needed information to the Department of Health and Family Services in the writing of health and safety guidelines for body piercing. It is of utmost importance that professionals in our field aid in the creation of these guidelines.

Meanwhile, in Ocean City, Maryland, Melissa Adams, owner of Shock Value Body Piercing studio was concerned about the botched hack job piercings done in fly-by-night places in her beach resort town. She made a preemptive act and took her idea of regulation to the city council. This tactic can always backfire: the council attempted to enact regulations that would require the presence of a physician to perform any piercing. Fortunately, their effort failed. Now the city council has decided to give professional piercers what they want: enforceable, sensible regulations for health and safety in body piercing. We hope this will discourage hack piercers from opening up shop in this or any other state. The APP will be offering any input and assistance needed in this important matter.

Gahdi
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Hand Washing

Why do you need to know how to wash your hands?

In recent secret video taping of hospital personnel, it was found that many staff members washed their hands for fewer than 10 seconds, used little or no soap, did not manually scrub while washing, and in some cases even dried their hands on their lab coats! Obviously, even those who should know better need an occasional reminder of proper hand washing techniques.

First, your sink needs to be set up appropriately. Why get your hands nice and clean if you're just going to have to touch the dirty faucet handles or the bathroom doorknob? Piercing studio sinks should have wrist-action or foot pedal operation and easily opened doors in all rooms. It's best, and some states require, that you have a sink in each piercing room, for just hand washing between clients.

What should you use to wash your hands?

A bar of soap will retain dirt and contaminants from the last piercing. A non-antibacterial soap will remove particles from the surface of the skin, but won't kill or inhibit growth of matter that remains on the skin. Use a wall mounted pump dispenser, and gentle, low fragrance, low-dye liquid antibacterial soap. Some piercers pull out the big guns and wash with Hibiclens. This isn't suggested if you want to avoid developing a severe chemical sensitivity, like many surgeons have done after repeated use of strong antibacterial scrubs. Try Liquid Dial, Softsoap, or Lever 2000 instead.

When should your hands be washed?

Before *and* after touching yourself, eating, going to the bathroom. Before *and* after each piercing, before handling piercees, jewelry, the autoclave, and other clean things, and after handling piercees, money, telephones, trash, the ultrasonic, and other dirty things. Most piercers in a moderately busy shop will find themselves washing their hands about 15-20 times a day.

How should your hands be washed?

First, step up to the sink and use your elbow, back of your hand, or wrist to start the water running. Similarly get some liquid soap into your hands and work it into a lather that extends up past where your gloves end on your wrists. Pay special attention to fingernails and the spaces between fingers. All surfaces of both hands should be vigorously scrubbed to release matter from every grain and pore; the lather will then suspend the organisms and allow them to be thoroughly rinsed away. Medical texts recommend that the scrubbing portion of the hand-washing last at least 15 seconds to remove matter from the top and middle layers of the skin, but if hands are visibly soiled, or after handling contaminants such as the ultrasonic, we'd strongly suggest a much longer scrub time.

How should your hands be dried?

Many piercing studios get by with a plain roll of paper towels. It's pretty easy to recontaminate your freshly washed hands by using this method. Air dryers may blow pathogenic particles around the room, and may not completely dry hands, encouraging piercers to wipe their hands on clothing. A wall mounted, C-fold paper towel dispenser is the cleanest way to dry hands. If necessary, widen the dispenser so you'll never touch the rim.

How else can I protect my hands?

Many piercers follow up their hand washing with an application of Seal-skin, an aloe vera based skin sealant, or various antimicrobial moisturizing lotions. The Seal-skin may provide limited protection from organisms, while the antimicrobial lotions will inhibit or destroy pathogens that may land on the hands. Be sure to use these products as directed, and remember that they are intended only as an additional protection, not as a substitute for gloves.

Once your hands have been washed, it's important not to recontaminate them. Keep your hands away from hair, clothing, surfaces, and anything at all until you get them into a pair of gloves.

Why should I wash my hands if I use gloves?

First, you have to reach into the glove box to get the gloves out. If your hands haven't been freshly washed, you will contribute to the bio-load in the box— you may put a pathogen onto or inside of the gloves. Never touch a box of gloves or any other piercing equipment without freshly washed hands.

Second, gloves are MICROPOROUS. This means that they all have tiny holes, through which organisms may pass. The approximate duration of time that gloves will protect your hands from pathogens is four minutes. Hands are also porous. Even if you don't have any obvious breaks in the surface of the skin, an organism as small as a virus may be able to find its way inside your hand. Washing hands with antibacterial soap, and protecting them with antimicrobial lotion greatly decreases the chance of infection.

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and
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What Are Ethics?

Ethics are a set of moral or professional standards set and adhered to by a group of people. What are some basic ethics for piercers?

1.) Professional. Is a professional just anyone who accepts money for piercing, or does that term mean something more? Would we consider an untrained dentist or doctor working out of his or her spare bedroom to be professional, just because they charged for their services? Probably not. While it is true that virtually any environment can be made into a workable and immaculate piercing studio, the very same standards

should apply to home studios that apply to storefronts, and no one calling themselves a professional should violate any zoning or other business laws when working out of their home.

2.) Ethical and honest advertising. It is very common these days to see ads for “medically approved”, “certified”, or “medically trained” piercers. Since there is no certification process anywhere in the country, is it really ethical to make such claims in one's advertising?

3.) Compliance with all applicable business, health and safety, and other laws. Many piercers use anesthetics they obtained illegally, or illegally dispense over the counter medication to their clients. Many piercers use dermal punches, scalpels, and other medical devices whose use is legally restricted to medical professionals. There are piercers operating without business licenses, and not paying taxes on their profit. Many piercers haven't even heard of OSHA, let alone follow their requirements for appropriate set-up and labeling of their biohazards and other health and safety regulations. While piercing per se isn't regulated, those who wish to call themselves professional already have plenty of guidelines for appropriate business behavior.

4.) An open, non-aggressive attitude towards other professionals. Sometimes we get so caught up in the politics of piercing that we forget who our real enemies are— the real hacks, piercing at flea markets and yard sales, using guns, reusing needles, and generally creating a public health hazard. If you are reading this newsletter, you obviously care enough to make a difference. Why not call your local competitors and sharing information? If they're reputable, you can band with them against the hacks, and if they're hacks, maybe a little information is just what they need to make them change their ways.

These four things could begin to help piercing be taken more seriously by legislators, and give meaning to the words “professional piercer”.

Rob Petroff
Insane Creations
Ann Arbor, MI

APP GENERAL MEETING Everyone Welcome!

Special Membership Rates

The next APP Meeting will be a general, open meeting. It will be held on Sunday May 19 at 2 PM. We will be combining business and pleasure, holding the meeting at the glamorous Luxor Hotel in Las Vegas.

The Luxor has been kind enough to give us a special group rate of \$235.44 for both Friday and Saturday nights. Sundays and weekdays, the rate is \$59 per night. To receive this rate, we **must** have everyone's confirmation and money by March 30.

We have also been fortunate enough to receive a special "meeting fare" reduction for airfare. For more information or to make your reservation:

Contact Rob Petroff at 313-332-0058.

It's very important that everyone who plans to attend RSVP to Rob, so we can reserve an appropriately sized meeting space. Again—please **CALL ROB** if you're coming!!!

As we expect a large turnout, a very tightly defined agenda is crucial. Once you have confirmed your attendance with Rob, contact Michaela Grey at 415-552-0505 x 107 or write to the APP mailbox to add your concerns, questions, and issues to the agenda. We plan to discuss *only* those items listed on the agenda, so if you want to talk about something, let us know well in advance!

If there is enough interest, Barry Blanchard would like to hold a separate manufacturers meeting to begin defining standards for the piercing jewelry manufacturers. Please contact Michaela if you make jewelry and would like to be included in this meeting.

We hope to see you all in Las Vegas!

In advance of the May general meeting, membership dues for the first year have been set at only **\$75.00**. This is to encourage those of you who have been meaning to apply, but haven't quite gotten around to it... you know who you are. This rate is **ONLY** applicable through June 1, after which membership rates will then return to **\$150** for the first year.

Currently, membership carries the following benefits, unavailable to subscribers:

- Heightened respect from legislators, health officials, and other professional piercers
- Access to the APP's special bulletin board at the APP website
- A listing and link on the APP website's resource guide
- Increased business through references from other members
- Membership through the APP in the American Public Health Association
- Discounted liability insurance through PPIB
- Discounts on MadaCide and other piercing supplies
- Invitations to and voting privileges at APP member meetings
- APP Membership window decal
- "Piercing-Gun Free Establishment" window decal
- Complimentary subscription to *The Point*
- APP's forthcoming procedural manual, which will be made available to health departments across the country and around the world as the industry standard for professional piercing

Please, help the APP raise the level of piercing standards for everyone. Currently, *The Point* has over 250 subscribers. The APP has fewer than 20 members. Add your voice to the debate!

Oregon Update

Hello, folks! News from Oregon: Legislation is coming! The proposed administration rules for Oregon Body and Ear Piercers were recently sent out to all interested parties. There were only a few points which raised concern among Oregon's professional piercers:

1.) Gun piercers are to only use ear piercing guns on "ears". While this is well-intentioned, it means that the gun may now be used to pierce ear cartilage, tragus, conch, antihelix, or other cartilage areas of the ear.

2.) Guns are to be "disinfected" rather than sterilized.

3.) Gun piercers are not required to wear gloves while performing services.

4.) "Warning Notices" are required in all licensed piercing facilities.

5.) No age limit is required for piercees, although parental consent is required.

The interested local piercers are working together along with help from the APP. Although we would like to see some minor changes in the policies listed above, I feel that the State is making a real effort to help by presenting enforceable sanitation guidelines for our industry.

In closing, I would like to thank all the interested parties who have helped us here in Oregon. If any one has any useful information, we would like them to contact us immediately. The deadline for all changes is February 21st. The meeting, which will be attended by an APP representative, is at the end of February.

Although gun piercings are not "outlawed" or even examined as fully as we would like, it is our responsibility to only look out for the hygiene and sterilization practices of body piercers, and to make the State realize that our way is 10 times safer and cleaner than with a gun! We'll let you know what happens as more information becomes available.

Tracy Faraca
Attitudes, inc.
Portland, OR



I'd like to get *The Point* for the next _____ years at the annual rate of \$20.00.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Enclosed is my check/money order in US funds for \$_____.

**Association of
Professional Piercers**

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