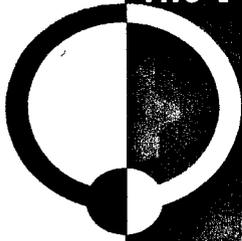


The POINT — official newsletter of the:

Volume 2, Issue 2  
August 1996



# APP

association of professional piercers

519 Castro Street, Box 120  
San Francisco, CA 94114

<http://www.sfo.com/~app/>  
[app@sfo.com](mailto:app@sfo.com)

This Year: Las Vegas.  
Next Year: Disneyworld!

The APP held its first official open meeting May 19th at the Tropicana hotel in Las Vegas. We think it was very successful, and want to sincerely thank those who attended and contributed.

Among the topics discussed was next year's open meeting. The overwhelming majority of attendees preferred Disneyworld as the setting, and so Disneyworld it is! Our coordinator, Rob Petroff, is already hard at work making group travel arrangements for next Spring, so we ought to come out with a package deal of some kind. Keep in touch with us as we work out the details—we just wanted to give you plenty of time to plan on joining us! The May meeting went as follows:

Gahdi : Welcome and introduction

Michaela Grey : Brief history of APP

Board Member Introduction

#### Presentations

Susan Preston : Liability Insurance

Tom Burge : OSHA Compliance for piercers

David Vidra : Provon Medicated Lotion Soap

Anne Greenblatt - discussion of RAB - ard-vark@richmond.infi.net

#### Legislation Updates

Wisconsin : Derek Lowe—tattooing and piercing separate

Queensland, Australia: Cheyenne Morrison — may be regulated in next 6 months

Illinois : no information yet, possibly mandatory doctor in room

California : dead in legislation

Oregon : Tracy Faraca—Law is now in effect

Hawaii : Lani Teshima-Miller—A hearing was held to discuss possibly writing a bill; the Department of Health will be looking into it, but they do not seem concerned.

Washington State : Al D—approached legislators and health department. Again legislators say they are not concerned  
Yellow Pages : now offering Body Piercing listing in some states

Nevada : Angela Gifhom—now working on legislation

Georgia: Brian Skellie—legislation trying to blame piercing for suicide!

#### Agenda Items

APP Procedural Standards Manual

Introduction and Statement of Purpose

Send more pictures of piercing gun misuse

#### Membership Issues

APP nonprofit status: Sky - moof@earthlink.net  
We now have first draft of articles of incorporation

Fan Cards/Enthusiast: Discount to be decided by individual shop

Enthusiast Newsletter—Allen Falkner volunteered

Provisional Memberships for qualified professionals with less than 1 year experience?

More membership incentives

APP approved jewelry - discount for members

Treasurer's Report : Kent Fazekas

\$2000 in account

Raising Point Subscriptions

Adjustment of membership dues structure

Fundraising Efforts : Gahdi

Advertising in the Point

Public Awareness Efforts : Tracy Faraca

Color pamphlet of disgusting piercing pictures

etc.

Sky and Good Art have volunteered

Pamphlet against piercing gun

Making local changes with information via flyers, ads, public speaking, etc.

Press Releases - Send them to your local papers

European APP auxiliary branch : Crystal Cross

EPPA discussion

CABA nothing yet

Gauntlet Paris Representative

Switzerland rep

APP Minimum Jewelry Standards : Rob Petroff

Internal vs External

Fresh vs Well healed - ethics issue

Annealing discussion - softer is better

14k or 18k solid white or yellow only in fresh piercings

Niobium/Titanium good— tantalum is in question

Next Year's Open Meeting

Next Meeting - Disney World

Raffle Tickets - Prizes given out

Immediately following the general meeting was a manufacturer's meeting, at which we accomplished less than we had hoped. More on this later, as a small group of the manufacturers present want to continue to work with us to develop standards for the piercing jewelry industry.

Minutes provided by:

Allen Falkner

Obscurities

Dallas, TX

## Changes in the Board

The APP is pleased to introduce two new Board members:

**David A. Vidra**, of Bodywork Productions in Cleveland, Ohio, has over ten years of piercing experience, in addition to being a wound-care specialist, practicing nurse. David has been an active contributor to the Point and to other APP projects, and we are looking forward to working with him on the Board!

Bodywork Productions

11623 Euclid Ave

Cleveland, OH 44106

(216) 421-7181

**Al D. Sowers**, of Playspace Ltd./Sin in Seattle, Washington also brings many years of piercing and a nursing background to his position. Al D. was our first official business member and has been an active and positive force in the APP since joining. Al D. has worked with State legislators and public health officials, as well as doing outreach to local competitors. We're excited to bring Al D.'s energy and skills to the Board!

Playspace Ltd./Sin

616 E Pine

Seattle, WA 98122

(206) 329-0324

**Crystal Cross** of Primeval Body in Los Angeles, CA has a new Board title: International Liaison. In her many travels, Crystal will connect with piercers around the world, encouraging them to meet APP standards, join the organization, and network with other piercers in their area. If you can help, contact her at:

Primeval Body

4647 Russell Ave

Los Angeles, CA 90067

(213)666-9601

**Blake Perlingieri** and **Maria Tashjian** of Venus Modern Bodyarts in New York, NY continue as business members in good standing, but no longer sit on the Board.

## Breaking Down Walls

I really enjoyed the APP Open Meeting. It is comforting to know that we have a way to protect not only ourselves but the community as well. I found the meeting to be very informative, plus it was nice to put some faces with names.

I really took to heart what was said in the meeting about stopping wars and getting along with each other so that we can make the APP a more effective body—besides, I don't like these wars and confrontations anyway. Well, Sky of Gauntlet LA and I spoke, and we plan to have a Gauntlet/Thirteen BC evening with a representative from Cedar Sinai Nurses Research and Development Center, and another evening of CPR/First Aid training. I am very excited that we are going to be doing this—I feel that it is a milestone in the achievement of getting along together.

I personally want to thank all the founding members of the APP for taking the time to put this organization together.

Michael Kraemer  
Thirteen BC  
Los Angeles, CA

## Sterile Gloves: Why All Responsible Piercers Must Use Them

The hands are the major source of pathogen transmission in medical procedures. Doctors didn't even wash their hands as an infection control measure until 1847, when Ignatz Semmelweiss showed that the incidence of pleural sepsis in a Vienna maternity ward could be reduced from 18.7% to 1.27%, if doctors simply washed their hands in chloride of lime between performing post-mortem examinations and attending women in childbirth.

At first, his methods were met with contempt and ridicule by the established medical community. It wasn't until 1861 when Joseph Lister used Louis Pasteur's discovery of microbial infection to develop a method of antiseptics in surgery, that the medical profession began to pay proper attention to handwashing. Lister's method reduced the death rate in surgery by over 50%, but gloves weren't adopted by medical practitioners until the turn of the century.

Even though hand washing has long been recognized as the greatest disease prevention, doctors still don't follow this practice responsibly. A recent study of the intensive care unit of the Royal Children's Hospital, Melbourne, Australia, showed that only 4.3% of doctors complied with the standard of handwashing before and after coming into contact with a patient.

Even if hands are washed properly, there are still remaining pathogens which can cause infections. This is why gloves were adopted for surgery—they provide a more effective barrier against transmission. The closest analogy I can find to performing a piercing in medical procedure is the insertion of a catheter into a patient. All the nursing manuals that I have examined say that the procedure must be carried out using aseptic technique, using sterile gloves.

Aseptic or "sterile" technique is a method developed to diminish the spread of potential pathogens to a bare minimum. There are strict principles governing the methods of aseptic technique; objects which are only clean (not sterile) are regarded as potentially contaminated by pathogens, because only sterilization can completely remove all pathogens. If a clean object comes into contact with a sterile object, both must be regarded as contaminated.

Even clean gloves must be regarded as contaminated, because they are exposed to the air, and therefore airborne pathogens. Because of the way they packed, they cannot be donned in an aseptic manner—they're all pushed in together and can't be pulled out without touch-

ing the exterior of the gloves. This means that any pathogens remaining on the piercer's hands after washing are transferred to the exterior of the gloves, and onto the jewelry, tools, needles, and skin of the customer. This means that any pathogens on the gloves will be given direct access to the wound.

It can be taken for granted that responsible piercers sterilize their needles, instruments, and jewelry, and use sterile dressing trays to work from. Therefore, the only remaining part of the process which stops the method from conforming to aseptic technique. As all other parts of the process used for piercing are sterile, sterile gloves must be used, and donned using aseptic technique.

Sterile gloves come individually sterilized and wrapped. They must be opened in a specific manner, and donned so that the hands don't touch the exterior of the gloves, for them to be regarded as sterile. All good nursing training manuals describe the methods for donning sterile gloves using aseptic technique. Any responsible piercer must be aware of and use these methods.

Some people might ask, "what of the added expense?" As sterile gloves cost between \$1 and \$2 a pair I don't think there is any excuse for not using them. They are the last and most vital component in the aseptic method, and their use should be compulsory for any responsible piercer.

Cheyenne Morrison  
The Piercing Temple  
Cairns, Australia

*(ed: I feel it necessary to make a few comments on this article. In doing so, I am not at all implying that sterile gloves are an invalid option. If you find the funds and means to use sterile gloves in your piercing studio, then by all means, please do so. However, I disagree that the use of sterile gloves is compulsory for piercers.*

*Cheyenne draws an analogy between piercing and insertion of catheters; I am assuming urethral catheters. The urethra is a sterile vacuum, and a direct path to the delicate and infection-prone bladder. Of course the most sterile materials would be used in this procedure. By contrast, let's take a realistic look at body piercing:*

*The piercee enters the studio, covered with city dust, sweat, and dirty clothes. The immaculately clean studio, equipped with an air cleaner, hopefully prevents him/her from adding significantly to the pathogen load in the air, and the piercer watches all piercees carefully to prevent any cross-contamination, but each individual piercee is walking germball, if you'll pardon the expression.*

*In the room, the piercer thoroughly disinfects the area to be pierced, and uses sterile instruments and jewelry. We all know what happens next: the piercee gropes at the jewelry, says, "I love it! Thanks!" and then proceeds to put his or her dirty clothes back on and walk back out into the city streets. The jewelry will have already rotated matter into the fresh piercing several times before the piercee has even left the studio. While we as professional piercers do our very best to minimize incidents of transmission, we aren't in "sterile" operating room conditions, and can't expect to maintain absolute control over our environment where piercees are involved.*

*My greatest concern with sterile gloves is their potential for abuse due to the inaccurate name. "Sterile" gloves aren't any more or less sterile than "clean" gloves once they're in the open air of your studio, but I have heard of tattooists, piercers, and even doctors touching things left and right without changing their gloves. Why not? Because the gloves are magically "sterile!"*

*Cheyenne very correctly states that there is a right and wrong way to put on a pair of gloves. That method should be used irregardless*

*of the type of gloves being donned. Assuming that clean gloves are stored properly (in a stainless steel or heavy plastic container with no-hand access, protected from air, moisture, light, and heat), and used appropriately, I feel that they are equivalent to sterile gloves for our purposes.*

*As for the cost of sterile gloves: most piercers I know use anywhere from three to six pairs of gloves for a single piercing. If sterile gloves are being used to prevent cross-contamination of clean items to sterile items, then it follows logically that sterile gloves should be used throughout the procedure, not just for the piercing itself. That adds up to \$2 per piercing using nonsterile gloves, and \$12 per piercing using sterile gloves. Adding in all the other costs of disposable piercing equipment, my guess is that few piercees would want to pay the much higher piercing fee, and may end up at a less expensive hack shop instead.*

*I repeat that I'm not at all against the use of sterile gloves, or any other innovation that makes piercing safer, cleaner, or easier for the piercee. But it's important not to forget that most "piercers" still wear no gloves at all, and that enforceable regulation should be kept to minimum health and safety standards, with an emphasis on cross-contamination awareness. Mandating what amount to academic fine points is simply not realistic at this time in piercing's growth. I'd be interested to hear what others have to say on this debate. Any takers?*

*Michaela Grey  
Gauntlet, Inc.  
San Francisco, CA*

tion of piercing, and more and more, an APP representative is interviewed. Drew Lewis has graciously offered to archive media relating to the topic. Send newspaper clippings, magazine articles, videos, photographs, and other media to him at:

Drew Lewis  
Perforations, LLC  
900 M St NW  
Washington, DC 20001

## New APP Tshirts!

Pat McCarthy of Piercology in Columbus, Ohio, made the marvelous contribution of these great new APP Tshirts. We'll use the proceeds from this first 100 shirts to make many more, which will be sold at APP member studios for fundraising. They are available in Purple, Black, or White, in many sizes. Some have the Bill of Rights on the back, some just have the logo in the front. They're only \$15, plus \$3 for postage. To get your own shirt, send a check or money order to the order of **APP** to our treasurer:

Kent Fazekas @ Body Accents  
5420 N College Ave, Suite A 1  
Indianapolis, IN 46220

## APP Archives Underway

Professional body piercing is frequently referenced in the media. Everyone from Ann Landers to Cosmopolitan seems to carry a men-

# New APP Business Members!

Several new members have joined the APP since the beginning of the year. We're grateful that so many piercers are willing to work together with us to better the industry, and looking forward to adding many more names to this list!

New members since January 1996 (a complete membership list can be found at our web site, or just look for the window decal at the studio):

Greg Dinkins

**The Hole Thing**

345 S Limestone  
Lexington, KY 40508

Elayne Binnie/Tisha Palicki

**Rings of Desire, Inc.**

1128 Decatur St, 2nd fl  
New Orleans, LA 70116

Byron Weeks

**Earth's Edge Body Boutique**

4001-H Country Club Rd.  
Winston-Salem, NC 27104

Curt D. Warren

**The Blue Boutique**

2106 S 100 E  
Salt Lake City, UT 84106

Brian Skellie

**Piercing Experience**

1654 McLendon Ave  
Atlanta, GA 30307

Byriah Dailey/Michael Heath/Michael Joiner

**Taurian Body Piercing**

1505 Westheimer Rd.  
Houston, TX 77006

Jeff Martin

**Rites of Ascension**

2158 Whitney Ave  
Nashville, TN 37210

Keith Alexander

**Modern American Body Arts**

462 87th St  
Brooklyn, NY 11209

Margaret Ficello/Chris Zinnell

**Minx Body Impressions**

1621 N Main #2  
San Antonio, TX 78250

Lisa Lechner

**Crowsfoot Connection c/o Sin**

1512 1/2 11th Ave  
Seattle, WA 98122

Derek Lowe

**Steve's Professional Tattoo & Body Piercing**

1148 Williamson St.  
Madison, WI 53703

Michael Kraemer

**Thirteen BC**

7661 1/2 Melrose Ave. #1  
Los Angeles, CA 90046

Jae Gillantine

**Body of Art**

713 Texas St.  
Bellingham, WA 98225

LaRaine Murphy/Michael Addonisio

**Andromeda**

33 St. Marks Place  
New York, New York 10011

# Jewelry Quality

In light of the constant quest to make the piercing industry safer for all, I personally have noticed myself becoming more analytical, to a microscopic level. Our everyday world transforms under a microscope to reveal overlooked and unseen problems.

It all started when I was overwhelmed by infected piercings from customers of my competition. When I had the chance, I would ask the customers if I could keep the jewelry I had removed, if I could replace it with my own jewelry. After obtaining a few pieces and observing them through a microscope, I noticed a trend in my competitor's jewelry. The jewelry was under-polished in spots, or was nicked and scratched by pliers. The microscope reveals scratches from pliers that might otherwise be overlooked. Scratches look like the Grand Canyon under the microscope and it became obvious to me why so many people were having problems. The Grand Canyon was slicing through their bodies every time the jewelry moved. I'm sure the Grand Canyons can also harbor a vast array of pathogens that normal cleansing won't easily remove.

Recently I was shocked when I viewed the serrations on a pair of Pennington forceps. The serrations looked like the surface of the moon, covered with huge craters and valleys. The very next day, I polished the serrations of one pair to smooth them, and did a small experiment. I did a navel piercing with the polished forceps, and then a navel piercing with unpolished forceps. I compared the two under the microscope. After careful examination, the unpolished forceps had bits of debris lodged in tiny crevices of the serrations, whereas the polished forceps had little to no debris present. I immediately polished the serrations of all my forceps.

The benefit of polished serrations is obvious. It can make the sterilization process more efficient and more effective, because the debris is

more easily removed with manual scrubbing and the ultrasonic, and there will be less debris present to remove.

Taking a closer look at things brings issues into perspective, and it is important to remember that jewelry needs to be as smooth as possible. Avoid the use of pliers, ring-expanders, and ring-closers whenever possible. If they must be used, be sure they are properly protected to keep from damaging the jewelry. Also, when a customer requests that you reinsert a piece of jewelry, examine it closely for any imperfections, so that you don't insert the Grand Canyon into their piercing.

—Rob Cosgrove  
Mystical Body  
Modesto, CA

*(ed.— I agree with Rob. As smooth as jewelry may appear to the eye, it can be very rough and damaging to growing scar tissue. So-called "seamless" rings, externally threaded barbells, and used jewelry all present the potential for huge, rough surfaces to cut and infect the piercing, even when healed. 18k and, to a lesser degree, even 14k gold are soft and scratch easily, even when well-treated. Unannealed or improperly annealed jewelry can require the use of pliers, which even padded can leave damage on jewelry. And, of course, shoddy manufacturing leaves tractor-like marks on new jewelry. What's a piercer to do? In the absence of a microscope, I strongly suggest an inexpensive photographer's or jeweler's loupe. Look at all incoming jewelry, and feel it well with clean fingers before bulk or individual sterilization. Check to make sure that only your thickest, smallest diameter rings will require tools to open and close them. Return any jewelry that doesn't meet your studio's standards.*

*As for the question of serrated forceps: Anyone who's considering polishing his or her teeth should remember not to overdo it and wear away the gripping power. German-manu-*

*factured forceps have much smaller, smoother, finer teeth, making for a firm grip with a minimum of discomfort to the piercee. Perhaps before polishing the teeth of lesser quality forceps, one might see how they like the Germans.)*

## International Liaison

As you already know, the professional piercing industry has become a worldwide experience, and so should the APP. We already have members in Europe and other parts of the world; we have been trying to figure out ways of better networking and outreach.

My work outside of piercing requires me to travel to Europe at least 2-3 times a year, and while there I usually end up meeting most of the local piercers as well as visiting some of their studios. It makes perfect sense for me to fill the position of international liaison.

Most of us who have travelled outside the US have seen the same thing: a lack of industry standards, mostly due to lack of information, excessive competitiveness, and people out only to make a quick buck (sound familiar?). The members of the Board, including myself, feel that the APP can help change that, by disseminating the same information that we do with the help of the responsible piercers here in the US. It's all about education, right? I look forward to the APP becoming a recognized international organization and opening the lines of communication in both directions. Networking worldwide will only make us stronger. Sharing information will only make us more responsible and up-to-date.

I will be keeping you updated on new members, new legislation, and any other information from around the world. If you know of any shops or professionals that are interested or should be interested, or if you have any questions, comments, resources, or ideas to share, please feel free to contact me.

My itinerary from now through November includes Amsterdam, Brussels Belgium,

Hamburg Germany, and Bordeaux France.

-Crystal Cross

Primeval Body

Tel:213-666-9601

Email: primeval@pacific.net

## Fireworks, Picnics, & Piercings

On the 4th of July I witnessed something shocking. I'd always heard of people not practicing hygienic piercings, piercing minors, giving out bad aftercare information, and misinforming piercees about their level of training, but I'd never had the opportunity to see it myself. At the 4th of July celebration at Lake Sacajawea in Long View, Washington, I got to witness all of these things and more.

I watched a piercer pierce minors with no parental consent. This piercer worked out of a tent not 25 feet from the lake, with no protective flooring and no running water, while claiming that everything in her tent was "sterile." Her aftercare advice was given as follows, and I quote: "How anal are you? Because you will have to clean this piercing 8 times a day with Betadine at the beginning, then 7 times a day, then 6, until you're down to twice a day." The piercee agreed to this, and she showed him a piece of jewelry from her display case— then used it to pierce him without disinfecting it!

All of this happened just in the few moments I stopped by the booth. Before I started piercing in Longview, I had heard that this same piercer claimed not only to be trained by, but to have worked for 2 years with a well-known, reputable piercer. This reputable piercer has no idea who she is.

Just recently, when I thought she couldn't sink any lower, she put a sign up outside her shop: "Beware! Bad piercer in town. I can help!"

Where is the sterility, where is the honesty, and most of all, where are the ethics?

I'm sure many of you can relate to this story;

what can we do about it? First and foremost is to educate! Educate the piercees and their friends. Post the Piercee's Bill of Rights wherever you can. Give away free information about piercing safety to everyone you meet. But most of all, educate by example. Never lose your ethics, and act like a true piercing professional at all times. The petty behavior of your competition will only prove to the public that they're scared-or unprofessional. The piercees don't care about competition between studios. They just want good service and safe, attractive piercings!

Other alternatives to dealing with hacks include addressing your city council, and writing letters to State and local health departments to show them the difference between well-trained, professional piercers and dangerous, unethical hacks. Education, dispensed liberally among piercees, other piercers, and legislators, is the only professional way to solve the problem of irresponsible or unethical piercers. We can't be piercing police (and who would want to be?), but we can be piercing professionals and teach by example.

Tracy Faraca  
Mary & Patty's Tattoos  
Longview, WA

## The Triangle of Death

Bridge piercings have become extremely popular over the past few years. It is a piercing I have seen many times. Sometimes they've healed appropriately, but more often I've seen them with multiple complications. As a piercer, I have been approached to perform this piercing and have had great hesitation. After consulting with physicians, I feel it necessary to share what I've learned. Even though I do not condemn them, I will not perform a bridge piercing. As piercers we must fully understand the anatomical areas in which we work, and the possible complications which could arise from a given

piercing— from the least to the most severe. In the process of educating ourselves, we are in a better position to educate our clients as to the appropriateness of certain piercings.

The bridge, the small area between our eyes, has a very poor tissue source and in most cases, is very tight and close to the bone bridge of the nose. Being that it is a poor tissue source immediately the bridge is predisposed to rejection and infection. Directly behind the tissue there is some bone to protect what lies beneath it; however on either side in the inner canthus of the eye are the tear ducts. The tear ducts drain into the ethmoid sinuses, the uppermost and largest sinus in the face, which extend slightly under the cranial cavity. Directly behind the ethmoid sinuses is the passageway for the olfactory nerves—a direct access to the brain.

What could happen if something went wrong with one of these piercings? There are several possible scenarios. If placed too shallow, the bridge piercing will reject or will give the face the appearance of a "speed bump" between the eyes. This area can easily develop cellulitis, which could spread rapidly to the orbital tissue surrounding the eyes. The worst case scenario would be a severe sinus infection that could reach the olfactory nerves, resulting in meningitis—which would in turn cause a long hospital stay or death. One of the things we need to realize is that the distance from the bone to the olfactory nerves is approximately 2 millimeters, or the thickness of a dime. An argument could be made that a nostril piercing could react very similarly to a bridge piercing. The difference between the two piercings is that the tissue in a nostril piercing is much more likely to show the signs of infection that a piercee can easily recognize. The piercee would then call their piercer or doctor for evaluation. The bridge piercing is less likely to manifest recognizable signs of serious infection until it is too late.

I think this information is extremely important, and something we truly need to consider when performing this piercing and educating

our clients in its aftercare. Realize that infections in this area will not readily show noticeable signs. When redness and edema appear, medical attention is needed immediately. It's also important for us to consider that this area is specifically excluded from piercing liability insurance. If a serious infection or death occurs as a result of your performing this piercings, you'll be liable.

Let me reiterate that I am not saying this piercing cannot be done successfully—I am saying that we must constantly educate ourselves and our clients, and always strive to offer the safest piercing experience.

David A Vidra  
Bodywork Productions, Inc.  
Cleveland, OH

L. Lystad, MD  
Neuroophthamology  
Consultant to Bodywork Productions, Inc.

## A Word From your Treasurer

Dear APP members and Point subscribers,  
This letter is to inform you of a few changes that were made during the Las Vegas APP meeting this May.

Point subscriptions are being raised from \$20 to \$25 for overseas subscribers (anywhere outside the US). This increase will help cover the extra postage for international mailings. Also, the Point will be coming out on a quarterly basis. You should receive issues in January, April, July, and September from now on.

We have recently adopted a new system for keeping track of when renewals are due. Many of you have been receiving the Point for well over a year. If you know you've received more than one year's worth of the Point, and wish to continue to receive Points, we'd appreciate your sending in \$20 or \$25 for another year. Many of

you will receive last issue notices in the next issue! We'd love to have you stick around, so please send in your subscriptions! APP business members do not need to renew—the Point is part of membership.

The other change we made regards membership fees. Dues are now \$150 for each piercer from 1-4 piercers. If you have 5 or more piercers per location, the dues will be \$125 for each piercer. That's it, and thanks!

Kent Fazekas  
Treasurer  
Body Accents  
Indianapolis, IN

## Madacide Efficacy Bulletin

Technical Bulletin #100

Subject: Questions Regarding the Efficacy of Madacide Against the Hepatitis B Virus

From: The Technical Service Department

- The Human HBV organism cannot be cultured in the laboratory.
- There is no current EPA approved test protocol for HBV.
- No disinfectant can claim "specific efficacy" for HBV because of the above.
- According to the OSHA standard entitled "Occupational Exposure to Blood Borne Pathogens," tuberculocidal disinfectants are required to clean surfaces/equipment contaminated with blood or other potentially infectious materials. OSHA compliance documents that "A germicide must be tuberculocidal to kill the hepatitis A virus." MADACIDE MEETS THIS REQUIREMENT.
- In the order of resistance to various germicidal agents it indicates that the herpes simplex virus (HSV) and the human immunodeficiency virus (HIV) are in the same classification as the hepatitis B virus (HBV).
- The efficacy studies on Madacide indicates

its effectiveness against these viruses and organisms mentioned in the above paragraph #5, plus those listed on each product label.

Debbie Bendzak  
Mada Medical  
Carlstadt, NJ

## Purple Pages Plea

I was overwhelmed at the huge show of hands at the APP business meeting of those who indicated that they were connected to the Internet. If you have not done so already, please email me at "lani@lava.net" to receive an application form via email so your shop can be listed in the rec.arts.bodyart newsgroup's "Purple Pages Directory FAQ." This is a totally free service to you and to our readership, to keep unsolicited advertisements off of the newsgroup altogether. The directory is posted once a month to rec.arts.bodyart, as well as to the mainstream news.answers and rec.answers moderated newsgroups (with a readership of close to half a million subscribers).

Keep in mind that all I require is that there be a contact at the shop who will serve as an information resource for your business. You do \*NOT\* need to have a web page.

Bonus for APP members: Acceptance into the directory is normally made after your shop's brochures and other materials are mailed to me. However, due to the screening process of APP membership, directory listing will be automatic if you are a current APP member.

—Lani Teshima-Miller  
Manager, Tattoo FAQ  
rec.arts.bodyarts

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**

**519 Castro Street, Box 120  
San Francisco, CA 94114**