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Tattoo and Body Piercing Guidance Notes

Environment & Health

Commercial Team



Tattoo and Body Piercing Guidance Notes

Introduction:

Any procedure involving the piercing of skin has associated with it a certain degree of risk. The form which the risk may take is the potential spread of pathogenic organisms, be they bacteria or viruses. Examples may include the bacterial groups **Staphylococci** and **Streptococci**, or the viruses **Hepatitis B** and **C**, or **HIV 1** and **HIV 2**. These conditions can be serious, and in the case of **HIV** and **Hepatitis**, ***fatal***.

Due to this, it is vital that all steps are taken to prevent the passage of micro organisms from one individual to another.

The skin normally acts as a protective barrier against micro - organisms, but when this barrier is breached ie by piercing the skin, this gives an ideal opportunity for bacteria and viruses to gain entry and cause infection and / or disease.

Due to this, the following guidance has been produced to help you in the understanding of the various methods of infection control in your own procedures.

This information may be used in the development of your written policies relative to the practice of tattooing and / or body piercing.

At the end of the notes there is a section for you to complete to help you formulate your documentation.

The notes will be divided up into the following main headings:

- 1) The Practice Room: for the purpose of carrying out electrolysis and / or acupuncture;
- 2) The Equipment used in the above procedures;
- 3) Staff hygiene and training.

It is hoped that you will find this information useful, and should you require any further advice, please do not hesitate to contact a member of the Environmental Health Commercial Team.

1. The Practice Room

The room used should be constructed of such materials to allow all surfaces to be easily cleanable. This includes walls, ceilings (light shades / coverings), fixed cabinets and work tops.

For cleaning all surfaces on a daily basis, a hot detergent wash will be sufficient unless spillage's occur (see section 3).

Prior to tattooing / body piercing, operators should know about any possible medical contra-indications and should discuss with the client their past medical history eg heart disease, cellulitis, eczema, impetigo, epilepsy, diabetes, fainting, HIV, Hepatitis B and C infections, genital warts (if relevant).

2. Equipment

When body piercing is carried out, the client should be in a reclined position to minimise the effects of fainting.

If the tongue is being pierced then an up right position is more appropriate thereby preventing swallowing of the jewellery.

The operator should display a sign which warns of the potential risk of body piercing and tattooing, such as blood poisoning, localised swelling, scarring, localised infections, allergic reactions and fainting.

The operator MUST have a basic knowledge of first aid and should have a kit on site.

For mouth piercing, the client **MUST** gargle with antiseptic mouth rinse for at least 1 minute before piercing is to take place.

This procedure should continue at home for a period of 1 month after eating.

Any equipment which has contact with the skin of a client should be disinfected between each use.

Skin piercing materials to be used in conjunction with the equipment eg electrolysis needles etc. should be single use and disposed of after each client. If non disposable items are used, they must be sterilised by autoclaving at 121 °C for 20 minutes using an appropriate, routinely serviced autoclave eg mini sister. Such

autoclaves must be checked on a daily basis (or weekly if not used often) to ensure sterilising temperatures are reached and maintained for the correct length of time.

Equipment used on a client such as tweezers, brushes, scalpels and other sharp objects used on the skin or hair, must be disinfected between each use. This should be carried out as follows:

- a) Thorough hot detergent wash and rinse ensuring all particulate matter is removed;
- b) Thoroughly dry;
- c) Implements can then be immersed into a disinfecting solution, eg 70% alcohol, Chrorhexidine and 70% alcohol, Milton, Cidex (2% glutaraldehyde)*

*Please refer to the leaflet **Glutaraldehyde And You** for guidance on use.*

*** Cidex is a strong and potentially harmful sterilising agent. Prolonged exposure to Cidex may corrode implements.**

If Cidex must be used then appropriate precautions must be taken. These include:

- i) Use goggles, gloves and clothing protection;
- ii) Mix and use in a well ventilated area;
- iii) Change solution every 14 days;
- iv) Leave equipment to soak (after hot detergent wash) for 30 minutes or longer if 2% gluteraldehyde is not used.
- v) Dry on a disposable paper towel;
- vi) Store in a clean, dust free environment;
- vii) COSSH assessments must be completed for the use of Cidex.

If equipment can not be stored in a clean dust free environment, they may be put into a 70% alcohol solution for 10 minutes prior to use.

Alcohol evaporates very fast and so is easy to use as a final cleaning agent just before use, after been kept in storage.

- **Xylocaine spray is a product frequently used for tongue piercing**

It should be noted that some anaesthetic such as xylocaine, contain adrenaline which is a known exciter and this can have an effect on cardiac function if it should inadvertently enter a major blood vessel within the tongue.

Practitioners are therefore advised to refer to the contra-indications questionnaire provided with the product prior to administering it to the client.

The use of UV (Ultra Violet) boxes for disinfection of equipment is not acceptable since only a small surface area may be treated and is dependent on intensity of light ie wavelength, distance of object to UV source, and time exposed.

UV boxes may be used as a storage unit prior to use ONLY after the full detergent and disinfectant stages have been carried out.

Laundry eg pillow cases, blankets etc which come into contact with the clients skin, should be changed on a daily basis. The couch and pillow should also be covered with disposable paper towelling which is changed between each client. Couch surfaces should be constructed of cleanable material. These must be washed down on a daily basis. A hot detergent wash will be sufficient, also ensure the surface is thoroughly dried. It is also good practice to check couch surfaces for tears / rips etc as this makes it more difficult to clean and will also harbour bacteria which may pose a cross infection risk to those who use it.

Approved sharps boxes bearing a British Standards Kite mark should be used for the disposal of any sharps. Once the box is 2/3 full it must be disposed of. (seek advice from your local hospital for incineration).

Boxes must not be filled to full capacity as this may pose an infection risk to those using the box by way of needle stick injury.

All disposable clothes etc that have been in contact with bodily fluids eg blood, saliva, MUST be disposed of in YELLOW CLINICAL WASTE BAGS, these in turn are to be incinerated as for sharps boxes.

3. Staff Hygiene and Training

Hygiene:

It is vital that personal hygiene is maintained, this includes not only frequent hand washing, but also clean clothing. The following guidelines should be observed:

- Always wash hands after a dirty activity eg cleaning, preparation, visiting WC etc. Hot water and detergent should be used and / or alcoholic had rub / scrub;
- It is advisable that Nitrile, PBC or Butyl gloves be used for each client. These are non sterile, single use and should therefore be disposed of after each client;

Please note that gloves should not be worn for longer than 20 minutes as moisture builds up inside the glove. The integrity of the latex decreases and allows small breaks to appear therefore letting bacteria out through the pores and onto the clients skin.

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It must be emphasised that after wearing gloves, hands must be washed due to a build up of moisture etc as above. Gloves will NOT protect against sharp object injury (needle stick, scalpel, tweezers etc).

- Please note it is not always necessary to clean clients skin with alcohol rubs eg medi swabs, prior to piercing as this may disturb bacteria on the skin surface and create more of an infection risk. A cursory wipe over the skin will not kill bacteria as there is not enough alcohol on the wipe to enable prolonged exposure of alcohol on the area.

If the skin requires shaving, a single disposable unit MUST be used after disinfecting the skin.

- If skin needs to be cleaned, chlorhexidine or 70% alcohol spray may be used if left on the skin for at least 1 minute (without rubbing).
- Use of pigment - during tattooing, viruses etc from the blood and serum may contaminate pigments. It is important that fresh pigments, in fresh or sterile containers, are used for each customer.

The client should be asked if they have sensitive skin or allergy problems prior to this.

- If any staff are suffering from a gastrointestinal infection eg diarrhoea and vomiting, they should not be working until 24-48 hours symptom free.
- In the event of a needle stick ie piercing of skin by a sharp implement, the following must be followed:
 - 1) Immediately squeeze the affected area under running water ensuring blood is squeezed out for 2 minutes, apply pressure from back to front of affected area eg finger;
 - 2) Wash area with disinfectant;
 - 3) If injury is small, apply plaster, if injury is severe report to casualty;
 - 4) Always ensure the accident book etc is completed;
- In the event of bodily waste being produced on couches or floors eg vomit, blood, urine, the following should be followed:

1) While wearing gloves, use hot water and detergent to clean up waste.

DO NOT USE MILTON on urine as harmful gas will evolve.

2) In the event of a blood spillage eg nose bleed, cut, etc; while wearing gloves, pour neat Milton onto the spillage and leave for 5 minutes. After that, use disposable

3) paper towels to mop up. Dispose of these into a plastic bag, secure and put into another plastic bag.

Ideally a YELLOW CLINICAL WASTE BAG should be used.

NB: MILTON will KILL bacteria and viruses in blood.

- It is advised that all staff carrying on the practice of tattooing and / or body piercing should have up to date Hepatitis B Vaccinations. It is recommended that they have boosters every 5 years.
- It is a requirement that every client has their details recorded. This must include the following:
Name, Address, Age, date of Procedure etc
- The operator should give the client verbal and written details on the following:

Bathing / showering is allowed although the pierced area should otherwise be kept dry;

Hands should be washed before touching jewellery;

Jewellery should be turned when the wound is not dry;

The wound should remain uncovered thereby allowing air to access it;

The expected healing time;

Possible signs of complications;

How to treat redness, swelling and pain;

A GP should be consulted if problems do not improve within 24 hours;

Jewellery should not be removed from infected piercings – medical advice should be sought.

Staff Training:

- All staff should be familiar with the above advice;
- All staff should be trained in their own skin piercing discipline;
- All staff and premises **MUST** be registered with the Local Authority (**St Albans City and District**) under the **Local Government (Miscellaneous Provisions) Act 1982.**