

BODY PIERCING II

STANDARDS FOR INFECTION CONTROL

Introduction

Spread of infection requires a source of infecting micro organisms, a susceptible host and a means of transmission.

Diseases can be transmitted via air (breathing), contact (touching) or the alimentary (eating) tract. Contact may be direct or indirect (the piercer does not wash his hands before touching an instrument which is used to pierce). Infection is usually transmitted by hand or via contact with blood or body substances. All blood and body substances must be considered infectious.

The very nature of a piercing (the presence of a foreign body in an open wound) predisposes it to infection. Standard precautions in piercing practices and aftercare management are needed to reduce risk.

Your clients will tell everyone about their piercing experience. If you discuss infection issues, offer a sterile environment and an aseptic technique, and take responsibility for aftercare, your clients will feel reassured and your business will grow.

THE BUGS

Bacteria

Bacteria are tiny microorganisms, present in circular (cocci), rod (bacilli) or spiral (spirelli) form, which can cause an acute or chronic infection. Acute infections are red and painful with pus discharge and if left untreated may cause abscesses or septicaemia (blood poisoning). Chronic infections are low-grade, ongoing infections, which prevent a piercing from healing, and predispose the piercing to forming abnormal scar tissue, like a polypoid lump.

If an infection is severe or failing to resolve, refer the client to a physician. It is worth discussing the case with the physician whose first inclination will be to remove the jewellery - if the infection is dealt with early hopefully this won't be necessary.

Most bacteria are introduced into the wound by touching the piercing with unwashed fingers after the piercee has left the piercing room. Careful aftercare management is vital to reduce this risk.

Viruses

These submicroscopic strands of protein are more dangerous than bacteria because they invade and destroy tissue and cannot be treated with antibiotics.

Hepatitis A,B and C may cause liver damage leading to cancer, and HIV causes failure of the immune system. Hepatitis B is able to survive in a dried blood spot for six months. Vaccines are available for Hepatitis A and B which cost approximately \$100 from a GP and must be given six weeks (Hep A) or three months (Hep B) prior to the piercing.

Viral contamination generally occurs in the piercing room. It is avoided by thoroughly scrubbing equipment after a procedure to remove debris prior to sterilisation, conducting appropriate sterilisation and by having separate cleaning areas to avoid cross-contamination.

Decontamination

Decontamination is the cleaning of an object or surface to reduce the number of microorganisms on it. Decontamination is a dirty procedure and must be undertaken in a dirty area away from the piercing area. Disposable latex gloves, a plastic apron (which may be worn until visibly soiled) and eye protection should be worn.

Cleaning is required for surfaces that come into contact with intact skin.

Agents: Use an all-purpose supermarket detergent which is non corrosive, non abrasive, low foaming, free rinsing, mildly alkali and free of perfume, chlorine, fatty soap, glycerine or lanolin as these leave a residue on instruments and shorten their life.

Low-level disinfection is satisfactory for objects that contact but do not break the skin which lines the mouth and other body cavities.

Agents: 60%-80% ethyl or 60-70% isopropyl alcohol; chlorhexidene; cetrimide or sodium hypochlorite. Glamuzina Corporation Ltd provides a user-friendly solution with these ingredients or Janola from the supermarket may be used, diluted 1:10.

Intermediate level disinfection is required when the skin barrier is broken but the instruments cannot be sterilised.

Agents: Aidal Plus for 30 minutes.

High-level disinfection is the same as sterility. All items must be thoroughly cleaned to remove body fluids and debris prior to sterilising because penetration by chemicals or heat is compromised if dirt is left on the surface. The bugs become encased in the dirt and are sealed in. Chemical indicators help to monitor the adequacy of the sterilisation process.

Agents: Use an ultrasonic cleaner, which removes particles by vibration and does not spread contaminants. Sterilisation is achieved using an Autoclave at 121' C for 15 minutes.

It is worthwhile to develop a relationship with your local GP and regularly sterilise your prepackaged instruments at their premises. He will be impressed with your attempts to maintain the highest infection control standard and in turn should offer you support when medical treatment is required.

NOTE

Disinfection requires more than just exposing the object to the agent. The object must first be thoroughly clean and free of soap, detergent or any other substance and penetration must be complete. Hinged instruments and tubes may not have all surfaces exposed to the agent. This is why heat is considered the best method.

It is better to use soap or detergent in areas where cleaning is all that is required to avoid the development of bacterial resistance.

Instruments should not be stored in solutions, as these become infected baths. Benchtop solutions should be changed daily.

Body fluid spills should be blotted up using paper before treating with a disinfecting agent.

If an ultrasonic cleaner is not available, scrubbing with a brush is a lesser alternative. In addition, Aidal Plus for 10 hours is an absolute minimum for sterilisation. Aidal Plus is a very strong glutaraldehyde-based solution which may be made up from concentrate in weekly batches. The solution should be poured into a smaller container for daily use to avoid cross contamination. Please read instructions carefully and wear gloves when handling Aidal Plus.

HAND WASHING is the single most important factor in reducing the spread of infection. Handwashing should be followed whenever a piercee or anything, which has been in contact with a piercee, is or is about to be touched.

A wall mounted soap dispenser with antibacterial soap (like GoJo) and wall mounted paper towels should be used as bars of soap and cloth towels provide an ideal breeding ground for bacteria.

Dispensers should be used until empty and then washed and refilled or replaced. They should not be topped up.

To wash, remove all jewellery, wet hands and wrists and apply soap. Wash hands for at least 30 seconds including the back of hands, web spaces, wrists and fingernails. Most piercers will probably have to use the bathroom to wash their hands but a separate sink is ideal. Use paper towels for hand drying and to turn off taps and open doorknobs to avoid recontamination.

THE PIERCER

The piercer's personal hygiene must be immaculate.

- Nails trimmed and groomed
- Hair tied back
- Hands washed before and after each consultation
- Hands washed and gloves changed during a consultation whenever the piercer comes into contact with a contaminated surface or equipment
- Clothes clean and tidy (be aware of body odour)

The piercer must never be under the influence of alcohol or drugs and should never pierce an intoxicated client.

PHYSICAL ENVIRONMENT

Every part of your establishment must always be scrupulously clean, including the reception and toilet areas. All surfaces should be designed to allow easy cleaning and to discourage the accumulation of dust. There must be clearly defined and separate

reception, operating and cleaning areas. This limits the spread of infection (people looking at jewellery touch surfaces with dirty hands) and creates a private, non-threatening piercing environment. Piercing is a very personal experience which requires trust, privacy and professionalism.

Reception

Front surface areas should be frequently low level disinfected because they are regularly touched by clients. Piercings or used jewellery should always be handled wearing gloves. Offer an antibacterial wipe to anyone you see touching the piercing or jewellery while at the counter.

Supply disposable polystyrene cups in which to deposit used jewellery for people at the counter.

Piercing Room

Work areas should be well-ventilated, have adequate lighting, allow easy access to equipment and safe storage of equipment not in use. There should be sufficient bench space to ensure the separation of sterile instruments from cleaned or dirty instruments. It is inappropriate to have other activities taking place in the same room (hair strands or other debris in the wound will prevent healing and may cause infection).

Disinfect floors, toilets and hand basins daily. Clean walls weekly. Disinfect benches and examining couches between procedures.

The concept of a “sterile operating field” (a “clean” field) should be adopted for all invasive procedures.

This is where equipment for the piercing procedure is laid out (as well as the body to be pierced). This area should never be touched by piercees and only clean or sterile equipment should be placed there. The surface should be smooth, impervious and without crevices. It should be high level disinfected at the beginning and end of each session and low level disinfected between piercings.

A sterile pack should be opened onto the surface of the sterile field. Tweezers contained in the pack allow the field to be set up without touching anything directly. Equipment is dropped onto the plastic after ripping one end of the autoclave bag and letting it fall out or by placing it with the tweezers. The autoclave bag may be conveniently prepacked with all the instruments required for a specific piercing.

Trash is dirty and should be separated into a sharps container for needles and sharp objects, a clearly marked biohazard container for items contaminated with body fluids and a container for paper refuse. Any bins should have a foot pedal, be lined with plastic bags and be low level disinfected daily.

Storage jars for corks, rubber bands, cotton wool and gauze swabs should be glass or stainless steel. They should not be topped up but rather used until empty and then high level disinfected. Any products should be removed from the container using sterile tweezers and wearing gloves and they should be placed directly into the sterile field. The contents should be initially sterilised by placing the filled container in an autoclave.

Stored equipment which has been autoclaved should be kept in a clean, uncluttered, dust free manner so that it will not become contaminated. Stored autoclave bags trap moisture if they are packed tightly together or fingered frequently.

Jewellery should be autoclaved prior to use. Used jewellery should only be inserted into the previous wearer. If jewellery is high level disinfected using Aidal Plus for 10 hours instead of autoclaving, then it should be rinsed in normal Saline prior to insertion.

Skin should be intermediate level disinfected using Betadine swabs unless the piercee is allergic to iodine when Alcohol swabs may be used. The swab should be applied in a circular fashion moving outward from the centre. Any hollows (like naval) must be thoroughly cleaned first with soap and water. Mouths should be rinsed with Savacol Med mouthwash and then salt and water. Genital linings should be swabbed with normal saline and male piercees should urinate prior to urethral piercings.

It is essential to assess your infection control practices by auditing your infection rate.

AFTERCARE.

Infection is minimised by using the standard precautions mentioned above, by using good quality hypoallergenic jewellery, which is correctly sized and appropriate for the piercing, and by the piercee not fingering the piercing afterwards.

- The piercing should be cleaned twice daily. This is most easily done in the shower.
- Hands should be well washed first.
- A gentle antibacterial soap such as Provon or a 5% benzalkonium chloride and distilled water solution (Medisept) should be rotated gently into the piercing and then rinsed thoroughly out.
- The brittle crumbling tissue at the edge of the piercing and any residue in the piercing should be removed as this harbours bugs.
- Direct contact with body fluids should be avoided without barrier protection. This includes kissing and sexual contact. Rough sexual antics may aggravate the healing tissue.
- Oral piercings should be washed with diluted Savacol Med mouthwash rinsed around the mouth after eating or smoking.
- It is useful to urinate after a genital or urethral piercing.
- Micropore may be applied over nipple and naval piercings to avoid aggravation by clothing.
- Pantyliners may be worn to absorb moisture from genital piercings.

Healing Times

These vary to some extent between piercees. It generally takes about three months for a permanent tract to form along the piercing but often piercings are not completely healed for 6 - 10 months. Jewellery should not be changed within this time.

Wounds should not ooze all this time and the presence of ooze may indicate infection or rejection. Zinc and multivitamin supplements with vitamin C may assist healing. Arnica reduces bruising. Hot soaks (where a cup of warm water and ¼ tsp. salt is inverted over the piercing to form a vacuum) and compresses (a paper towel soaked in the saltwater

solution and applied to the piercing) give relief and aid healing. Avoiding belts, tight pants and restrictive clothing reduces friction.

Earlobe, eyebrow, septum 6-8 weeks

Ear cartilage, nostril 2 months-1 year

Lip, labret 6-8 weeks

Tongue 4-6 weeks

Cheek 2-3 months

Naval 3-12 months

Clit hood, clit, inner labia, Prince Albert 4-8 weeks

Nipple, outer labia, frenum, guiche, scrotum, dydoes 2-6 months

Ampallang, apadravya 4-8 months

Complications

A normal piercing may be tender, itchy or bruised for a few weeks and secrete whitish fluid which crusts on the jewellery. Mild redness may persist for several months. However, it should not continue to ooze discoloured fluid, be painful, hot and angry red or be associated with fever and unwellness.

Infection

Initially, rinse antiseptic waterbased savlon or dettol solution through the piercing.

To help remove debris hydrogen peroxide may be applied to the edge of the wound twice daily for 10-15 minutes per application.

Bactroban is an antibacterial cream which can be applied to the jewellery and rotated through the piercing. Betadine is an antiseptic cream which does not require a prescription. It may be used on someone who is not allergic to iodine. Be careful not to touch the piercing and then the container.

If the surrounding skin is inflamed, an abscess is forming or the piercee feels feverish or unwell, they should be referred to a doctor for oral antibiotics.

Keloid - certain individuals (usually pale, red heads and dark-skinned people) are genetically predisposed to form raised, red thickened or keloid scars.

Inappropriately placed or poorly sized jewellery and friction from clothing may make keloids worse. True keloids will not go away and must be recognised early and the jewellery removed.

Polypoid lumps - rosy, fleshy lumps at the edge of the wound are caused by an overgrowth of scar tissue and are usually the result of chronic infection. Treating the underlying infection will prevent further growth and referral to a GP for silver nitrate will remove the existing lump.

