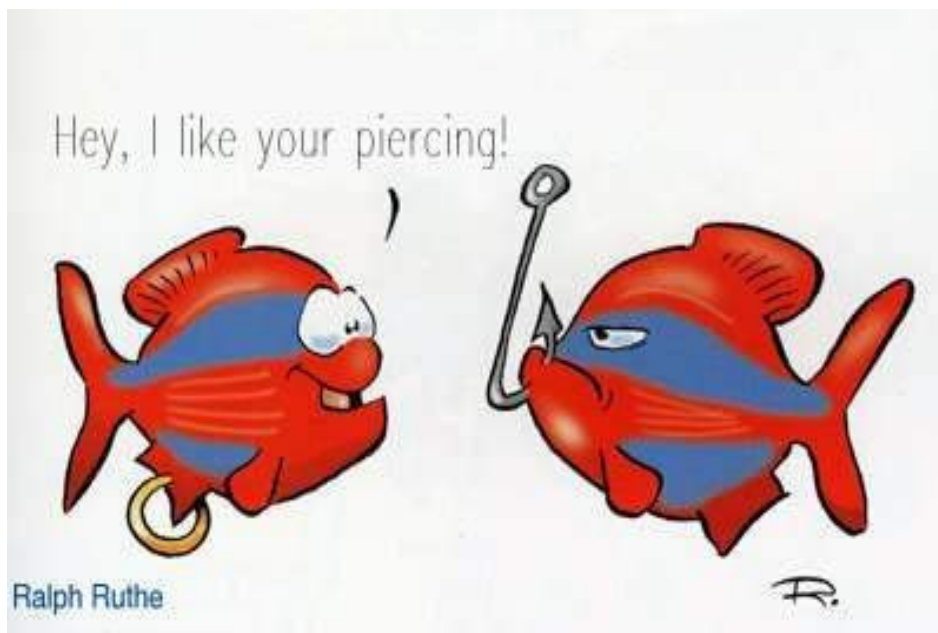


Body Piercing - Guide to Safe Practice



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1.0 Introduction

This leaflet has been formulated by the Commercial & Licensing Section of South Derbyshire District Council. Its aim is to provide information on safe practices which we encourage body piercers within the district of South Derbyshire to adopt.

2.0 Licensing

Premises carrying out either electrolysis, ear piercing, tattooing and acupuncture should not operate without a license.

Body piercing unfortunately is not covered by the licensing requirement; however we aim to encourage businesses to access advice from the licensing department, and also inform us of their locality.

3.0 Legislation

Skin piercing is affected by a wide range of laws and duties relating to public health, occupational health & safety and environmental protection.

The law which ensures safe practices in order to protect clients and employees is the Health & Safety at Work Etc. Act 1974. The Commercial & Licensing Section conducts routine inspections of licensed and non licensed premises to assess compliance with this Act and associated legislation.

Civil law imposes duties of care on business operators to safeguard the health safety & wellbeing of their clients & employees. Penalties for breach of civil law are financial and there is no limit to the level of damages that can be imposed.

Currently there is no general statutory limit on the age of a person to be body pierced, however the government may soon introduce an 18 year limit for body piercing below the neck. There should however be parental consent for under sixteen's and proof of age and identity for those over.

Further explanations into specific laws affecting body piercing will be detailed under relevant sections within this guidance.

4.0 Infection Control

Infection control is essential to safe body piercing. If poor infection control exists the health risks include bloodborne and other infections e.g. hepatitis & AIDS, blood poisoning, localised infections or conditions e.g. sepsis or arthritis, localised severe swelling and trauma around the piercing site, all of which can cause clients to become seriously ill and in some cases lead to death. (Infection Control Checklist found within the appendix)

In order to ensure effective infection control it is important that the following terminology is understood.

CLEANING — a process which physically removes contamination but does not necessarily destroy micro-organisms. The reduction of microbial contamination cannot be defined and will depend on many factors including the efficiency of the cleaning process and the initial numbers of bacteria. Cleaning is an essential prerequisite of equipment decontamination to ensure effective disinfection or sterilisation.

DISINFECTION — a process, used to reduce the number of viable micro organisms, which may not necessarily inactivate some viruses and bacterial spores. Disinfection may not necessarily achieve the same reduction in microbial contamination levels as sterilisation.

STERILISATION — a process used to render the object free from viable micro-organisms, including bacterial spores and viruses.

Invasive equipment and jewellery which comes in contact with raw tissue must be sterile. Equipment in contact with the jewellery post sterilisation must also be sterile.

Autoclaves

Sterilisation using an autoclave which complies with the requirements of British Standard BS 3970 is a reliable way of ensuring that the European Standard for sterility is achieved.

Equipment which is tubular or hollow e.g. needles, require an autoclave with a vacuum stage. Vacuum steam sterilizers are expensive to purchase, run and maintain and are relatively complex pieces of equipment. For these reasons it is recommended that pre-sterilised single use equipment is used.

For the purpose of sterilising jewellery, tongs etc. a regular autoclave is sufficient.

To ensure the correct time/temperature range is achieved, the autoclave should have an automatic timer and temperature indicator. The easiest and safest type of autoclave is a fully automatic version where the full sterilisation cycle is

completed before the access door can be opened. Automatic recording of time and temperature at a specified point within the autoclave is also a good idea, although manual recording is acceptable but time consuming.

When purchasing an autoclave consideration should be given to its intended use, the range of sterilisers available and installation and commissioning procedures.

Use of Autoclaves

The manufacturers operating procedures should be followed precisely. Autoclaves are designed for processing equipment for immediate use. The general method for correctly using autoclaves is as follows:

- Disassemble instruments & jewellery;
- Thoroughly clean & disinfect;
- Rinse & dry items prior to autoclaving;
- Steam must be generated from deionised water;
- Use autoclave trays & baskets to hold equipment, not bowls or dishes;
- allow space between equipment, instruments etc.;
- open-hinged instruments;
- bowls, dishes, and containers should be placed on their sides to allow free flow of steam;
- all forms of instrument wrapping materials (including pouches) are inappropriate for use in traditional bench-top autoclaves;
- discard any remaining water at the end of the working day.

Testing Effectiveness

Autoclaves require regular testing as their effectiveness is critical to customer's safety. In addition there are specific legal requirements dealing with their safety as pressure vessels.

Measurements of time and temperature should be taken. Measurements should be taken at the start of each cycle, the end of the maximum holding time, and at the end of each cycle. Some autoclaves do not have temperature and pressure indicators and therefore measurement explained above cannot be taken. In these cases it is imperative that machines have frequent periodic testing by a competent person and use test kits which are called emulating or integrating indicators conforming to ISO 1140 during each cycle.

In addition there should be routine checks of the door seal for wear & distortion, the door safety devices and the pressure devices.

The Pressure Systems Safety Regulations 2000 require owners of autoclaves to ensure they are inspected periodically by a competent person. This can be arranged via the autoclave supplier or manufacturer. [\(Enclosed within this Safe Practice Guide is an information leaflet on Thorough Examinations for Pressure](#)

Vessels produced by the HSE and an example of an Autoclave Daily Record Sheet which can be found within the appendix)

Sterilisation Indicators

Sterilisation indicators change colour when the specified time & temperature have been achieved for sterilisation. Autoclave tape or the indicators printed on the outside of a sterilisation bag or pouch are only intended to show exposure to steam, and should only be used to distinguish items that have been processed from those that have not. The use of an inappropriate indicator can give dangerously misleading results.

Emulating / integrating indicators conforming to ISO 1140 are designed to react to all critical parameters (e.g. time, temperature & saturated steam). Only that type of indicator will show whether sterilising conditions have been attained. Sterilisation indicators are a quality control measure and are not a substitute for routine periodic testing, validation and correct maintenance of a steriliser.

Aseptic Technique

Following sterilisation, care must be taken to avoid the recontamination of sterile equipment and jewellery. In order to reduce the risk of recontamination a non-touch technique should be used. The following describes how an aseptic technique is achieved;

- Jewellery & equipment should be used immediately after the autoclaving cycle has finished;
- Wear disposable latex or sterile gloves and discard after each client;
- Use single use sterile needles;
- Open sterile needle packaging immediately before use ensuring the needle is not touched;
- Use sterile instruments e.g. tongs & pliers to handle sterile jewellery (autoclavable);
- Use sterile ring openers and closers (autoclavable);
- Avoid touching the jewellery with gloves or any instrument that is not sterile.

Skin Preparation

The skin area to be treated should be wiped over with an alcohol (70%) impregnated swab, or other suitable antiseptic preparation in sensitive areas such as genitalia. The mouth should be cleaned with mouthwash prior to tongue or labret piercing.

Placement of piercing should be marked with a single-use water based marker pen. A single use tooth pick dipped into food colouring or gentian violet is a suitable alternative. Care should be taken not to contaminate the bottle of colouring this can be achieved by tipping a required amount into a container and

dipping the toothpick into the dispensed colour, the remainder of the dispensed colour should be disposed of.

Aftercare Advice

Clients need to be made aware that new piercings are likely to become swollen and susceptible to infection during the healing process, and should be issued with written advice on how to care for their piercing. (Examples of aftercare advice are included in the guide's appendix)

Personal Hygiene

Hand washing is the single most important means of preventing the spread of infection, and hands should be thoroughly washed using soap & hot water. If water is dispensed from a tap mixer it should be around 45°C.

5.0 Maintenance

Autoclaves should be checked and serviced regularly. Autoclaves need to have at least biannual periodic testing by a competent person. Periodic testing examines whether the autoclave is sterilising properly, the autoclave manufacturer normally offers this service. If the autoclave has no instruments to display time/temperature, no independent checks can be made to assess whether sterilisation parameters have been met. Frequent periodic testing and validation in this case is therefore essential.

The 'Pressure Systems Safety Regulations 2000' require owners of autoclaves to ensure they are inspected periodically by a competent person in order to assess their safety devices. They will provide you with a certificate of 'Thorough Examination'; this test can be arranged through insurance companies.

During inspections an officer will require evidence of written reports to verify effective performance and safety checks.

6.0 Anesthetics

Administering of local anesthetics is not recommended. Some anesthetics are restricted under the Medicines Act 1968 which prohibits persons selling, supplying and administering prescribed anesthetics unless they have a product license e.g. pharmacist, dentist, and doctor. Use of these anesthetics without a valid license is a prosecutable offence under this Act. Emla cream is a common anesthetic that has been used by piercers in the past which is a prescription only medicine and therefore its administration by a piercer can be deemed as an offence.

Administration of local anesthetic injections other than by medically qualified practitioners (dentists or doctors) is an offence.

Topical anesthetics commonly used by body piercers include Xylocaine spray/cream, Ametop gel. These are pharmacy medicines supplied only through a pharmacy under the supervision of a pharmacist. Product license conditions for supply is for medical applications only and not cosmetic therefore their use/administration by body piercers on clients can be deemed an offence.

Ethyl chloride spray is a pharmacy issue drug. This product is volatile, highly flammable and subject to a COSHH assessment prior to its appropriate use.

Ethyl chloride can cause a frost-bite effect if left in contact with the skin too long. It is recommended that practitioners of skin piercing treatments do not use ethyl chloride as it can damage the skin and greatly increase the chances of infection of the treated site.

7.0 Jewellery

Jewellery must be of a suitable size and grade. For body piercing this means 14ct gold, niobium, titanium or platinum. This is to minimise risk of allergic reaction, harbouring of bacteria, or adhesion of newly formed skin.

Many gold alloys may not be suitable owing to the risk of allergic reaction, while 18ct gold (or higher) may be considered too soft – leading to it being easily scratched and able to harbour infection.

The use of stainless steel is affected by the Dangerous Substances and Preparations (Nickel)(Safety) Regulations 2000. There is a type of surgical steel (low nickel steel) that complies with the regulations above that has been formulated to minimise the risk of nickel prompted allergic reaction and has superior resistance to pitting and crevice corrosion.

Silver is not suitable for use in new or unhealed piercings because it tarnishes easily. The metal also softens enabling microorganisms to become entrapped.

8.0 Training/Competency

At present there are no approved training courses for body piercers, however there will be an approved qualification in the safe and hygienic provision of body piercing in 2003. The qualification is known as the VTCT Level 3 Certificate in Body Piercing and Body Art (Tattooing). VTCT are also formulating a Level 3 Diploma in Body Piercing as a progressive level from the certificate. In time the qualification will be offered in colleges throughout the United Kingdom. (For further

information please contact Vocational Training Charitable Trust, 3rd Floor, Eastleigh House, Upper Market St, Eastleigh, Hampshire SO509FD – 01243 842064)

The Management of Health and Safety at Work Regulation 1999 require an employer to provide adequate employee training to ensure that they can carry out their work safely.

Novice piercers should be supervised by a practitioner who has been successfully performing body piercings routinely over a number of years. It may take up to two years of full time practice to achieve the minimum level of competence.

All practitioners must be able to demonstrate competence by answering a series of questions by an authorised officer, for the purpose of inspection. They should be able to demonstrate knowledge/proficiency in subjects such as relevant anatomy, diseases and their transmission and infection control procedures.

Full records must be kept on the premises of all qualifications, courses attended (with dates, and titles of the courses, and the venue) and periods of supervision of all piercers. These details must be available for inspection at all times. Piercings should not be undertaken by persons under 18 years.

A basic first aid qualification should be undertaken so that practitioners are trained in what to do in the event of dizziness, excessive bleeding etc.

Training shall also include procedures on dealing with body fluid spillage (vomit, blood & urine), needle stick injury and all safe working methods established by the employer.

9.0 Waste Disposal

It is important to ensure that waste produced by any business is handled properly to guarantee safe and lawful operations.

Clinical waste must be kept apart from general waste and must only be disposed/removed from the premises to a licensed clinical waste incineration or landfill site by a contractor licensed with the Environment Agency under the Waste Management Licensing Regulations 1994.

Clinical waste includes all human tissue, including blood (whether infected or not) and all related swabs and dressings must be placed in a clinical waste bag. Discarded syringe needles, cartridges and other contaminated disposable sharp instruments or items must be placed in a robust sharps container conforming to BS7320: 1990.

Sharps containers should be kept out of the reach of members of the public, in particular small children and people who may not appreciate the risks associated

with this type of waste. Containers should be no more than three quarters full before sealing to avoid overfilling.

10.0 First Aid

There must be a first aid kit on site, there are no specific mandatory items which must be included in a first aid box, however the following is a recommend list of contents:

- a leaflet giving general guidance on first aid.(enclosed);
- 20 individually-wrapped sterile adhesive dressings, of assorted sizes, appropriate to the type of work;
- two sterile eye pads;
- four individually wrapped triangle bandages;
- six safety pins;
- six medium sized individually wrapped sterile, unmediated wound dressings (approx. 120X120mm);
- two large style individually wrapped unmedicated wound dressings (approx. 180X180mm);
- 1 pair of disposable gloves;

11.0 Records

Record keeping will protect the interests of both piercer and client. The client's interests are protected because technical details of their treatment are noted, so the treatment and any follow-up care can then be tailored in the knowledge of all relevant details. For the piercer, the identification of any allergies or health problems that may affect treatment is essential to avoid complications during or after the procedure.

Declaration and proof of age should be a fundamental part of this process. Every client must read and sign a consent form, which contains details of name, address, age, medical history, etc.

Any contra-indications, e.g. heart conditions, diabetes, epilepsy etc. must be discussed with the client prior to any treatment. Requested referral letters from G.P's should be kept with the client's record.

These records should be kept for a period of three years after the treatment has finished. Records must be made available to the authorised officer upon request (A copy of a client consent form & treatment record is available in the appendix)

Records should also be kept of manufacturers names, serial or lot numbers for jewellery sharps, inks etc. As previously mentioned in the maintenance section

records of periodic testing and safety tests should also be kept and must be made available to the authorised officer upon request.

A notice should be prominently displayed on the premises informing potential clients of the risks associated with body art. These should include:

- allergic reactions to jewellery, materials and antiseptics;
- blood poisoning (septicemia);
- jewellery embedding;
- localised infection; e.g. sepsis or arthritis
- localised severe swelling and trauma around the piercing site;
- scarring and keloid formation.

The notice must also give the name, address and phone number of the local health authority and environmental health department, so that the public can report complaints or seek additional information.

All infections, complications or diseases resulting from the body piercing procedure that become known to the operator must be reported to the local environmental health department within 24hrs.

12.0 Insurance

Businesses are required by law to have employers liability insurance.

Businesses are strongly advised to take out public liability insurance that covers third party liability claims specifically for body piercing.

Recognised NVQ or VTCT qualifications e.g. qualified beauty therapists (NVQ level III), VTCT Level 3 Certificate in Body Piercing and Body Art (Tattooing), or additional training to a standard that is acceptable may assist you getting insurance.

Before obtaining insurance, advice from a local broker is recommended, consideration should be given to indemnity limits to ensure they are high enough to cover a potential claim.

13.0 Risk Assessment

This is a general requirement that all businesses must comply with under the Management of Health Safety at Work Regulations 1999. Risk Assessment is a practical and methodical procedure for identifying work related hazards and for evaluating the risks associated with them. The aim is to take remedial action to deal with these risks and to review them at regular intervals

These regulations require you to identify and assess the risks of work activities within the business. It may be useful to make a list of employees and their work activities to ensure all activities are assessed. It may also be practical to risk assess different work activities separately e.g. body piercing, tattooing, electrolysis etc.

A risk assessment is a systematic approach that requires you to: -

1. Look at the hazards;
2. Decide who might be harmed;
3. Decide whether existing precautions are adequate or more should be done;
4. Record your findings; (not compulsory for businesses with fewer than five employees)
5. Review.

If you have 5 or more employees the assessment must be recorded. Businesses no matter how many people they employ will have to prove they have undertaken an assessment and therefore it is recommended that all businesses record assessments.

Risk assessment results may highlight areas within the work activities that require further control measures. These control measures must be attended to. Generally the aim should be to eliminate the hazard. If new or revised controls are required, always discuss the intended controls with those persons involved. Whatever remedial actions are put in place, it is essential that safe systems of work, or safe working procedures, and training are included. (Information leaflet enclosed)

14.0 COSHH (Control of Substances Hazardous To Health Regulations 1988)

These regulations provide a framework to protect people against the risk of their health from hazardous substances used at work.

All employers have to consider how COSHH applies to their work by identifying hazards, weighing up the risks and deciding what action to take. Due to the nature of the business you may not have many hazardous substances and will be able to comply with this requirement with little effort.

COSHH covers substances that cause ill health by being used directly in work, or arising from the work. Substances hazardous to health include:

- Substances or mixtures of substances classified as dangerous to health and identified by their warning symbol (e.g. irritant, corrosive, toxic, etc.);

- The supplier must provide a safety data sheet setting-out basic information about the substances , for example, how to clear it up should there be a spillage;
- Any microorganism, cell culture, or human endoparasite, which may create a hazard to health. This includes such issues as the risk of needle stick injuries;
- Substances listed in the HSE booklet EH40 'Occupational Exposure Limits'
- Any kind of dust in a substantial concentration;

In order to comply with the COSHH requirement then the following steps should be complied with:

- Assessing the risk;
- Decide upon any precautions needed;
- Prevent or control exposure to the substance;
- Ensure control measures are used;
- Monitor exposure;
- Ensure all are informed trained & supervised.

(Further information is available in the enclosed information leaflet.)

15.0 PREMISES

To ensure treatments are carried out under hygienic conditions the following points should be adhered to:

- Internal walls, doors, windows, partitions, floors, floor coverings and ceilings must be kept clean and in such good repair as to enable them to be effectively cleaned;
- Effective pest control measures, such as pest proofing and appropriate treatments should be carried out as necessary, and proper records kept;
- The treatment area must be solely used for giving treatments, and must be completely separated from all other rooms (e.g. any room used for human habitation, catering establishment, hair salon, retail sales, or other) by full height walls or partitions;
- There should be a minimum floor space of 5m² for each operator within the establishment;
- No animals of any kind should be permitted in a treatment area, except service animals used by persons with disabilities;

- Suitable and sufficient means of heating to a reasonable room temperature, appropriate to the treatment offered, must be provided;
- All furniture and fittings in the premises should be kept clean. Furniture in the treatment area (e.g. tables, couches and seats) should be covered with a smooth, impervious surface so that they can be effectively cleaned;
- There should be an adequate and constant supply of clean hot & cold water at a hand basin, as well as sanitising soap or detergent and disposable towels. The wash hand basin should be easily accessible and preferably be arm or foot operated;
- There should be suitable and sufficient sanitary accommodation for therapists and clients;
- There must be adequate, clean, and suitable storage for all items, so as to avoid the risk of contamination;
- Suitable screening to provide privacy must be provided;
- The premises must be adequately ventilated.

16.0 Appendix - Contents

1. Infection Control Assessment;
2. Autoclave Daily Record Sheet;
3. Clients Consent Form;
4. Treatment Record;
5. Aftercare Advice;

17.0 Enclosures

- I. Thorough Examination for Pressure Vessels Leaflet;
- II. Basic First Aid Leaflet;
- III. Risk Assessment Leaflet;
- IV. COSHH Leaflet.

References

Body Art, cosmetic therapies and other Special treatments, Chartered Institute of Environmental Health, BARBOR, INDEX, 2001.

Enforcement of Skin Piercing Activities, HELA, LAC Number: 76/2, 2001.

Application of Disinfectants in Hospitals and Other Health Care Establishments, JR Babb, 1996.

Sterilisation, Disinfection and Cleaning of Medical Equipment, Guidance on Decontamination from the Microbiology Advisory Committee to Department of Health Medical Devices Directorate, 1993.

Special Treatment Premises Regulations, London Borough of Barking & Dagenham.

Special Treatment Premises Conditions, London Borough of Westminster.

Authorisation Collection of Sharps and Other Clinical Wastes, DTS Hygiene Services Group Scheme, 2002.

The Purchase, Operation and Maintenance of Benchtop Steam Sterilisers, Bulletin Device, MDA

Appendix

Infection Control Check List

General Sanitation

		48or N/A
1	Soap is available at all wash hand basins in the practice area	
2	Paper towels are available at all wash hand basins and sinks in practice area	
3	Wash hand basins are free from reusable towels	
4	All wash hand basins are free from nail brushes	
5	Hot water is available at wash hand basins in practice area? Adequate temperature.	
6	Access to hand wash basins are clear	
7	An appropriate disinfectant (e.g. 70% alcohol) is used to clean client's skin	
8	Disposable single use shavers are used to shave clients skin	
9	Local authority byelaws available on premises;	
11	Safe working practices are available and known to operator	
12	Verbal and printed aftercare information for treatment is available for clients to take away	
13	Cream / ointments are in single-use sachets, or are dispensed in a manner which will prevent contamination.	

Protective Clothing

		48or N/A
14	Sterile gloves/ latex gloves / vinyl gloves	
15	Disposable plastic apron	

Body Fluid Spillage

		48or N/A
16	Paper towels & appropriate disinfectant(e.g. bleach) is available for cleaning up body fluid spillage	
17	Operators are aware of the procedure for dealing with body fluid spillage	

The Practice Environment

		48or N/A
18	All general areas are visually clean	
19	Practice areas are clean and free from carpets and extraneous items	
20	All sterile products are stored appropriately	
21	Clients couches/chairs in the practice have wipeable surfaces	
22	Clients couches/chairs in the practice areas are in good state of repair	
23	Disposable paper sheets are used to protect the couches / chairs.	
24	Modesty cover blankets are laundered and changed daily or when contaminated	

Use of Detergents/Disinfectants and Antiseptics

		48or N/A
25	Disinfectants are used at the correct dilution and appropriately	
29	Data sheets are available on hazardous products for risk assessment and safe working methods	
30	Environmental surfaces are cleaned appropriately between clients	
31	Environmental surfaces are protected with disposable paper sheets between clients.	

Waste Disposed of Safely

		48or N/A
32	Written instructions on the safe waste disposal	
33	Foot operated waste bins are in working order	
34	Appropriate yellow bags are used for storage of clinical waste before disposal	
35	Clinical waste and domestic waste is correctly segregated	
36	Clinical waste bags are $\frac{3}{4}$ full, securely tied while awaiting collection	
37	Clinical waste is stored in yellow bags, in designated area prior to collection	
38	Yellow bags are labelled with business name & address – in accordance with duty of care	
39	Protective clothing (e.g. gloves & aprons) are available to staff handling clinical waste	
40	Clinical waste is collected by registered special waste carrier and disposed of by incineration.	

Sharps & Needle Stick Injury

		48or N/A
41	Sharps boxes are available for use	
42	Sharps boxes conform with BS 7320 and UN 3291	
43	Sharps box is not filled more than $\frac{3}{4}$ full, with no protruding sharps	
44	Sharps boxes are assembled correctly – check lids are secure	
45	Sharps box are labelled with source business name and address	
46	Staff are aware of hepatitis vaccination policy	
47	Staff are aware of procedure in case of needle-stick injury	
48	Sharps boxes are stored out of the reach of children & visitors	
49	Sharps boxes are disposed of via registered special waste carrier	

Autoclave Daily Record Sheet

Week commencing: _____

Daily test	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Cycle counter number (if available)							
Time to reach holding temperature							
Temperature during holding period							
Pressure during holding period							
Total time at holding temperature / pressure							
Initials of authorised user							
Weekly Test:			YES/NO	Comments			
Door seals secure							
Door safety devices functioning correctly							
Safety valves operating correctly							
Comments							
Name			Date	Signature			

Consent Form

Name of Premises:

Address of Premises:

					48 or N/A
I declare that I give <i>(full name of therapist)</i> my full consent to <i>(describe treatment)</i> . The information given below is true to the best of my knowledge. I have had/currently suffer from the following:					
Heart condition / pace maker					
Epilepsy					
High or low blood pressure					
Diabetes					
Hemophilia					
Hepatitis					
Radiotherapy					
Pregnancy					
Immuno-compromising condition					
Conditions requiring blood thinning medication; e.g. Aspirin					
Conditions requiring concurrent drug treatment, such as antihistamines, steroids & aspirin					
Allergies					
Skin conditions e.g. psoriasis					
Surgical procedures					
I will follow the verbal & written aftercare instructions which have been given to me					
Full Name	Address	Age	Date of Birth	Signature	Date

Treatment Record Information

Clients Details	
Name	
Address	
Tel: work/home	
Date of birth	
General Health	
Any contra – indications	
Date consent for treatment obtained	
GP's name & address	
Any Special medical/other information	
Treatment Details	
Date of treatment(s)	
Name of practitioner	
Treatment history	
Signature of client & date	
Signature of therapist & date	

Aftercare

New piercings are likely to become swollen and are susceptible to infection during healing. Here are a number of recommended practices common to aftercare of all forms of body piercing:

- Piercings should be kept dry, so far as practicable;
- The aim is to prevent introduction of infection and help the natural healing process;
- Do not touch piercing for at least 48hrs;
- Wash hands thoroughly before handling the piercing or jewellery;
- Use the ball rather than the stem of the jewellery to turn it and avoid touching it with fingernails;
- To maintain mobility of the jewellery it should be turned no more frequently than once a day with clean hands, handling the jewellery as little as possible – e.g. using a clean tissue;
- Try not to remove encrustation as this protects the piercing from infection;
- After a shower etc, dry the piercing using cotton swabs or tissue – do not use towel or face cloth;
- Avoid restrictive clothing around navel and genital piercings.