

APP: THE POINT

THE OFFICIAL NEWSLETTER OF THE ASSOCIATION OF PROFESSIONAL PIERCERS: # 12
A NONPROFIT ORGANIZATION DEDICATED TO SAFE BODY PIERCING

IN THIS ISSUE: ON THE ROAD,
IN EUROPE AND AT LARGE

OUR CONFERENCE

MAY 25-28TH, 1998

WAS AT THE

HARD ROCK

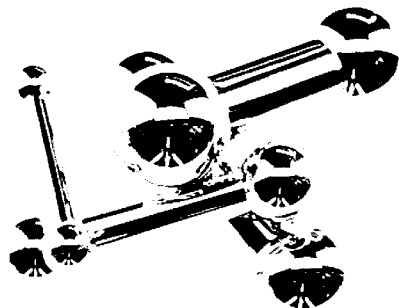
HOTEL AND CASINO

IN LAS VEGAS, NEVADA

THANK YOU FOR YOUR
participation!

PLEASE NOTE: THE POINT IS AN OPEN FORUM FOR DISCUSSION. THE VIEWS EXPRESSED HEREIN
BELONG TO THE INDIVIDUAL WRITER OR ADVERTISER, AND SHOULD NOT BE CONSIDERED AN OFFICIAL
OPINION OR ENDORSEMENT OF THE APP

What does our company have in common with your customers?



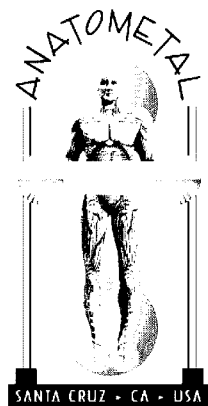
Quality.

The quality of our jewelry is based on everything from our choice of metals to the hand-polished, mirror finish. We have become the largest manufacturer of Implant Grade Stainless and Titanium as well as Niobium and 18 Karat Gold body jewelry in the industry because of our quality. We have supported the APP from the beginning because we believe in quality. We know that *your* customers want only the best body jewelry available, jewelry of the highest standard, why? There's really only one answer...

Quality.

Happy Holidays from all of us at Anatometal Body Jewelry
1 888 ANATOMETAL • 831/454-9880

Technologically Superior ▶ Professionally Hand Crafted
High Quality Implant Grade ▶ Piercing Jewelry



ASSOCIATION OF PROFESSIONAL PIERCERS
 519 CASTRO ST BOX 120
 SAN FRANCISCO CA 94114
 APP@PIERCING.ORG
 WWW.PIERCING.ORG/APP

CONTACT: **BRIAN SKELLIE**

APP TREASURY
 1654 McLENDON AVE
 ATLANTA GA 30307-2153
 BRIAN@PIERCING.ORG
 404.378.9100

TOLL FREE APP INFORMATION

888.515.4277

12, FIRST QUARTER 1998

THIS ISSUE

EDITOR'S LETTER-3
 BRIAN SKELLIE

A LETTER FROM EUROPE-3 & 4
 AL D SOWERS

PIERCING AT LARGE-3
 JEFF MARTIN

IN THE STUDIO: FREEHAND IDEAS-8
 KENT FAZEKAS

A LETTER FROM READERS-5 & 6
 STAFF OF MIRACULOUS CREATIONS

CHEMICALS: AFTERCARE REVISITED-8 & 9
 DR. JOHN WARD

YOUR NEW BOARD LIASON-5
 LIZ GETSCHAL

SURVEY-12
 RENÉ MARTIN & LIZ GETSCHAL

MEDIA BUZZ: OUTREACH RESPONDS-10
 JEFF MARTIN

LEGISLATION UPDATE-12
 GAHDI ELIAS



ERRATA-5

PRIMUM NON NOCERE:

FIRST, DO NO HARM

Beginning with this moment, try to reduce the risk that everyone has in your studio. Clients demand the simplest result. No one ever wants to leave a piercing studio with anything physical other than adornment and a positive feeling. It is just a pin prick. Every thing leading up to that break of the skin and beyond can be streamlined and organized, thought through to the aim of harm reduction. Reducing the risk for infection goes far beyond cross-contamination. It is our primary responsibility as professionals.

Every breath in that space we share with a client should be taken mindful of safety for everyone. Every product, instrument, technique and word we use can individually undermine the whole experience. We must all seek to recognize weak links in our work, and create solutions based on research and develop our practical knowledge together.

RESEARCH CAN PROVIDE SOLUTIONS FOR THE COMING MILLENNIUM AND THE PRACTICAL MEANS TO CARRY THEM THROUGH.

Thinking through the roles we enact in every step of our profession can help us to notice the exceptions or gray areas that affect our performance. Often, small seeming things have the ability to directly alter our course. To the end of creating the safest body art, we are not acting as a clique or exclusive club, but as a group to set the standards by which professionalism in our field may be measured by the public. APP supports two major goals: to create a professional society for body piercers. Second, APP offers standards by which anyone can assess the experience and expertise of these practitioners. In this way we support the public's access to professional body adornment.

BRIAN SKELLIE-EDITOR
 BRIAN@PIERCING.ORG
 404-494-0378

"Who you are speaks so loud that I can't hear what you're saying."

RALPH WALDO EMERSON

1998 BOARD OF DIRECTORS

CHAIR-GAHD I ELIAS-SAN DIEGO CA
 SECRETARY-DEREK LOWE-MADISON WI
 OUTREACH-JEFF MARTIN-ATLANTA GA
 MEDICAL-DR. JOHN WARD-SHREVEPORT LA
 OSHA-DAVID VIDRA-CLEVELAND OH
 INTERNATIONAL-AL D SOWERS-SEATTLE WA
 TREASURY-BRIAN SKELLIE-ATLANTA GA

EUROPE: SEPTEMBER 1997

After many e-mails and schedule changes, arrangements were made for my visit to Europe. Many thanks to Jack Rubini, Grant Dempsey, Marika & Joakim and Dominique for their efforts and hospitality. Copenhagen, Denmark and Gorlubb Body Piercing was my first stop. I was to continue on to London for the first European health and safety seminar on September 19, 1997, then on to Paris to finish my European tour.

Aside from language barriers in some countries the biggest difference for an American piercing in Europe is the metric system. If you want a 1/2 inch I4G captive bead ring, you really want a 1.6 millimeter by 12 millimeter ring. The handy "conversion chart" was as valuable as any language dictionary. I want to say Thank You to Mickey at Gorlubb Body Piercing for translating for me while piercing there. Another big difference for me was that outer threaded jewelry is the standard for the European industry. The accepted method is piercing with a needle one size bigger than your jewelry. So schedule your appointments with plenty of time to stop the bleeding. If you want a shiny mirror finish on your jewelry then bring it with you because you won't be getting it while in Europe. However you can get any type of sterling silver jewelry installed in ANY area of the body at piercing shops in Copenhagen if you really want shiny! I am grateful that they have socialized medicine in Denmark. Gorlubb was the only shop that I found using an autoclave and ultrasonic in Copenhagen.

My next stop was London, a very busy city with damn narrow streets and everybody driving on the wrong side of the road. I had the pleasure of working at Cold Steel Body Piercing in the Camdentown district. Every square inch of Cold Steel is an APP shop, it's beautiful. Grant Dempsey the owner is in the process of introducing inner threaded jewelry

to the European market. At least one has a choice at Cold Steel to get inner or outer threaded body jewelry. The shops in London are not much different than in Copenhagen. I stopped by one Tattoo and Piercing shop in the Soho district in downtown London and promptly left when I observed the Tattoo Artist actively tattooing while resting his are on the vibrating ultrasonic cleaner!!! Another visit to a shop boasts the record of 83 piercings by one professional piercer during one work shift. (Wow I am so impressed.) What I experienced at the reception area/ jewelry counter/ front desk/ appointment & check in area, a young woman was asking the counter person what was wrong with her red, swollen & oozing navel piercing. As the young woman asked these questions she rotated the ring with her fingers and poked at the swollen tissue and put her hands all over the counter

for water.' I had had enough, this ended our excursion to see other shops in London.

During my stay in London I had the opportunity to visit and work with Cold Steel at [a] Tattoo Convention. The Cold Steel jewelry and information booth was across from [someone] piercing with a "gun". There were no Smoke Free areas, the 2 piercing booths were not enclosed but had partial walls around them and open ceiling areas, the areas were carpeted and the nearest hand washing facility was the public rest rooms on the lower floor and at the other end of the building. To say the least it was a piercing nightmare. I won't even go into the tattoo Artist "arena" in the main exhibition hall. Imagine 30 ultrasonic cleaners all going full tilt with the lids off at the same time in an enclosed area with everyone smoking,

warned in the previous cities that Parisians were rather cold and inhospitable toward Americans. I found quite the opposite with the folks I met through Dominique. However the general populace of Paris is conservative and had little friendliness to someone that looks out of the norm. The body mod industry in Paris runs about parallel to the other cities. I visited 2 other shops in Paris during my stay there. One in the basement of a leather/fetish store. I think it was in a converted wine cellar, rounded brick ceilings very low. A very small space divided by shower curtains. The areas that were divided were the tattoo area, piercing area, front desk area, employee lounge area and the smoking and drawing area. This was all housed in a space about 20' X 25'. There was no autoclave area as they [used chemical disinfectant solution] on the set up areas they

work from, enough for me I had to go... The other shop was more up scale, a nice reception area with a tribal motif. Upstairs were separate rooms that the workers did both tattoos & piercings out of, same room for both tats & piercings. They did have a sterilization area. A modified kitchen with metal shelving and a stove. On the stove was a pressure cooker, and the metal shelves had drying racks for the instruments coming out of the pressure cooker. (E for effort here.) The owner and staff were very friendly.



area. The counter person said "you must have done something wrong it's your problem" and dismissed the young woman to fend for herself as they were too busy to deal with it! The counter staff were rude and arrogant. People that had been freshly pierced where all but thrown out of the piercing rooms while others were herded in. Those who were discarded were trying to make their way up the very stuffy, hot staircase to the outside. These poor clients were pale and shaky with a layer of sweat dripping off of them. Some sat outside on the street curb to get their composure with heads between legs. Others leaned against the brick wall of the building and threw up. A friend of one individual went back downstairs to the counter attendants and asked for water because she was afraid her friend was going to faint. The remark from the counter staff was, 'Damn it, another one, I don't have the time to be interrupted

drinking, eating etc. with carpeted floors and non existent ventilation. To quote a very loved doctor friend in the piercing community "Face masks aren't the problem here, we need to be wearing full biohazard suits."

Surfaces to surface piercing abound in the London/ England/ European area with all their swollen, red, oozing glory, yet they are worn with great pride! Dr. Jack's friend with all the facial piercings was proud to have had the 20 or 30 new piercings done in a couple of months so she could be ready for the convention! But that is another story that is in the work from our favorite Physician... Dr. Jack!

Off to Paris and a visit to Dominique, former Gauntlet franchise owner, now piercing at his shop independently. I was

To sum everything up, yes I would get a piercing in Europe but only at Gorlubb, Cold Steel or Dominique's shop. I would not even consider getting a tattoo from what I observed. We have our problems here in the States, however after being in Europe I have a very different viewpoint. Most shops here in the States at least have a clue about blood borne pathogens, and what an autoclave is and what it looks like! Nuff Said!

Mr. David Vidra of Bodywork Productions will be giving the low down on the health and safety conference while in London, and as I mentioned before our own Dr. Jack will be telling the tale of the Dunstable Convention. (With Photographs!)

ALD SOWERS-INTERNATIONAL LIASON
ALD WOLFENET.COM

BOARD LIAISON

The new 'Board Liaison' position has been created as an offshoot under the Chair to help bridge the gap between APP members and the Board of Directors. The system to keep you abreast of activity has been revamped and here are several new ways I'll be keeping you informed.

❖ The first issue that needed some attention was that between issues of the Point and annual meetings, many members didn't get enough information and had too little opportunity to give their input on the happenings of this organization. Several things will be happening from now on to remedy this. I will post all Board members' agendas prior to their meetings so that if you see something on the list that you want to speak up about, you can contact the Board or discuss it on the BBS. The Board wants to know how you feel about important decisions and this will be an easy way to contribute. Once the meeting has occurred, I will post the minutes to the BBS. However, one point of difficulty in this plan is that it would be overwhelming to send out that flow of paperwork to people that are not online. Therefore I will have to post this info to the BBS. The vast majority of members have e-mail accounts. And I have a feeling that most of the members that do not have e-mail accounts can make it to a friend's house/library/ internet coffeehouse/ whatever, to check the BBS periodically. I certainly do not want to isolate anyone who isn't on the electronic geek boat, so if this is a big problem for anybody, call me and we'll work something out. However, given that the electronic highway is the cheapest and easiest way to go for bulk info, I hope that you can find a way to make it happen for yourselves. Which brings me to my next point.

❖ The BBS has been slow lately. This is partly due to the revamping that has taken place. (Go Jeff and René!) Now that it's good to go, in order to spark up some conversation there will be questions posted regularly that will evoke responses and information exchange. For instance, we can discuss what your policies and possible exceptions are for piercing minors and ideas about the specifics about legislation. Most folks have a well-adjusted attitude about discussing their feelings without putting others' practices down. This will be the key to good roundtable discussion.

❖ Check the BBS! With these two new additions, the BBS should be key to both contributing to and getting your money's worth out of this organization! In addition, important notices are conveyed this way, such as hotel changes for the annual meetings and legislative alerts. To keep costs down on operating and make our budget stretch further, this seems to be the most reasonable way to conduct APP business. So check the BBS and recent news department regularly.

I hope that these changes will make everyone feel much more in touch with what's going on. Feel free to contact me if you have questions or ideas.



A LETTER FROM MEMBERS

Dear APP,

I would like to share a recent and wonderful experience with other APP members. I received a phone call from a Health Education teacher from one of the local high schools. She said there had been a lot of problems with kids piercing themselves, each other, or going to nonprofessional piercing salons. The teacher was frustrated that her talks just didn't make a difference. The teacher had heard of our reputation and our APP membership and asked if we had any pamphlets. I offered to come to the school and lecture on the safety precautions in the body arts industry, no charge of course.

ERRATA FROM LAST ISSUE

IN THE MEMBER'S LIST AND BOARD LIST, AL D SOWERS' SHOP WAS INCORRECTLY POSTED AS URBAN ABORIGINALS, IT IS GREENLAKE TATTOO AND BODY PIERCING. SORRY AL AND RICHARD!

THE PHONE NUMBER AT 23RD ST BODY PIERCING IS 405.524.6824.

IF WE MISSED ANYTHING ELSE, WE APOLOGIZE!

PLEASE LET US KNOW OF ANY OTHER CORRECTIONS THAT NEED TO BE MADE!

ALL SUBMISSIONS ARE WELCOME!

The teacher was thrilled and I agreed to lecture two classes.

I wasn't feeling very well so I asked if our other piercer Jay would go. I spoke to the first class and Jay to the second. I can't express enough what a wonderful experience it was. The students were absolutely silent and listened to every word we said. After we spoke we took questions from the kids. Hands went up with such enthusiasm and interest. They were very surprised at the safety issues we discussed and very interested in the cultural background of piercing. The teacher was so impressed that she asked us to come back in the future. She said she had no idea how much was involved with safe piercing. We recently received a large envelope filled with letters from the kids, and a letter from the teacher. This is going to sound corny but I was so moved I cried. I've enclosed a copy of the letter from the teacher and a few of the student's letters. I would

Providing education for a new Millennium...



E-MAIL: PPIS@KOAN.COM

MAILING ADDRESS: PO BOX 390288 ANZA CA 92539
SoCAL: 909.763.9728 — NoCAL: 415.201.2181

How to Make a Barbell:

1) Sell everything you can live without. Shoes, that extra pillow, family heirlooms, etc. Mortgage your house, sell your car.

2) Take your combined cash, credit & collateral of \$687.14 and finance a CNC machine. Down plus interest, total monthly payments of \$3,618.49 for five years. Don't forget to rent 20x50' garage for your new Swiss barbell machine.

3) Enroll in the following classes at your local community college:

- Algebra
- Trigonometry
- Physics
- Advanced Drafting
- Comparative Religion (believe me, you'll need it).

4) Write us for a free list of drills, taps, tooling, cutting fluid, raw materials, etc. to get you on your way. Or send \$14,815.00 (cash or M.O. only) to the address listed below for our new "Build a Barbell" Kits, which includes all the above items you need to make one. That's over 30% off the list price!

5) Break up with significant other. Do this before you spend the 167* consecutive hours of machine set-up, tooling, and programming your machine. Do this before it's done to you.

* +/- 68 hrs.

6) Did you remember to install 3-phase power in your new garage? Don't worry. It can be done by any qualified electrician in four days for \$3,500.00.

7) Bring a sleeping bag, five days of food & water, and set up your new machine. In case you aren't fluent in "G-Code" (CNC computer language), make sure a phone is nearby for your hour-long calls to Technical Support. That Comparative Religion class should start to come in handy about now.

8) Progress is slow? Lots of smoke and noise, and no new Barbell? Don't fret. Unplug the machine and take a six-month break. Consider counseling. If you've stopped paying the \$4k a month altogether, you might want to upgrade the locks on your new garage. Repo happens.

9) Scour local papers for going rates on "as-new" CNC machines. Place an ad for yours -- ask no more than \$10,000 cash obo. Hire an accountant, two lawyers, disconnect your phone, and use your cash to take that two-month trip to Amsterdam you've always dreamed of.

10) Pack, buy some shoes. Passport? Check. Before you go, call (800) GOOD ART. Wholesale prices on Barbells start at \$10, delivered to your door within 24 hours. JUST ASK FOR THE **"APP PRICELIST."**

**Sound too easy to be true?
WHAT ARE YOU WAITING FOR?**



Circle 10

1420 4th Street • Santa Monica CA 90401 USA • 800 GOOD ART • Fax 310 393 5818 • www.goodart.com

appreciate printing this letter or theirs in an upcoming issue of the point. A message to other members- Speak up, let your voices be heard, approach schools, etc... and offer your services to teach a class, it's very rewarding and needed. Sincerely,



ROSEMARIE PULDA & JASON DUGGAN
508-799-2840
WWW.MIRACULOUSCREATIONS.COM

IN THE STUDIO

Here is a way to do the eyebrow piercing and cut down on your having to deal with bleeding, swelling and bruising... Freehand.

The eyebrow is rich with capillaries making it possible for heavy bleeding. When the piercing is done using a clamp, the tissue is placed under a great deal of pressure. The pressure caused by the clamp may damage the capillaries which could cause swelling, extra bleeding and possible bruising.

By doing the piercing freehand, I remove all of the pressure caused by the clamps. No more swelling, bruising, or heavy bleeding.

This is how I do an eyebrow piercing. Everything is as it was before I started doing them freehand.

1. First, I remove any body oils, dirt or make-up using a sterile alcohol prep pad. I feel this step is important as it removes body oils allowing the povidone iodine to come in full contact with the skin allowing the iodine to do it's job.

2. Then I apply povidone-iodine using an individual prep pad. (It's looking like PCMX may be the new school prep solution)

3. The iodine needs to be in contact with the skin for at least one minute, but I prefer three minutes. I use this time to explain the aftercare to the client. This way, I have the client's full attention.

4. If needed, I then dry off the eyebrow using a tissue. Now I place the marks on the eyebrow using gentian violet. Gentian violet is easier to clean up and my marks are much clearer. Plus, I don't have to worry about cross-contaminating a pen. What I do is place one or two drops of gentian violet in a 1 oz. cup and use a sterile tooth pick to place the marks. Check with your state to see if you can legally use gentian violet, in some states gentian violet is by prescription only.

5. Once I'm comfortable with the marks I will show the client and get their approval.

6. Now it's time for the piercing. I prefer the client lying down. The client is much more stable this way. With one hand I will pinch the eyebrow with the marks next to my fingers (thumb and index finger). I have the marks close enough to my fingers to make the piercing stable but not so close as to risk a needle stick. With the skin pinched in my fingers I can easily adjust the marks by rolling the skin. Making sure the marks are lined up with the needle angle I'm ready to do the piercing.

7. I will always pierce from the bottom up. This way that pointy little needle is in no way a risk for sticking the client in the eye. (How many times have one of you had a client freak out and reach up and grab your wrist as soon as you start piercing? It's happened to me once and all I could do was wait until they let go of my wrist to finish the piercing.)

8. The piercing is done smoothly and consistently in one nice even motion.

9. After the needle is in, I cork the needle and insert the jewelry.

10. Finally, the piercing is cleaned off with an individual BZK pad.

11. The piercing is now complete and I get to enjoy the happy smile from a client.

I hope this proves to be helpful. Sincerely,

KENT FAZEKAS
FAZEKAS@INDY.NET

Please note: No sort of piercing should be practiced without supervised training, with or without tools. This article is intended for entertainment and educational purposes only. The reader should not consider this directions to experiment. The description of any procedure or mention of any product in The Point is not to be implied as a recommendation or endorsement by the APP or its members, nor can they assume responsibility for any misfortune, mishap, or accident which might arise from application of this information.

CHEMICALS

AFTERCARE REVISITED

In the last issue of The Point, there were several articles dealing with aftercare products. These articles raised a concern about the effectiveness of benzalkonium chloride (BAK) and benzethonium chloride (BZK) as aftercare products. Several reports were referenced suggesting BAK/BZK are not effective against pseudomonas aeruginosa, which could potentially result in infections.

Because these issues were raised in 'The Point, numerous inquiries have been made to the APP concerning appropriate products for piercing aftercare.

THE FOLLOWING FACTORS SHOULD BE CONSIDERED IN CARING FOR A PIERCING:

1. keeping the piercing clean,
2. allowing the piercing wound to drain (thus, the body can remove dead cells and debris),
3. preventing microbial contamination, particularly from sources other than one's own body.

Each person has a natural flora of microorganisms. These organisms exist in a symbiotic relationship with the host body, and function to protect the body from harmful organisms.

The skin acts as a natural barrier to microbes. When its continuity is violated, situations can arise that allow organisms to invade the body and to cause infections. A piercing is a superficial wound, and an infection may arise if inadequate aftercare occurs.

One of the most important aspects or aftercare is the cleaning process. First, debris and crust need to be removed from the outer surface of the skin and jewelry, particularly the entrance and exit holes. This material will harbor bacteria, and this can be a source of infection. Generally the debris will be dry and firm. Therefore, one of the first steps is moistening the crusted areas. This can be accomplished with warm salt soaks. Once moistened, the crust is removed with cotton applicators. Following this, the outer skin area and jewelry are cleansed to remove microbes. After this has been accomplished the jewelry is rotated through the piercing, and the internal area of the jewelry is cleansed.

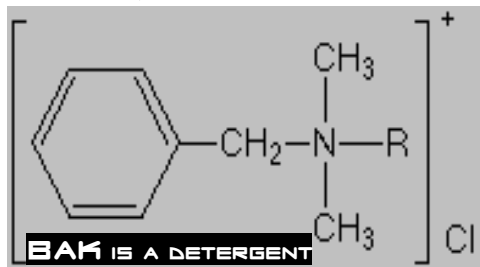
Another factor in obtaining a successful piercing is prevention of microbial contamination, which may require an antiseptic agent. Selecting an appropriate agent has recently become a controversial subject. In the last issue of The Point, the effectiveness of BAK/BZK was raised. The incompatibility of BAK/BZK and soaps was the primary reason given for avoiding the use of these agents. Allegedly, the BAK residue remaining on the skin and in the crust allows pathogens to survive, increasing the risk of infections. From a wound-healing perspective, crust needs to be removed from the piercing holes, since the occlusion of the holes can create an environment for bacterial growth.

In the field of orthopaedic surgery, the healing of open wounds with metal implants has always been a major problem. As with any

piercing, the issue has been cleansing and disinfecting these wounds. Numerous chemicals such as hydrogen peroxide, povidone-iodine, and Dakin's solution (hypochlorite solution) have been used. While these compounds can kill bacteria, they are also toxic to living cells. A key method for testing cell irritation is the rabbit-eye test. In this test, chemicals are placed in a rabbit eye and evaluated for chemical conjunctivitis. BAK/BZK have been found to be gentle compounds. In addition they are effective against bacterial conjunctivitis.

Moussa et al. investigated the use of biocompatible surfactants as an irrigating agent for disinfecting orthopaedic wounds with metal implants. Stainless steel screws were colonized with a biofilm containing either *Staphylococcus epidermis*, *Staphylococcus aureus*, and *Pseudomonas aeruginosa*. These were then immersed in ten different chemical solutions for various time intervals. Bacterial adhesion assays and bactericidal assays were performed. Sodium dodecyl sulfate, oleic acid and benzalkonium chloride were bactericidal against *Staphylococcus epidermis*. BAK was the only agent that demonstrated activity against all

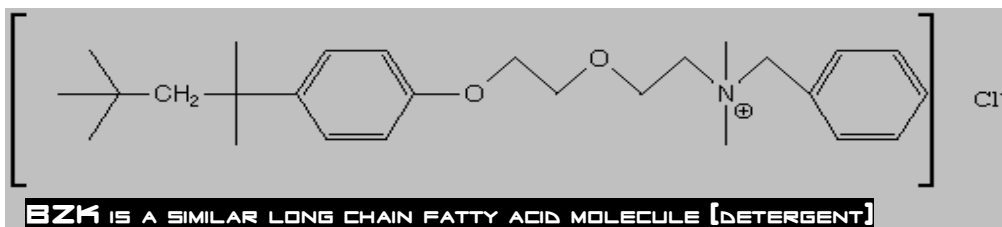
found that common water bacteria can attach and colonize the internal surfaces of the PVC pipes. Subsequently, they can develop significant resistance to these germicides. This colonization occurred as early as 7 days within phenol detergents, iodophor disinfectants, and chlorine.



Therefore it is important that stock solutions should not be diluted with tap water. After containers have been opened care must be maintained to prevent contamination. Aftercare and germicidal solutions should be changed on a regular basis.

For many piercers, Provon has been used as an aftercare agent. To date a literature review has not produced any studies establishing its use in open wounds. However, anecdotal reports indicate good results with Provon.

If successful results have been obtained



three strains of bacteria. Additional experiments evaluating BAK found a minimum 4 log kill (10,000 fold) after 10 minutes. When a mechanical jet lavage using BAK was performed, a minimum 2 log kill was accomplished. This study concluded that BAK at tissue compatible concentrations has significant disinfecting properties. These properties are enhanced by the type of cleansing method.

Another important issue involves the shelf-life of agents, and the potential for contamination. Vess et al. performed a study to determine the ability of bacteria to colonize PVC surfaces, to survive germicidal treatments, and then reestablish themselves in sterile distilled water. PVC pipes were filled with contaminated water for eight weeks. The pipes were then treated with eight different chemical agents. The germicides were left in place for seven days, and then replaced with sterile water. Numerous assays were then performed at different time intervals throughout the study. This investigation

with an aftercare agent such as BAK/BZK or Provon, then the piercer should continue with these agents. If results have been less than optimal then making a change to a different agent would be appropriate.

In summary, obtaining a successful piercing depends on adequate cleansing and minimal contamination. This can be accomplished with a good aftercare protocol, use of a gentle cleansing agent, and precautions to prevent contamination of solution containers.



DR. JACK WARD-MEDICAL LIASON
BONES@SOFTDISK.COM

REFERENCES

Moussa FW, Gainor BJ, Anglen JO, Christensen G, Simpson WA: Disinfecting Agents for Removing Adherent Bacteria from Orthopaedic Hardware, *Clinical Orthopaedics and Related Research* 1996 Aug 329; 255-262.

Vess RW, Anderson RL, Carr JH, Bond WW, Favero MS: The Colonization of Solid PVC Surfaces and the Acquisition of Resistance to Germicides by Water Micro-Organisms. *Journal of Applied Bacteriology* 1993 Feb 74(2); 215-221.

EDITOR'S NOTE

“Recent publications advise against two currently marketed antiseptics. The National Safety Council’s 1996 First Aid Pocket Guide states: “DO NOT use hydrogen peroxide. It does not kill bacteria, and it adversely affects capillary blood flow and wound healing.” And the Handbook on Nonprescription Drugs states ethyl alcohol “is not a desirable wound antiseptic because it irritates already damaged tissue. The coagulum [crust] formed may, in fact, protect the bacteria.”

The final rule will reflect FDA’s evaluation of all the data, Lumpkins says. Thus, antiseptic ingredients proposed as safe and effective could be found unsafe or ineffective, or new ingredients could be added, depending on new information.

Whether using an OTC antibiotic or antiseptic, consumers should realize “there are limits to what the products can do,” Lumpkins says. “People should read the label, and use the product appropriately. If they notice a change in their condition, or if there’s redness or swelling, they shouldn’t continue to try to treat it. They should see a doctor.”

Regardless of product choice for aftercare, our chief concern must be the effort to educate piercees to take great care of their bodies, and to emphasize that their body does the healing and growing, not what they put on it. Training our clients to respect the body and care for it from the inside out, instead of relying upon magic or science for a cure seems like a giant leap of faith, but makes things ever so much more simple.

BRIAN SKELLIE-EDITOR

FURTHER REFERENCE

Farley D, OTC Options: Help for Cuts, Scrapes and Burns *FDA Consumer Magazine* May 1996

www.fda.gov/fdac/features/496_cuts.html

To the Columbus Ledger Enquirer,

I came across an article the other day concerning body piercing in your editorial section. This caught my eye "Tongue piercing is dangerous and stupid." being the title, I don't know how I could miss it.

The Idea of body piercing being dangerous is very true. Only very few body piercing businesses are taking the proper precautions necessary to ensure that they, the operator, and their clients are not being put at risk. These risks are very palatable

The assumption that many Americans find body piercing repulsive, could be taking it a bit far, piercing seems to have passed the "trendy" stage sometime ago. With people from all walks of life getting shiny things put into all sorts of new places that others never thought they could wear jewelry in, piercing has come a long way out of the basements and back rooms of America and out onto the Main street. Along with this progression of publicity, an advancement in technique has ensued. With the use of sterile implements, single use needles, disposable equipment, and proper cross contamination control, the risks can be kept to a minimum.

HBV (Hepatitis) and AIDS (Acquired Immune Deficiency Syndrome) are two of the more particularly frightening diseases of our day. HBV being a triple bond protein chain which can live on surfaces for up to 90 days in dried blood, (it needs to be mentioned that numerous other viruses are just as deadly, Hepatitis C, D, and E, just to name a few. are working their way into the USA at an alarming rate, according to epidemiologists (people who study outbreaks of disease and their rates). These strains of Hepatitis are quite virile, without the proper decontamination, disinfection, and sterilization they can be passed among the populus with ease, since these viruses produce spores. Spores are formed when this type of virus comes into contact with an environment other than it's own. Being resilient to varied environments, spores enable the pathogens to find new hosts. Disinfectants for the most part do not kill these spores. IV

(Intravenous) drug use, blood transfusions, promiscuous sexual activities, sharing razors and toothbrushes, and simply enough ear-piercing guns can and will spread these harbingers of death. Just remember rubbing alcohol is not an adequate disinfectant, it only kills vegetative non lipid viruses, even though amusingly enough stops HIV (Human Immunodeficiency Virus which is suspected for causing the condition known as AIDS,) dead in it's tracks. Proper disinfection can only be accomplished after decontaminating the surface, that is removing the gross debris (i.e.-blood, bodily fluids, tissue, etc.) this can be achieved through ultrasonic cavitation, high pressure washing systems, and manual scrubbing. Only then can sterilization be performed. Sterilization - Rendering free of all biologic life including their spores. There is only one effective, safe, and cost effective means of sterilization which is steam and pressure. Another option is a Gamma ionizing radiation sterilizer, the use of which is size and cost prohibitive for piercing, although it is the most effective and reliable form of sterilization since things may be run



without the removal of debris. This is why the US government wants to use these devices to sterilize all meat in the States to remove the risk of disease transfer in our food. Steam sterilizing autoclaves are not fail safe, leaky release valves, seals, and heating elements make them targets for failure. There should be routine spore tests run on any and all sterilizers, the intervals being determined by the usage, but at least monthly. A spore test involves processing a nonpathogenic spore which is particularly hardy and difficult to destroy, simulating the measures that need to be taken when dealing with blood borne diseases.

Ear-piercing guns can never be adequately sterilized, even if run through the autoclave steam sterilizer, this device may not be disinfected properly because of the moving parts. Blood and bodily fluids can be blown out of someone's body during an ear piercing and get stuck in and on the gun (according to

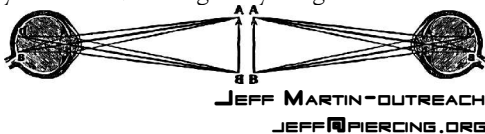
OSHA's Blood borne pathogen standard, all items which have come into contact with blood or bodily fluids must be sterilized before reuse, if unsterilizable, like most ear piercing guns, the implement must be disposed of in a biohazardous waste container which is puncture resistant and destroyed in the proper fashion). Sometimes these guns are stored in the most inappropriate places, such as the cash register drawer- money being probably the dirtiest thing we handle daily, most times our natural defenses can accommodate this, unless we compromise the integrity of our natural barrier, our skin. With this being the case, even with the use of a "sterile" packaged earring, it is put into a dirty contaminated gun. Putting everyone at risk for the transmission of potentially deadly diseases. Look for these results when scouting out a new piercing, ask to see the print outs from a biological monitoring facility. If they cannot produce these results, it would be in your best interest to vacate the premises.

As far as the "barbarism" of body piercing, yes it is old, ancient in fact. Most cultures practiced it, including the Native Americans, Meso-Americans, people from African nations, Europe, and Asia. Piercing is even referred to in the Bible on many occasions, and not in a derogatory sense. The lip piercing or Labret is documented as having been an imperative fashion/spiritual accessory for a "wise man" or sage, allowing the bearer congress with Kings and Queens (Which explains Moses' fear at not having one to speak to the Pharaohs). Piercing has been used by these cultures for millennia to show individuality, and cultural ethnicity. Along with spiritual enlightenment, often the quest for a "animal spirit guide" in Native American religious practices was accompanied by ritual body piercing (after which they would indulge themselves, but usually not before the ceremony had been completed). The tongue piercing in particular had a certain symbolic importance in some cultures, the act performed by the triumphant mother after the birth of an important child (Meso-America). Called the "Thorn of clear speech" it imparted the bearer with the clarity to convey the virtues of life to the young child.

BEFORE GETTING ANY PIERCING , YOU MUST BE AWARE OF THE FACTS.

1. Piercing is very dangerous when not performed under strict aseptic guidelines.
2. Choose very carefully the person doing this adornment for you. Remember there is no certification or accreditation in body piercing, all such claims should be met with cynicism.
3. Piercing guns should never be used to pierce someone, the risk is too high.
4. Check for routine monitoring of the sterilizer through spore testing.
5. Look at the jewelry, be sure that it is new, unused and free of sharp edges and or scratches, nicks or burs which could hold biological material in them endangering the wearer.
6. Inquire to whether the "piercer" is affiliated with any National or International Health and Safety organizations. (These organizations set standards within the piercing community according to standards set forth by government agencies such as the Center for Disease Control (CDC), and the Occupational Health and Safety Association (OSHA).

Piercing can be done safely, properly, intelligently , and painlessly. Look before engaging in any endeavor such as this, do your research. Enjoy your new piercing, but may the buyer beware, it's your body, if you think in anyway that you could be compromising your health, don't get anything done.



CHANGES IN THE BOARD

Kent Fazekas, loyal director and prior Treasurer of the APP has decided to step down as Chair, so that Gahdi Elias, formerly Vice Chair may be promoted to take his place for the following term. He has toiled away for the APP and deserves a much needed rest. He wishes to thank the membership and supporters for allowing him to be of service.

PIERCING AT LARGE

"TAKE A DEEP BREATH IN, NOW LET IT OUT SLOWLY... THERE, IT'S FINISHED." STAINLESS CAPTIVE DEFTLY INSERTED, CLOSURE SECURED WITH A DIVOTED BALL. "WHAT DID YOU THINK? TAKE A LOOK, IT'S BEAUTIFUL. TAKE CARE... IF YOU HAVE ANY PROBLEMS BE SURE TO GIVE ME A CALL."

What could be wrong with this? A well placed piercing performed with skill born of years of experience, along with an excellent bedside manner... The only thing missing is the piercing studio. This piercing and sadly many others each year are produced in unhygienic conditions in homes, hotel rooms, bars, clubs, etc. The risks taken when doing a piercing in locale such as these is enormous.

Hotels are notorious for harboring blood, semen, vaginal secretions, and other bodily fluids on the bed sheets, hard surfaces, and in the rest room. There can be no doubt that these will also be found in the home. Bars and clubs are full of intoxicated people, unable to properly consent while under the influence, making poor decisions. The most saddening thing about this situation is that this piercing was done by a well liked, well known, and "responsible" piercer, not to mention the contaminants that might have been unknowingly introduced into the unsuspecting client.

In the studio, we can be fairly sure that with regular and proper disinfection, high level air filtration systems, non porous walls, wrist/foot action sink fixtures, regular and daily mopping, biohazard containment (sharps containers, and contaminated trash) and removal that we (the Association of Professional Piercers members) can ethically pierce our clients without the fear that we will be transmitting pathogenic biological or particulate matter into any fresh (or healed) piercing. Even with the HIGHEST standards of cross contamination control, the risk is still present.

These negligent indiscretions need never happen. Piercing on the road must take place within the same moral, ethical, and legal standard that is upheld in our studios worldwide. Morally and ethically we cannot put our clients at risk, "Do no harm..." must be our motto.

JEFF MARTIN-OUTREACH

ADVERTISING RATES*

HELP FUND OUR EFFORTS IN SETTING THE STANDARD FOR HEALTH AND SAFETY IN BODY PIERCING

FULL PAGE - 8.5x11"

1 ISSUE	\$250
2 ISSUES	\$245
3 ISSUES	\$240
FULL YEAR	\$235

HALF PAGE - 4.25x11" OR 8.5x5.5"

1 ISSUE	\$175
2 ISSUES	\$162.50
3 ISSUES	\$147.50
FULL YEAR	\$130

INDEX CARD - 5x3"

1 ISSUE	\$110
2 ISSUES	\$100
3 ISSUES	\$90
FULL YEAR	\$75

BANNER - 8.25x1.25"

1 ISSUE	\$75
2 ISSUES	\$65
3 ISSUES	\$60
FULL YEAR	\$45

CLASSIFIED WORD RATE TBA

PLEASE PAY IN FULL AND UP FRONT.

FEES ARE NONREFUNDABLE.

WE RESERVE THE RIGHT TO REFUSE ANY AD.

FOR MORE INFORMATION CONTACT THE

TREASURER: BRIAN SKELLIE

404.378.9100

* ALL RATES PER ISSUE

RESPONSES IN PRIOR TO JUNE 15TH ONLY WILL BE USED TO COALESCE
DATA
EMAIL TO: APP@PIERCING.ORG
FAX TO: 404-378-0027
MAIL TO: SURVEY, 1654 McLENDON AVE. NE ATLANTA, GA
30307-2153

1. Are you female or male?
2. Ratio of females to males in the studio you work in:
3. Apprenticeship/self-taught?
4. If you had an apprenticeship, how long did it last?
5. Was your trainer a female or male?
6. How long have you been piercing?
7. Have you ever taken a piercing-related seminar?
8. Which one(s)?
9. For what specific purpose?
10. Your job title/position:
11. Length of employment in current studio: Length of employment in past studios?
12. Have you ever/do you pierce out of a residential space?
13. Your pay:
14. Do you own a studio?
15. If not, is owner female or male?
16. Is owner a piercer?
17. Have you contributed material to The Point (newsletter of the Association of Professional Piercers (APP))?
18. What kind of contributions did you make?
19. Are you a member of the APP?
20. Why/why not?
21. Are you a former or current Board member of the APP? Which?
22. Have you been involved directly in working with legislators about piercing regulation?
23. Are you self-employed/an employee/independent contractor?
24. Are you interested in job advancement (managerial position, studio ownership)?
25. Do you feel you are currently qualified for job advancement?
26. If not, what skills do you need to acquire?
27. What other services/products are offered at your studio (tattooing, mendhi, clothing)?
28. Do you perform any of the other services or are you involved in selling other products? Which?
29. What drew you to this field?
30. What other skills do you have aside from your current job?
31. Do you have a college degree?
32. What level (Associate's, Bachelor's, Master's, etc.) and major?
33. Did you graduate high school, get a GED, or neither?
34. Are you single or married?
35. Do you have children?
36. Were you granted paid maternity/paternity leave (if you were piercing at that time)?
37. Past career(s)?
38. Simultaneous career(s)?
39. Possible future career interests?
40. Why would you be interested in changing careers?

⇒ This informal survey is to be conducted in order to gather statistical information about women in our industry and our industry in general. This survey is not only for women, however. Both female and male results are necessary not only for comparative questions, but also to provide an accurate assessment of non-gender related issues. We would greatly appreciate your taking the time to fill this out and return it to the address below. Results will be available in the next issue of the Point after the data has been collected. Thank you

LIZ GETSCHAL & RENÉ MARTIN

LEGISLATION UPDATE

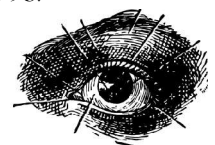
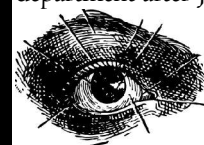
California has passed two bills ab99 and the long awaited ab186. They will be in effect in 1998.

Ab99, this bill would make performing a body piercing to any persons under the age of 18 years an infraction, unless performed in the presence of, or as directed by a notarized writing by, that person's parent or legal guardian. This would be punishable by a minimum of a \$250 fine for a first time offense.

AB186. Will allow the CCLHO (California conference of local health officers) to establish sterilization, sanitation, and safety standards. These standards must be submitted by July 1, 1998, to the State Health Services. The legislation states that all those engaged in Tattooing, Body Piercing, Permanent Cosmetics must register with the county health departments of the county in which the services are being performed. This must be done by December 31, 1998. The registrant shall pay a one time registration fee of \$25 and an annual inspection fee of \$105, the registrant shall obtain a copy of the department's standards from the county health department, provide a business address. Failure to register carries a minimum fine of \$500.

Currently the health and safety standards for ab186 are being written. These standards should prove to be the most comprehensive in the states. Universal precautions will be mandatory, and basic knowledge of piercing technique.

For more info contact your county health department after July 1, 1998.



GAHDI ELIAS-CHAIRPERSON
MAST@INETWORLD.NET