

THE POINT

The Official Newsletter for the Association of Professional Piercers

Hepatitis B

Through out the next couple issues of the "Point" we will be running information on Hepatitis A, B, C and D, in an effort to inform and educate body art professionals.

By Howard J. Worman, M. D.

The Hepatitis B Virus (HBV) is a mostly double-stranded DNA virus in the Hepadnaviridae family. HBV causes hepatitis.

Risk Factors for HBV Infection

Although relatively rare in the United States, hepatitis B is endemic in parts of Asia where hundreds of millions of individuals may be infected. HBV is transmitted horizontally by blood and blood products and sexual transmission. It is also transmitted vertically from mother to infant in the perinatal period which is a major mode of transmission in regions where hepatitis B is endemic.

The blood supply in developed countries has been screened for HBV for many years and at present transmission by blood transfusion is extremely rare. Major routes of transmission among adults in Western countries are intravenous drug use and sexual contact. The risk of HBV infection is notably high in promiscuous homosexual men but it is also transmitted sexually from men to women and women to men. Transmission is probably prevented by correct use of condoms. Health care workers and patients receiving hemodialysis are also at increased risk of infection.

Effective vaccines are available for the prevention of HBV infection. All individuals at risk for infection should be vaccinated. Post-exposure prophylaxis with hepatitis B immune globulin is also effective for non-immune individuals after a known exposure (e. g. needle stick).

Consequences of HBV Infection

HBV causes acute and chronic hepa-

titis. Acute hepatitis B can range from subclinical disease to fulminant hepatic failure in about 2% of cases. Many acutely infected individuals develop clinically apparent acute hepatitis with loss of appetite, nausea, vomiting, fever, abdominal pain and jaundice. In cases of fulminant hepatic failure from acute HBV infection, orthotopic liver transplantation can be life-saving. About 90% to 95% of acutely infected adults recover without sequelae. About 5% to 10% of acutely infected adults become chronically infected.

The natural history of chronic HBV

infection can vary dramatically between individuals. Some will develop a condition commonly referred to as a chronic carrier state. These patients, who are still potentially infectious, have no symptoms and no abnormalities on laboratory testing. Nonetheless, some of these patients will have evidence of hepatitis on liver biopsy.

Some individuals with chronic hepatitis B will have clinically insignificant or minimal liver disease and never develop complications. Others will have clinically apparent chronic hepatitis. Some will go on to develop cirrhosis. Individuals with

Highlights of the upcoming 1999 APP Conference

It's not too late, join other professional piercers for the best ever conference in Las Vegas

The APP invites all professional piercers, piercing enthusiasts, and jewelry manufacturers to attend our annual Open Meeting and Workshops, taking place May 17th through the 20th, in Las Vegas, NV at the Hard Rock Hotel. Rooms are going for \$75.00 a night. You are not required to be a member to attend. Many of the industries leading piercers as well as manufacturers will be attending, as they have in the past.

You must register with the Hard Rock for your room(s). To reserve your room call (800) HRD ROCK you must tell them you are with the APP to get this special rate.

You must register for the workshops with the APP. You will find a registration form on page 11. In addition to the open meeting, there will be workshops and informational seminars available for \$250.00 (if registered by April 15, after that date the cost is \$300.00). To register send the form on page 10 and a check (payable to the Association of Professional Piercers) to the APP office of the Secretary c/o 2271 Cheshire Bridge Rd., Atlanta, GA 30324.

We hope you will join us both at the conference and as new members. If you have any questions, please call 888-515-4APP, or contact Elayne Angel, (outreach Coordinator), angel@ringsofdesire.com.

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Hepatitis Cont:

chronic hepatitis B, especially those with cirrhosis but even so-called chronic carriers, are at an increased risk of developing hepatocellular carcinoma (primary liver cancer).

Diagnosis

The diagnosis of HBV infection is generally made on the basis of serology. Virtually all individuals infected with HBV, either acutely or chronically, will have detectable serum hepatitis B surface antigen (HBsAg). In acute infection, HBsAg is detectable several weeks after infection and its appearance coincides with the onset of clinical symptoms.

Diagnosis of hepatitis B is confirmed, and prognosis is assessed, by liver biopsy. Most people who are chronic carriers (no symptoms, HBsAg positive and normal serum aminotransferase activities) generally have little or no inflammation on biopsy. In such patients, you can often see "ground glass cells" on liver biopsy which are liver cells in which large amounts of HBsAg is being synthesized. Other individuals with chronic hepatitis B will have various degrees of liver inflammation on biopsy. Others will have fibrosis or cirrhosis. The amount of inflammation, and

the presence of fibrosis or cirrhosis, correlate with a worse prognosis.

In individuals suspected of having chronic hepatitis B, the appropriate screening test is for serum HBsAg.

Treatment

At the present time, alpha-interferons are the only drugs approved in the United States for the treatment of chronic hepatitis B. Treatment is recommended for individuals who have "replicative disease" (HBeAg positive). About 40% of such individuals will lose serum HBeAg after 16 weeks of treatment with interferon-alpha. Loss of HBeAg is correlated with an improved prognosis. A few treated patients (less than 10%) may even be cured as assessed by the loss of HBsAg. Other promising treatment options for chronic hepatitis B include nucleoside analogues. One presently under investigation is lamivudine (3TC) which is also effective against HIV.

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Diseases of the Liver/Howard J. Worman, M. D./hjew14@columbia.edu

The Point

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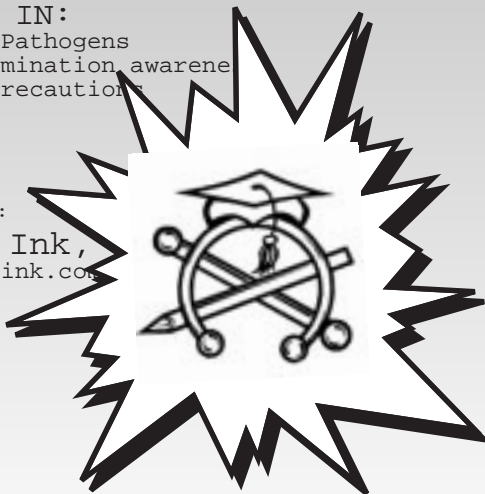
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Two Board Members Resign

The following were the resignation letters for David Vidra and Derick Lowe. The Point was asked to publish these at their request.

To: APP Board of Directors
and APP Business Members

This letter is to serve as official resignation of my position on the APP Board of Directors.

As I have spent the last year-and-a-half on the Board of Directors, and the last two-and-a-half years as a Business Member, this was not an easy decision for me. However, it is one I feel is best for the APP.

When I accepted the position as Secretary my primary goals were to, first and foremost, execute the duties of that position and secondly help the organization grow into what I felt it had the potential to become. Initially, both of these goals were well within my capabilities and my time restraints. However, over the past year or so, time constraints placed upon me by my position as the sole piercer at a very busy shop, have prevented me from being able to execute the duties of the position in a timely fashion. I think the APP is at a very crucial (and tenuous) time within its development. It needs a Board of Directors who have the time to dedicate to overseeing the growth and development of the organization. While I very much enjoyed my time spent in the position, to continue, given the current and continued growth of the business I'm involved with, would only serve to potentially hinder the organization. Obviously, this is not something I wish to see happen.

I would like to thank all Board Members (past and current) who I had the pleasure of working with over the past year-and-a-half. During this time I had the opportunity to meet some of the most interesting, dedicated and passionate piercers this industry has to offer. Many people may not fully comprehend the amount of time, energy and money most Board Members have devoted to the growth of the APP. I applaud the efforts of all those involved (Board of Directors, Business Members and other supporters) in the organization.

I would also like to extend apologies to anyone who may have been affected by my lack of time to commitment to my duties.

As a Member, I fully intend to stay involved and active in the organization. I think the potential of the organization is outstanding. I hope all APP members will become involved and help our industry realize the full potential of the APP. Best of luck for the future.

Sincerely,
Derek Lowe

To: APP Board of Directors
and APP Business Members

This letter to officially inform all Board and General members that effective October 1, 1998 I will be resigning my position as OSHA/Legislative liaison of the APP.

The reasons for my formal resignation are strictly professional. I have found that my presence and attention are greatly needed at my studio. It is my experience as a Board member, that the time and attention required to fulfill all expectations set upon me in my position is quite substantial. I feel that by maintaining this position, it would be impossible for me to devote the necessary amount of time to complete the required duties and obligations.

It is my opinion that my talents would be best served by sitting on the Medical/OSHA committee as well as serving as a key health/safety educator for the members of the APP. and the general piercing community. I am positive that education and research regarding health/safety will continue, and that I can adequately fulfill the obligations required of me as a committee member.

I would appreciate that you accept my formal resignation and that I can look forward to new beginnings and allow someone else the opportunity to offer all their time and attention. Sitting on the Board, as I have until now, has been a rewarding experience. I am also looking forward to sharing these new experiences as a committee member.

While I do feel the APP. has a full and exciting future, I also feel that there is a need for all Board and General members to focus on the future of the piercing industry and put aside all personal and political agendas. If our industry, and organization, is to succeed and grow, we must all be dedicated to working together to provide up-to-date, pertinent information to the entire piercing community; not simply those directly involved in the organization.

Respectfully,
David A. Vidra, L.P.N.
President,
Body Work Productions, Inc.

APHA Conference

By Brian Skellie

The Association was represented at the American Public Health Association [APHA] conference in November of 98 by a team of volunteers: Dr. Karen Pendleton, Research Advisor Brian Skellie, and Medical Advisor Dr. John Ward. Over the three days we presented information to educate public health workers about safe piercing and avoiding infection. We distributed over five hundred copies of CDC guidelines for infection prevention along with copies of our newsletter and a checklist of safety precautions that should be in practice in piercing studios. We explained in detail graceful solutions to the various risks involved in the body jewelry trade to hundreds of interested participants. If you would like further information about the APP efforts to keep piercing safe and legal on the medical front, contact Dr. Ward: bones@softdisk.com

The Point News

The NEW *Point* as most of you know this is the first point to grace our studios in a long time. The reasons for this are to numerous to mention, but the *Point* will become a regular addition to the APP's goal of informing ALL interested studios. The *Point* is the only publication of its kind dedicated to piercing professionals and enthusiasts.

But this can only happen with your help! The *Point* is an avenue for ALL members and non members to voice ideas and concerns related to body piercing.

If you are a supplier or educator to the piercing profession and you are interested in advertising please contact Patrick McCarthy at Piercology for a specification sheet and publication schedule.

If you are interested in writing an article or two please contact Pat with your ideas. Also of you read an interesting local or national article on piercing that you feel would be of interest to our readers please send it to us and we will go about getting the permission to reprint it.

If you are receiving the *Point* for the first time and have not paid to receive it, you will be receiving a couple copies free of charge to spur on your interests. We also hope you will find the *Point* a needed necessity to keep your studio up to date.

If you would like to subscribe to the *Point* and help the efforts of the APP the cost for a one year subscription is \$25.00.

Benefits of APP Membership

The mission of the APP is to circulate vital health, safety and educational information for the professional piercing industry.

What is the APP?

- Is an international nonprofit, educational, health and safety organization.
- is dedicated to the dissemination of information about body piercing
- is a voluntary organization concerned with the practice of body piercing
- is a membership of piercers who meet minimal guidelines.

Philosophy

The benefits of the APP are:

- body piercing is a social institution that provides significant services and meets evolving social needs.
- a body piercer should use knowledge, judgement, and skills based on science
- body piercers must act ethically and responsibly and be accountable for quality service
- minimal guidelines provide a means of accountability
- research creates a foundation for advances in body piercing
- piercers must assume responsibility for their continued education
- the organization is committed to enabling piercers to meet this responsibility
- standards of body piercing practice, interactive collaboration, and appropriate use of information enhances body piercing practices.

Why should I join?

Very importantly, you will have the support of other professionals in your field. You will get backing of the industry's only professional organization, and access to all of the knowledge gained by its members over time. You will have contact with a network of like-minded professionals who have skills and information to share. You will gain the recognition due to you for upholding appropriate standards and helping to advance professional piercing as a safe, respectable, and reasonable endeavor. You will have the peace of mind that comes from knowing that you are doing things the right way.

Face it: The better you are at what you do, the more opportunity you will have to do it. If people have a pleasant piercing experience, heal well without infections,

and feel that you are a competent and caring professional, they will tell their friends. That's good for business. It's a win/win situation.

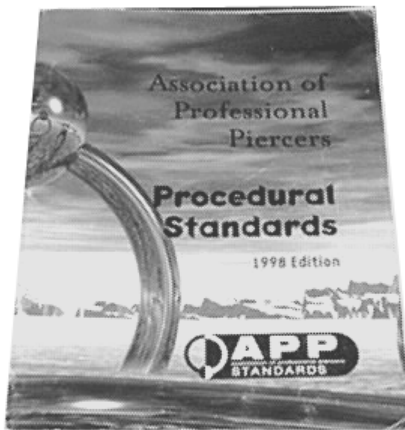
Goals

The primary goals of the APP are to organize professional piercers, unite members, and provide education, representation, and quality standards for body piercing.

What are the benefits to membership in the APP?

Procedural Manual

The APP procedural manual provides an overview of basic guidelines and in depth piercing safety suggestions. In a combined effort of the professional piercing community. (Non-members may purchase the Procedural Manual.)



A website which includes:

- Member piercers listed by name and location.
- Links to piercing friendly doctors
- Links to worldwide legislation relating to body piercing.
- The Point, APP's newsletter, on-line
- Discussion Bulletin Board (BBS)
- Resource listings, and more.

“The Point” APP Newsletter includes

- Letters from reader
- Information on technique, after care, new products and jewelry
- Legislation and business news

A handsome Membership Certificate to hang on your wall.

Membership requirements of the APP.

Members are encouraged to demonstrate responsible body piercing and promote accepted health, safety and ethical issues. members must meet the organizations criteria for membership and pay member dues. Membership dues are used to promote the APP's educational endeavors in support of piercers, clients and medical professionals.

Applicants must provide high quality copies of the following:

1. A business license and business card showing that the applicant piercers out of a legitimate business.
2. Proof that the applicant has been piercing professionally at least one full year. (A notarized statement, dated business document, or newspaper article are examples of appropriate proof.)
3. A copy of current First Aid/CPR certification (annual renewal required).
4. A photograph of the applicants autoclave with make, model and serial number, printed on the reverse side.
5. The most current copy of the spore test results from the applicant's autoclave, monthly spore testing is required.
6. A “walk through 360 degree video” of the applicants entire facility, including store front, foyer, piercing room(s), biohazard area, sterilization area, restrooms, inside storage drawers, closets, etc.
7. Copies of all release forms and aftercare sheets in use at the applicants studio.
8. One or more samples of applicant's advertising
9. Completed Questionnaire, preferably type written. For a copy please call.

One completed application per piercer is required. Membership must be renewed annually. We have recognized however the need for other classes of membership. We are currently establishing guidelines for these new types of memberships. We hope to announce these guidelines at the May conference. We hope you will join us both at the conference and as new members.

Body Art Challenges Campus Health Center

Students piercings make some doctors wince; others see chance for better communication

I received a copy of this article and was granted permission to reprint it. I thought it was very relevant with what is happening in our industry.

It's a blustery day during flu season here at Rutgers University, and Walter Hewitt, a nurse at the main health center, is treating his 10th cold of the day. "Open your mouth," he says, as he leans toward a student on a green metal examining table. Out pops a silver tongue ring. Down the hall, Judith Greif, a nurse practitioner, readies a stethoscope to listen to a student's breathing. When the student lifts his shirt, she notices that his nipples are pierced. Body ornamentation no longer fazes Mr. Hewitt and Ms. Greif, who have seen their share of style trends pass through the health center.

"Until a couple of years ago, we would occasionally see a student with a piercing or tattoo," Mr. Hewitt says. "Now, you see somebody for a sore throat, and there's a tongue ring."

THE POPULARITY OF 'BODY ART'

While national statistics are hard to come by, doctors and clinicians at college health centers say they are seeing more "body art"—tattoos, piercing, branding, and even "sewing" of the skin—than ever before. What was fringe in the early 1990s is now mainstream. Companies are using pierced and tattooed models to sell everything from Volkswagens to Hershey bars to the college crowd. And while eyebrow and penis rings still make many doctors and nurses wince, health educators say that the popularity of body art makes it an important topic for clinicians to be able to discuss with college-aged patients.

If a student suspects that a doctor or nurse disapproves of his or her piercing, some clinicians say, the student will clam up. "More of the nurses and physicians here are getting used to seeing it, but at first it was shocking," says Kristin Swoszowski Tran, a graduate assistant in health education at Temple University's health service. "They would say, 'Whoa! Why are you doing that to yourself?'"

By expressing an interest in a student's piercings and tattoos—rather than reacting negatively to them—clinicians can learn more about a student's health, Mr. Hewitt says.

THE SYMBOLISM OF A TATTOO

"The second you give them a chance, students just want to talk about it," says Mr. Hewitt. Who serves as the assistant clinical coordinator of the Rutgers health service. "If you ask them in a non-judgmental way, the flood gates open, and all kinds of things come out."

Not long ago, for instance, a female student came to see him about a cold. When he lifted her shirt to listen to her breathing, he noticed a brand-new tattoo on her lower back and asked her about it. The tattoo—the symbol for women, coupled with a moon—represents "Take Back the Night," an annual march to protest violence against women. Mr. Hewitt asked the student why the symbol was important to her, and she slowly let down her guard, eventually telling him that, he had been date raped the month before.

"The second you give them a chance, students just want to talk about it. If you ask them in a non-judgmental way, the flood gates open, and all kinds of things come out."

"Because of her tattoo, I was able to talk to her and get her plugged into counseling," Mr. Hewitt says. "Often, students will have one hand on the door on their way out before they tell me the real reason they're here. They're testing us to see if they can trust us."

Because there isn't much reliable medical information on body art, some doctors and nurses at college health centers say they are unsure of the best way to treat students who have complications following piercings. In some cases, for example, leaving jewelry in an infected area—rather than removing it—can actually promote healing of the wound,

Joyce Jordan, a physician at California State University at San Bernadino. Says that she has had trouble finding credible, peer-reviewed medical articles about body art.

"I've seen several students come in with infections, and I have wanted to know what the medical recommendations are about healing times," Dr. Jordan says.

Mr. Hewitt and Ms. Greif have tried to answer such questions through a video and-slide presentation, called "The Living Canvas

The program, which they present about twice a month to health officials and students, includes interviews with students and doctors about the dangers of body piercing. Because most states have no laws governing piercing, an inexperienced practitioner might cause permanent harm, even paralysis, by piercing a -nerve.

While any piercing may become infected, navel and tongue piercings—among the popular-seem to cause the most problems. Clothing rubbing against the belly can aggravate a new navel piercing and cause infection. When the tongue is pierced, it initially swells, which can inhibit breathing and eating. Some students with tongue piercings have also reported chipping their teeth on the jewelry, or accidentally swallowing it.

EXPLORING THE REASONS

The presentation, however, spends more time exploring why students get body art. It includes the results of a survey of 766 students who have tattoos and piercings. Mr. Hewitt and Ms. Greif conducted the survey at 18 American universities and one Australian university in the 1995-96 academic year.

The findings shatter some stereotypes about piercing and tattooing, Mr. Hewitt says. Body art they found, crosses racial and gender lines. Students in all disciplines, from fine arts to engineering, said they had at least one tattoo or piercing other than in the ear-. And more than half of the students had a grade-point average of 3.0 or higher.

In addition, the survey found that most students did not make spur-of-the-moment decisions about getting tattoos. They often had thought seriously about the symbolism of the image and its placement, Ms. Greif said. One couple, for example, got engagement tattoos rather than exchanging rings. Another student had an image of a steel plate tattooed over his Achilles tendon to represent strength.

While many students said they had been pierced to display their individuality, some—such as survivors of abuse said that body art had helped them symbolically reclaim their bodies.

At Sparks, hair-salon and piercing parlor two blocks from Mr. Hewitt's office, students stand in clusters waiting to shell out \$45 to \$65 apiece to be pierced, March

is a busy month for such parlors, as students seek a look that will help them stand out—or fit in—on the beaches of Daytona or Cancun during spring break.

Melissa Nunez, a freshman at Rutgers, selects a silver hoop for a navel ring, and settles back in a vinyl chair to chat with a friend and wait her turn.

“I’ve wanted this since I first saw it seven years ago,” Ms. Nunez says. “I didn’t do it for a long time because I thought it would hurt a lot, but she”—Ms. Nunez flicks her thumb toward her friend, Kiomy Ramos—said it wouldn’t.”

Ms. Ramos, a freshman who had her navel pierced on her 18th birthday, plans to have her tongue pierced for her next birthday.

Standing in front of them is a gaggle of rambunctious high school girls, waiting to have their noses pierced. The girls call it “a bonding experience.” In another room, a Couple say they are getting their tongues pierced because they have heard it enhances sex.

PICKING A BODY PART

Other students get pierced because it’s trendy. Some, like James Conroy, a junior- at Pennsylvania State University, even do it to bolster newspaper- circulation. Mr. Conroy, a staff writer for *The Collegian*, the university’s student newspaper, in January began getting a new piercing

each week and writing a column ,about the experience. He encourages students to send him e-mail messages to tell him which part of the body to pierce next. So far, Mr. Conroy has gotten five piercings—including those in his tongue, eyebrow, ear, and nipple. The fifth is a labret between the lower lip and chin. He removed the labret when his parents stopped in for an unexpected visit, though, “so my mother wouldn’t freak out.” The hole quickly closed.

Eric K. Silverman, an associate professor of anthropology at DePauw University, says that many issues of morality are attached to adorning the body. The Bible, for instance, contains a passage that says that cutting or piercing the flesh is wrong. Mr. Silverman says that every Culture creates a concept of the “natural body,” I and every culture modifies it through clothing, piercing, cutting, painting, and hair styles. Circumcision and breast augmentation, for instance, are perfectly acceptable in American society, but body piercing often is not. “Societies have rules about what is okay to do to the body,” Mr. Silverman says.

He adds that people in Western Cultures may also Pierce or tattoo their bodies its a form of control, or as a way to get in touch with the “essences of humanity”—pain, pleasure, and beauty. Because many people believe that their bodies will

never- live up to Western Culture’s ideals of beauty, he says, they are creating their- own standards of beauty.

“Body art is bound up in file idea of the beautiful,” he says.

Back at the health center, Mr. Hewitt wraps up his day of treating flu victims. He Terms back in his swivel chair, and advances another reason why clinicians should take an interest in body art.

“You know how many sore throats I’ve seen a day for the last 16 years’?” he asks with a laugh. “This keeps it interesting.”

Spore Tests

Remember that all APP members MUST send their monthly spore test results to the board. Because Al D will be giving up his position we want members to fax their results to Bethra Szumski at Timeless tattoo. Send to APP Office of the Secretary c/o Bethra Szumski, 404-315-6900.

Spore tests are integral to our profession. To have continued high standards of control and continuity over our sterilization process is imperative. Therefore, we are working on an arrangement with a spore test company for a reduced price for all members and they will send a copy of the results to us free of charge. We will keep everyone informed with our progress on this deal.

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State of Body Art in New Zealand

By **AL D, International Liaison**

Here is the letter I did for the Health Ministry in New Zealand, Dr. Lush is responsible for the overseeing of the body art industry. This letter was done per his request. We also had an informal meeting at Body Piercing Specialists for the body art community, focusing on the APP, what it is, why it is here, what the benefits of being a member are, and then I went into health and safety information for those in attendance. It went really well and started open dialogue for the community.

Dr. Lush,

Thank you for the meeting at Body Piercing Specialists, I very much enjoyed speaking with you. As promised I am writing to inform you of my findings in regard to health and safety practices in the shops I visited. I will not name individual shops, as that is not as important as the number of shops that are lacking in many areas. It was my impression that the industry, with the exception of about three shops, lacks the basic knowledge to perform body art in a proper manner.

Most shops did not have an autoclave present; those that did have an autoclave did not know what a spore test was. A spore test is the only way to know if your autoclave is performing properly and in fact sterilizing the instruments inside. If there are not monthly spore tests done, then one might as well cook burritos in it. Most of the participants in the industry were under the impression that cold sterilization or a wipe with some disinfectant compound will suffice, this is a sure fire set up for transmission of disease from one client to the next, not to mention the risk to the workers themselves. I was puzzled about the glass cases with a black light bulb in them with all the equipment lying underneath the bulb on glass shelves. The equipment was not bagged in sterilization pouches. I was lead to believe that they were undergoing ultra violet sterilization. The only means I am aware of for this process is a gamma ray sterilizer that can also sterilize liquids. A very expensive piece of equipment and it looks nothing like a black light bulb in a glass case.

I found that no one had a firm grasp on cross contamination awareness, the ease in which potentially infectious matter can be transmitted from person to person or from object to object. I witnessed spray

bottles of disinfectant picked up with the same gloves that were being used on clients and had blood on them. I witnessed objects being passed from coworker to coworker without being disinfected and the liquids pumped on paper towels then used on clients, one of the easiest routes of infection in a shop. I witnessed clients handling oozing piercings and taking jewelry out of their body and placing it on front counters. Then the employees picked up the contaminated jewelry with potentially infectious matter on it with bare hands. I witnessed phones being answered during the course of a tattoo in progress without gloves being changed before or after the phone conversation. There was food being consumed and smoking inside some shops.

Hand sinks were used for biohazard materials as well as hand washing causing a very great risk of cross contamination. Next to most sinks, and in the general vicinity of the body art being performed were ultrasonic cleaners (for the shops that have them). The ultrasonic cleaner sends micro spray spore in a two foot radius with the cover on, and up to four feet with the cover off thus contaminating anything in the vicinity. I observed tattoo artists have a cup inside the ultrasonic liquid to oscillate ink off of the tubes prior to using them with different ink in them. To place anything in open ultrasonic cleaners with them running will particles through a latex glove and into the skin. Not to mention the particles falling back into the main container of liquid to be into the next cup risking contamination of the next client.

Autoclaves were emptied with dirty gloves and they were sitting in the vicinity of the ultrasonic cleaners with spray going all over the outside of them. Anything being removed is potentially contaminated as the autoclave has been contaminated. Ideally there should be a separate room that houses the autoclave and ultrasonic cleaner. They should never be in an area where work is being done on a client or in any way accessible to anyone not trained in their proper use.

I went into two of your chemist facilities; both were doing ear piercing with an ear-piercing gun. This is by far one of the most dangerous modes of transmission of disease there is. First these places did not have an autoclave, nor did they

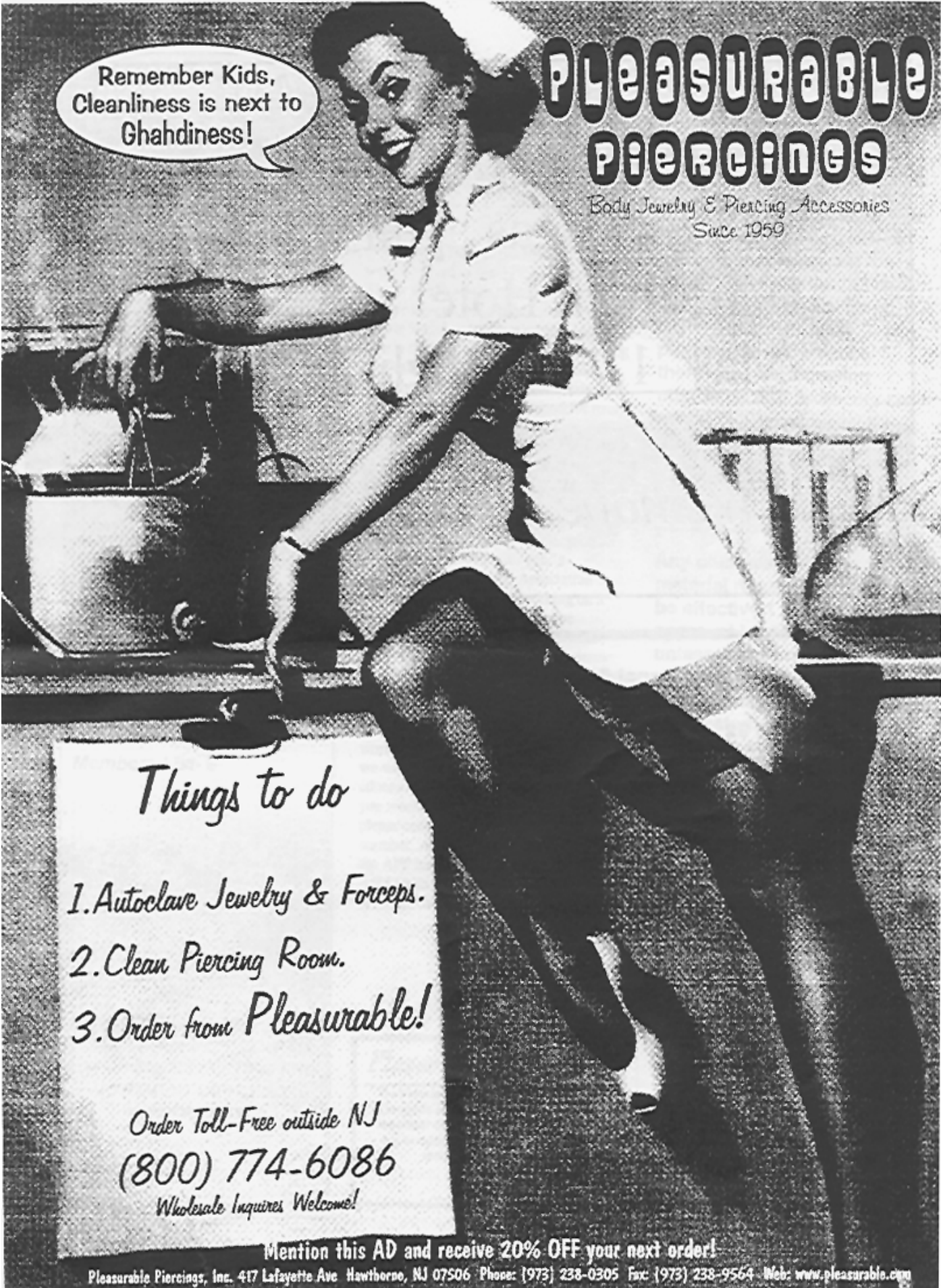
know what an autoclave was. Let me clarify that, it was not the "chemist" who I spoke with, I spoke with the counter person that was trained to do ear piercing and were under the impression that what they were doing was sterile. However I was assured at both places that what they were doing was 100% sterile from start to finish. All I had to do was see the "Technician" take the piercing gun out of a drawer with their bare hands, not even freshly washed hands and tell me it was sterile! Proper and frequent handwashing is the first defense in minimizing the possible transmission of any pathogen. The sterile ear studs were also handled with bare hands and I was told that the ear-piercing gun would never touch my lobe or cartilage so if there happened to be anything on it I should not worry about it.

Yes, in fact if my lobe were crammed into the opening of the gun my skin would touch the gun and I would run the risk on any and all pathogens that accumulated on an gun that has at best been wiped with alcohol. I implore you to educate these people in proper sterilization technique and what constitutes cross contamination. These people should also be schooled in universal precautions and blood borne pathogens training.

Also everyone I asked had no idea that latex gloves are only an effective barrier for about 4 minutes before they are compromised. Even the heat from the body can break down the latex in 4 minutes. The conditions I observed throughout the body art industry in Auckland are sub standard on any scale. It is a proven fact that people doing work where there is the possible transmission of pathogens, and who are uneducated in procedures to ensure health and safety, and the emergence of something that requires the exposure to blood are the exact equation for the start of an epidemic.

I could go on Dr. Lush however I will only be reinforcing the information that I have given. I have been involved in this industry for fifteen years. I teach blood borne pathogens awareness, cross contamination awareness, body piercing and universal precautions. I have been through OSHA training; I have been to all available seminars and courses for our industry in an effort to educate myself to the best of my ability.

If you have any further questions please don't hesitate to contact me.



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CHAIR'S CORNER

Gadhi Elias

Hello Members,

I look forward to seeing most of you at the May meeting. By the time we meet in Las Vegas we will have elected a new President and International Liaison and I will be leaving my tenure as president of APP. Five years ago I became involved in this association after its founding by Michaela Grey and many others. Like nurturing a young child, the work of leading this organization to a solid footing has been filled with hard work and growing pains. There have been moments of great joy and satisfaction as well as times of frustration and thankless work.

As I leave this position, I believe we all have much to be proud of. Through the investment of countless dollars and the efforts of a number of people, the APP has become the leading source of information for both body piercers and the public. We've helped establish the standard for our industry by raising awareness of what it takes to be, not only an ethical piercer, but a safe one. Of course, some will argue that our standards are not yet strict enough, while others still struggle to meet APP requirements, but I believe we have been consistent and fair in creating appropriate minimum standards for the industry.

I want to thank all the board members for their hard work and I would like to thank Bethra for helping to hold things together at a very critical time. I am honored to have served the APP and have appreciated all your support. As I leave the role of president my plan is to remain active in the coming years but in less of a leadership role. I have faith that the newly elected board will make great progress in this wonderful industry.

It has been a pleasure

Sincerely,

Gadhi

Outgoing President,

Association of Professional Piercers.

Las Vegas Workshop schedule and registration form

TIMELINE							
Day 1		Day 2		Day 3		Day 4	
10 am	Jewelry	10 am	Anatomy	10 am	After Care	10 am	Business
1 pm	Lunch	1 pm	Lunch	Noon	Lunch	1 pm	Lunch
2-6 pm	CPR	2-6 pm	OSHA	1-5 pm	First Aid	2-6 pm	OPEN MEETING
				5-6 pm	Grounding /Bedside manner		

This form must be filled out for each individual attending the workshops

Name _____ Address _____

E-Mail _____ City _____

Phone _____ State _____ Zip _____

Please circle for CPR training or recertification. (this is important)

Make checks payable to the Association of Professional Piercers.

Send completed form and check or money order to:

APP Office of the Secretary
 c/o Bethra Szumski
 2271 Cheshire Bridge Road
 Atlanta, GA 30324
 404-315-6900
 timelestatto@mindspring.com

Studio Review

**Body Piercing Specialists, Ltd.
Shane and Jane Johnson
Auckland, New Zealand**

First I would like to acknowledge your shop, as a well groomed establishment with a grasp on the Body Piercing Industry. Your attention to health and safety is second to none. I have traveled extensively throughout the U. S. and in Europe visiting both APP shops and non-APP shops. You should be proud of what you have accomplished being out of the main stream of the industry. It is a difficult thing to do being as isolated as you are and having minimal resources to call upon. You have dug your heels in and proven that your shop can be the one to set the standard for your country. Bravo.

Premises

Public areas

1. Thoroughly clean and organized at the beginning of each workday.

2. Jewelry display area is a major concern for cross contamination by clients, however staff working the area now have the client refrain from touching jewelry, and if it does occur, proper action is taken to prevent contamination. Antimicrobial hand wipes, plastic portion cups to put jewelry in, constant wiping of the counter tops with disinfectant and Windex..

3. Restrooms are accessible and have hand sinks for the public and staff. Bar soap is provided however a pump action dispenser would be better.

4. Reception area is well lit and has informational materials accessible to the public. Seating and carpets well maintained and clean.

5. Processing clients seems to be a back up however as discussed a possible 2 part form could eliminate the need for piercer's to travel to the front and read the information on the paperwork.

6. Release forms well formatted and easily understood by clients with appropriate information.

Piercing Rooms: Room 1 & 2

1. Spotlessly clean, well lit, air conditioned and well organized.

2. White walls, counters and ceilings

3. Non-porous cabinet, work counters piercing tables and floors.

4. Hand washing sinks centrally located in each piercing room.

5. Bio Hazard trash cans well marked and away from clients and set up area.

6. Tri-fold towel dispenser and glove dispenser area marked "sterile" the wording on this should read "clean", as anything that is exposed to airborne contaminants is no longer sterile.

7. Sharps container area and dirty tool tray are located close to hand washing sink on counter top; this poses a danger of contamination in this area. Relocation of the containers is essential.

8. Autoclave and Ultrasonic cleaners are located in the piercing areas, although I did not observe any cross contamination while the staff used these devices, it is suggested that they be housed in a separate area of their own.

9. Staff members (including owners) daily wipe down the entire piercing areas prior to piercing each day. This being done in the morning is quite appropriate as it removes any airborne matter that has settled throughout the night.

10. Re-capping marking pens carries a potential for cross contamination. After each use wipe with disinfectant towelette prior to storing it for the next piercing or put used pens in a holding bin uncapped until such time they can be fully wiped down and returned to the storage container prior to reusing.

11. Resting clamps on client carries a risk of cross contamination, use a clean paper towel to cover the area that the clamp rest or use a Mayo stand. Either method would suffice.

12. Opening closed drawers that contain necessary equipment to perform piercings. Use tissues to open the drawers with to form a barrier between freshly gloved hands and handles.

Piercing Staff

1. The staff is very knowledgeable and is piercing within their current abilities. Everyone is aware of following universal precautions, cross contamination awareness. Trays, piercing table and counters are wiped with hard surface disinfectant between clients. Everyone is at 100% in the area of hand washing.

2. One of the areas of concern for me was the manner in which 2 staff members held the safety cork during the piercing process. Options were discussed such as putting the cork inside a thimble that would be autoclaved, holding the cork steady with no fingers directly behind it in case the cork integrity was compro-

mised in the autoclave process. This will minimize the possibility of a needle stick.

3. Appropriate placement of the piercing is always addressed. All questions are answered prior to or during the piercing process. Piercing staff uses excellent bedside manner and clients are taken care of after the piercing.

4. Only sterilized jewelry is used for initial piercings. The jewelry is most often autoclaved while the client is waiting and used shortly after the sterilization process. What can you say, it does not get any cleaner than that!

Counter Staff

1. Employees work the counter and are well versed in aftercare.

2. Only piercers are allowed to make assessments on clients.

3. After care products are available for purchase at the counter and counter staff gives instruction on use.

4. All staff is well informed as to the metals used in piercing jewelry along with gauge of jewelry and various sizes.

Jewelry

1. At present it is my understanding that the major portion of piercing done in New Zealand is done with outer threaded body jewelry. You are implementing the change over to inner threaded jewelry. This is proof again that you are making headway to being the best in the business in your country.

2. Some of the jewelry is manufactured in house for the piercing business. My observation was that the finished product was of appropriate metals and design. Each piece having a mirror finish, free from any tool marks or nicks. Everything in the jewelry cases was top of the line.

Miscellaneous areas

1. Employee break area, most shops do not even have these. Nice to see that there is a concern for the employees.

2. Jewelry manufacturing area, separate area from other areas. Locked door at all times no access for clients or other employees. Very well set up with a knowledgeable crew. All safety equipment provided for workers.

3. Office area isolated from traffic and houses the supplies for most areas plus computer and paperwork.

Review written by Al D.

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As the organization changes board members come and go. Board members serve as volunteers donating both time and money in the pursuit of higher standards in the body piercing profession. It is important to remember that these volunteers perform these services while occupying full time piercing positions. Their dedication is to be commended. The past year has seen board member instalment go from an appointment to an electoral process. The first such election installed: Steve Joyner as Vice Chair, Elayne Angel as Outreach Coordinator, Bethra Szumski as Secretary

As people come so do they go: Dave Vidra served as OSHA Liaison until Nov 1998. Derek Lowe served as Secretary until Nov 1998. Jeff Martin served as Outreach Coordinator until Dec. 1999. All of these volunteers worked tirelessly in pursuit of our common goals. They are to be commended for their stamina and dedication.

As the second election draws to a close recognition must fall to the two people whose positions are currently up for election. They are the longest standing board members. Gahdi Ellis, current President has been a sterling example of high ethics and standards. He has remained mindful of the ethical obligations of the Association present and future. He has borne the ever increasing scrutiny of our profession with grace and humility. His dedication has remained constant throughout his term. Al D. Sowers body of work speaks for itself. He has helped to bridge the gap with regulator agencies such as OSHA. He has been the only board member with a perfect board meeting attendance record. He has pursued many hours of training and certification in order to be of assistance to the organization.

As to their replacements that decision will have been concluded by the membership on April 23rd and announced at the conference in May.

This is the first list we have put together for a while, so if your name, address or phone number are not correct don't panic, just let us know. And if you are not listed and you think you should be contact Bethra and we will take care of it.

TECH 2000[®]: New Oral Rinse

In an effort to keep the piercing community up-to-date with the latest products and ideas. Below is a press release for a new oral care product that a number of piercing studios are already using and finding great results as an alternative to Listerine and other alcohol based products

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The makers of TECH 2000[®] are also the makers of Techni-care which changed the way most of us prep before a piercing. We expect the same for oral prep and aftercare with this new product.

If you have further question please call Sherry, she has been more then helpful to myself and other studios, and is piercing knowledgable.

FOR IMMEDIATE RELEASE

Saint Louis, March 31, 1999 - Care-Tech Laboratories has released another innovative medical product to the healthcare market. T E C H 2000[®] represents an advanced formula in oral hygiene which neutralizes odor while providing humectancy for aging gum tissues- T E C H 2000[®] is an antibacterial oral rinse which counteracts dry mouth syndrome. "Dry mouth" is the hidden cause of gum disease and tooth loss in three (3) out of every ten (10) adults.

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mouthwash moisturizes gum tissues while eliminating harmful bacterial contamination. The product has been designed primarily for geriatric residents, but is excellent for use by an age groups.

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sponses as did geriatric patient testing. T E C H 2000[®] has an invigorating, minty flavor without the stringent alcohol after-



taste of alcohol-based oral rinse products. The product is excellent for use in long-term care facilities to lower cost of patient dental expense as well as providing a higher quality of patient care. T E C H 2000[®] also has application in rehabilitation centers which treat drug or alcohol related illness. Results from the Piercing industry have also been extremely positive for after care utilization

For additional product information or for the medical supply distributor in your area, please contact Sherry L. Breyeton at Care-Tech Laboratories at 1-800-325-9691, or write to 3224 South Kingshighway Boulevard, Saint Louis, Missouri 63139. E-rmail caretech@swbeu.net

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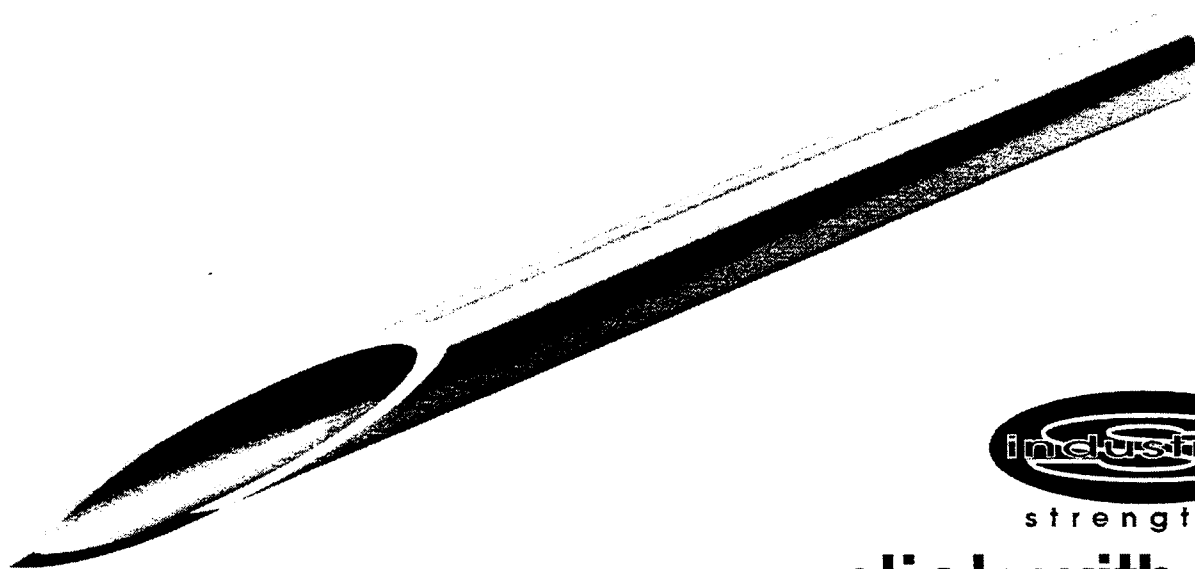
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