

# THE POINT

The Official Newsletter for the Association of Professional Piercers

## Hepatitis C

By Howard J. Worman, M. D.

The Hepatitis C Virus (HCV)

HCV was discovered in 1989 by investigators at Chiron, Inc. Portions of the HCV genome were isolated by screening cDNA expression libraries made from RNA and DNA from chimpanzees infected with serum from a patient with post-transfusion non-A, non-B hepatitis. [Prior to the discovery of HCV, hepatitis following blood transfusion that was not caused by hepatitis A or hepatitis B was referred to as non-A, non-B hepatitis]. To identify portions of the genome that encoded viral proteins, the libraries were screened with antibodies from patients who had non-A, non-B hepatitis. These investigators went on to show that the virus they identified was responsible for the vast majority of cases of non-A, non-B hepatitis. They called the new virus hepatitis C virus (HCV). Subsequently, the complete genomes of various HCV isolates were cloned and sequenced by several groups.

HCV is a positive, single-stranded RNA virus in the Flaviviridae family. The genome is approximately 10,000 nucleotides and encodes a single polyprotein of about 3,000 amino acids. The polyprotein is processed by host cell and viral proteases into three major structural proteins and several non-structural proteins necessary for viral replication. Several different genotypes of HCV with slightly different genomic sequences have since been identified that correlate with differences in prognosis and response to treatment.

Despite the discovery of HCV by molecular biological methods and the sequencing of the entire genome, a permissive cell culture system for propagating HCV has yet to be established. A non-

## Lawsuit Over Blood Test

- (PALO ALTO) -- A woman in Palo Alto claims she contracted Hepatitis-C while getting a blood test. She's suing the technician who took the blood as well as the Smith-Kline Beecham lab where the test took place. The technician is accused of re-using needles.

And you ask yourself why is this relevant to body piercing? It's not the fact that they were accused of reusing needles, it will become a matter of what documentation that they didn't have. As a member of the APP we all agree that reusing needles is wrong and have agreed to not reuse them, but what documentation would you have on file that would hold up in a court of law to prove your innocence in a disease transmission prevention case? If a lab can get accused of disease transmission, don't you think a piercing studio could as well? There are two easy ways you can prove that you used a sterile needle and not an unsterile one, (always start with a needle purchased from a reputable manufacturer).

The first method you can use is to mark the outside of your needle autoclave bag with the batch number of your autoclave run. You then need to mark the load number of the needle you used on the client on their consent waver form and keep that record for at least two years. If your

state has laws regarding how long you need to keep things on file please follow those laws.

The second and better way to insure you can PROVE that you didn't reuse or use an unsterile needle is to run an indicator strip in every needle autoclave bag you run. This must then be stapled to the consent waiver form and signed by the

client. With this method you not only can prove that the needle was sterilized correctly but also the second check that the load was sterilized properly, the client will also have the batch numbers on their sheet too. This will take much more prep time

when sterilizing your needles but will save time and money if accusations of disease transmission happen to you.

I urge you to look at your own studio and determine for yourself what if any method would be best for you.

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Method 2



Method 1

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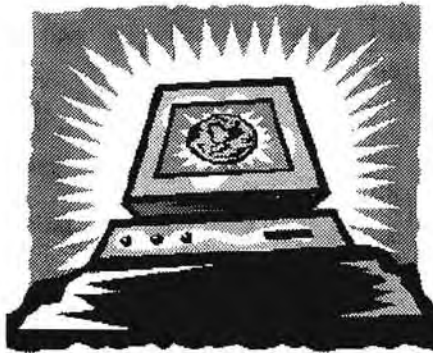
# THE APP WEBSITE

Over the last couple months the APP website [www.safepiercing.org](http://www.safepiercing.org) has not been up and running like it should. The board will be making changes to the website, as well as hiring a website coordinator to completely redo the site and update it on a regular basis. Another duty of the website coordinator will be to continually keep us updated on all the search engines, to better serve the piercing community world wide. One of the reasons why it is so important for the board hire a coordinator is the board members come and go and the coordinator needs to stay in-touch with the site all the time. A website is a very integral part of all organization these days and the APP is no different.

The website will have many of the old features like: members list, the bulletin board will be up running, links to ALL APP members, as well as all the information about our organization. Some other ideas we are thinking about include: adding a chat line, having paid advertising

on the site, having a classified section, the APP selling merchandise on line, and more.

We are interested in hearing ideas from you as to what you what features you would like the website to have. Please contact any board member and give them your ideas. We will keep you informed as to the progress of the site but look for it to be up and running in the next month or so!



## The Point

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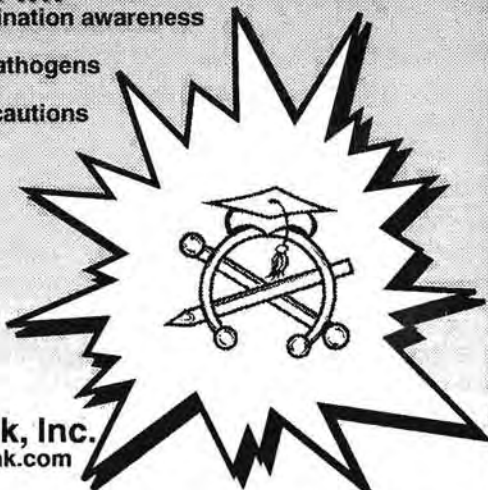
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primate animal model also does not exist. As a result, the production of specific drugs against HCV has been impeded although excellent diagnostic methods for have been developed.

**Risk Factors for HCV Infection**

Approximately 4,000,000 people in the United States are infected with HCV. The virus is transmitted primarily by blood and blood products. The majority of infected individuals have either received blood transfusions prior to 1990 (when screening of the blood supply for HCV was implemented) or have used intravenous drugs. Sexual transmission between monogamous couples is rare but HCV infection is more common in sexually promiscuous individuals. Perinatal transmission from mother to fetus or infant is also relatively low but possible (less than 10%). Many individuals infected with HCV have no obvious risk factors. Most of these persons have probably been inadvertently exposed to contaminated blood or blood products.

**Consequences of HCV Infection**

About 85% of individuals acutely infected with HCV become chronically infected. Hence, HCV is a major cause of chronic (lasting longer than six months) hepatitis. Once chronically infected, the virus is almost never cleared without treatment. In rare cases, HCV infection causes clinically acute disease and even liver failure, however, most instances of acute infection are clinically undetectable.

The natural history of chronic HCV infection can vary dramatically between individuals. Some will have clinically insignificant or minimal liver disease and never develop complications. Others will have clinically apparent chronic hepatitis. Of these, about 25% will go on to develop cirrhosis. About 20% of individuals with hepatitis C and cirrhosis will develop end-stage liver disease. Cirrhosis caused by hepatitis C is presently the leading indication for orthotopic liver transplantation in the United States. Individuals with cirrhosis from hepatitis C are also at an increased risk of developing hepatocellular carcinoma.

A major problem in discussing prognosis in patients with chronic hepatitis C is that it is difficult to predict who will have a relatively benign course and who will go on to develop cirrhosis or cancer. One fairly clear factor for progression to

cirrhosis is concurrent alcohol abuse. Certain findings on liver biopsy can also be helpful in predicting a relatively benign or progressive course. Viral genotype may also play a role. Additional research is urgently needed to identify host factors that are important in determining prognosis in chronic hepatitis C.

**Diagnosis**

The diagnosis of chronic hepatitis C is made by history, serological testing and liver biopsy. Most patients with chronic hepatitis C will be asymptomatic or have non-specific symptoms such as fatigue. In some individuals, the diagnosis will be suspected from the results of blood tests obtained for other reason (usually elevations in the serum alanine and aspartate aminotransferase activities).

Individuals suspected of having chronic hepatitis C include: Those with symptoms of chronic liver disease Those with risk factors such as past or current intravenous drug use or blood transfusions prior to 1990 Those with abnormal laboratory tests suggesting liver disease

Such individuals should be tested for the presence of serum antibodies against HCV. The presence of anti-HCV antibodies in a person with a risk factor or evidence of liver disease strongly suggests the diagnosis of chronic hepatitis C. The absence of anti-HCV antibodies generally rules out the diagnosis. Tests for HCV RNA in blood should be done in those

individuals with anti-HCV antibodies to confirm the diagnosis and in the rare patient who does not have anti-HCV antibodies but in whom the diagnosis is still strongly suspected on clinical grounds. After making the diagnosis, a liver biopsy is usually indicated to assess the degree of liver inflammation and fibrosis and the presence or absence of cirrhosis.

**Treatment**

At the present time, type I interferons are the only drugs approved in the United States for the treatment of chronic hepatitis C. All patients with chronic hepatitis C should be evaluated by a specialist for possible treatment with these agents. In general, adults less than 70 years old with evidence of active inflammation on liver biopsy and without advanced cirrhosis are good treatment candidates. Indications for treatment of patients with very mild disease (e. g. normal serum ALT activity and no inflammation on biopsy) are less clear. Such individuals should be considered for possible participation in clinical studies. Patients with advanced cirrhosis secondary to hepatitis C should be referred to a liver transplantation center.

Most patients with chronic hepatitis C respond to treatment with type I interferons. However, most patients relapse (have inflammation again) when treatment is stopped. Patients who relapse should be considered for retreatment or for participation in studies of experimental antiviral drugs.

**Reported cases of acute hepatitis C by selected risk factors United States, 1983-1996**

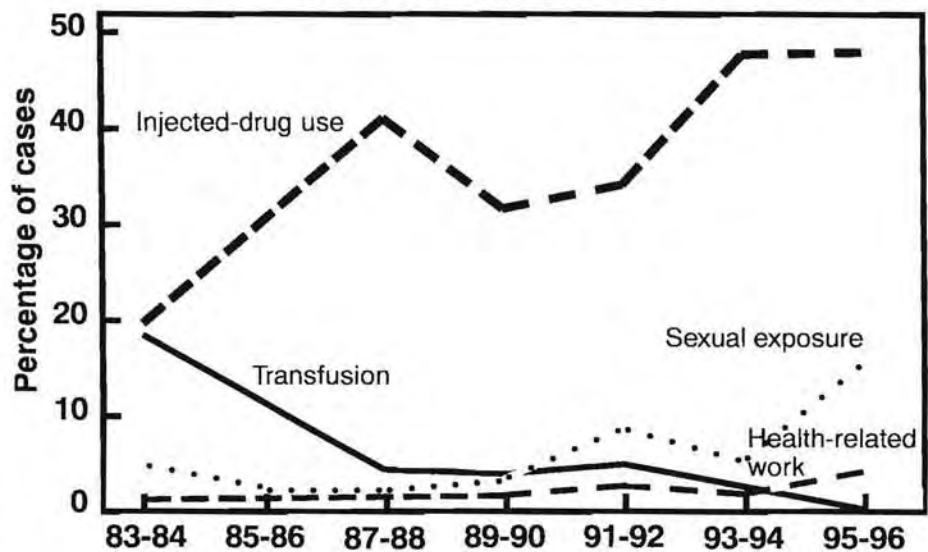


Chart shows that needle stick infection is low but real.

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# To Flash or Not to Flash

Over the past year or so, there has been discussion within the piercing community as to the appropriateness of flash sterilization. Flash sterilization is the process by which instruments are sterilized in a specially designed autoclave which uses an on-board compressor to speed up the heating of the autoclave chamber, thereby achieving sterilization parameters in a shorter period of time. Once sterilization parameters are reached, the actual exposure time is drastically decreased; typically 3 minutes.

Proponents of flash sterilization typically cite three main advantages to flash sterilization: ability to easily perform a sterile technique, reduction in time needed for processing of equipment, and reduction in cost; equipment can be sterilized "raw", eliminating the need for sterilization packaging.

In recent months we have been considering moving towards a flash sterilization system for a number of reasons. The idea of being able to sterilize equipment immediately before a procedure was appealing. Also, the idea of being able to reduce supply overhead was quite inviting. As we perform an aseptic technique, and would never claim to perform a sterile one, this was not an issue for us.

One source of information we used in the course of our research was the Center for Disease Control web site, where we came across a document entitled "Guidelines for Prevention of Surgical Site Infection, 1999". While we are not implying that the wound created by a piercing is as severe or as prone to infection as that created by surgery, we did find the information quite interesting.

In the document, there was a section which addressed flash sterilization.

*"During any operation, the need for emergency sterilization of equipment may arise (e.g., to reprocess an inadvertently dropped instrument). However, flash sterilization is not intended to be used for either reasons of convenience or as an alternative to purchasing additional instrument sets or to save time. Also, flash sterilization is not recommended for implantable devices because of the potential for serious infections.*

*Flash sterilization is not recommended as a routine sterilization method because of the lack of timely biologic indicators to monitor performance, absence of protective packaging following sterilization, possibility for contamination of processed items during transportation to operating rooms, and use of minimal sterilization cycle parameters (i.e., time temperature, pressure). To address some of these concerns, many hospitals have placed equipment for flash sterilization in close proximity to operating rooms and new biologic indicators that provide results in to 1 to 3 hours are now available for flash sterilized items. Nevertheless, flash sterilization should be restricted to its intended purpose until studies are performed that can demonstrate comparability with conventional sterilization methods regarding risk of SSI."*

Through the use of indicator strips in each piece of sterilized equipment, an integrator in every autoclave load, and weekly spore testing, you can establish a system of effective, documentable, sterilization checks and balances.

The issue of contamination during transportation would be easy enough to address in a piercing studio: simply locate the flash sterilizer within close proximity to the piercing room. However, care would still have to be taken to prevent contamination of the items, just as care must be taken not to contaminate wrapped instruments. The issue of appropriate biologic monitoring (spore testing) is still a concern.

Through the use of indicator strips in each piece of sterilized equipment, an integrator in every autoclave load, and weekly spore testing, you can establish a system of effective, documentable, sterilization checks and balances. By using a standard autoclave, multiple pieces of equipment can be run at once, allowing for appropriate monitoring. Depending upon the size of the autoclave, you can

run enough equipment for 10-24 procedures in one load.

Given the small nature of the cassette used in a flash sterilizer, and the need for running instruments unwrapped, to utilize the speed of flash sterilization, a new load would need to be run for each piercing procedure. Obviously, at even a remotely busy studio, this would require many loads to be run in the course of one day. Spore testing would need to be done several times per week, if not daily, to appropriately monitor the autoclave, given the number of loads which must be run.

Another part of our research involved talking with Frank Piscioneri, CLPN/ORT, manager of Central Processing and Distribution at South Point Hospital in Cleveland, OH. Mr. Piscioneri had this to say about the use of flash sterilization: "I consider flash sterilization to be an unnecessary and inappropriate form of routine sterilization, considering the alternatives that are readily available. Flash sterilization utilizes the absolute minimum parameters for sterilization, presenting the potential for serious infection. Even though flash sterilization is used in some hospitals, it is used on a strictly emergency basis, and is not a recommended practice in most cases. Even when it is used, we utilize specially designed packs and run the load for at least 5 minutes, as opposed to 3 minutes, which is the standard cycle for flash sterilization."

While we are not performing surgery in a piercing studio, we are still trying to achieve the most effective, most reliable form of sterilization. It would seem that flash sterilization presents the possibility for too many unknowns and potential problems. In the course of researching flash sterilization systems, we formed the opinion that the risks involved in its use far outweigh the potential benefits.

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# Board meets in Atlanta

By Steve Joyner

On March 7th 1999 the Board of Directors met in Atlanta, GA. for the Board meeting. Attending were Steve Joyner (Vice President), Brian Skellie (Treasurer), Bethra Szumski (Secretary), Elayne Angel (Outreach Coordinator), Dr. Jack Ward (Medical Liaison), Al D. Sowers (International Liaison), and Gahdi Elias (President) on the speaker phone. We met at Piercing Experience (Brian

Skellies studio) at 6:30pm and the meeting was called to order at 6:45pm. We discussed the up coming conference, Web site, Bi-laws, Financial Status, "The Point", Membership Applications, Legislation Information Committee, and Standardization.

The meeting and the weekend was eventful and over all prosperous. The Board is VERY motivated and ready for any comments you have so please contact us and let us know what you think.



## Tee Shirts for Sale



The APP now has on sale both the old tee shirt design and a new design.

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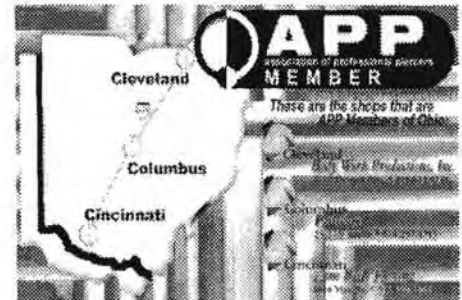
This quiz will test your knowledge of Hepatitis A. The answers will be in the next Point.

- Hepatitis A is transmitted through:
    - Saliva
    - Blood
    - Fecal matter
    - Semen or vaginal fluid
  - Using a condom protects against hepatitis A:
    - True
    - False
  - Symptoms of hepatitis A include:
    - Jaundice
    - Nausea
    - Abdominal pain
    - Diarrhea
    - All of the above
  - Vaccination against hepatitis B also protects against hepatitis A:
    - True
    - False
- On the average, acute symptoms of hepatitis A last for:
    - Five weeks
    - A few days
    - A week
    - Two months
  - Complete recovery can take:
    - One month
    - Three to six months
    - Six to twelve months
  - How many cases of hepatitis A are reported each year in the US.
    - 27,000
    - 52,000
    - 78,000
    - 143,000
    - 342,000
  - When was the hepatitis A vaccine introduced in the United States:
    - 1971
    - 1984
    - 1996
    - 1998
  - What percentage of Americans have evidence of past infection
    - 22%
    - 33%
    - 44%
    - 66%

## Cross Advertising

One of the best ways to stretch your advertising dollar is to combine advertising. If you have other APP members in your state, city, or region, combine advertising with them. The ad below was placed by David Vidra at a fetish fantasy ball held in Cleveland. The event was large enough that people from all over the state would attend, so it made sense to share an ad.

If your studio only pierces and you have a good rapport with a tattoo only studio then you have a great match for some great combine advertising.



There are a number of reasons why cross advertising make sense:

- \* It cost less
- \* Saves time
- \* It shows unity
- \* Lends credibility

Next time you are thinking about placing an ad, or a new ad campaign, think about combining the ad space with another studio and reap the benefits !!

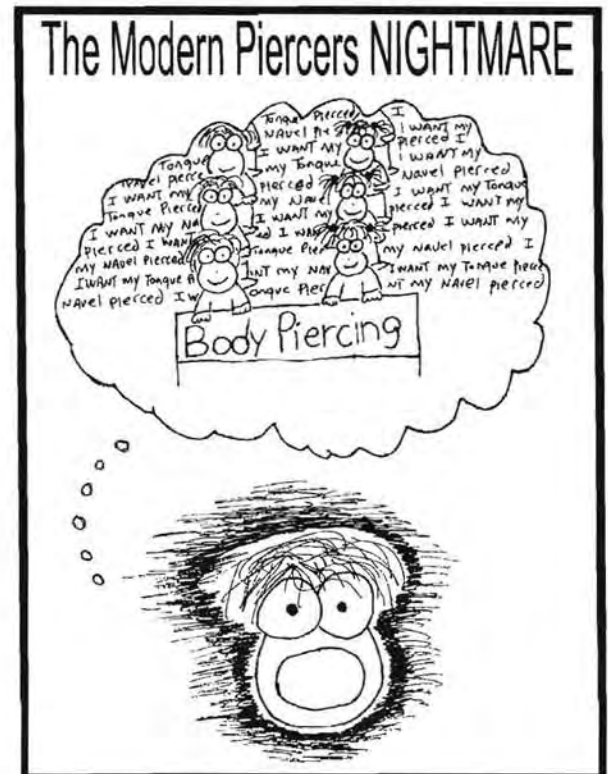


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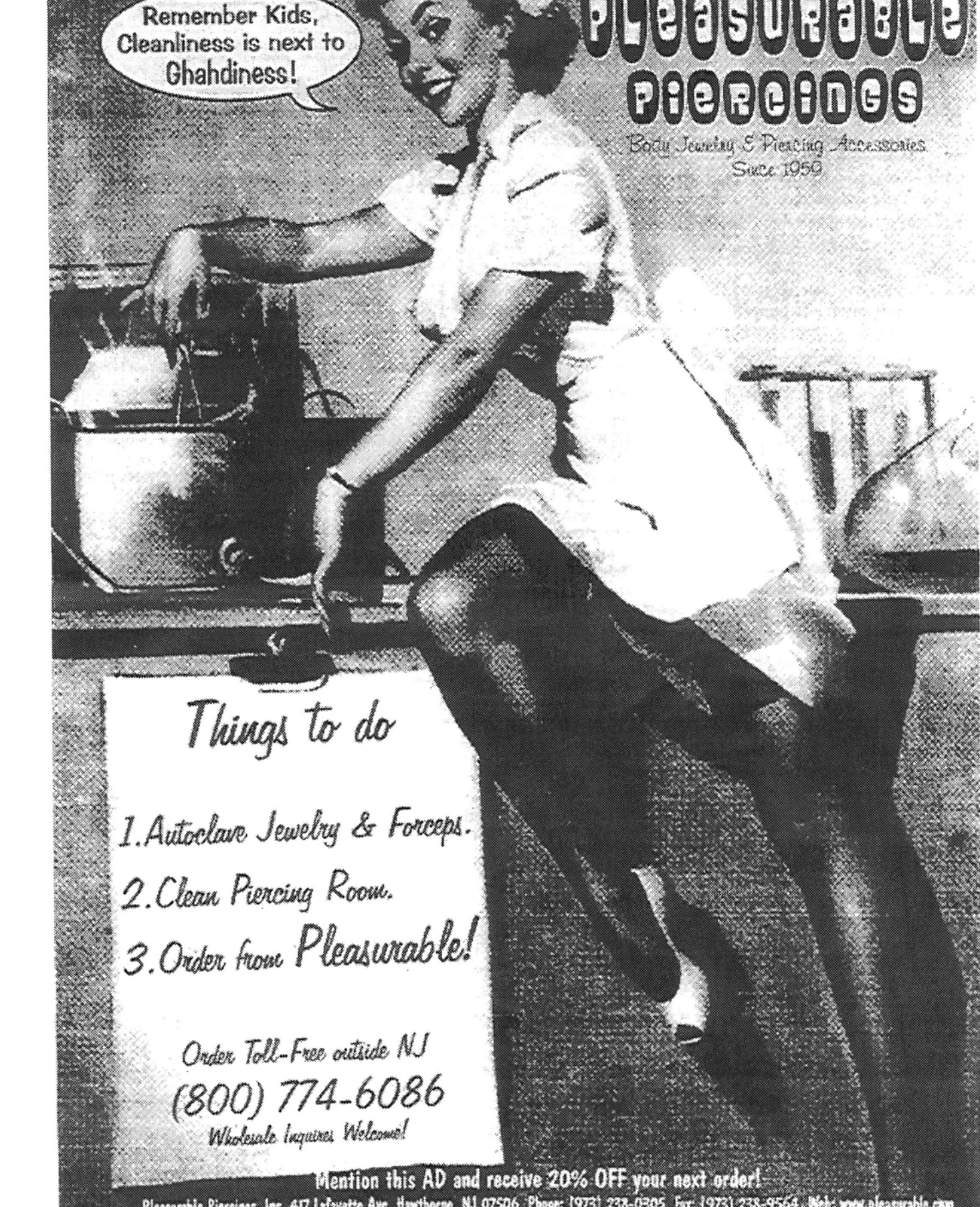
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# Ask the Mayo Dietitian - Nickel in foods!

I ran across this question at thought it was very interesting. Could what our piercing clients eat also effect if they are going to have allergic reactions to the jewelry we use? If your clients watched foods that were high in nickel would they have less of a chance of have a reaction and maybe heal quicker. I think this needs some further investigation and you will be hearing more about it in later *Point* issues.

**Q.** I've just been to the doctor for a severe skin rash and was diagnosed with a nickel allergy. I've been told to not wear nickel or eat foods that contain nickel. I know not to wear, but I've never heard of a nickel-free diet.

**A.** It's estimated that as many as 1 in 10 women and 1 in 50 men have contact dermatitis from exposure to nickel. It's been recently reported that the incidence of nickel allergies is on the rise.

It's thought that this increase may be part due to the increasing popularity of body piercing, which creates an initial open wound that may be an avenue for nickel-containing metals in jewelry to enter the body.

In sensitive people, the reaction can vary from a simple red rash that goes away after removal of the offending metal, to swollen blisters that don't heal for weeks.

People with nickel allergy should avoid contact with metals that contain nickel. This may include jewelry, metal on clothing (hooks, zippers), coins, keys, personal items (eyeglass frames, pens, lipstick holders, ect.), doorknobs, handles on drawers and cabinets, kitchen utensils and pots and pans. Ask your doctor or pharmacist where you can purchase nickel-testing kits to determine which items should be removed and replaced.

There is a debate among experts about the extent to which nickel in foods can provoke allergic reactions. A nickel-restrictive diet may be prescribed for people especially sensitive to nickel. It's generally recommended that the diet be followed for 1 to 2 months. If good results occur, small amounts of food containing nickel may be introduced to see whether tolerance may be reestablished.

In addition to the above list, nickel-sensitive people should be advised of the following:

The first quart of water taken from the tap should not be consumed or used in food preparation because nickel may be released from pipes.

Replace nickel-plated utensils. Stainless steel pots and pans may be used, but avoid using them to cook acidic foods, which may cause nickel to be released.

Although low in nickel, the following foods can aggravate nickel dermatitis: beer, wine (especially red wine); herring, mackerel and tuna; tomato onion and carrot (cooked forms may be tolerated), apples and citrus fruits and their juices. Limit or avoid these foods during acute episodes of rash.

"Reprinted from MayoClinic Health Oasis, March, 1999, with the permission of the Mayo Foundation for medical Education and Research, Rochester, MN, USA

Food Group	Allowed	Avoid
Meat/fish	Meat, poultry, eggs and fish except salmon	Shellfish (shrimp, oysters, mussels), salmon
Dairy Products	Butter, cheese, milk, yogurt, margarine	None
Vegetables	Asparagus, beets, broccoli, brussels sprouts, cabbage, cauliflower, corn, cucumber, dill eggplant, mushrooms, parsley, peppers, potatoes	Canned vegetables, Also, beans (green, brown, white), sprouts, kale, leeks, lettuce, peas (including split peas), spinach
Fruits	Peaches, pears, raisins, rhubarb, all other berries Butter, cheese, milk, yogurt, margarine	Canned fruits, figs, pineapple, prunes, raspberries
Grains	Rice cereals, cornflakes, refined wheat products including pasta, white bread, white wheat flour, popcorn, white rice	Buckwheat, millet, oatmeal, wheat bran products (whole wheat breads and cereals), multigrain breads
Drinks	Coffee and tea (not strong and in moderation), soft drinks, alcohol	Chocolates and cocoa drinks, tea from dispensers
Miscellaneous	Yeast	Nuts (almonds, hazelnuts, peanuts, sunflower seeds); sweets containing chocolate marzipan, licorice; baking powder; lentils; linseed; soy powder; vitamin/mineral supplements containing nickel, fiber tablets containing wheat bran
Note: there is limited data on nickel content of foods. The above list is based on known values, and reports from scientific literature		

# Studio Review

## Body Work Productions, Inc.

### General Information

Body Work Productions, Inc. has been in business for 6 years and just celebrated our second anniversary at our current location.

### Public Areas

**Lobby:** This area has a couch and several love seats for those waiting. The area is cleaned each morning before opening and several times a day. Smoking is allowed in this area, but a HEPA filter is used.

**Jewelry/Counter area:** This area is where all jewelry is displayed and people help customers with release forms and jewelry selection. This is disinfected with MadaCide many times throughout the day and immediately if contamination does occur. To address the issue of potential cross-contamination at the counter area, there are signs displayed asking clients not to touch their jewelry or place it on the counter. Several pumps of antiseptic hand gel are used at the front counter in the event clients do touch their jewelry or piercings. Portion cups are used to hold jewelry brought into the studio. Jewelry that has been previously worn is placed in a portion cup with a red dot on it to denote a biohazard.

**Restroom:** The restroom is accessible to both clients and staff. It is cleaned in the morning before opening and at least once throughout the day. The bathroom is located at the back of the studio, another bathroom, located closer to the main client area would be desirable.

### Piercing Rooms 1, 2 and 3

All piercing rooms are cleaned thoroughly every morning before opening. All rooms are exceptionally well-lit. A softer, more subtle lighting would be nice in some instances. Each room is equipped with a medical cart, with a stainless steel top, for storage of piercing supplies, a mayo stand, exam table, HEPA filter and floor lamp. A hook is supplied for client's coats and purses. A small shelf of some kind would be useful for placing client's items that can not be hung up. A hand-washing sink is located in each room and is equipped with an infrared sensor. In addition, a wall-mounted biohazard spill kit is used in each room in the event of a spill. All jars used for storage of disposable piercing supplies

are replaced with a freshly sterilized jar once they become empty. Lids for jars that still have supplies in them are sterilized on Mondays, Wednesday and Fridays. In addition, "thermo" jars that hold hemostats for retrieving supplies from jars are sterilized each day. General trash cans, a wall-mounted container for biohazard trash, a wall-mounted sharps container and the shelf holding a tray for contaminated equipment are located together.

We regularly here comments such as, "This is cleaner than my doctor's office." Such statements are definitely a testament to the cleanliness of the piercing rooms, but the clinical feel can be a bit intimidating. One of our most recent additions is the installation of a music system into the piercing rooms. Each piercing room has speakers in the ceiling as well as an independent CD player to provide music for the client's and piercers. This also allows customer's to bring in their own music.

### Sterilization Room

Perhaps one of the most unique things about Body Work Productions is our sterilization room. We currently have a full-time sterilization technician who processes all equipment and jewelry. Having a dedicated room and someone to handle the majority of the sterilization duties does allow our piercers to spend more time focusing on piercing. One downside to this, from a business point of view, is that it does increase the overhead for sterilization a fair amount.

### Piercing Staff

We regularly examine our procedures to find ways to improve them and reduce the likelihood of cross-contamination. The use of individually sterilized piercing trays for every piercing drastically reduces the likelihood of cross-contamination. It allows for total and distinct separation of each part of the piercing process. Some would call the range of piercings we do "conservative" and would consider us a bit too cautious when determining what is or isn't appropriate anatomy for piercing. It is not uncommon for us to turn away 3 or more piercings a day, due to anatomical reasons.

### Counter Staff

Counter staff is well-versed in appropriate jewelry gauges and styles for

each piercing. They consults with piercers on a regular basis regarding jewelry. Piercers always have final say on jewelry is used. Problematic piercings and assessments are always handled by piercers. Counter staff undergoes training regarding appropriate materials for use in piercings and with regarding to different metal properties. A binder containing mill certificates is readily available for viewing by clients and staff alike.

### Jewelry

With the exception of a few specialty pieces that are for healed piercing, all jewelry, from 16ga on up is internally threaded jewelry. All jewelry is disassembled, ultrasonically cleaned, dried and individually sterilized. Acrylic jewelry is disinfected for 10 minutes in an alcohol-free disinfectant. Jewelry is inspected for flaws before it continues in the sterilization process.

### Miscellaneous Items

1. There is an employee break area, at the back of the studio. It would be nice to have this area totally separated from any area clients are in, but space constraints prevent that. The office area is separated from client traffic. In the basement of the studio there is a storage room where all stock of piercing and sterilization related equipment is kept. This area is organized to ensure rotation of stock of ensure integrity of supplies. When I first came to this studio, as a guest piercer, one of the things that impressed me the most was the level of documentation. All items which are sterilized in-house, have an indicator strip in their autoclave packaging. The indicator strip is labeled with what the piece of equipment is, the date it was sterilized and the initials of the person who packaged the piece. All indicator strips are saved as they are removed from the packaging during the piercing process. The strips are then attached to the client's release form once the piercing is complete. This, along with integrators run in every autoclave load and weekly spore testing (with all appropriate documentation), ensures there is never a question regarding the equipment used for a piercing.

I hope this has supplied an overview of studio without "tooting our own horn" too much. Again, I would encourage an independent review of our studio.

Derek Lowe  
Body Work Productions, Inc.

Many changes have occurred on the Board of Directors over the past few months. There are five new Directors now serving. I would like to congratulate the newest elected Boardmembers, President elect, Pat MCarthy, and International Liaison elect, April Williams. As I make my exit, I feel confident that the current board of directors will function enthusiastically, creatively and efficiently, bringing a renewed energy and interest in the APP.

In writing this final note as president of this organization I can't help but pause and survey the land behind and the land out ahead of us. From my vantage point I would like to leave you with six predictions about the future of the piercing industry.

1) Following the lead of the APP it is reasonable to expect that we will see a noticeable increase by all professional piercers to meet or exceed minimum stan-

dards of health and safety. And as health and safety concerns become standard practice for professionals in this industry we will be able to focus more fully on further development of the art and ritual of what we do.

2) Those of us who have been around awhile have seen tremendous growth of the last decade in this industry but it now appears that the hey day of our growth in urban areas around North America has stabilized. In the near future we will see the large urban shops need to focus on customer service and the quality of experience provided.

3) However I predict that we see continued growth in rural areas throughout the U.S. for another 1-2 years.

4) In all areas the focus from Pierces will be on value and quality of service, safety and the piercing experience, rather than availability and price. The evidence for this is seen in the attributes of some

of the most successful piercers from around the country.

5) As we move into an era of aging baby boomers I predict that rather than less regulation, we will see more and regulations from government that will effect this industry throughout most of the United States and in Europe as well.

6) As we see more regulation I predict that we will see less interest in extreme piercings. I predict that facial piercings will be a standard body adornment for everyone in western culture as it has been in all other parts of the world for thousands of years.

I would like to say it has been a pleasure serving the community, as we are a community and this is so very important to remember. "Together we stand divided we fall".

Gahdi Elias

Outgoing, President,

Association of Professional Piercers

## Satin

There is a product that has been on the U.S. market since 1968 that just might interest you. It was the "First Non-Toxic Antimicrobial Cleanser". Some have heard of the product and even some have used the product but most of us do not know the profile of "Satin".

"Satin" is a synergistic blend combining cationic and ionic surfactants with emollients to promote natural turgor and prevent dryness, scaling and irritation. Eliminates the formation of free radicals at the dermal surface as well as reducing risk of dermal infection. Broad spectrum antimicrobial action addresses gram-negative bacteria, gram-positive bacteria, yeast, and fungi. It's active ingredient is Chloroxylenol 0.8% and has no Triclosan in the product. This product has been proven to eliminate the growth in E-coli, Pseudomonas aeruginosa, Staphylococcus epidermidis, and Staphylococcus aureus. "Satin" was designed as a therapeutic skin cleanser and can be used in wounds safely to treat and prevent topical infections. Also has a 6.8pH balance so that it will not irritate sensitive skin.

This product is from Care-Tech Laboratories and you can find out more info. on [www.caretechlabs.com/](http://www.caretechlabs.com/) or by calling at 800.325.9681. Let them know that the APP sent you.

Steve Joyner

## CARE-TECH ANNOUNCES NEW ANTIMICROBIAL TECHNOLOGY

Saint Louis, Missouri — Care-Tech Laboratories is pleased to introduce Satin Antimicrobial Skin Cleanser formulated to prevent skin breakdown and control nosocomial infection. Satin is excellent for usage in geriatric skin care programs, treatment of venous stasis ulcers in diabetic patients, cancer patients, HIV. and for Sjorgren's Syndrome. The product's broad spectrum antimicrobial action alleviates the risk of cross-contamination in healthcare environments.

Satin is, a synergistic blend combining cationic and ionic surfactants with emollients which promote natural turgor and prevent dryness, scaling, and irritation. Satin prevents the formation of free radicals at the dermal surface.

The product elicits a clinical response on atopic dermatitis within 24 hours, Satin will aid in the reduction of skin odors and maladies of diabetic patients, the AIDS patient, and other patients with chronic disorders. Inhibits the growth of gram-negative and gram-positive microorganisms which are causative factors in skin breakdown and infection. Satin can be used in clinical treatment protocol for psoriasis and staph infections of a topical nature and daily treatment of foot odor.

## The Point, working for you!

In an on-going effort to increase the standards of ALL studios. A new addition to the *Point* will be an article or chart dealing with how to increase the standards of your studio or meet local or Federal laws.

One OSHA requirement is to have a needle stick procedure chart posted in every piercing room or where needles are used. On this chart it is required to have a step by step instruction on what you do in the case of a needle stick.

On the next page is a chart. We recommend that you read this chart, copy it, laminate it and place it next to your handwashing sinks and in the piercing rooms.

You should have EVERY piercer read the chart, sign it and place a copy in their employee file, this is also an OSHA requirement.

We hope you find this helpful and continue to read the *Point* for further information.

# NEEDLE STICK PROCEDURE

**SOON AS THE NEEDLE STICK OCCURS**

## SECURE THE NEEDLE

**REMAIN CALM**

- Excuse yourself. If with a client, reassure them that everything is OK. If necessary, call in another piercer or employee to assist the client.
- Remove the glove immediately and wash with soap and water. Milk the fluids around the puncture in an outward motion. This should be done for at least a full minute.
- Splashes to the nose, mouth, or skin should be flushed with water.
- Eyes should be irrigated with clean water, saline, or sterile irrigants.
- Dry the area and bandage the puncture with a bandaid.
- You may wish to ask the client their health status. Be professional and non-judgmental. Let the client know that they are not the one at risk, you are.
- Review the accident and think about what went wrong. Focus and remember what can be done more safely next time.
- Report it to your supervisor and fill out the appropriate paperwork.

# 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.

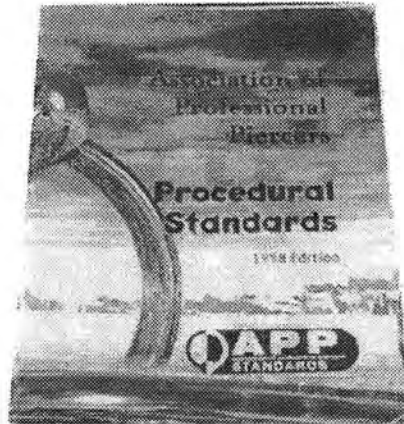
## Goals

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
- Articles and charts that will help your studio pass OSHA and any state regulations you may have.

## 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.

# COLD STEEL INTERNATIONAL

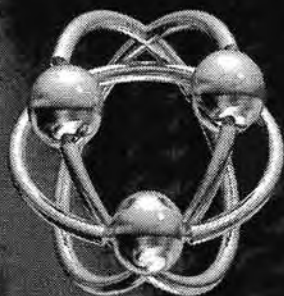


## WHOLESALE

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PIERCING STADIUM  
**LONDON**  
238 Camden High St  
Camden Town, NW1 8QS.  
Tel: 0171 2677970



## Body Piercing Jewellery & Equipment For The Professional Piercer

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Internally Threaded  
14ct & 18ct Gold  
Titanium  
Niobium  
Jewelled Set  
Buffalo Horn & Bone  
UV & Acrylic  
Traditional Bronzes

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FOR OUR COMPLETE RANGE  
OF JEWELLERY, PIERCING  
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& CLEANING EQUIPMENT,  
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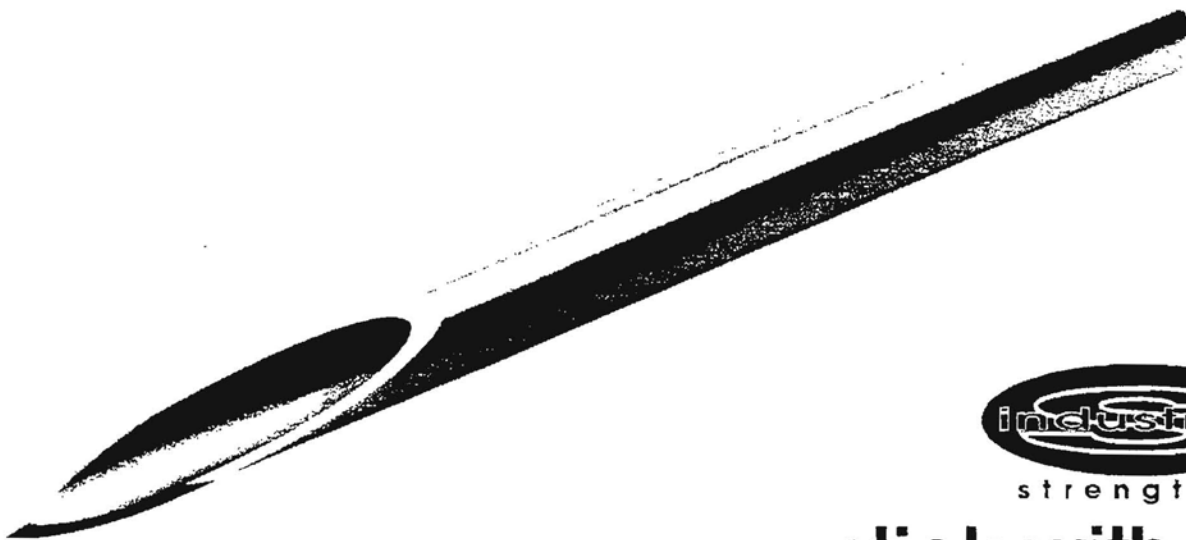
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