STOCKPORT METROPOLITAN BOROUGH COUNCIL

CODE OF PRACTICE FOR EAR PIERCING

The purpose of the code is not only to provide guidance to the byelaws relating to the practice of ear piercing, but also to include preferred advice on those matters of practice which are of importance in achieving the high standards of hygiene and safety necessary. The ear piercer must ensure for themselves and their assistants that they have received sufficient and adequate training in the practice of hygiene and safety in connection with their work. Adequate professional indemnity and public liability insurance is considered obligatory.

Incorrect hygienic procedures can result in damage to the health of both the ear piercer and their patient. This is particularly relevant in the risk of contracting viral hepatitis. Special reference is made to this elsewhere in the appendices.

The best means of avoiding cross-infection is to use disposable equipment where available, in preference to other types. It also needs to be emphasised that ultrasonic equipment only cleans but does not sterilise instruments.

1. PREMISES
   1.1 General
   Ear Piercer’s surgeries must be clean and be capable of being kept clean. All internal parts of the structure of the premises should be maintained in a clean condition and kept in proper repair. Wallpaper should not be used as a wall covering unless it is of a durable and washable type. The surface of the floor should be continuous. A wash hand basin with hot and cold water supply and properly connected to the drainage system is essential and should be located in the ear piercer’s work room; water heaters of the “top-up” type are not permitted. It is preferable for the taps to be foot or elbow operated. Soap, preferably in liquid form, and approved hygienic means of drying hands must be available and readily accessible. Such hand drying facilities include disposable and machine auto-rolled towels.
1.2 **Table tops and Other Working Surfaces**
The table tops, shelves and other working surfaces must have a smooth impervious surface (preferably stainless steel or glass), be in good repair and kept clean with the frequent use of a suitable disinfectant. Shelves, cabinets, cupboards, etc must contain only equipment that is used in connection with the business of the ear piercer.

1.3 **Chairs, Seats or Couches**
The surface of any chair, seat or couch should have a smooth impervious surface such as vinyl, etc in good repair. They should be kept clean and washed with detergent and hot water regularly. Fabric chairs should not be used.

1.4 **Ventilation**
Adequate ventilation should be provided and the Environmental Health Officer of the local District Council will be able to give advice on how to comply with this provision.

1.5 **Artificial Lighting**
Adequate artificial lighting must be provided and maintained. A suitable standard over all for the premises would be 500 lux with a higher level of 1000 lux “free from glare at all working areas in the treatment room”.

2. **RECOMMENDED METHODS**

There are several methods of ear piercing currently available that can be recommended. In these the earrings are sold pre-sterilised. Some are entirely disposable and others use a disposable plastic capsule, where, although a gun is necessary, the design of the instrument is such that contamination of the gun is most unlikely to occur.
2.1 **Coren Method**
This consists of a U-shaped plastic holder containing the ear piercing stud at the end of one limb and the butterfly in the other. It is only available in a pre-sterilised bubble pack. The earring cannot easily be contaminated before it has been discharged from the plastic holder. A valve ensures that correct pressure is reached before the earring can be fired. The empty plastic holder is then thrown away. It cannot easily be reloaded. A reusable plastic squeezer is also supplied, and this makes the piercing procedure somewhat easier. There is no danger of contamination of the squeezer.

2.2 **Inverness Method**
A gun is used. Disposable plastic capsules containing 2 studs and 2 butterflies are loaded into the gun. These capsules are pre-sterilised and packaged with the earrings ready loaded. The earrings cannot easily be contaminated before they have been discharged from the capsules. The empty capsules are thrown away after the procedure. They cannot easily be reloaded. There is no danger of contamination of the gun with normal use. However, if only one ear is pierced, the remaining butterfly and stud should be discarded.

2.3 **The New Tripps Method**
This consists of a metal gun with a plastic sleeve, which prevents contamination of the metal gun. This sleeve is fitted between the ball of the gun, in the space that will contain the stud and the butterfly, onto a flange, which prevents it falling out. The plastic sleeve is provided in a pre-sterilised packet, which also contains the earrings. The earrings can be loaded using a no-touch technique with the stud and butterfly being loaded first with the bolt of the gun withdrawn ready for firing. The plastic sleeve should then be placed in position by touching only the edges of the sleeves with the fingers. The plastic sleeve must be disposed of after each customer’s ears have been pierced and if only one ear is pierced, the remaining butterfly and stud must also be disposed of.
2.4 The New Caress Disposable Cassette Method

*NB. The old Caress Method is not acceptable*

The new method consists of a gun and a pre-sterilised blister pack, which contains 2 plastic disposable cassettes containing one stud each, and a plastic insert containing two back clasps. These three parts are all joined together and sit on a plastic base tray.

The blister pack must be opened with the plastic base facing downwards and the insert facing upwards. The inserts should not be touched at this stage. The insert containing the back clasps should then be fitted onto the terminal prong of the gun and the barrel of the gun withdrawn to allow the disposable cassette with the stud to be slotted in. Care must be taken not to touch any part of the stud, especially the shaft; if it is touched, the whole unit must be discarded.

After one ear is pierced, the plastic insert containing the back clasp is turned around, the barrel of the gun withdrawn to release the used cassette and the other cassette is then placed in the gun. After use the plastic inserts are disposed of.

2.5 The New Caflon Disposable Cassette Method

This consists of a gun onto which a disposable front cover is fitted at the prominal end. The front cover stud and back clasp in a disposable mount are provided in a pre-sterilised pack. The disposable mount containing the stud and back clasp is used to load the stud and then the disposable mount containing the back clasp is mounted on the locator.

The process is then repeated for the other ear.

Certain precautions must be taken if this method is used:

i) the front cover must be disposed of and replaced after each use

ii) if the stud is touched with bare hands or falls out whilst being inserted into the gun, the whole unit should be discarded and a new one used.

2.6 The Medisept Sterile Disposable Ear Piercer

A gamma irradiated pre-sterilised bubble pack containing a pre-loaded cassette with an earring and stud inside is provided. An external
plunger is used to ensure sufficient pressure is produced before the skin is pierced. After piercing the cassette must be disposed of and it must never be re-loaded.

A separate unit is used for each ear and therefore there is no temptation to avoid waste by keeping an unused stud etc, if only one ear is pierced.

Care must be taken, when opening the package, to avoid contamination of the piercer, the stud and the plastic surfaces that come into contact with the ear. If contamination occurs, the unit must be discarded.

2.7 The Studex Ear Piercing System

This method consists of a gun with pre-sterilised earrings and disposable mounts. Ethylene oxide is used to sterilise the equipment, which is provided in a bubble pack.

The disposable plastic mounts consist of a front cover, which can only be loaded or removed when the gun is cocked. This fits into an opening in the barrel of a gun, a protector, which fits onto a flange on the end of the gun, and another protector which fits onto a clasp retaining flange situated on the end of the ear locator.

Once the three mounts have been fitted, the stud and back clasp are inserted using a no-touch technique. After each customer, the plastic mounts must be discarded; to discourage their retention, the gun will not fit into its holder with them in.

This method requires that the operator has a full understanding of the procedures involved and adheres to the principle of removing the plastic mounts after each customer and of disposing of the remaining stud and clasp if a customer only has one ear pierced.

METHODS NOT RECOMMENDED

2.8 Methods currently used which are not recommended.

A survey of methods currently used in ear piercing has provided ample evidence that with some of them it is possible to transmit infection from one person to the next.
2.9 **Needle & Cork Method**
This is amateurish and hazardous and should never be used. Contamination is very likely to occur via the needle or the hands of the operator.

2.10 **Gun Method I – e.g. Simplicity**
This method uses a stainless steel gun and a needle, which can be disengaged from the machine. Its advantages are that the needles have to be sterilised after each use, although there are no instructions to do this and it is possible for serum from the customer's ear lobe to contaminate the gun itself. This gun cannot be sterilised adequately and the method is not recommended.

2.11 **Gun Method II – e.g. Carmen, Caress, Hewitt Kenny Mede System**
These guns are slightly more sophisticated than the Simplicity, and are intended for use with pre-sterilised earrings and studs. The same criticism applies as in the Simplicity method, for serum from the customer's ear lobe is liable to contaminate both the bolt and the sections of the gun that squeeze the ear lobe. As these guns are impossible to sterilise adequately, their use is not recommended.

3. **RECOMMENDED PROCEDURE**

a) Wash and dry hands at beginning of session
b) Seat customer, mark ear lobes, preferably with gentian violet pen
c) Place clean paper tissue or towel on table top, or customer's shoulder
d) Clean customer's ears with spirit swab (e.g. Medi-swab)
e) Clean operator's hands with fresh spirit swab
f) Open pre-sterilised pack and pierce ears
g) Adjust tightness of earring in each ear using clean tissue to hold earring
h) Dispose of plastic capsules or holders, swabs, and paper tissues and the towel in plastic lined bin
i) Clean hands again with spirit swab
j) Explain after care to customer
k) If the earrings require adjustment after inserting into the ear lobe, begin at a).

4. **AFTER CARE**

a) No antibiotic lotions, creams or ointments should be used on the pierced ear, unless prescribed by a doctor
b) Normally, keeping the ear clean and dry should be adequate. If the ear becomes wet, i.e. after bath, shower, washing or swimming, it should be dried with a clean paper tissue. The only “disinfectant” that is likely to be useful is surgical spirit, which should be used sparingly, if at all. Most other disinfectants are unlikely to be helpful and may cause an allergy.

5. **DISINFECTANTS**

5.1 Disinfectants are necessary, where it is not practicable to sterilise equipment and instruments. They do not sterilise, that is, kill all germs, but their proper use will reduce the number of germs to the extent that they post little danger of infection.

Two disinfectants frequently used are hypochlorite and glutaraldehyde. These disinfectants will neutralise most viruses, especially the hepatitis ones. Hypochlorite can corrode metals and therefore is useful only for wiping table tops etc. Solutions of hypochlorite need to be made up each day but weekly preparation is adequate for glutaraldehyde. Manufacturer’s instructions regarding the correct concentrations should be strictly followed. Disinfectants other than those indicated here may be used, but they would not be superior or cheaper than the ones recommended. It is better to familiarise oneself with only one or two disinfectants. No all disinfectants are equally destructive against germs. For example, even high strengths of alcohol used as disinfectant have only a weak effect on destroying the hepatitis B virus.
5.2 **Preparation and use of Disinfectants**

<table>
<thead>
<tr>
<th>Agent</th>
<th>Preparation</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypochlorite</td>
<td>Make up daily</td>
<td>Excellent for wiping and cleaning all</td>
</tr>
<tr>
<td></td>
<td>add 50 millilitres of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypochlorite to 1 litre of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>water</td>
<td>materials except metals</td>
</tr>
<tr>
<td>Glutaraldehyde</td>
<td>Make up weekly</td>
<td>Wiping and cleaning</td>
</tr>
<tr>
<td></td>
<td>according to instructions</td>
<td>all materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>including metal</td>
</tr>
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</table>

6. **HEALTH & PERSONAL HYGIENE**

6.1 **Health of the Ear Piercer**

An ear piercer must ensure that their own health, including personal hygiene does not endanger in any way the health of patients. Personal Hygiene - observance of a high standard of personal hygiene is essential. Hands should be frequently washed, especially before and after each treatment. All cuts and wounds must be washed and dressed with a waterproof dressing immediately. The ear piercer should wear clean, washable or disposable clothing while carrying out their practice. Ear piercers must refrain from smoking, eating or drinking, whilst engaged on a treatment. Nails must be kept short and clean. A first aid kit, the contents of which should comply with the requirements of the Health & Safety (First Aid) Regulations 1981 must be kept on the premises and should also be available for the use of customers.

Personal Health – An ear piercer who is suffering from an infectious disease can transmit germs to their client in various ways, including, for example, through breaks and punctures in the skin during treatment. Consult your family practitioner early about any personal illness that may be of infectious nature. Ensure that the practitioner knows that you are engaged in the practice of ear piercing. Medical advice should
always be sought if a cut is sustained with the apparatus that is being used on a patient who is suspected of suffering from infective hepatitis.

6.2 Health of the Patient

Ensure that the part of the body to be treated is clean, free of any cuts or wounds or disease. It is essential to enquiry if the patient has a history of infective hepatitis and is not currently suffering from it. The areas to be pierced should be cleaned at the start of treatment with an alcohol impregnated swab. Other cleaning agents, if use, should also have adequate disinfectant properties. Medical attention may be necessary if a treated part becomes inflamed or infected. Immediately before use, any paper or other disposable material used as a covering on a chair, seat or couch, and any towel, cloth or other article which is applied to the patient’s skin shall be clean and shall not previously have been used in connection with any other patient.

7. REGISTER OF PATIENTS

Names and addresses of all patients and dates of attendance should be recorded in a suitable register (see Appendix “C”).

8. HEALTH & SAFETY AT WORK

8.1 Ear piercers must comply with the provisions of the Health & Safety at Work etc Act 1974 which places a duty on them to conduct their undertaking in such a way as to ensure, so far as is reasonably practicable, that persons who may be affected thereby are not exposed to risks to their health or safety. This duty extends to both patients and employees. It is by following recognised standards that this duty can be fulfilled. In connection with safety aspects, particular attention is drawn to the following.

8.2 All floors, passages and stairs shall be of sound construction and properly maintained and should be kept free from obstruction and from
any substance likely to cause persons to slip. A substantial handrail must be provided to every staircase. A two-way lighting system must be provided to every staircase.

8.3 Every dangerous part of machinery must be effectively guarded. Machinery should be subjected to regular inspection and preventative maintenance where necessary.

8.4 All electrical installations should be in accordance with Institution of Electrical Engineers Regulations for the Electrical Equipment of Buildings. Both the installation and portable appliances should be subjected to regular examination. Care should be taken to keep cables as short as possible and routed in such a way as to prevent a risk of tripping.

8.5 Accidents must be dealt with in accordance with the provisions of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. This will involve the reporting of all major accidents to employees and members of the public to the office of the enforcing authority without delay, and by telephone if possible, with written confirmation being made within seven days on Form F2508. Other injuries to employees, which result in more than three days absence from work, excluding the day of the accident, are also notifiable.

8.6 Where five or more persons are employed, it is the duty of every employer to prepare and as often as may be appropriate, revise a written statement of their general policy with respect to the health and safety of their employees and the organisation, and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all of their employees.
INFORMATION & ADVICE

The Environmental Health Officer is the authorised officer for the purposes of this code of practice and the relevant byelaws. Their address and telephone number is:

Commercial Team (Health & Safety)
Metropolitan Borough of Stockport
Communities, Regeneration & Environment Directorate
Stopford House
Piccadilly
Stockport, SK1 3XE

Tel. No. 0161 474 4208
Fax. No. 0161 474 4369
E-mail: commercial.team@stockport.gov.uk

APPENDIX “A”

It is strongly suggested that sterilisation is carried out by using an autoclave:

Use of Autoclave (moist heat)
(Recommended method)

<table>
<thead>
<tr>
<th>Temp. Degrees C</th>
<th>Minimum holding time in minutes, once the required temperature has been achieved</th>
</tr>
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<tbody>
<tr>
<td>121</td>
<td>15</td>
</tr>
<tr>
<td>126</td>
<td>10</td>
</tr>
<tr>
<td>134</td>
<td>3</td>
</tr>
</tbody>
</table>

APPENDIX “B”

ACUTE VIRAL INFECTIVE HEPATITIS

Viral hepatitis is believed to consist of several distinct disease entities, a common feature of which is infection of the liver, which may lead to clinical “yellow jaundice”. The infection is caused by different viruses of which hepatitis A and hepatitis B viruses are the commonest and most well known.
HEPATITIS A

Hepatitis A (formerly “infectious hepatitis”) is normally transmitted by the faecal-oral route in the same way as most of the enteric infections that cause “food poisoning”. It has an incubation period of about four weeks. It is a common infection in conditions of poor sanitation and overcrowding. Infected shell fish can be a cause of the infection and there is an increased incidence among travellers to countries with inadequate sanitation.

HEPATITIS B

Hepatitis B was formerly known as “serum hepatitis”. Although various body fluids such as saliva, urine etc. have been implicated in the spread of infection, infectivity appears to be essentially related to blood. Hepatitis B virus is spread through the blood system either by penetration of the skin with infected needles, razors, etc. – or contact with broken skin from contaminated apparatus or surfaces. It usually has a longer incubation period of from six weeks to six months. Hepatitis B must be recognised as an occupational hazard to ear piercers. It is often acquired by exposure to the blood of apparently healthy people for example, symptomless carriers of the virus or from patients incubating the infection but not yet ill. It is thus essential that the ear piercer is aware of the risk of contracting the infection and employs a high standard of care in their practice at all times.

High standards of hygiene and safety consciousness will greatly reduce the incidence of Hepatitis B. The risk to patients of the infection from unwise procedures must also not be underestimated.

It is recommended that if you are a carrier of, or have Hepatitis B, you cease this type of work.
APPENDIX “C”

REGISTER OF PATIENTS

In an investigation of an outbreak of viral hepatitis, nothing is more important than that an accurate record has been kept of names and addresses of all patients and dates of treatments. It will be appreciated that it is difficult for a practitioner to remember these details without recording them at the time of treatment. Ear piercers will know that Hepatitis B has a long and varied incubation period and lack of recorded information about patients’ treatment at a relevant time will prevent the proper investigation of any cross-infection related to Hepatitis B.

The source of an outbreak of a disease needs to be quickly identified from the available records. The ear piercer can, in most cases, continue to carry on their normal business once they has made such records available to the appropriate authority. The alternative may well be the ear piercer is involved in prolonged and protracted investigations.

The difficulty of obtaining accurate information is well recognised but the process of registration of the practice and public education should assist in overcoming the reluctance on the part of the patent to give proper and adequate information.

Environmental Health Officers of the District Councils can give advice on the setting up of such records, and on routine visits to the premises they will wish to confirm that records are being maintained. Access to an individual’s personal records shall only be available to an authorised officer of the local authority and shall be subject to the usual safeguards of professional confidentiality.
AIDS

AIDS or Acquired Immune Deficiency Syndrome is caused by a virus called HTLV III. This virus only survives in body fluids, i.e. blood, semen, saliva and tears, although only blood and semen have been implicated as proven carriers of the virus.

The virus is not very strong; it does not survive for long in the open and it cannot withstand heat or household bleach.

The precautions, i.e. disinfectants etc. used to prevent infection by Hepatitis B, which is a stronger virus, is sufficient to prevent the spread of AIDS.

The only additional recommended precaution is to wear rubber gloves when mopping up any spilt blood. Care must be taken not to reuse dirty needles etc. before they have been re-sterilised and when handling them to ensure the operator’s skin is not accidentally pierced.

It is recommended that if you are a carrier of the HTLV-III virus or have contracted AIDS that you cease this type of work.

If you are worried that you may have the HTLV-III virus, there is a special blood test called the HTLV-III antibody blood test that is available to anybody who requests it. If you want this blood test or require further information, please contact your own doctor or a Sexually Transmitted Disease Clinic, the address of the nearest may be found in a telephone book.

ACKNOWLEDGEMENT

NORMAN D NOAH
PUBLIC HEALTH LABORATORY SERVICE

Communicable Disease Surveillance Centre