

GUIDELINES FOR BODY MODIFICATION

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**HEALTH PROTECTION BRANCH
MINISTRY OF HEALTH**



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GUIDELINES FOR BODY MODIFICATION

1 INTRODUCTION

Body modification is deliberately altering a person’s body for nonmedical purposes. The following guidance is provided for use in personal service establishments (PSEs), where invasive body modification procedures are offered.

The *Guidelines for Body Modification* are designed to supplement the *Guidelines for Personal Service Establishments*. Together, the documents offer the best available guidance to help operators take all necessary measures to prevent health hazards from occurring in their shop when providing body modification services. The *Guidelines for Personal Service Establishments* can be accessed at <http://www.health.gov.bc.ca/protect/pdf/pse-guidelines.pdf>.

These guidelines support the *Public Health Act* and the Regulated Activities Regulation (<http://www.bclaws.ca/>). They are designed for employees, owners and operators to help them practise proper infection prevention and control procedures during body modification procedures. PSE owners are responsible for complying with municipal bylaws and regulatory requirements, and obtaining an appropriate business licence from the licensing authorities.

TABLE 1: EXAMPLES OF BODY MODIFICATION

Tattooing	Piercing	Other Body Modification
Micropigmentation (permanent makeup)	Ear piercing	Scarification
	Body piercing	Branding
Body, tongue, palate, inside-lip tattooing	Stretching or gauging	Subdermal 3-D implants
	Transdermal anchors	

Extreme body modification procedures (such as scarification and branding) should be given careful consideration by both client and operator. The enduring physical and psychological impact these treatments may have on the client and those close to them should be taken into account. Procedures may be difficult or impossible to reverse, so the decision to modify the body should not be taken lightly.

There are other types of body modification services that are not addressed in these guidelines. However, the basic principles of cleaning, disinfecting and sterilizing instruments and equipment would apply to these services as well.

Note: With these guidelines the British Columbia Ministry of Health does not imply that body modification services are beneficial or risk free. Invasive procedures carry elevated risks of infection or injury. Clients undergoing invasive personal services should be advised to consider and discuss the risks of these procedures with their health care provider before undertaking such procedures.

Services covered by these guidelines do not include services reserved for, or restricted to, members of a college or professional association. The *Health Professions Act*¹ makes it an offence for a nonmember to perform a restricted activity or a reserved act in the course of providing a service or doing work described by the definition of a “health profession.” Injectable anesthetics and injectable facial contouring substances can only be administered by a member of a regulated health profession. A more detailed description of restricted activities is available on the Ministry of Health's Professional Regulation website: <http://www.health.gov.bc.ca/professional-regulation/>.

¹ http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01

2 INFORMING CLIENTS

It is recommended that operators offering invasive or permanent procedures (e.g., piercing and tattoo) undertake the following:

- Explain to the client and be satisfied that the client:
 - Understands the nature, possible consequences and health risks of the procedure.
 - Is undertaking the procedure of his/her own free will.
 - Is not under the influence of alcohol or other judgment-altering drugs.
- Obtain a consent form (see Appendix A for a sample consent form) signed by each client, that includes:
 - Declaration of health risks (e.g., short- and long-term risks, and consequences of services).
 - Agreement to be responsible for aftercare.
 - For minors, an in-person signature from a parent or guardian verifying that the parent/guardian is aware that the minor will be undergoing the procedure.
 - Contact information for trace-back in the event of an outbreak.

It is strongly recommended **not** to pierce the genitalia or nipples of people under 18 years old.

3 FACILITIES

All body modification shops should comply with the criteria in the *Guidelines for Personal Service Establishments*, including maintaining a clean, organized shop. The following are points made in the *Guidelines for Personal Service Establishments*, but worthy of repetition here, or are specific to body modification establishments.

3.1 PREPARATION FOR CLIENT PROCEDURE

To provide a safe working environment, each shop should have separate “procedure areas” where only the client and operator remain for the entire procedure. Procedure areas should be cleaned, disinfected, organized and tidied before and after every client. The operator should completely prepare and stock the procedure area to avoid having to leave during the procedure. No animals should be allowed in procedure areas (except for service animals).



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3.2 HAND-WASHING STATIONS

To prevent the spread of infection, it is crucial to wash hands well and often. Therefore, dedicated hand-washing sinks should be located in each procedure room or in a common area very close to all procedure areas. Refer to the *Guidelines for Personal Service Establishments* for further details and hand-hygiene instructions. Medical-glove dispensers should be wall-mounted and protected from contamination.



3.3 INSTRUMENTS/EQUIPMENT CLEANING STATIONS

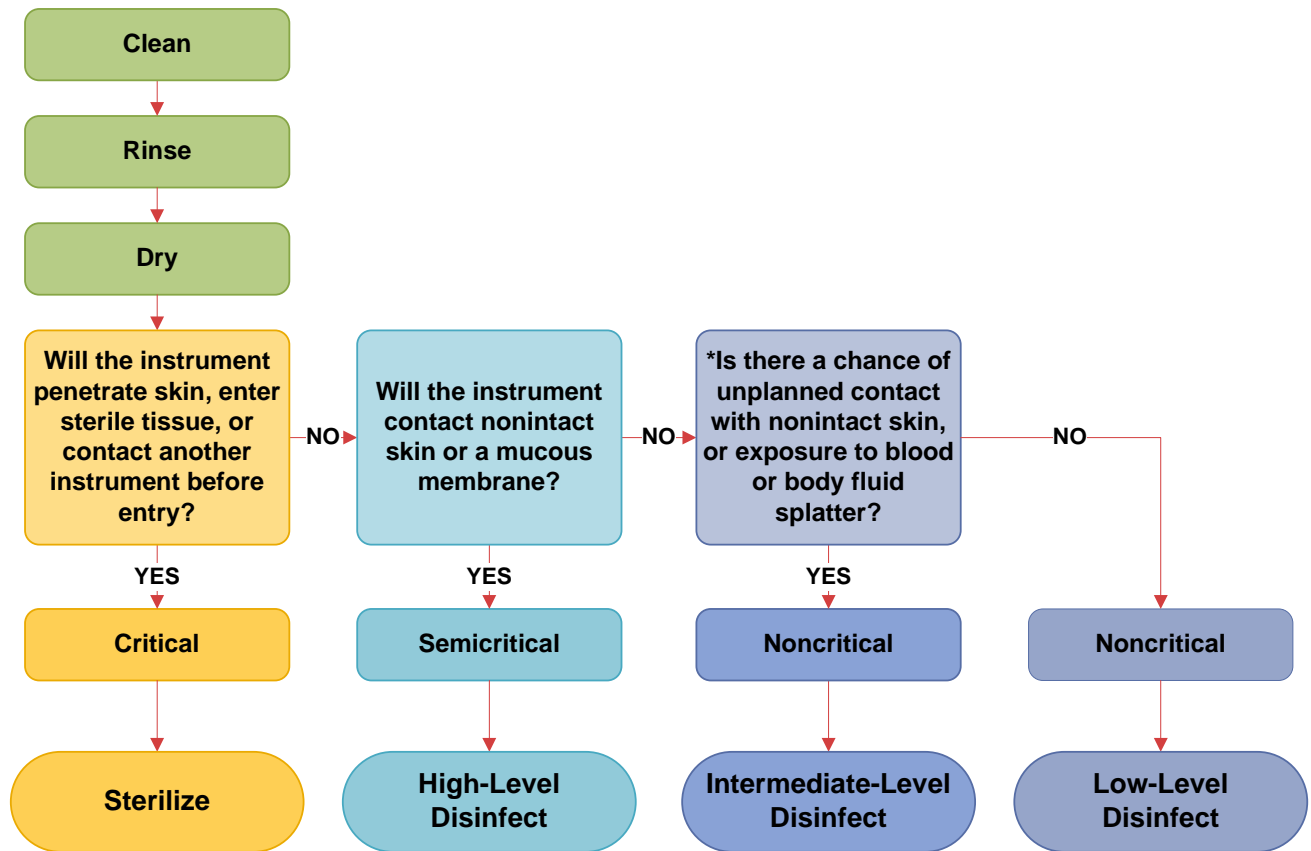
Every shop should have a separate designated area or room for cleaning and disinfecting or sterilizing instruments. This area should be separate from the procedure areas and washroom facilities. It should allow for covered storage of chemicals and cleaning supplies. Refer to the *Guidelines for Personal Service Establishments* for more details.

4 CLEANING, DISINFECTION AND STERILIZATION

Removing or destroying micro-organisms to make instruments/equipment safe for use involves cleaning and disinfection or sterilization. Operators need to ensure proper methods are followed in all cases. Refer to the *Guidelines for Personal Service Establishments* for complete details.

4.1 CLASSIFICATION OF INSTRUMENTS/EQUIPMENT

Figure 1 is designed to help operators determine the level of disinfection or sterilization required before and after the instrument/equipment is used.



**FIGURE 1: DECISION CHART:
LEVEL OF INSTRUMENT DISINFECTION/STERILIZATION REQUIRED**

* Never treat a semicritical instrument with intermediate-level disinfection. This is reserved for noncritical instruments/equipment that pose a higher risk if used improperly.

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These examples demonstrate how to effectively use the decision chart:

- Piercing needles enter the skin. Sterile items must be used to enter the skin. This type of instrument requires cleaning followed by sterilization.
- As a best practice, all instruments used on the procedure site should default to sterilization; therefore, no example is given for high-level disinfection.
- A tattoo machine and cord can receive blood and body fluid splatter during tattooing. They should be protected with a single-use cover and disinfected with an intermediate-level disinfectant between clients.
- A treatment bed is used for the client to sit/lie on during a procedure. Intact skin contacts the bed and/or disposable liners, so the equipment is considered noncritical. As such, it requires cleaning and low-level disinfection between clients.
- As a best practice, all instruments that break the skin barrier (e.g., piercing and tattoo needles) should be purchased prepackaged sterilized, single-use and disposed of after use.



4.2 CLEANING, DISINFECTION AND STERILIZATION OF INSTRUMENTS/EQUIPMENT

Cleaning is the first step before disinfection or sterilization. It helps prevent blood and tissue from drying and hardening onto instruments. If an instrument, equipment or a surface is not clean, it cannot be adequately disinfected or sterilized. Cleaning with a detergent, water and physical scrubbing removes foreign material (e.g., dust and soil) and organic material (e.g., blood). As an optional step, an ultrasonic cleaning device with an appropriate detergent or enzymatic cleaner may be used. Refer to the manufacturer's directions, as some products may interfere with the disinfection or sterilization process. Cleaning does not kill micro-organisms, so disinfection or sterilization is required to make the item safe for use.

Disinfection kills most disease producing micro-organisms, but not necessarily bacterial endospores. All instruments, equipment and surfaces must be meticulously cleaned before disinfection. Disinfection is undertaken on all semicritical and noncritical instruments, equipment and surfaces.

Sterilization is the complete destruction of all microbial life, including bacteria, bacterial endospores, viruses and fungi. See the *Guidelines for Personal Service Establishments* for details on sterilization and monitoring requirements, including spore testing. Sterilization is undertaken on all critical instruments. If there is any doubt about the classification of an instrument, it is a best practice to sterilize.

All instruments/equipment must be meticulously cleaned before sterilization.



The following table outlines recommended classification of commonly used instruments, as well as disinfection or sterilization methods. The *Guidelines for Personal Service Establishments* outlines examples of products available for disinfection, and provides more information about the suitability for use. All disinfectants should have a Drug Identification Number (DIN) and claim the appropriate disinfection level. Operators should follow the disinfectant manufacturer's instructions for product dilution, contact time and reuse.

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TABLE 2: COMMON BODY MODIFICATION INSTRUMENTS/EQUIPMENT AND DISINFECTION/STERILIZATION LEVEL

Classification	Single-Use Disposable Items*	Critical	Semicritical	Noncritical	Noncritical
Definition		Instrument/equipment that punctures the skin, enters sterile tissue or contacts a sterile instrument before puncturing.	Instrument/equipment that contacts nonintact skin or a mucous membrane, but ordinarily does not penetrate it.	Instrument/equipment that, during routine use, only contacts intact skin, but may accidentally contact nonintact skin, blood, or body fluid splatter.	Instrument/equipment that does not directly touch the client, or contacts only intact skin.
Reprocessing Level	Discard after Use	Sterilization	High-Level Disinfection	Intermediate-Level Disinfection	Low-Level Disinfection
Piercing	<ul style="list-style-type: none"> • Gloves • Razors • Presterilized piercing needles • Elastic bands • Corks • Toothpicks and marking pen • Swabs/gauze for cleaning and aftercare 	<ul style="list-style-type: none"> • Needle-receiving tubes • Piercing needles • Piercing jewellery • Implants • Insertion needles/tapers • Needle pushers • Connectors • Tongs • Clamps • Forceps • Ring-opening pliers • Body-piercing calipers 		<ul style="list-style-type: none"> • Ear-piercing devices (e.g., guns designed to hold a prepackaged sterile stud) 	<ul style="list-style-type: none"> • Treatment beds • Client chairs • Benches • Tables • Neck and arm rests • Equipment trays and surfaces • Light and drawer handles • Buttons • Knobs • Metal containers
Tattooing / Body Modification	<ul style="list-style-type: none"> • Single-use needles • Metal tubes • Needle bars/grips • Disposable ink caps and leftover ink 	<ul style="list-style-type: none"> • Reusable ink caps • Pigment containers • Reusable needle bars and grips • Needle bars with new needles 	<ul style="list-style-type: none"> • Ink trays • Chucks/clamps 	<ul style="list-style-type: none"> • Tattoo machines 	<ul style="list-style-type: none"> • Treatment beds • Client chairs/benches • Work counters and table top • Neck and arm rests

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Classification	Single-Use Disposable Items*	Critical	Semicritical	Noncritical	Noncritical
Tattooing / Body Modification, continued	<ul style="list-style-type: none"> Liquid and cups for rinsing between colours Stencils 	<ul style="list-style-type: none"> soldered on (if reusing) Metal tubes 			<ul style="list-style-type: none"> Tattoo motor frames Buttons/knobs Cords Lamp handles Equipment trays and surfaces Dirty-instrument containers Spray bottles
Product Types		Steam: <ul style="list-style-type: none"> Prevacuum sterilizers Gravity displacement sterilizers Small table-top sterilizers 	<ul style="list-style-type: none"> 7.5% hydrogen peroxide (Lower concentration acceptable if manufacturer's instructions are applicable to its use and the product has a DIN.) 7% hydrogen peroxide 2% accelerated hydrogen peroxide with 2.5% furoic acid 0.55% ortho-phthalaldehyde (OPA) Hypochlorite (5000 ppm). Must have a valid DIN for HLD 	<ul style="list-style-type: none"> Isopropyl or ethyl alcohol- 70-95% (or lower if blended and claim ILD on label) 0.5-3% accelerated hydrogen peroxide with TB claim Hypochlorite(1000ppm) 	<ul style="list-style-type: none"> Quaternary ammonium (QUATS) Hypochlorite (100ppm) isopropyl or ethyl alcohol 0.5-3% hydrogen peroxide
Product Examples		Autoclave: <ul style="list-style-type: none"> Statim autoclave Prestige autoclave 	<ul style="list-style-type: none"> Cidex OPA MetriCide Accell CS 20 7% 	<ul style="list-style-type: none"> BioMERS BioSURF BM-6400 	<ul style="list-style-type: none"> Barbicide Marvicide Zepamine-A

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Classification	Single-Use Disposable Items*	Critical	Semicritical	Noncritical	Noncritical
Product Examples, continued		<ul style="list-style-type: none"> • Pelton and Crane autoclave 	<ul style="list-style-type: none"> • Rapicide PA • Steris 20 • Steris Resert • HLD 5 • Optim CS 20 • Sporox • 6.15% Ultra Clorox Professional bleach (5000 ppm) 	<ul style="list-style-type: none"> • Cavicide • Instrubex-E • SEPTeFX • tbMinuteman • T36 Disinfex • AccelTB • Germicide-3 • 5.25-6.15% household bleach (1000ppm) 	<ul style="list-style-type: none"> • Environ™ • LPH™, • Lysol chemicals • Virox 5 concentrate • Carpe Diem • Supergermiphene • Quat based antiseptic towelettes • Virox 5 • Accel Surface cleaner • 7D TEXT • Gamut Plus • 5.25-6.15% household bleach (100ppm)

5 BODY MODIFICATION PROCEDURES AND INSTRUMENTS/EQUIPMENT

The following sections explain instruments and equipment used in body modification shops, with a focus on associated infection prevention and control. Please see Appendix B for an overview of the procedures, instruments and equipment used in body modification shops. Refer to the *Guidelines for Personal Service Establishments* for further description on instrument use.



5.1 INSTRUMENT/EQUIPMENT REQUIREMENTS

Requirements for most instruments/equipment are discussed in the *Guidelines for Personal Service Establishments*; however, the following sections are elaborations on those that are most applicable to invasive procedures.

5.1.1 GENERAL INSTRUMENT/EQUIPMENT REQUIREMENTS

Operators should:

- Use only durable instruments/equipment maintained in good repair and discard if cracked, chipped, rusted or otherwise damaged.
- Use only instruments designed for or suitable to the procedure being performed.
- Clean and disinfect the work surface whenever it is contaminated and after completion of work on each client.
- Store single-use items in sealed containers to protect them from contamination.
- Store sterile supplies up high, above the work area in closed cabinets.
- Ensure all instruments are cleaned and disinfected or sterilized, ready for each procedure in the procedure room on a disinfected tray and within reach before the client enters. Check for defective, discoloured or soiled instruments/equipment and remove from use. If the packaging of sterilized instruments is soiled or discoloured, the package should not be used.
- Cover non-critical items, instruments/equipment and work-contact surfaces that do not come into contact with the client or cannot be cleaned and disinfected or sterilized between each use (e.g., tattoo machines, spray bottles).
- Place sharps container within reach in the procedure area.
- Place washable containers for collecting used or dirty instruments for cleaning and sterilization within reach in the procedure area.



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- Place sufficient single-use wipes or tissues used for cleaning the client's skin in the area. Keep wipes where they cannot become contaminated.
- Disinfect all equipment (chairs, tables, drawers, motors, frames) that might become contaminated at least daily, and after obvious contamination.

5.1.2 INVASIVE PROCEDURE AND INSTRUMENT REQUIREMENTS

Operators should:

- Wear gloves for every procedure where contact with blood or body fluid is possible.
- Wash their hands before putting on new gloves and also after removing gloves.
- Avoid using gloves containing latex as they can trigger allergic reactions.
- Replace any sterile instruments you have accidentally touched or contaminated with another sterile instrument before use.
- Before using packaged sterilized instruments, check the integrity of the packaging. Use only if the package and instrument are undamaged.
- If the integrity of the package is compromised (e.g., open, wet or dirty) re-sterilize the item or discard it.
- Some commercially manufactured packages may include an expiry date that should be adhered to. Once they have expired, discard them.
- Open all sterile items (including needles, needle bars, scalpels, and jewellery) in the client's presence to assure the client that sterile instruments are being used.
- Discard all disposable sharp instruments in an approved sharps container immediately after use.
- Do not reach into the cabinet or drawers with gloves that have touched a client. If more supplies are required, remove the gloves and put on fresh ones before resuming the procedure.



Do not use piercing guns on the cartilage of the ear.

5.1.3 TATTOOING SPECIFIC PROCEDURE INSTRUMENT REQUIREMENTS

Operators should:

- Use prepackaged, sterile, single-use tattoo needles and needle bar assemblies as a best practice. Otherwise, use single-use sterile needles and solder onto a needle bar with a lead-free solder, cleaning to remove any flux residue, and sterilize unit before use.
- Use tattoo dyes that comply with Health Canada and the Cosmetic Regulations.² It is the responsibility of the manufacturer, importer or distributor to ensure the inks they sell comply with the Cosmetic Regulations and associated legislation. If your supplier cannot demonstrate that their products meet these requirements, do not use their ink. It is against the law to sell products in Canada that do not meet the requirements of the Cosmetic Regulations.
- Dispense the required antiseptic liquid used to clean the skin during the tattooing process into single-use containers. Discard after each client.
- Use wipes to remove excess pigment and blood from the tattoo site. Discard wipes in the waste container.

² Cosmetic Regulations (C.R.C. c. 869) http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._869/index.html

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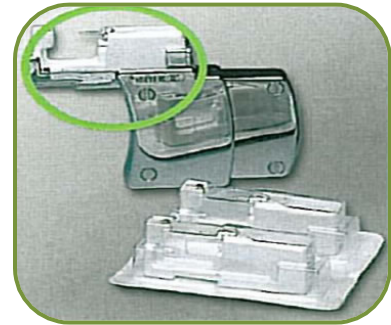
- Dispense the tattooing ink into single-use containers. Unused dispensed ink must be discarded with the containers after each client.

5.1.4 PIERCING GUN REQUIREMENTS

Only piercing guns that have the following features should be used:

- Hand-pressured instrument, not a spring-loaded gun.
- Automatic retraction at piercing site, offering less handling of parts.
- Separate sterile compartments.
- Fully encapsulated prepackaged, single-use, sterile piercing earrings.
- One piece lock-in cartridge that is single-use and disposable.
- No-touch cartridge eject button.

Since the parts of a non-disposable, spring-driven piercing gun cannot be effectively disinfected, these types of guns should not be used (for an example of this type of gun, see Appendix B, Figure 5).



Piercing gun general instructions:

- The piercer should wash his/her hands before and after piercing and after glove removal. See Guidelines for Personal Service Establishments – Sec 4.2.1. Personal Service Operator.
- Use earlobe piercing guns/instruments on the fleshy part of the ear (earlobe) only. Do not use on cartilage.
- Use nose piercing guns/instruments only for noses and not for any other body part.
- Clean the earlobe/nose first with an approved skin antiseptic and then mark it with a single-use surgical marking pen before piercing. After one minute, once the pen mark has dried, clean the earlobe again with the approved skin antiseptic just before piercing.
- Discard all disposable parts after each client. Previously opened packages of jewellery are not considered sterile. Any jewellery stored in opened or damaged packages are not to be used.
- Clean piercing guns/instruments, after each client, with soap and water, and then disinfect with an intermediate-level disinfectant.
- Store cleaned and disinfected piercing gun in a clean, covered, nonabsorbent container when not in use.

5.1.5 USE OF JEWELLERY

Jewellery used for piercing should be carefully selected for quality and be non-allergenic. The use of poor quality metals or alloys increases the risk of allergic reaction to the surrounding tissue. Jewellery used for initial piercing should adhere to the following jewellery quality and type descriptions:

- Low-carbon stainless steels such as 316L steel and 316LVM.
- ASTM F-136 implant-certified titanium and ASTM F-138 implant-certified steel.
- Niobium, white or yellow gold (nickel free), or platinum.
- PTFE (polytetrafluoroethylene, an inert plastic) body jewellery.
- ASTM International or International Organization for Standardization (ISO) certification indicating sterilization approval. (ASTM International was formerly the American Society for Testing and Materials, known as ASTM.)
- Polished, annealed and centred ball/posts offering smooth, centred and hard surfaces.
- Nonthreading /press-fit barbells or internally threaded jewellery as a best practice.

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Jewellery should be used only on the body part it is designed to decorate. Avoid butterfly enclosures, gold-filled, rolled or plated jewellery, silver, high-carbon steel and the 302,306, and 400 series, as well as the use of aluminum. All of these increase the risk for reaction to the skin and wound. To help prevent contaminating an open wound, jewellery should be left in place for the entire healing period, unless there is a problem with the size or material the jewellery is made from.

5.1.6 SHARPS USE AND DISPOSAL

The following are best practices relating to the use of sharps:

- Use sterile, single-use, disposable items to penetrate the skin (e.g., needles). Never reuse a single-use item, even on the same client.
- Before use, inspect sharps for sharpness or defects (e.g., damaged or blunt points).
- Clean and sterilize new needles that require modification or attachment to other items before use (e.g., tattoo needles to the needle bar).
- Do not bend, take apart, recap or otherwise manipulate sharps after use (unless otherwise instructed by manufacturer).

Each room should have a designated section of the counter for soiled and used instruments, including the safe disposal of sharps.

- Approved sharps containers are required for the safe disposal of used, disposable sharps (e.g., razor blades, needles and scalpels).
- Discard used sharps into an appropriate sharps container immediately after use on a single client.
- Use a magnet or tongs for retrieving broken or dropped sharps (note: surgical grade metals are not magnetic).
- Securely close and dispose of full (3/4 of capacity) sharps containers according to local municipal requirements for waste segregation and handling. For best results, there are private services that will provide containers and disposal services.

5.1.7 WASTE DISPOSAL

The following should be done regarding waste generated from invasive services:

- Place waste contaminated with blood or body fluids in a sealed, leak-proof, double-plastic bag before disposal into the regular garbage.
- Locate hands-free waste disposal bins with lids within easy access from all work areas.



6 INFECTION PREVENTION AND CONTROL PRACTICES

Infection prevention and control practices need to be followed to protect the worker and client. Body modification procedures have the potential to cause serious infections as they break the skin barrier increasing the risk of blood-borne infections (e.g., Hepatitis B, Hepatitis C and HIV/AIDs) and skin infections (e.g., Streptococcus and Staphylococcus). The following table looks at potential source of contamination

TABLE 3: CONTAMINATION SOURCES

Person to Person	Client to Him/Herself	Instrument/Surface to Person
<ul style="list-style-type: none"> • Blood or body fluid is splashed into an open wound or mucous membrane (eyes, mouth and nose). • Proper hygiene is not practised before contact with another person. 	<ul style="list-style-type: none"> • Body site is not properly disinfected before a procedure. Contamination on the skin can enter a client’s body during the procedure. • Operator’s gloves touch a contaminated part of the client and then touch the procedure area. 	<ul style="list-style-type: none"> • An operator becomes infected from an accidental needle puncture during or after a procedure. • Instruments/equipment are contaminated by an unclean work surface. • Before use on a client, contaminated and clean instruments come in contact with one another or an instrument is contaminated by an operator.

6.1 PERSONAL SERVICE OPERATOR

Proper and frequent hand washing is an important step in preventing and reducing the transmission of pathogens. Hand washing should be done before and after each client, as well as between procedures or interruptions on the same client. Refer to the *Guidelines for Personal Service Establishments* for details on the hand-hygiene process.

Infection prevention and control practices should be used during all service delivery. A complete list of practices is included in the *Guidelines for Personal Service Establishments*.

The operator is responsible for reducing the risk of spreading infections, and should do the following:

- Avoid work if you have a potentially transmissible illness (e.g., cough and fever).
- Ensure all immunizations (including hepatitis B) are up to date.
- Refrain from eating, smoking or drinking while providing a service or while in the service areas.
- Protect eyes, nose, mouth and uncovered skin from blood and body fluids by wearing protective coverings during procedures where blood and body fluid contact is a possibility.
- Diligently adhere to hand hygiene. As shown in Figure 2, below, hand hygiene includes proper hand washing and the use of gloves.
- Always wear single-use gloves on both hands throughout the procedure. Replace them between each procedure and when they become contaminated.



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Hand Washing Should Be Done in these Situations

- When hands are soiled or have contacted soiled items (e.g., dirt, ink, blood and body fluids).
- Before and after each client.
- Between procedures on the same client when hands are soiled.
- Before putting on gloves and after removing gloves.
- Before and after performing invasive procedures.
- After personal activities (e.g., using the toilet, coughing or sneezing into hands, blowing nose, eating and smoking).

How to Wash Your Hands

- Use liquid soap and warm water.
- Wash all parts of your hands.
- Scrub palm to palm with fingers interlinked.
- Scrub under nails.
- Scrub tips of fingers into opposing palm.
- Scrub between fingers.
- Scrub backs of hands.
- Scrub around thumbs.
- Dry with clean paper towel or air dryer.

When and How to Wear Gloves

- Wash hands before putting on gloves and after removing gloves.
- Wear gloves for contacting blood or body fluids, including mucous membranes or broken skin.
- Wear gloves for any client contact when the worker has broken skin on the hand(s).
- Change gloves between procedures with the same clients and between clients.
- Remove gloves after each procedure at the point of use and before touching clean surfaces.
- Dispose of gloves appropriately and never reuse.
- Avoid using gloves containing latex, as they can trigger allergic reactions.

FIGURE 2: HAND-HYGIENE PROCESS

6.2 CLIENT

The operator should ensure the client's skin is clean and free from infection (e.g., no redness, swelling or pus), sores, wounds or rashes on or around the procedure site before commencing work.

The operator is responsible for reducing the risk of spreading infections. Before carrying out a procedure, the operator should make sure the client is protected by taking these precautions:

1. Inspect the client's skin for cuts, wounds, rash, fungus or visible skin disease.
2. If any of the above are present, advise the client to seek a health assessment from a health care provider before proceeding with the procedure.
3. Clean the body site. For invasive procedures, use an approved skin antiseptic (e.g., povidone-iodine solution, 70% isopropyl alcohol). Ensure the skin antiseptic is given the required contact time with the skin. Health Canada approved skin antiseptics will have a Natural Product Number (NPN) or a DIN.
4. Provide the client with appropriate protective equipment and garments, such as eye protection or coverings for clothing.
5. When taking a break, cover the procedure area with a dry, clean dressing and apply an antiseptic before restarting.
6. Upon completion of the procedure clean and cover the site with a clean/sterile dressing.

6.3 BLOOD AND BODY FLUID EXPOSURE-RESPONSE PROCEDURES

6.3.1 CAUSES OF EXPOSURE

Blood and body fluids may contain pathogens such as hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

The following could result in exposure to blood and body fluids:

- Needle stick or cut from a contaminated sharp.
- Splashing or transfer onto broken skin (e.g., open cut, wound or dermatitis).
- Splashing or transfer onto a mucous membrane (e.g., eyes, nose or mouth).

6.3.2 PROCEDURES FOR BLOOD AND BODY FLUIDS EXPOSURE

If an accidental puncture wound or abrasion occurs to an operator or client from any contaminated object, these steps should be followed:

- Wear single-use gloves before handling the wound.
- If the area is bleeding, allow it to bleed freely for a short time to reduce the amount of contamination that may enter the body.
- Wash the wound area with water and soap.
- Apply a skin antiseptic and cover with a clean dressing or bandage.
- If a mucous membrane has been splashed, flush area thoroughly with water for 15 minutes.
- Contact a family physician immediately for assessment of the need for blood tests or to receive post-exposure treatment. If a family physician is not available, visit your local emergency room as soon as possible, as the time window for receiving post exposure treatment is limited.
- The operator should contact the local public health office to obtain and keep on hand current information on how to access the assessment of blood/body fluid exposures in their community.
- Document accidental exposures to blood or body fluids to the client or operator and keep records.
- A record of the incident should include the following:
 - The full name of the person exposed (first and last name), complete mailing address and phone number of the person exposed.
 - The full name of operator (first and last name) involved in the incident.
 - The date of injury.
 - The site of injury.
 - The circumstances surrounding the injury.
 - The action taken.

7 BODY MODIFICATION AFTERCARE

The operator should provide the client with verbal and written aftercare instructions before each procedure. These aftercare instructions are targeted at infection prevention and control, not aesthetic values. The signs and symptoms of possible complications should be discussed. The operator should explain to the client how to deal with slight redness, pain and swelling. The operator should advise the client to seek medical advice if infection develops.

Operators may also direct clients to aftercare information on the HealthLinkBC website.

- Tattoo Problems: Home Treatment
<http://www.healthlinkbc.ca/kb/content/symptom/tatpb.html#hw245124>
- Body Piercing Problems: Home Treatment
- <http://www.healthlinkbc.ca/kb/content/symptom/hw250805.html#hw250969>
- Body Piercing Healing Times
<http://www.healthlinkbc.ca/kb/content/special/not250521.html>

8 RECORD KEEPING

Documentation of safety procedures and maintaining client records are essential for operators to demonstrate due diligence in maintaining their operation. Client records should be kept onsite if invasive procedures such as body piercing, tattooing, body modification are offered. In English, record the following:

- The operator's full name (first and last name).
- The client's full name (first and last name), complete mailing address and telephone number.
- The date and details of the procedure.
- The details of any incident.

Records of the following procedures should be available onsite for potential follow-up and inspection purposes:

- Details of instruments purchased as prepackaged and sterile (e.g., manufacturer name, certification designation, sterilization method, lot number and expiry date).
- Daily disinfection test results (e.g., test strips) to ensure the concentration is within acceptable limits or documentation that the solution is changed and monitored according to the manufacturer's instructions.
- Monitoring records of the sterilizer mechanical parameters (e.g., temperature, duration, pressure and printout (if available)).
- Chemical monitoring records for each sterilizer load.
- Sterilizer biological monitoring testing and results.
- Documents related to the client's or operator's accidental exposures to blood or body fluids.
- Updated material safety data sheets (MSDS) provided by suppliers for all hazardous products kept on site.

Operators should keep records at the place of business for a minimum of one year, and on file for a minimum of five years (the records can be stored off-site, but should be available upon request). Collect and store information according to local and provincial privacy legislation.

In B.C., the *Personal Information Protection Act* (PIPA) regulates the information and privacy practices of corporations, not-for-profits, charities, credit unions and other private sector organizations that collect, use or disclose personal information. Practical information on how to comply with PIPA can be found on the Information and Privacy Commissioner for British Columbia website: <http://www.oipc.bc.ca/for-private-organizations.aspx>.

GUIDELINES FOR BODY MODIFICATION

APPENDIX A: SAMPLE BODY PIERCING CONSENT FORM

CLIENT'S NAME: _____			
ADDRESS: _____	CITY: _____	P/CODE: _____	
TELEPHONE: _____	EMAIL: _____	AGE: _____	ID SIGHTED: Y/N
<i>If signing for an under 19 year old, are you their PARENT?: Y/N</i>			LEGAL GUARDIAN: Y/N
YOUR NAME: _____			
Confidential information (discuss each question with piercer*)			
<i>Please circle yes or no</i>			
1. I am 19 years of age or older or have parental consent for this piercing			Y/N
2. I understand that my body may react negatively to the metal in the jewellery.			Y/N
3. I understand that I am totally responsible for looking after my piercing			Y/N
4. Have you eaten within the past 4 hours?			Y/N
5. Have you been drinking alcohol within the last 8 hours?			Y/N
6. Are you currently under the influence of any non-prescribed drugs?			Y/N
7. Are you currently taking any medication?			Y/N
8. Are you prone to fainting?			Y/N
9. Do you have any fears around medical type procedures?			Y/N
10. Have you ever reacted negatively to metal in jewellery?			Y/N
11. <i>Please indicate (by circling) if any of the following conditions apply to you:</i>			
Heart disease/ Diabetes/ Epilepsy/ HIV/AIDS/ Hepatitis/ Keloiding/ Heavy bleeding/ Pregnancy/ Cold sores			
*If the client answers "no" to question 4 or "yes" to any of questions 5 to 11 or circles any of the medical conditions listed in question 12, the operator should not undertake the procedure.			

GUIDELINES FOR BODY MODIFICATION

STATEMENT OF CONSENT

This is to certify that I, the above named and undersigned, do give my permission to be pierced at

Business name: _____

I have answered all of the above questions truthfully

I am fully aware of and take full responsibility for the healing and daily aftercare procedure

Client's signature: _____

Date: _____

Body piercer's signature: _____

Date: _____

Piercing position: _____

Jewellery used: _____

NOTES BY PIERCER

On arrival and pre-procedure:

Special circumstances/considerations:

During procedure:

Post piercing:

I confirm that I have used sterilized jewellery and equipment or instruments and/or single-use disposable equipment or instruments in providing services to this client.

Aftercare instructions given: Y/N Aftercare product given: Y/N Return appointment advised: Y/N

APPENDIX B: EXAMPLE BODY MODIFICATION PROCEDURES, INSTRUMENTS AND EQUIPMENT

1 TATTOOING

The tattoo machine rapidly and repeatedly drives the needle(s) in and out of the skin, usually 50 to 3,000 times a minute. The design is made by the needle(s) being dipped into the indelible ink, puncturing the skin and the ink being drawn into the dermis layer. Tattoos can be drawn anywhere on the outside of the body, inside the mouth, on the tongue, and lips. See Figures 3 and 4.

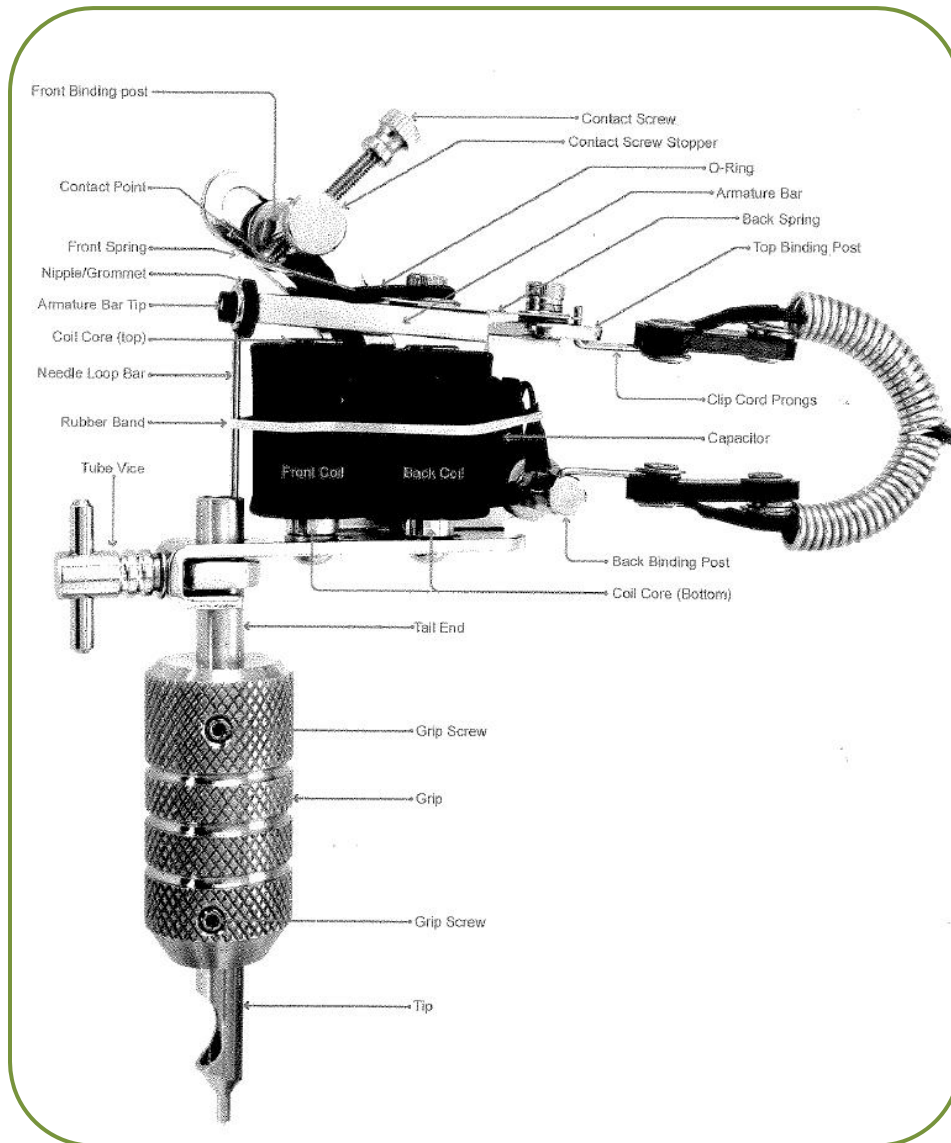


FIGURE 3: TATTOO MACHINE

GUIDELINES FOR BODY MODIFICATION

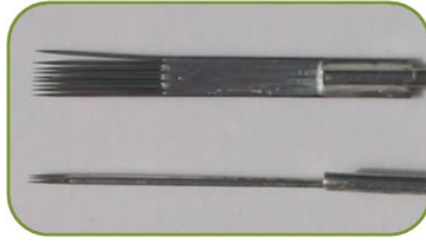


FIGURE 4: TATTOO NEEDLES

2 PIERCING

This involves piercing a part of the body and then inserting and keeping a foreign object in the opening until the wound heals. This forms a tunnel of skin (called a fistula) around the foreign object, thus creating a suitable place for wearing different types of jewelry. The parts of a non-disposable, spring-driven piercing gun cannot be effectively disinfected. As a result, guns such as the one pictured in Figure 5 should not be used.



FIGURE 5: NONDISPOSABLE, SPRING-DRIVEN PIERCING GUN

Disposable-cartridge piercing guns (Figure 6) have parts made of medical grade plastic that are sterilized at the time of manufacture. Disposable cartridges are stored in a sealed package that is opened immediately before use and discarded immediately after use, so the risk of disease transmission between clients is greatly reduced.



FIGURE 6: DISPOSABLE-CARTRIDGE PIERCING GUN

GUIDELINES FOR BODY MODIFICATION

Body piercing forceps (Figure 7) are used to hold tissue while the piercing takes place.



FIGURE 7: FORCEPS

A needle-receiving tube (Figure 8) is a hollow tube used to receive a needle during a piercing.



FIGURE 8: NEEDLE-RECEIVING TUBES

Ring-opening and -closing pliers (Figure 9) are used to open and close segment rings or ball closure rings that are too difficult to open by hand.



Ring-Opening Pliers



Ring-Closing Pliers

FIGURE 9: RING-OPENING AND RING-CLOSING PLIERS

3 STRETCHING OR GAUGING

Stretching is a deliberate expansion of a healed piercing (increasing the circumference of the hole in the skin) for the purpose of wearing certain types of jewellery. Earlobe piercings are the most commonly stretched piercings; however, other piercings can be stretched (e.g., nasal septum piercings, tongue piercings and lip piercings).

Stretching is usually done in small increments to minimize the potential for damaging the healed fistula or creating scar tissue. While all piercings can be stretched to some degree, cartilage piercings are usually more difficult to stretch and more likely to form raised scars if stretched quickly. The most common method for stretching is the taper (Figure 10), or rod that increases at one end in diameter to allow the stretch to take place as it is inserted.



FIGURE 10: INSERTION TAPERS

4 DERMAL PUNCHING

To create a larger piercing to accommodate larger-diameter jewellery, a dermal punch or biopsy punch (Figure 11) is used to pierce the site. This is generally the preferred method for accommodating larger jewelry in cartilage piercings.

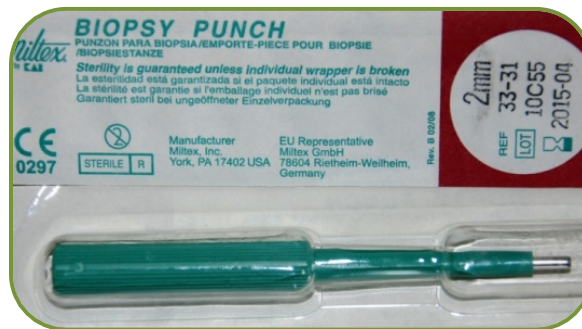


FIGURE 11: BIOPSY PUNCH

5 TRANSDERMAL ANCHORS

A transdermal anchor (Figure 12) is a flat-backed stud with the flat part inserted under the skin. The stud post that sticks out of the anchor attaches to the screw head. The jewellery appears to be screwed right into the body.

Sometimes the anchors have small holes in them, which allows the tissue to encompass the anchor as it heals, giving it a firmer hold. Transdermal anchors can be inserted into the skin after an incision is made with a regular piercing needle, or scalpel or razor. Implants vary in size and may migrate after insertion. This may make removal more difficult than original insertion, and scarring is likely if removal is required.



FIGURE 12: TRANSDERMAL ANCHOR

6 SUBDERMAL 3-D IMPLANTS

A sub-dermal 3-D implant (Figure 13) is a type of body art in which a 3-D object is placed under the skin for decorative purposes. It may come in many shapes and sizes. In its simplest form, a sub-dermal implant may look like a raised bump under the skin. Other implants are more complex geometric shapes, such as stars or hearts.



FIGURE 13: SUBDERMAL 3-D IMPLANT

6 SCARIFICATION

Scarification is the practice of creating designs in the body through the use of scar tissue. Skin peeling removes strips or pieces of skin after cutting. To enhance the resulting scar tissue, the wound may be rubbed with a colorant or irritant, along with deliberate interference with healing. This is done using a scalpel or a razor (Figure 14). Scalpel #10 is commonly used for scarification and peeling.



FIGURE 14: SCARIFICATION SCALPEL



FIGURE 15: CAUTERY SCARIFICATION PEN

7 BRANDING

Branding is creating decorative scars by applying extreme heat to the skin. Usually, thin strips of surgical steel (25mm or shorter) are held over a heat source with pliers. When heated, they are applied to the skin as a “strike”. Branding can also be done with a pen-like cauterizing instrument for precise work (rather than a large, heated iron brand associated with cattle branding).



FIGURE 16: BRANDING HYFREATOR

APPENDIX C: GLOSSARY

Approved sharps container: A dedicated, puncture-resistant, tamper-resistant, leak-proof container, which is impenetrable by sharps. It should have a tight-fitting lid and a clearly identifiable biological-hazard label.

Antiseptic: A chemical agent that destroys micro-organisms on human skin or mucosa.

Applicator: A device for applying a substance and includes a single-use disposable spatula.

Bacterial endospore: A form assumed by some bacteria that are resistant to heat, drying and chemicals. Under the right environmental conditions, the bacterial endospore may revert to its actively multiplying form.

Blood-borne infections: Infections spread through infected blood or body fluids including semen, vaginal secretions and saliva, such as human immunodeficiency virus (HIV), hepatitis B virus and hepatitis C virus.

Body fluids: Any fluid produced by the human body, including blood, semen, vaginal fluid, tears, saliva and sputum. People who come into contact with human body fluids may be exposed to potential health risks (e.g., HBV, HCV, and HIV).

Classification of devices:

Critical instrument/equipment: An instrument/equipment that is intended to puncture the skin or enter sterile tissue – including the vascular system – or contacts the puncture site or a sterile instrument before puncturing (e.g., needles, lancets, Pennington clamps). Critical instruments/equipment present a high risk of infection if contaminated with any micro-organism, including bacterial endospores. Before use, clean meticulously and then sterilize. (The vascular system includes all the veins and arteries.)

Semicritical instrument/equipment: An instrument/equipment that comes into contact with nonintact skin or mucous membrane, but ordinarily does not penetrate it (e.g., tweezers used to pull hair missed during waxing). Before use, clean meticulously then high-level disinfect.

Noncritical instrument/equipment: An instrument/equipment that does not directly contact the client (e.g., work surfaces) or contacts only intact skin (but not mucous membranes) during routine use (e.g., hair combs, client beds). Before use, clean then low or intermediate-level disinfect.

Cleaning: The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, micro-organisms). Cleaning removes rather than kills micro-organisms. It is accomplished with water, detergents and mechanical action. Thorough cleaning is required before disinfection and/or sterilization.

Contamination: The presence of an undesired material or infectious agent on a surface, clothes, instruments/equipment, dressings or inanimate articles or substances including water.

Cross-contamination: A transfer of contamination from a contaminated source to a noncontaminated site.

Disinfectant: A chemical agent that kills most disease-producing micro-organisms, but not necessarily bacterial endospores. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.

Disinfection: A process that kills most disease-producing micro-organisms. Disinfection does not destroy all bacterial endospores. Instruments/equipment must be cleaned thoroughly before effective disinfection can occur.

Disinfection levels:

High-level disinfection (HLD): A process capable of killing vegetative bacteria, mycobacteria (including *Mycobacterium tuberculosis*), fungi, enveloped (lipid) viruses, non-enveloped (nonlipid) viruses, and some, but

GUIDELINES FOR BODY MODIFICATION

not necessarily high numbers of, bacterial endospores. This disinfection level is required when processing semicritical instruments/equipment.

Intermediate-level disinfection (ILD): A process capable of killing vegetative bacteria, mycobacteria (including *Mycobacterium tuberculosis*), most fungi, enveloped (lipid) viruses and most non-enveloped (nonlipid) viruses. This disinfection level is required when processing instruments/equipment that during routine use only contact intact skin – but may accidentally contact nonintact skin or receive blood or body fluid splatter (e.g., pedicure foot basins, laser wand).

Low-level disinfection (LLD): A process capable of killing most vegetative bacteria, some fungi, enveloped (lipid) viruses and some non-enveloped (nonlipid) viruses. Low level disinfectants cannot be relied on to kill mycobacteria or bacterial endospores. This disinfection level is required when processing noncritical instruments/equipment or some environmental surfaces.

Drug Identification Number (DIN): A number provided only by Health Canada that ensures labeling and supporting data have been provided and that the product has undergone and passed a review of its formulation, labeling and instructions for use. All disinfectant chemicals used in a personal service establishment need to have a DIN on the label.

Equipment: Any implement, item, instrument, device, object, or tool used when carrying out personal services.

Fistula: A hole made by the needle in order to accommodate body jewelry. In other words, the passage between each side or cavity of the piercing.

Infection: Entry into and multiplication of infectious micro-organisms within the body.

Infection prevention and control: Evidence-based practices and procedures that, when applied consistently, can prevent or reduce the risk of transmission of micro-organisms to operators and clients.

Instrument: A hand-held implement, item, instrument, device, object or tool used when carrying out personal services.

Invasive procedure: Any procedure intended to break the skin (e.g., tattooing, piercing) or pass through a mucous membrane.

Minor (child): A person under the age of 19 (*Age of Majority Act*, section 1).

Mucous membrane (mucosa): Moist tissue that lines some organs and body cavities (such as eyes, ears, nose, mouth) and secretes mucous (a thick fluid).

Non-intact skin: Areas of the skin that have been opened by cuts, abrasions, dermatitis, chapped skin, etc.

Puncture: Accidental or intentional penetration (break) through the skin or other body tissue.

Sharps: Items that may penetrate the skin (e.g., needles, blades, lancets, razors).

Single-use (disposable) items: Instruments designated by the manufacturer for single-use only. Single-use items should be discarded appropriately after use.

Sterilization: The complete destruction of all microbial life including bacteria, bacterial endospores, viruses and fungi. This is required when processing critical instruments/equipment. Before sterilization, instruments/equipment should be meticulously cleaned.