

2. Body art–tattooing and piercing

2.1 General

Body art is used to describe any process to decorate or adorn the body by means of implantation, or the marking of the skin in a permanent way by means of injection, incision or heat. Current practices include tattooing and cosmetic tattooing, body piercing, branding, scarification, braiding and three-dimensional art such as beading or devil's horns.

Invasive body art involves a high risk of transmission of blood-borne viruses such as hepatitis B and C and HIV, and bacterial infections that can be transmitted by unclean and nonsterile equipment and unhygienic procedures and premises. The potential for serious infection occurs during body art procedures because needles used to penetrate the skin become contaminated by blood and body fluids, which do not have to be visible on an instrument, needle or working surface for infection to be transmitted. There is also a risk of nerve damage and unwanted scarring if procedures are poorly performed.

Every client and worker is at risk if proper infection control procedures are not followed. The client's skin should be clean and free of infection, and all instruments used in skin penetration practices (including needles and attachments such as nozzles, needle bars and tubes) must be sterile at the time of use.

In Victoria it is illegal to tattoo any person under the age of 18 years (Summary Offences Act 1966, s. 42(10)). There is no legal age limit for body piercing.

2.2 Preparation of work area and equipment for body piercing and tattooing

See part A, section 4.1.

2.3 Bleeding

See part A, section 3.2.4.

2.4 Dispensing – pigments, creams, jelly etc.

See part A, section 2.5.

2.5 Tattooing

2.5.1 Specific tattooing requirements

The same principles apply to all methods of tattooing, including cosmetic tattooing (see part B, section 1.5), regardless of the type of premises in which the tattooing is undertaken (see part A, section 4).

- Cover surfaces that may need to be touched (for example, spray and ink bottles) with single-use plastic bags so only the nozzles are exposed. Cover light fittings and power pack controls with cling film.

- Dispense the required pigment, lubricating jelly, antiseptic cream and any other lotion (including solutions used to clean the skin during the tattooing process) into single-use containers using single-use spatulas.
- Place water to be used for rinsing between colours into a single-use cup.
- Place sufficient single-use wipes for one client in the area. Wipes must be stored where they cannot become contaminated.
- Open all sterile items (including tubes and needles attached to needle bars) in the presence of the client to show sterile instruments are being used. Check the chemical indicators for colour change and, if satisfactory, then assemble the handpiece.

The operator should document the chemical indicator results on the client sheet (see part E, appendix 3).

Any leftover pigments, creams, water and wipes must be immediately discarded after each client.

- Replace any sterile instruments or needles accidentally touched by the operator or contaminated in any other way, either before or during a treatment, with another sterile instrument or needle.
- Take care when inspecting needles for defects such as damaged or blunt points. Needles must never be tested for sharpness on the skin of the operator or client. Self-illuminating magnifying glasses are available to check needles for bluntness or barbs.
- Clean and sterilise nonsterilised needles before inspection, then re-clean and re-sterilise them before using them on a client.
- See part A, section 4.1.3 before soldering any needles together.
- Use a lead-free solder. Effective cleaning of the solder removes the flux residue from the soldering process.

2.5.2 Skin preparation

See part A, section 4.1.3 and also note the following practices.

- Ensure the client's skin is clean and free from infection, sores or wounds on or around the tattoo site.
- If the tattoo area needs to be shaved, then use a new single-use safety razor for each client and immediately discard it into the sharps container (see part A, section 2.4.1).
- Disinfect the site where the procedure will be carried out.
- Use an antimicrobial lotion or plain liquid soap on the skin before the placement of a single-use stencil. Multi-use deodorants should never be used.

- Apply lubricating jelly to the tattoo site using a new single-use spatula for each client. If extra jelly is required, then use a new spatula; discard the spatula after each application. Never use gloves or bare fingers.
- Immediately discard any leftover detergent or lubricating jelly.

2.5.3 Procedure

Each tattooist must have a fully equipped and separate workstation. Equipment must not be shared. The area of the room or cubicle should be no less than 2.5 metres square. The floor, walls and doors should be made of a sealed nonporous material.

The use of sterile single-use gloves is encouraged when skin penetration procedures are being performed. The use of nonsterile single-use gloves is the minimum requirement if sterile gloves are not provided.

- Wash hands using antimicrobial or plain liquid soap and thoroughly pat dry before putting on single-use gloves.
- Always wear single-use gloves on both hands for each client and wear throughout the tattooing procedure.
- Tattoo an outline of the design on the skin.
- Change the needle assembly or handpiece after each client use.
- Tattoo the colour or shade of the outline on the skin.
- Where possible, avoid contaminating the work area with the client's blood.
- Avoid cross-contamination between surfaces.
- When tattooing, do not eat, drink or smoke. If having to leave during the procedure (for example, to answer the phone or for a toilet break), then remove and dispose of gloves and wash and thoroughly pat dry hands. Before resuming tattooing, wash hands, thoroughly pat dry and put on new single-use gloves.
- If the client takes a break during the tattooing process, then cover the skin being tattooed with a dry clean dressing.
- Use pre-dispensed cleaning solution and single-use wipes to remove excess pigment and blood from the tattoo site. Dispose of wipes into the clinical and related waste container.
- When the tattoo is completed, clean the area, then remove gloves and wash and dry hands, then re-glove (using single-use gloves).
- Remove antiseptic cream from a single-use container and apply to the treated area by means of a single-use spatula. Cover site with a sterile dressing.
- Remove gloves, and wash and dry hands.

- Take time to demonstrate to the client how to care for the tattoo to prevent infection, and provide the client with the same information in writing. Ensure the client has fully understood these instructions.

2.5.4 Cleaning, disinfection and sterilisation procedures for instruments

All tattooing procedures are high risk for the possibility of contamination with blood and body fluids or substances.

See part A, sections 5 & 6.

2.5.5 Record keeping

It is important to keep accurate records of every tattooing procedure for each client. These records should include name, address, the date, a description of the procedure, and sterilisation information relevant to the instruments used. Accurate and detailed records are valuable to the body artist if there is any infection or possibility of a blood-borne virus transmission from a procedure. For example, in the case of a blood-borne virus, these records can be cross-checked for the probability for or against a reported infection as a result of a specific procedure (see part A, sections 2.7 and 3.2; and part E, appendix 3).

2.5.6 Mobile tattooing

Due to the high risk of spread of infection where skin penetration procedures are carried out, mobile tattooing businesses are not permitted.

2.6 Body piercing

2.6.1 Areas used for piercing and other forms of body art, and potential risks

This table describes common body piercing sites and known potential risks associated with these pierced areas. The list is not complete: as fashions change, additional practices will arise and other risks may be associated with them.

Table 7: Common piercing sites and known potential risks

Piercing sites	Potential risks
Ear piercing—the lobe or the upper cartilaginous parts are the most usual sites. The tragus, the conch and the rook may also be pierced.	<ul style="list-style-type: none"> • Infection
Nose—the nostril or the septum	<ul style="list-style-type: none"> • Infection
Mouth/face—lips, tongue, eyebrows, cheeks, chin	<ul style="list-style-type: none"> • Potential airway obstruction or difficulty in breathing due to swelling from insertion or infection • Interference with speaking and chewing • Possible oral surgery to retrieve lost or submerged objects within the tongue tissue • Mouth irritation or trauma to teeth and gums if inappropriate jewellery is used, including fracture to the enamel and gingival recession • Tongue—nerve damage, severing of large blood vessels, swelling, airway obstruction, increased salivary flow, permanent numbness and loss of taste • Eyebrows—damage to the nerves responsible for eyelid movement • Infection (bacterial, viral and fungal)
Skin surfaces—neck, forearms, wrist	<ul style="list-style-type: none"> • Rejection, where skin tension puts pressure on the jewellery and leads to rejection • Infection
Navel	<ul style="list-style-type: none"> • Risk of severe infection if the umbilicus is pierced
Nipple	<ul style="list-style-type: none"> • From piercing of the female areola, possible effect on ability to breastfeed • Infection
<i>Genitals</i> Female—clitoris, clitoral hood, labia, forchette and triangle Male—urethra, foreskin, frenum, scrotum and the pubic area	<ul style="list-style-type: none"> • Infection <p><i>Note:</i> Body artists should refer to s.47 of the <i>Crimes Act 1958</i> (indecent act with a child under the age of 16 years) and to s.49 (indecent act with a child 16 years old) to be aware of the potential legal consequences of genital piercing a minor.</p>
Other forms of body art	Potential risks
Scarification and cutting with a surgical scalpel or laser to produce scar tissue. Some clients insert foreign matter such as clay or ash into the wounds to achieve permanently raised welts known as keloids.	<ul style="list-style-type: none"> • Infection • Rejection of the foreign matter
There is a current trend towards tongue splitting.	<ul style="list-style-type: none"> • Speech impediment • Numbness • Loss of taste
Branding using heated surgical steel; cold branding using dry ice.	<ul style="list-style-type: none"> • Infection
Braiding by cutting adjacent strips of skin, keeping one end attached and braiding them together (The loose ends are then re-attached to the skin.)	<ul style="list-style-type: none"> • Infection • Skin loss if the reattachment does not take
Beading/three-dimension body art, where the skin is slit and stainless steel beads, rings or other jewellery are implanted beneath the skin. (For devil's horns, teflon and/or coral inserts are adhered to the skull underneath the skin.)	<ul style="list-style-type: none"> • Infection • Rejection of the foreign matter

Healing times from piercing depends on the location on the body, the technique employed, the health of the individual, the quality of the jewellery, and the aftercare undertaken. Healing times can vary from a few weeks to six or nine months.

2.6.2 Choice of jewellery

Appropriate jewellery is well polished and specifically designed for body piercing, with no nicks, scratches or irregular surfaces. Metals are chosen for their biocompatibility (or body-friendly) quality. Some metals are more biocompatible than others due to their specific composition or alloys. Surgical stainless steel, niobium, titanium and platinum are common. The metals to which people are most often sensitive are nickel, copper and chromium. Dense, low-porosity plastics such as monofilament nylon, acrylic or lucite are also used.

All jewellery must be sterile at the time of insertion. Infection results from the use of substandard, nonsterile jewellery and poor operator practices. Surgical stainless steel is the most suitable metal because it can be effectively cleaned and sterilised before piercing. The grade recommended is 316 LVM, with grade 316 L being an acceptable minimum. 18 carat gold jewellery can be used although the gold may react with body tissue and fluids and delay healing. Gold jewellery less than 18 carats will tarnish during sterilisation due to the amount of alloy present. Unless gemstone jewellery is of high-quality manufacture with solid backing, it is not suitable for initial piercings because it may not withstand pressure gradients during sterilisation. Less than 18 carat gold jewellery or gemstones can be inserted once the piercing has healed.

The use of gemstones and gold and sterling silver beads in rings may be unsuitable for genital piercings because the materials react with urine. In this instance, periodic removal and cleaning of the jewellery is required. If the client wants to use their own jewellery, they should take it to the studio the day before to check its suitability for sterilisation and, if appropriate, have it sterilised. Jewellery bought from alternative sources other than the piercing studio will not be sterile and may not be of suitable quality or size, or appropriate for sterilisation.

2.6.3 Instruments

Deterioration of equipment, specifically plated-metal surfaces, occurs as a result of repeated cleaning and sterilisation processes. It is recommended that only good quality stainless steel instruments be used and maintained. Needles must be pre-sterilised and single-use. They must be discarded into a sharps container immediately after use.

Stud guns are designed for ear lobes only, while nostril piercing guns are used for the nose. These guns may damage body tissue when used on other parts of the body. They must be of the sterile single-use cartridge type. Other instruments used in body piercing that must be sterile at the time of use are clamps, needle pushers, insertion tapers and any other instrument likely to come in contact with open tissue

or to be contaminated with blood or body fluids/substances. Under no circumstances should any item marked by its manufacturer as single-use be cleaned and sterilised for reuse on another client.

2.6.4 Skin preparation

See part A, section 4.1.3.

2.6.5 Procedures

General procedures

The potential for serious infection occurs during all body art practices. Each body artist must have a fully equipped and separate workstation. The area of the room/cubicle should be no less than 2.5 metres square. The floors, walls and doors should be made of a sealed, nonporous material.

The use of sterile single-use gloves is encouraged when skin penetration procedures are being performed. The use of nonsterile single-use gloves is the minimum requirement if sterile gloves are not provided.

The body artist should:

- wash their hands with antimicrobial soap and thoroughly pat dry before putting on single-use gloves
- clean the area to be pierced with a broad-spectrum antimicrobial solution
- mark the area with a nontoxic single-use marker
- if a clamp is to be used, apply the sterile clamp using a sterile rubber band to secure it
- perform the piercing by pushing the sterile single-use needle through the skin (noting that it is important to follow the markings exactly)
- insert sterile jewellery into the piercing and then close using sterile ring closing and circlip pliers.

If at any stage the body artist needs to touch anything that has not been sterilised, then they should remove their gloves and wash and thoroughly pat dry hands. Before resuming the piercing, the body artist should again wash and thoroughly pat dry hands, and put on a new pair of single-use gloves.

Ear piercing

Ear piercings have been detailed because ears are the most commonly pierced area. The preferred method of piercing ears is the use of a single-use ear-piercing gun. The secondary option is the employment of an ear-piercing system that minimises the risk of contaminating the gun. In these systems, a pre-sterilised single-use cartridge containing the stud and butterfly is inserted into the gun. No contact occurs between the gun and the ear, and the cartridge should be discarded into the clinical and related waste bin after the studs are inserted. All reusable ear-

piercing guns must be thoroughly cleaned and disinfected, with particular attention to the cartridge holder, to minimise the risk of spreading infection.

Methods of ear piercing using a trocar and cannula or needle and cork are not recommended, due to the difficulty of sterilising cork. Where these methods are used, all articles that penetrate the skin must be disposed of or cleaned and sterilised. Cork can be sterilised only by gamma irradiation or ethylene oxide gas.

Strict care must be taken when handling ear-piercing equipment. Ear-piercing studs must be sterile at the time of use.

- Only use studs that have been taken from a sealed sterile package.
- Be familiar with the loading procedures. (Load all guns without touching the studs or the stud-holding devices on the gun.)
- Dispose of sterile single-use cartridges after use on each client. (The cartridge holder is also contaminated during use and therefore must be cleaned and disinfected between clients.)
- Do not use any stud packets that have been opened previously or that are split. The contents of these packs are no longer sterile and may cause infection if used for this purpose, although they can be sold in the same way that other studs and earrings are sold for general use.

2.6.6 Possible medical implications

Clients should be advised that the placement of some piercings/implants may hinder the delivery of required medical interventions.

2.6.7 Cleaning, disinfection and sterilisation procedures for instruments

See part A, sections 5 and 6.

2.6.8 Record keeping

It is important to keep accurate records of every body piercing and body art procedure for each client. These records should include name, address, date, a description of the procedure and jewellery, and sterilisation information relevant to the instruments used. Accurate and detailed records are valuable to the body artist if there is any infection or possibility of a blood-borne virus transmission with the client. For example, in the case of a blood-borne virus, these records can be cross-checked for the probability for or against a reported infection as a result of a specific procedure.

See part A, sections 2.7 and 3.2, and part E, appendix 3.

2.6.9 Mobile body piercing

Due to the high risk of spreading infection with skin penetration procedures, mobile businesses are not permitted.

2.7 Body art – cleaning, disinfection and disposal schedule

Table 8 provides a summary schedule for both tattooing and body art equipment in terms of cleaning, disinfection and disposal.

Table 8: Body art equipment—cleaning, disinfection and disposal schedule

	Equipment	Reason	When	How	Additional information
High risk	Single-use razors	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into a sharps container.	See part A, section 2.4.1.
	Single-use needles	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into a sharps container	See part A, section 2.4.1.
	Single-use rubber bands	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into clinical and related waste container.	See part A, section 2.4.2. Rubber bands weaken through multiple sterilisations.
	Reusable instruments Jewellery (such as needle bar and tube, clamps, ring closers, and receiving tubes). Tattoo gun	Potential for skin infections or blood-borne virus transmission	After each client	Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth. Package with a chemical indicator and seal. Sterilise.	<i>Note:</i> Some jewellery will not withstand the sterilisation process. Some parts of the tattoo gun are not immersible. Use a lint-free cloth for all stages of the cleaning process. Store appropriately.
Intermediate risk	Shaving brushes (if used)	Risk of infection if previous client has skin lesions or infection	After each client	Rinse free of hair and shaving cream. Wash in warm water and detergent. Rinse in hot running water. Dry thoroughly.	<i>Note:</i> Brushes and plastic items will not withstand the sterilisation process.
	<i>Nonimmersible equipment</i> Electrical items	Potential for infection	After each client	Wipe over with cloth dampened in warm water and detergent. Rinse by wiping with cloth dampened in hot water. Dry thoroughly. Wipe over with cloth dampened with 70% alcohol solution and allow to dry.	Use a lint-free cloth for all stages of the cleaning process.

Table 8: Body art equipment—cleaning, disinfection and disposal schedule *continued*

	Equipment	Reason	When	How	Additional information
Low risk	Clippers	Potential for infection/ infestation	After each client	Use lint-free cloth to remove hair Wash in warm water and detergent Rinse in hot running water. Dry with lint-free cloth	Clippers become high risk if they penetrate or abrade the skin <i>Note:</i> Plastic clipper attachments will not withstand the sterilisation process.
	Single-use ink Wells/caps	Potential for infection	After each use	Dispose of into a clinical and related waste container.	Use once only. Some inkwells are reusable. See above note on reusable instruments for cleaning. Single-use inkwells are preferred.
	Single-use applicators	Potential for infection	After each use	Dispose of into an clinical and related waste container.	Use once only.
	Single-use skin markers	Potential for infection	After each use	Dispose of into a clinical and related waste container.	Use once only.
	Bottles/sprays/pump dispensers – Liquid soap – Water – Lotions – Creams – Gels	Potential for contamination	When empty	Wash in warm water and detergent. Rinse in hot running water. Dry thoroughly with lint-free cloth before refilling.	Never top up. Discard manufacturer’s containers when empty.
	Dye-mixing bowls Shaving bowls	Potential for contamination	After each client	Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	Prevent residual dyes being mixed into new preparations.
	Equipment trolley	Prevention of dust from accumulating and contaminating clean equipment	Weekly	Use damp cloth to remove dust. Wash with warm water and detergent. Dry thoroughly with cloth before refilling.	Ensure items are in closed containers. Cover when not in use. Use a lint-free cloth for cleaning.