CODE OF PRACTICE

BODY PIERCING

ISSUED BY

TORFAEN COUNTY BOROUGH COUNCIL

PLANNING & PUBLIC PROTECTION
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Introduction

The Local Government (Miscellaneous Provisions) Act 1982 requires persons who practice ear piercing to be registered with the Local Authority. In addition, these activities should only be undertaken in registered premises.

- This Code of Practice is intended to explain the implementation and operation of the bylaws relating to the piercing of flesh for decorative purposes.

- The standards and procedures outlined in this code will be regarded as the minimum standards to comply with the statutory duties of employers, employees or self-employed persons as outlined in the HASAWA '74, and other relevant legislation. The practitioner and his assistants must have received sufficient and adequate training both in hygiene and safety as they apply to their work. This Code of Practice is not binding, and reference should be made to the bylaws as the definitive document for this purpose. Every practitioner must be aware of the bylaws, and shall operate in accordance with them.

- Incorrect hygiene procedures can result in damage to the health of both the patient and the practitioner. Compliance with the Code of Practice will obviate the health risk, and ensure that body piercing carried out in the Torfaen area is both safe and hygienic.
1. **Premises**

1.1 **General**

Skin piercing should be carried out in premises, rooms or areas which must be clean and capable of being kept clean. All internal parts of the structure of the premises including doors, windows etc should be maintained in a clean condition and kept in proper repair. Wallpaper should not be used as a wall covering unless it is a durable washable type. The surface of the floor should be smooth, impervious and continuous.

A wash hand basin with an adequate supply of hot and cold water and with a proper connection to the drainage system must be provided. The basin should be located in the work area, or in close proximity to it. It is preferable that the taps on the wash hand basin be either floor or elbow operated. Suitable soap, preferably in liquid form with bactericidal properties, together with a readily accessible means of hand drying must be provided. Such hand drying facilities may be disposable paper towels or hot air dryers.

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 (at least after each client) of a suitable disinfectant.

Shelves, cabinets, cupboards etc, must contain only the equipment which is used in connection with the business of skin piercing.

1.3 **Chairs and Seats**

Surfaces of any chairs, seat or couch should have a smooth impervious surface such as vinyl, and be in good repair. They should be kept clean and washed with detergent and hot water regularly. Patients should sit or lie on a disposable paper sheet rather than on the bare surface. Fabric chairs should not be used.

1.4 **Sanitary Accommodation**

Adequate and accessible sanitary accommodation must be provided and maintained on the premises, and these facilities must be made available to the clients. Hand washing facilities with soap and an appropriate hand drying facility should be provided in close proximity to the sanitary accommodation.

1.5 **Ventilation**

Adequate ventilation must be provided and maintained. Natural ventilation, may, in some circumstances, require supplementary mechanical assistance.
The Planning & Public Protection Service will be able to give advice in such circumstances.

1.6 Artificial Lighting

Adequate artificial lighting must be provided and maintained. A suitable standard overall intensity for the premises is 500 lux, with a greater intensity of 1000 lux for all work areas. The Food, Health & Safety Enforcement Team will be able to give advice on this provision.

1.7 Disposal of Waste

Needles should be placed in an approved yellow plastic "sharps" disposal box such as is used in hospitals. The box should be clearly marked:

Danger Contaminated Sharps Only
To be Incinerated

Any waste matter contaminated by blood or body fluids e.g. swabs, paper, towels, tissues etc must be disposed of in an approved yellow plastic clinical waste sack clearly marked:

Biohazard Clinical Waste Only. To be Incinerated

Small items e.g. swabs, tissues etc may be placed in the approved sharps box instead. Waste matter not contaminated with blood or body fluids should be disposed of in a suitable receptacle lined with a leak proof sealable plastic bag and provided with a close-fitting lid. The bags shall be changed at least once every working day, or more frequently as may be necessary.

Used disinfectants must be carefully poured down the sink after use and flushed with running water.

No waste material should be left inside a treatment room overnight. The advice of Food, Health & Safety Enforcement Team must be sought about the final disposal of the sealed bags and sharps disposal boxes from the premises. (See the important notice regarding sharps boxes and clinical waste disposal in appendix 5).

2. Health and Personal Hygiene

2.1 Health of the Public

Operators must ensure that his or her own health, including personal hygiene, does not endanger in any way the health of a client.

A high standard of personal hygiene is essential. Hands must be washed before and after treating each client, nails should be kept short and clean, and should be free from nail polish or varnish.
All cuts and wounds must be washed and dressed with a waterproof dressing immediately.

The practitioner should wear clean, washable or disposable clothing while carrying out his or her practice. Practitioners must refrain from smoking, eating or drinking whilst engaged in a treatment.

2.2 Transmission of Infectious Diseases

An operator who is suffering from an infectious disease can transmit germs to his or her client in various ways, including through breaks and punctures in the skin during treatment.

Consult your family practitioner early about infectious diseases that may be passed to the clients. Ensure that the practitioner is aware that you are engaged in the business of skin piercing. Medical advice should always be sought if a cut is sustained from the apparatus which is being used on a client who is suspected of suffering from hepatitis.

If the operator has cuts, boils or other lesions on his or her hands, disposable gloves should be worn.

2.3 Health of the Client

Ensure that any part to be treated is clean and free from cuts, sores or skin infections. Operations should not be conducted if the area requiring treatment is so infected.

It is essential to ensure of the client has a history of hepatitis that he or she is not currently suffering from it. In such cases, consideration should be given to not treating the client because of the high risks involved.

Treatment should not be given until the client has consulted his or her General Practitioner as to any possible infective site (reference should be made to Appendix 1 for information on related Infectious Diseases).

The areas to be pierced should be cleaned at the start of the treatment with an alcohol-impregnated swab. Other cleaning agents, if used, should also have adequate disinfectant properties. Medical attention may be necessary if a treatment part becomes inflamed or infected.

2.4 Used Facilities and Equipment

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 clients skin should be clean and not have been used in connection with any other client.

All table tops shall be thoroughly cleansed between clients with a suitable disinfectant e.g. a hypochlorite solution.
2.5 Register of Clients

Names and addresses of all clients and date of attendance shall be recorded in a suitable register (see Appendix 2). This register must be made available to authorised officers on request.

3. Equipment and Methods of Skin Piercing

3.1 General

Several methods of skin piercing in current use have provided evidence that it is possible to transmit infection from person to person.

Methods of ear piercing can be divided into two groups, those recommended by the Public Health Laboratory Service, and others.

3.2 Non-recommended Methods

3.2.1 Needle and Cork Method

The ear is pierced by pushing a needle through the lobe into a piece of cork which acts as a buffer. The sleeper is then threaded through the lobe. This method is extremely hazardous, the risk of contamination is high and should never be used professionally.

3.2.2 Gun Method

The original gun method adopted the principle of the stud acting as the piercing agent. The pre-sterilised stud and butterfly are mounted onto the gun, and the stud is mechanically pushed through the lobe into the butterfly. Infection from contamination needles is therefore avoided. However, as the lobe touches parts of the gun during the piercing it is possible for the gun to be contaminated by serum. The guns cannot be heat sterilised, therefore infection from this source is possible.

3.3 Recommended Methods

There are several ear piercing methods available that overcome the problems associated with the previously mentioned methods. In these cases pre-sterilised earring and stud are used. At least one of the systems is entirely disposable, and in the others, although a gun is used, it is of such a design that contamination is highly unlikely. The recommended methods are described below, and addresses of manufacturers listed in Appendix 3.

3.3.1 Gun Method

This is the latest modified version of the gun method, and has as far as possible eliminated sources of infection. The stud and butterfly are both mounted in plastic blocks or capsules which are pre-sterilised. The purpose of the blocks is to screen the gun from contamination during
the piercing operation. After piercing the blocks or capsules are discarded. The manufacturers of this recommended method of ear piercing include Inverness, Caflon, Caress and Trips.

3.3.2 Coren Method #

A variation on the gun method is manufactured by Coren and consists of a U-shaped plastic holder containing the stud at the end of one limb and the butterfly in the other. This is only available in a pre-sterilised bubble pack. The earring cannot easily be contaminated before it is discharged from the bubble pack. A valve ensures that the correct pressure is reached before the earring is released. The empty plastic holder can then be disposed of as it cannot be easily reloaded. A reusable plastic squeezer is supplied, this makes the piercing procedure somewhat easier. There is no danger of the squeezer becoming contaminated.

4. **Recommended Procedure for Skin Piercing**

4.1 **Ears**

4.1.1 The operators should wash his hands before each session commences and between clients.

4.1.2 The operator should ensure that there is no infection or secondary lesions in the area to be pierced.

4.1.3 The ear lobes should be marked with a suitable marker, preferably a gentian violet paint.

4.1.4 A clean paper tissue of towel should be placed on the table top, and on the clients shoulder.

4.1.5 The clients ears should be swabbed with a fresh spirit e.g. medi-swab.

4.1.6 The operator hands should then be swabbed with a fresh spirit swab e.g. medi-swab.

4.1.7 The pre-sterilised packs should then be opened, and the appropriate system, depending on the method being used, should then be followed, and the ears pierced.

4.1.8 The tightness of the earrings should be adjusted using a clean tissue to hold the earrings.

4.1.9 The plastic capsules, holders, swabs, paper tissues etc should be disposed of in a plastic lined bin. The operators hands should be cleaned with a spirit swab.
4.1.10 After care should be explained to the client in detail and written instructions given. The latter are frequently supplied by the manufacturers of the various types of equipment.

4.2 **Body Piercing Other Than Ears**

4.2.1 The operator and premises should be registered by the Local Authority to carry out skin piercing - and preferably tattooing - as this will ensure good hygienic conditions and practice.

4.2.2 The operator should be able to show knowledge of possible contra-indications and should discuss with the client (and ideally keep a written record of) his or her medical history, covering the following conditions prior to piercing:

- heart disease
- cellulitis
- eczema
- impetigo
- genital warts - if relevant
- allergic responses to anaesthetics, adhesive plasters, or jewellery metals such as nickel.
- haemorrhaging
- fainting
- epilepsy
- diabetes
- HIV infection
- Hepatitis B or C

To minimise the consequences of fainting the client should be in reclining position when piercing is carried out N.B. this is not appropriate for tongue piercing as there is a risk of swallowing jewellery or the tongue itself.

4.2.3 There should be a notice prominently displayed on the premises informing clients of the possible risks consequent to body piercing, to include:

- blood poisoning e.g. septicemia
- localised severe swelling and trauma at and around the piercing site
- scarring
- jewellery embedding
- localised infections e.g. sepsis or urethritis
- allergic reactions to jewellery metals and antiseptic
- fainting

4.2.4 It is strongly recommended that body piercers are tested for hepatitis B antigens and antibodies, and are vaccinated against the hepatitis B
virus. Using correct and careful procedures will minimise the risk of contracting or transmitting any infection.

4.2.5 The administering of local anaesthetic injections other than by a medically qualified practitioner is an offence. Ethyl chloride should be used with extreme caution only be operators who understand its hazards and limitations i.e. that it is toxic, flammable, non-sterile and can cause frostbite.

4.2.6 The operator and/or client should not be under the influence of drugs or alcohol, and smoking is prohibited in the treatment room.

4.2.7 Prior to piercing, the operator should "surgical scrub" nails, hands and elbows with soap and hot water, dry with clean disposable paper towels, or hot-air dryer, and then wear new single-use disposable surgical rubber gloves for each client. Remember, if the gloves come into contact with non-sterile surfaces they must be discarded and new ones worn.

4.2.8 Needles must be pre-packed/pre-sterilised, and only used once before proper disposal in an approved "sharps" box. Hollow needles should be a minimum of 1.55mm in diameter (1 -1.2mm needles are suitable for piercing ears and nostrils).

4.2.9 A no-touch technique (e.g. using forceps) should be used where practicable to reduce the risk of skin and soft tissues infections. However, the operator must be aware of the risks involved in the incorrect or prolonged use of forceps. After use, forceps must be stored away from sterilised equipment, and then sterilised before they are used again.

4.2.10 If the piercing site is to be marked it should be done after cleansing the clients skin, and such marking should be carried out with a fine indelible pen - preferably gentian violet. In every case the skin in the area of the piercing site must be appropriately cleansed before piercing using 70% ethanol or isopropyl alcohol swabs e.g. medi-swabs, or 10% providone iodine e.g. Betadine.

4.2.11 An appropriate surface local anaesthetic must be applied to the area using a clean disposable applicator e.g. a piece of sterilised gauze, for each application. A test to check the effectiveness of the anaesthetic is recommended before piercing occurs.

4.2.12 To minimise the risk of injury to the operator the clients skin may be steadied with sterile forceps. The piercing needle should be kept as far away from the tip as possible whilst affording adequate control of the needle.

4.2.13 Jewellery should be of a suitable grade e.g. "316" surgical steel or 18 or 22 carat gold, and it should be sterilised and kept in sterile
conditions until inserted. Nine or 14 carat gold or other metals should not be used as they may cause an allergic reaction. All insertable jewellery should be inert, non-toxic and smooth.

4.2.14 Ear piercing guns are not appropriate for other parts of the body.

4.2.15 Body piercing guns are inaccurate, non-steriles and should not be used.

4.2.16 The operator should not place the back "butterfly clip" onto the piercing stud when nose piercing. A "sleeper" should be used instead.

4.2.17 For oral piercing e.g. cheeks, tongues or lips, the client should gargle and rinse his or her mouth with antiseptic mouthwash prior to the piercing operation. The client should be advised to mouth-rinse with antiseptic mouthwash after eating for about one month after the piercing.

4.2.18 Male and female genital piercing can have some reactions to certain soaps/ointments. KY jelly is a safe lubricant to use of such cases.

4.2.19 Piercing of the head (glands) of the penis and urethra may cause scaring to the urethra or glands if done incorrectly. This may lead to problems with urine flow when healed. Therefore this procedure should only be undertaken by highly skilled and experienced piercers.

N.B. The Prohibition of Female Circumcision Act 1985 states that a person who "excises, infibulates or otherwise mutilates the whole of any part of the labia majora, labia minora or clitoris of another person" is guilty of a criminal offence. Arguably, therefore, piercing the female genitalia in the absence of a medical reason could be an offence under the Acts. This should be borne in mind should such a piercing be requested.

There should be no attempt to increase the size of the piercing until it is completely healed, such increasing should be carried out gradually by the insertion of progressively larger gauge sterile jewellery. No subsequent bleeding or tearing of the skin should occur.

4.2.20 Clients should be given verbal and written information regarding body piercing aftercare:

- normal bathing and showering is permitted but otherwise keep the pierced area dry
- clean hands before touching jewellery
- turn jewellery when wound is not dry
- the wound should not be closely covered, allowing access to the air
- discuss the expected healing time of the wound
- describe possible indications of complications
- advise on how to deal with slight redness/swelling/pain (with the recommendation to consult a G.P. if the problem does not improve within 24 hours)
- not to remove the jewellery from an infected piercing, but to seek medical advice.

5. **Health and Safety at Work etc Act 1974**

5.1 **General**

Skin piercers must comply with the provisions of the above Act, which places a duty on them to conduct their undertaking in such a way as to ensure, as far as it is reasonably practicable, that persons who may be affected by it are not exposed to risk to their safety or health.

5.2 **Aspects of Safety**

In connection with safety, particular attention is drawn to the following:-

5.2.1 All floors, passageways and stairs should be of sound construction, properly maintained and kept free from both obstruction and tripping hazards. A handrail should be provided to every staircase, as should a two-way lighting system.

5.2.2 All machinery and devices used in the operations should be regularly inspected and preventive maintenance should be carried out where necessary.

5.2.3 All electrical installations should be in accordance with the Institution of Electrical Engineers Regulations for the Electrical Equipment of Buildings. Both the installation and any portable appliances should be subjected to regular inspections. Care should be taken that supply cables are kept as short as possible to prevent any tripping hazards being presented to employees or clients.

5.2.4 Accidents must be dealt with in accordance with the provisions of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985. This will involve the reporting of all major accidents to employees and members of the public, and to the office of the enforcing Authority without delay - by telephone if possible, with written confirmation being made within seven days. Other injuries to employees which result in more than 3 days absence from work excluding the day of the accident are also notifiable.

5.2.5 Where five or more persons are employed, it is the duty of every employer to provide a written policy with respect to the Health and Safety of his employees.
5.2.6 A first aid kit must be available on the premises. This can be purchased in make-up form from chemists, alternatively, advice can be given on making up of one’s own kit.

6. **Information and Advice**

Advice on the byelaws is available from the Food, Health & Safety Team, Floor 4, County Hall, Cwmbran tel 01633 647623
APPENDIX 1

RELATED INFECTIOUS DISEASES

**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 which 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 shellfish can be a cause of the infection and there is an increased incidence among travellers to countries with inadequate sanitation. It is not usually transmitted through penetration of the skin.

**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-piercing operators. It is often acquired by exposure to the blood of apparently healthy people, for example, symptomless carriers of the virus or from clients incubating the infection but not yet actually ill. It is thus essential that the operator is aware of the risk of contracting the infection and employs a high standard of care in his practice at all times.

High standards of hygiene and safety consciousness will greatly reduce the incidence of Hepatitis B. Risk to clients of the infection from unwise procedures must also not be under estimated.

**Acquired Immune Deficiency Syndrome (AIDS)**

This is a relatively "new" disease, believed to be caused by a virus, resulting in the breakdown of the body's defence mechanisms. It is thought to be passed on through contact with an infected person's body fluids, it is therefore conceivable that the earlobe serum of an infected person could transmit the disease.
High standards of hygiene and safety consciousness will reduce the risk to both client and operative, as will correct use of recommended methods of piercing.
APPENDIX 2

REGISTER OF CLIENTS

It is important for professional practitioners to keep records of their patients and customers. Scrupulous records prove valuable if there is any question of an infection problem later and may often help to protect the practitioner e.g. if the incubation period is too short or too long for infection to have been transmitted to the customer by the practitioner. Records should be kept for a minimum of one year, thus as an example, records for the whole of 1990 should not be discharged until the beginning of 1992. A daybook or diary is adequate. A card index may be an additional help.

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 client 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 record shall only be available on the authority of the relevant Medical Officer for Environmental Health and shall be subject to the usual safeguards of professional confidentiality in connection with the investigation of a notifiable infectious disease.
APPENDIX 3

APPROVED EAR PIERCING SYSTEMS

Names and Addresses of Manufacturers

The New Caflon Cassette
Caflon UK Limited
53/55 Edison Road
Bearbrook Industrial Precinct
Aylesbury
Bucks HP19 3TE

The New Caress Cassette
Caress Manufacturing Limited
15 Abingdon Road
Kensington
London W8 6AH

The Medisept Sterile Disposable Ear Piercer
Command Limited
30 Eastbourne Terrace
London W2 6LD

Trips System
HS Walsh & Sons Limited
243 Beckenham Road
Beckenham
Kent BR3 4TS

Coren Method
Newton Laboratories
PO Box 789
111-113 Wandsworth High Street
London SW18 4JB

Inverness System
Louis Marcel Limited
Priors Way
Maidenhead
Berks SL6 2YL
STERILIZATION AND DISINFECTION

General Principles

Instruments used to pierce a person’s skin or objects in contact with broken skin should be considered to be contaminated and should not be used again unless they have been sterilized.

STERILIZATION is the complete removal of all microbes.

DISINFECTION is a reduction in numbers of microbes to levels where bacterial infection probably will not occur. With regard to Hepatitis B virus, disinfection of instruments is NOT adequate, they HAVE to be sterilised. Nevertheless, disinfectants have a useful function is used intelligently where sterilization is not possible e.g. on skin or table tops.

Sterilization

The most efficient and reliable form of sterilization is heat. Moist heat is far more efficient then dry heat, as can readily be seen from the table from "Hospital Hygiene" (I M Maurer Edward Arnold 1975).

Times and Temperatures for Heat Sterilization
(Medical Research Council recommendation)

<table>
<thead>
<tr>
<th>Method</th>
<th>Temperature (°c)</th>
<th>Holding Time* (mins)</th>
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<tr>
<td>Autoclave</td>
<td>121</td>
<td>15</td>
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<tr>
<td>(moist heat)</td>
<td>126</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>134</td>
<td>3</td>
</tr>
<tr>
<td>Oven</td>
<td>160</td>
<td>45</td>
</tr>
<tr>
<td>(dry heat)</td>
<td>170</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>180</td>
<td>7½</td>
</tr>
<tr>
<td></td>
<td>190</td>
<td>1½</td>
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* The holding time is the time the entire load is held at the recommended temperature.

It is necessary to understand that both time and temperature are important. Once the required temperature is reached, instruments to be sterilised must be held at that temperature for a certain minimum time. The theoretical minimum temperature required for dry heat sterilization is 160°c and 45 minutes are required at this
temperature, although in practice at least 30 minutes extra are need for the oven to reach the required temperature. Moist heat sterilisers at much lower temperatures - 121-134°C.

Unfortunately, however, as water evaporates at 100°C, steam has to be maintained under pressure to attain such temperatures. An AUTOCLAVE is an instrument designed to do this. Instruments to be sterilized have to be scrupulously clean as the steam has to be in contact with the surface of the instrument. The advantages of autoclaves are that they are quick and efficient and, with the automatic models, there is no need to time the process. Reliable autoclaves unfortunately are expensive but can often be rented quite cheaply.

With DRY HEAT OVENS, much higher temperatures are required (which may damage metal instruments). There may be considerable temperature variation within the oven (hot and cold spots) and a long time is necessary to reach the required temperature and for cooling down. A fan-assisted oven may help to reduce the tendency to hot and cold spots. With the high temperatures of these ovens, there is always a danger of fire and they are not as economical to run as autoclaves. They are however, cheaper to buy.

The recommended time and temperature for autoclaves is three minutes at 134°C. For dry heat ovens, twenty minutes at 180°C or ten minutes at 190°C are necessary to allow adequate margins of safety.

Gamma-irradiation and ethylene oxide sterilization are not available to the ordinary user as they can only be used on a large scale. Both are efficient. Instruments that are purchased already pre-sterilised will probably have been subjected to one of these methods.

**Disinfection**

Disinfectants do not sterilize; they only reduce the number of some microbes. Although there are many clinical products on sale as "sterilants" most are nothing of the kind. All chemicals should be treated as disinfectants. Nevertheless the intelligent use of a disinfectant is of value. Hypochlorite solutions (e.g. chloros, Domestos) of the correct strength, or aldehyde disinfectants (e.g. "Cidex" (glutaraldehyde) used undiluted after additional of the powder activator) are likely to be most useful to ear-corrode metals. Spirit (70% alcohol) or a clear phenolic (e.g. 1.5% hycolin) is suitable for wiping motors and table tops. Solutions of hypochlorite and clear phenolics must be freshly made up each day, and of glutaraldehyde each week. The manufacturers instructions regarding the correct concentrations should be strictly followed.

Any organic matter or dust adhering to objects to be disinfected will seriously affect the potency of the disinfectant, so that all instruments must be physically clean.

As with heat sterilization, time is an important factor to take into account when using disinfectants. For most disinfectants at least half an hour's soaking is required.
### SUMMARY

The following table summarizes the use of disinfectants in most procedures:

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<thead>
<tr>
<th>No.</th>
<th>Agent</th>
<th>Preparation</th>
<th>Time</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hypochlorite* (chloros, Domestos)</td>
<td>Make up daily to 5000 parts available chloride per million by diluting with 20 parts of water (Domestos and for chloros); 10 parts disinfection of (other brands); one part (Milton)</td>
<td>(soak) 30 mins</td>
<td>Corrodes metals</td>
</tr>
<tr>
<td>2</td>
<td>Glutaraldehyde (Cidex)</td>
<td>Make up weekly, using activator</td>
<td>(soak) 30 mins</td>
<td>Damp wiping guns in ear-piercing and pigment-capsule holders in tattooing</td>
</tr>
<tr>
<td>3</td>
<td>70% Spirit/Alcohol</td>
<td>Do not dilute</td>
<td>(damp wipe) leave 30 mins</td>
<td>Skin, table tops, metals (except skin instruments and containers)</td>
</tr>
<tr>
<td>4</td>
<td>Clear Phenolics* (Hycolin)</td>
<td>Make up daily, dilute according to manufacturers instructions</td>
<td>(damp wipe) leave 30 mins</td>
<td>Table tops, damp wiping tattoo except skin motors or ear-piercing guns</td>
</tr>
</tbody>
</table>

It can be seen that the use of 1 and 2 will suffice for most purposes. The use of disinfectant types other than those mentioned above may be wasteful and may lead to a false sense of security. There are no magic fluids that will replace heat for sterilization.

* These disinfectants are corrosive to the skin, especially in their concentrated forms.
APPENDIX 5

DISPOSAL OF USED SHARPS BOXES AND CLINICAL WASTE

Under the Environmental Protection Act (Part III) 1990, clinical waste such as "sharps" boxes and rubbish sacks containing clinical waste, e.g. material contaminated by blood or body fluids, must be transported and disposed of by a registered controlled waste carrier.

In effect this means that skin piercers can no longer take their full sharps boxes and clinical waste to the amenity site or hospital for incineration, you must use an authorised clinical waste collection service.