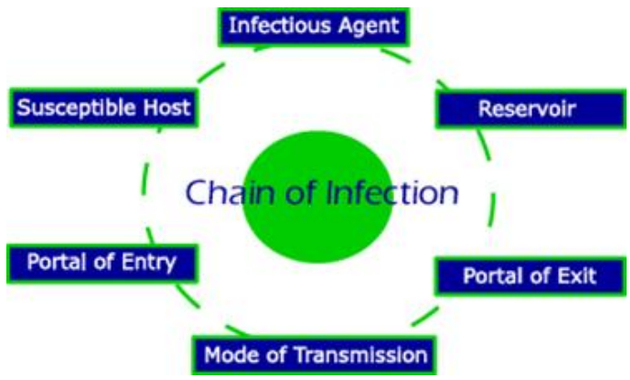
RISKS OF EXPOSURE

Invasive body art involves a high risk of transmission of bloodborne viruses such as hepatitis B and C and HIV, and bacterial infections that can be transmitted by unclean and non-sterile equipment and hygienic 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.

The Infection Chain

The chain of infection is a model which describes the process of infection.
Each link in the chain must be present for an infection to occur.



Infectious Agent – These are hazardous biological materials that present a risk or potential risk to health. Examples include BBPs, Influenza, head lice, strep-throat, pink eye, etc.
Reservoir – This is where the disease lives inside your body. For example, the reservoir for pertussis is inside the mouth and throat.
Portal of Exit – This is how the disease is spread from the infected person. For example, pertussis is spread through the air in droplets produced during sneezing or coughing.
Mode of Transmission – This is how the disease moves from one person to another. For example, pertussis is spread when a person infected with pertussis coughs or sneezes.
Portal of Entry – This is how a person becomes infected with a disease. For example, pertussis can be inhaled or ingested by a person.
Susceptible Host – This depends on the individual's reaction to the disease. For example, even though someone was infected with pertussis, immunity to the disease can last up to 10 years from their last infection or immunization.

One break in the chain can prevent infectious diseases from spreading.
The easiest way to break the infection chain is by HAND WASHING. Properly washing your hands after working with students, after using the restroom and before and after eating can decrease your chances of infection.

MODES OF TRANSMISSION - Transmission of Bloodborne Pathogens:

- Bloodborne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. In the workplace setting, transmission is most likely to occur through:
  - An accidental puncture by a sharp object, such as a needle, broken glass, or other "sharps", contaminated with the pathogen.
  - Contact between broken or damaged skin and infected body fluids
  - Contact between mucous membranes and infected body fluids.

- Unbroken skin forms an impervious barrier against bloodborne pathogens. However, infected blood or body fluids can enter your system percutaneously through:
  - Open sores; Cuts; Abrasions; Acne; and Any sort of damaged or broken skin such as sunburn or blisters

- Bloodborne pathogens can also be transmitted through the mucous membranes of the eyes, nose, or mouth. For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission.

There are also many ways that bloodborne pathogens are not transmitted. For example, bloodborne pathogens are not transmitted by:
- Touching an infected person; Coughing or Sneezing
- Using the same equipment, materials, toilets, water fountains or showers as an infected person.

It is important that you know which ways are viable means of transmission for the bloodborne pathogens in your workplace, and which are not.

DISCUSSIONS -- RISKS OF EXPOSURE DURING THE FOLLOWING TASKS OR PROCEDURES:

- Practitioners shall not perform tattooing, branding, permanent makeup, or body piercing while under the influence of alcoholic liquor or a controlled substance.

- Practitioners shall not perform tattooing, branding, permanent makeup or body piercing on non-intact skin or non-intact mucosal surfaces.

- The skin of the Practitioner shall be free of rash or infection. No person or operator affected with boils, infected wounds, open sores, abrasions, keloids, weeping dermatological lesions, or acute respiratory infection (which may include, but is not limited to, the common cold, influenza, pneumonia, and tuberculosis) shall work in any area of a body art establishment in any capacity in which there is a likelihood that that person could contaminate body art equipment, supplies, or working surfaces with body substances or pathogenic organisms.

- Practitioners with hepatitis B or other bloodborne communicable diseases are prohibited from performing body art procedures.

- Practitioners shall refuse body art services to any person who is under the influence of alcoholic liquor or a controlled substance, or who in their opinion is under the influence of alcoholic liquor or a controlled substance.

- Practitioners setting up, performing, or cleaning up after body art procedures with the potential for exposure to blood and OPIM, shall maintain a high degree of cleanliness, conform to hygienic practices, including hand washing, and wear proper Personal Protective Equipment with clean clothes when performing body art procedures.

- If the clothes of a body art Practitioner setting up, performing, or cleaning up after body art procedures with the potential exposure to blood or OPIM, become contaminated, contaminated clothing shall be removed as soon as possible in a way that prevents additional exposure to the contaminated areas of the clothing. Clean clothing shall be used prior to commencement of any further body art procedures.

- Practitioners with setting up, performing, or cleaning up after body art procedures with the potential for exposure to blood and OPIM shall not be involved in body art procedures if they have open wounds, cuts, sores, burns or skin abnormalities on the hand, or on any other portion of the body that may result in uncontained drainage that could result in contamination of body art instruments, equipment, procedure surfaces or the client.

- Practitioners setting up, performing, or cleaning up after body art procedures with the potential for exposure to blood and OPIM, shall not eat, drink, apply cosmetics or lip balm, handle contact lenses or store food in work areas where tattooing, branding, or body piercing are performed or other areas where there is a likely exposure to blood and other OPIM.

- When performing body art procedures setting up, performing, or cleaning up after body art procedures, body art Practitioners and other individuals with the potential for exposure to blood and OPIM, shall perform appropriate hand washing. At a minimum, this includes:

    - Prior to donning gloves to set-up of equipment/instruments used for conducting body art procedures.

    - Immediately prior to donning gloves to perform a body art procedure.

    - Immediately after removing gloves at the conclusion of performing a body art procedure and after removing gloves at the conclusion of procedures performed in the sterilization area.

    - When leaving the work area.

    - As soon as possible after coming in contact with blood or OPIM or any potentially contaminated surface, including after cleaning and disinfecting after each client.

    - Before and after eating, drinking, smoking, applying lip cosmetics or lip balm, handling contact lenses, or using the bathroom.

    - When hands are visibly soiled.

- Practitioners shall perform tattooing, branding or body piercing in a manner that minimizes splashing, spraying or splattering of blood.

- When involved in body art procedures, body art Practitioners setting up, performing, or cleaning up after body art procedures with the potential exposure to blood and OPIM, shall wear disposable medical-grade exam gloves to minimize the possibility of transmitting infections during body art procedures.

- A minimum of one pair of disposable, medical-grade exam gloves shall be used for each of the following stages of the body art procedure:

    - Set-up of equipment/instruments used for conducting body art procedures and skin preparation of the body art procedure area.

    - The body art procedure and post-procedure teardown.

    - Cleaning and disinfection of the procedure area after each use/between clients.

- If, when involved in body art procedures, the body art Practitioners setting up, performing, or cleaning up after body art procedures, leaves the body art procedure area in the middle of a body art procedure, gloves must be removed before leaving the procedure area and a new pair of gloves put on when returning to the procedure area.

- If, when involved in body art procedures, the body art Practitioners glove(s) in setting up, performing, of cleaning up after body art procedures, is pierced or torn, or if the glove(s) become potentially contaminated by contact with non-clean/non-sterile surfaces, the glove(s) must be changed immediately. To ensure adequate protection for the practitioner, latex gloves shall not be used in conjunction with petroleum based products.

- Under no circumstances shall a single pair of gloves be used on more than one client.

- If while performing a body art procedure, an item or instrument used for body art is contaminated by coming in contact with a surface other than the procedure surface or the client, the item shall be discarded or removed from service and replaced immediately with a new disposable item or a new sterilized item or instrument before the procedure continues.

- Practitioners shall immediately dispose of all needles, including the needle bar, and other contaminated sharps directly into a conveniently placed and secured sharps disposal container. Body art Practitioners shall not bend, recap, break or shear contaminated sharps.

OCCUPATIONAL EXPOSURE INCIDENTS

- Occupational contact with blood or body fluids is considered an exposure incident

- If an exposure occurs:
    - Wash with soap & water
    - Report incident
    - Document incident
    - Seek “immediate” medical evaluation
    - Follow employer’s exposure control plan

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- **Personal Protective Equipment**
    - Specialized clothing/equipment worn or used for protection against hazard: nitrile gloves, goggles, gowns, aprons, bibs, etc.

- **Engineering Controls**
    - (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

- **Universal Precautions**
    - Universal precautions are practices and procedures that provide the first line of defense in the prevention of contact with blood and other body fluids. Infection control approach that <u>treats</u> all human blood and certain body fluids as if they are known to contain bloodborne pathogens.

- **Work Practice Controls**
    - Procedures that reduce the likelihood of exposure by performing work using safer methods. An example of this would be to use safe sharps, and if safe sharps cannot be used, then only recap a needle using a one-handed scooping technique.