

# Cross Contamination, Communication, & Care:

## A Closer Look at Bio on Suspension



20  
25

# Disclaimer

- The views expressed in this presentation are that of my own as a professional facilitator, they may not reflect the views of Immersive Environments
- The intention of this presentation is to educate other facilitators
- Everything is correct to the best of my knowledge- but science is always evolving! Some of this may change as we learn more
- Anon suggestions/feedback can be left at [lynnloheide.com/bioclass](http://lynnloheide.com/bioclass)

## Taking this Class does **NOT**

- Mean you have been trained by me
- Mean you are ready to do bio on suspensions

MEET  
**Lynn**

- They/Them
- Suspending & Facilitating 10 years
- Event Co-Coordinator for Mecca
- Full-time Professional Piercer
- APP Member for 8 years
- Based in Seattle, WA, USA



@LynnLoheide



# What Is Bio?



Bio is the title given to the role on a suspension most responsible for managing biological waste aka blood and bodily fluids during a suspension.

# Bio Responsibilities

- Wiping blood away from hooks to minimize cross-contamination
- Monitoring structural integrity of hooks and skin
- Helping suspendee to and from point
- Assisting with post- removal of hooks, cleaning of skin, bandaging
- Decontaminating space or supplies as necessary
- Checking in with suspendee during suspension
- Communicating with facilitator, belay, and other team members



# It's Hot!

## Blood & Bio

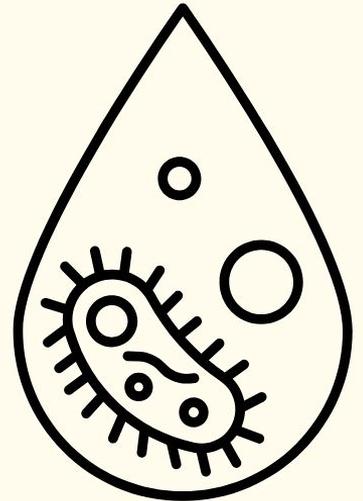


# What Is Cross Contamination?

Cross-contamination in a suspension setting happens when harmful microorganisms, like bacteria or viruses, are unintentionally transferred from one surface or object to another, usually via blood.

# Where does Cross Contamination Occur?

- Blood from the suspendee gets directly on someone else
- Blood from suspendee gets on object or surface
- Blood gets on rigplate/rigging/gear
- Someone with dirty hands touches suspendees hooks/wounds



# How do we limit cross contamination?

- Universal Precautions
- Personal Protective Equipment
- Aseptic Technique
- Good Communication with Team and Suspendee
- Informed Consent- ‘There Will be Blood’
- Education
  - Bloodborne Pathogens Training
  - CPR
  - First Aid





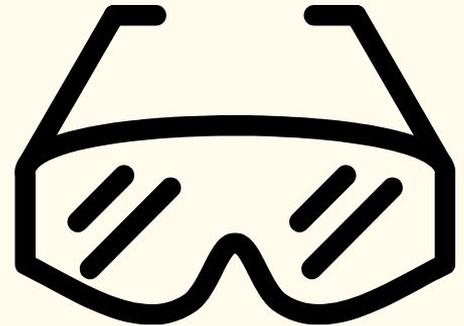
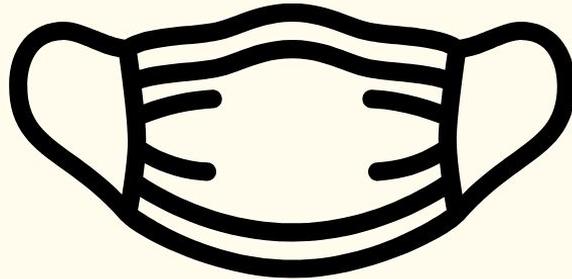
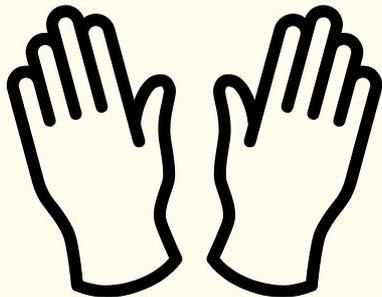
# Universal Precautions

Universal precautions are basic infection control measures that are applied to every person, every time, in suspension settings. It means treating all blood and body fluids as if they are infectious.

# Personal Protective Equipment

Specialized clothing or gear worn by facilitators to protect themselves and suspendees from infection and injury.

Examples include gloves, masks, goggles, face shields, gowns, and shoe covers.





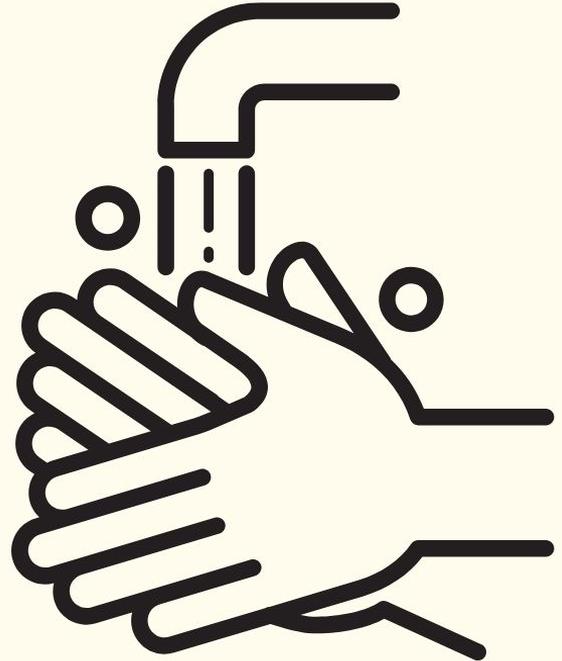


# What Is Aseptic Technique

Aseptic technique is a method used to prevent contamination of sterile environments or materials during medical procedures. The goal of aseptic technique is to minimize the risk of introducing harmful microorganisms into sterile areas, thus reducing the chance of infection for suspensions.

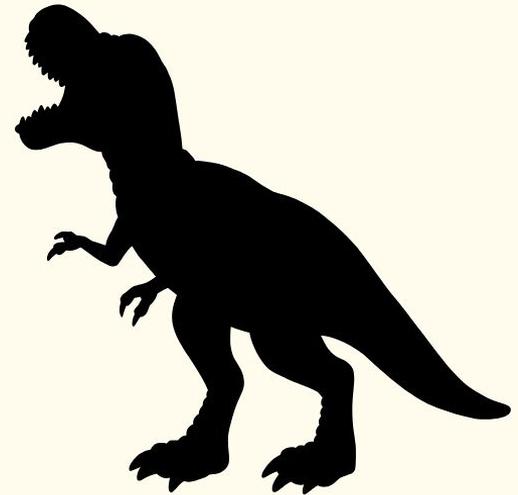
# Aseptic Technique in Suspension

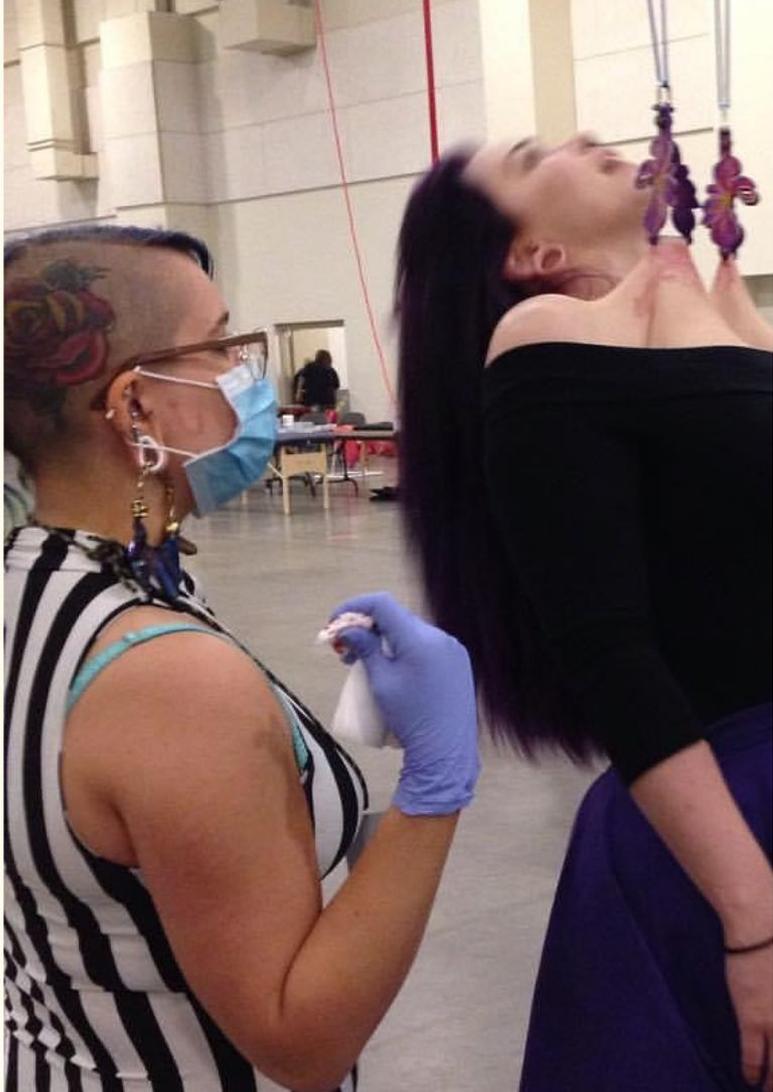
- Through handwashing
- Appropriate skin prep
- Proper Sterilization of Hooks
- Workspace control-
  - “T-rex Arms”
  - Clean Hand/Dirty Hand



If I can't see it,  
it's contaminated!

AKA- keep hands above waist height







# Clean Hand, Dirty Hand



One hand for holding contaminated gauze, wiping blood, touching sponsee.

One hand with clean gauze, does not touch sponsee or blood, able to take supplies from someone if needed

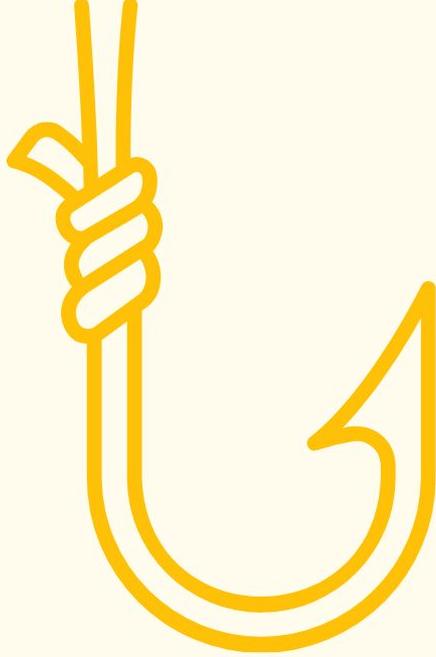
# Spatial Awareness

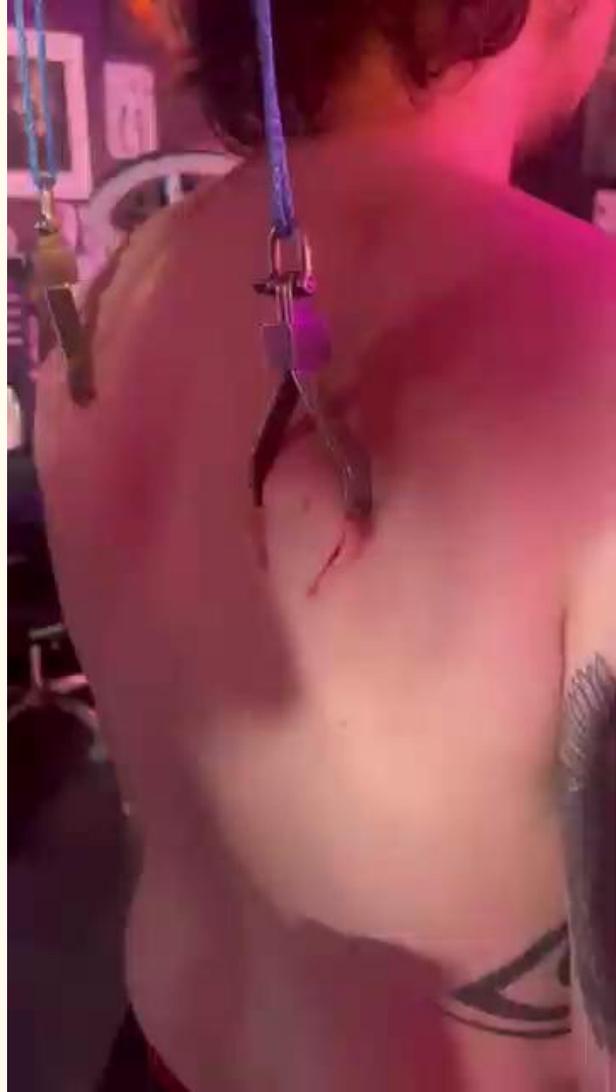
Spatial awareness is vital for maintaining aseptic technique. We need to navigate the space without contaminating sterile areas or equipment.

Where is my suspendee?  
Where are the hooks?  
What can I see?

What have I touched?  
What has the suspendee  
touched?

# Hook Care









# Hook



“Diaper”

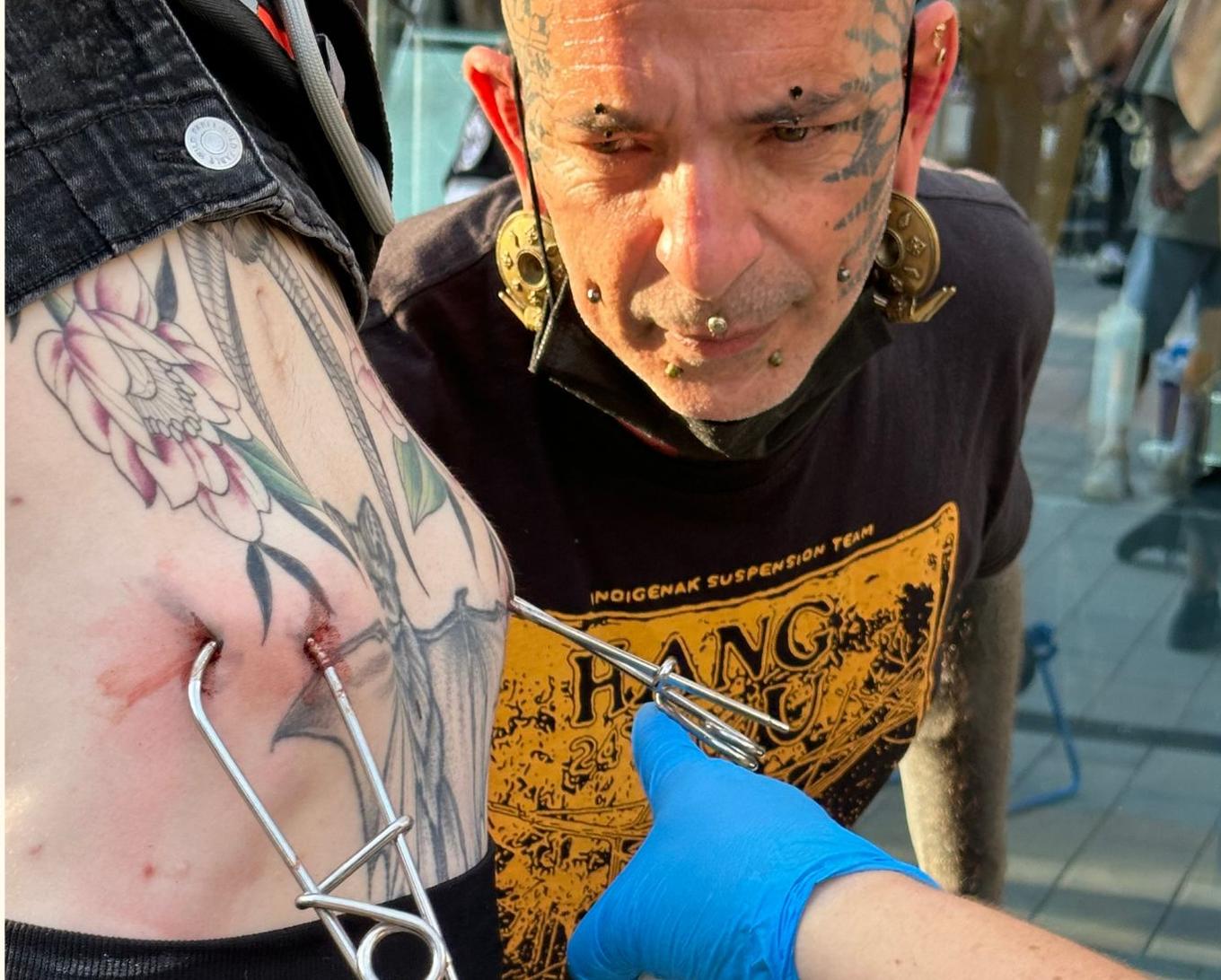
The process of wrapping a hook in gauze to minimize bleeding or cross contamination during a suspension.





# Monitoring the Hooks











# Communication

“Can I have eyes?”

“It’s tearing!!”

“Check Please?”

**VS**

“Oh fuck!”

“Hey Team Lead- Eyes here?”

“Uh, is that normal?”

Non Verbal- Gesture to

Non Verbal- touching or grabbing

Hook for check

the hook in question

# Communication with the Team

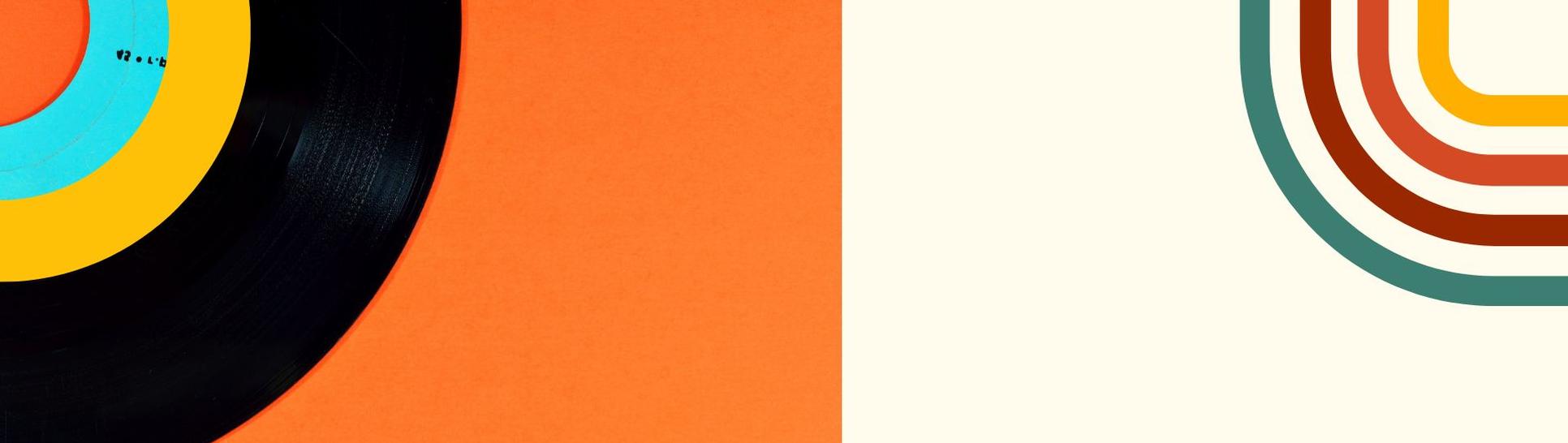


# Team Communication

Communication during a suspension is crucial for ensuring suspendee safety, optimizing teamwork, and facilitating efficient suspension procedures. Clear and effective communication among team members helps to prevent errors, coordinate actions, address emergencies, enhance team dynamics, and improve suspendee experiences.



TEAMWORK  
MAKES THE  
DREAM WORK



# Verbal & Non Verbal Communication

# Hand Signals



**Up**  
add more tension



**Stop**  
no more tension



**Small**  
teeny bits of tension

# Non Verbal Communication

- Eye Contact
- Gestures
- Hand Signals





DO *NOT* BLOCK

THE BELAY'S

EYELINE



# Effective Communication

“Change your language and you change your thoughts.”

**Karl Albrecht**

# The Power of Language

Clear, empathetic, and reassuring language can help alleviate suspendees' fears, build trust, and promote a sense of comfort and confidence.

On the other hand, language that is confusing, dismissive, overly technical, or alarming can unintentionally intimidate or scare suspendees, leading to increased anxiety and dissatisfaction.

# Knowing When to Ask for Help

We are a *team* for a reason, successful suspensions happen when we work together

- Someone needs to make a call on a hook
- Someone to double check the rigging
- You are concerned for the safety or well-being of the suspendee
- You feel physically unable to continue bio
- You feel mentally or emotionally unable to continue bio

# Physical Toll of Doing Bio



# Bio can be one of the longest jobs on a suspension

Bio begins immediately post-piercing, if not a piercer transitioning right into bio.

Bio then remains in gloves for rigging, suspension, come down, and often assists in post of the suspendee, and decontamination of space after. On a long suspension, this can be 90-150 minutes in gloves, standing, moving around, and giving 100% of their mental and emotional energy to the suspendee.



# Monitoring On Bio

## **PPE**

- Is my PPE intact
- Do I need more gauze
- Is there any Cross Contamination to worry about

## **Suspendee**

- Do hooks look good
- How is Suspendee
- Do they need anything
- Any Hot areas to be aware of

## **Myself**

- Am I still focused
- Physically can I keep working
- Mentally/Emotionally can I keep working
- Do I need anything

# The Suspendee





# Physical Contact



Any contact or physical touch during a suspension, including prep, piercing, tissue manipulation, wiping of hooks, comforting touch, pushing, spinning, bracing, removal of hooks, and massage.



# Consent is KEY

**Always get consent for physical touch with suspendees.**

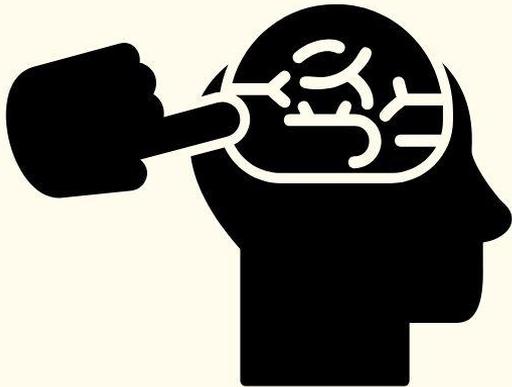
- Before the process starts, explain what it will entail
  - At each step, walk them through the process
- Check-in before beginning what level of touch the suspendee prefers
  - Be honest about what touch will be necessary
  - Announce/Describe touch before/while doing
- In emergency, prioritize safety. After, apologize for any unannounced touch

# Touch can be Triggering

Our intent may be to touch with compassion, care, encouragement, etc.

## Impact > Intent

If the impact of the touch was discomfort, stress, or a trigger, our intentions don't matter.



Inherently, we can't avoid all touch on a suspension. But we can do our best to practice trauma-informed care and make sure our touch is positive, not negative.

# Contamination VS Comfort



Sometimes we have to weigh our suspendees comfort and desires against our protocol for cross-contamination. There isn't one right answer- this is situational. Use your best judgement, or defer to team lead for these decisions

- Suspendee does not want any Bio on their suspension
- Tandem Suspensions with risk of cross-contamination
  - Suspending fluid-bonded partners or pairs who are consenting to cross-contamination
- Suspendee needs immediate support that will cross-contaminate

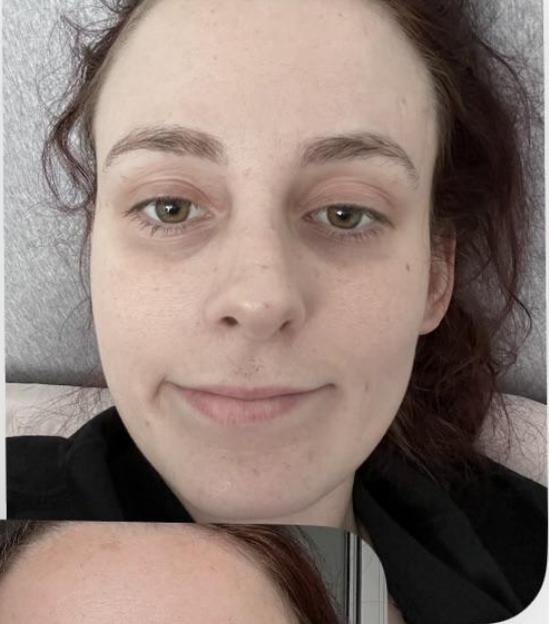


# Checking In

As Bio we should be focused on both hooks/blood but also our suspendee. Once folks are up we need to balance giving them space to have their experience, and checking in to ensure they are ok.

## Things to look for:

- Suspendee looks pale/loss of color from face or lips
- Suspendee is looking around, as if for a particular person or object
- Suspendee has been moving around/swinging/kicking and is suddenly still or slow
- Monitor suspendee facial expression, body language, and tone



# Swings!

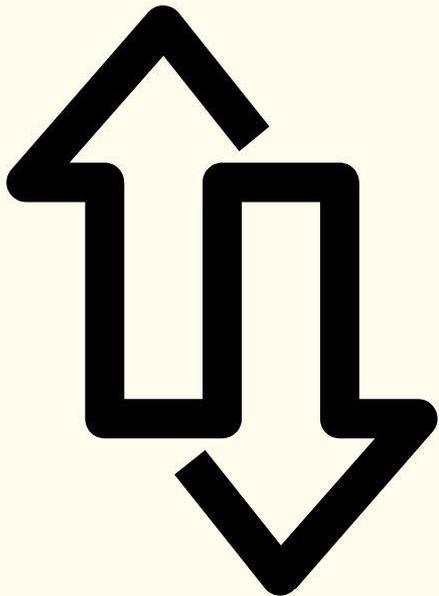
Some suspendees want to swing!

Pushing/Swinging is best done by another team member not in gloves or is potentially contaminated.

However, if no one else is accessible, Bio can carefully help with swings utilizing forearms/elbows, or having the suspendee push off of them.



# Changing Consent



Consent to touch can change at any time. Once up a suspendee is getting a large amount of information from their nervous system and their skin. Touch that was once welcome may be over-stimulating or feel uncomfortable. A suspendee who previously didn't want touch may reach out for a hand or a hug.

Check in with your suspendee. Continuously narrate touch. Continue communicating about consent throughout the process.

# When the Leader Leaves

On long suspensions the team lead may step away to communicate with others, answer questions, or take care of their needs. Belay may be clipped off or tied off to the point. Bio may be the only person present with the suspendee.



In that instance- Bio is in charge! You must trust your best judgement for anything the suspendee needs, and to make any necessary calls.

If you do not feel comfortable doing so, there is NO shame in asking for another facilitator to remain present with you.

# Emotional Support



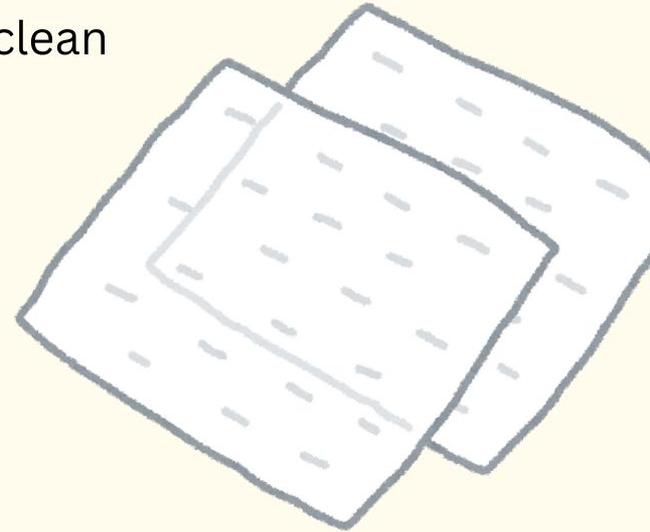
# Before

- Introduce yourself to the suspendee
- Explain you'll be bio and what that entails
- Ask what they need or prefer during suspensions
- First-timers may not know, that's ok! Explain their options
- Begin getting a feel for the suspendee
- Try to make a connection



# During

- Offer encouragement and positivity
- Do so without talking over the facilitator
- Focus on gentle touch and contact while keeping things clean
- Keep an open line of communication with suspendee
- Monitor nonverbal cues and signs
- Communicate with team



# After

- Congratulate suspendee, offer words of support
- Explain post-process
- Understand they are likely in an altered space, have patience, compassion, and grace
- Continue narrating touch
- Be available if the suspendee wants to discuss their experience, both now and in the coming weeks



**Bio**

*At the Bottom*





# Bio Has:

- The greatest risk of cross contamination
- The most physical contact with the suspendee
- The highest likelihood of spotting a tear first
- Often the longest job on any one suspension

# Bio is not:

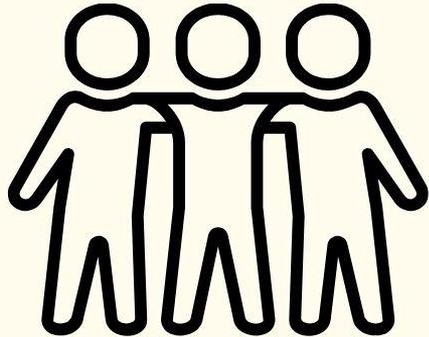
- An “easy job”
- Lesser than Rigging/Belay/Facilitating/Piercing
- A “Beginners Job”

# Bio Credentials

- Bloodborne Pathogens Training
- First Aid Training
- CPR Training
- Emotional Support Skills
- Communication Skills
- Minimum 10+ Suspensions Worked with Supervision



# Thank You



---

Eden Thomson

---

Dr. Belenkiy

---

Brien

---

Mahs De Jongh

---

Debs & Sylvia

---

Mike Coons