# 



# QUESTIONNAIRE – PIERCING

### Applicant & Business Details

Name of premises:...........................................................................................................................

Address of premises …….….................................………………………………………………………

Operators name …..……………………...........................…….…………Mobile:….…………………..

Email address………………………………………………………………………………………………..

### Questions

1. **The Guidelines for Ear & Body Piercing have been developed under which Act?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

1. **Name one disease that can be spread by infected blood or other body substances other than HIV.**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

1. **What is ‘Cross Contamination’ and give two examples how this may occur during ear piercing procedures?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

Example 1 .................……….....................................................................................................…...

Example 2 ........………..........….................................................................................................…...

1. **If your customer starts to bleed, what basic actions/procedures should you take and why?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

1. **Pick the description that best describes the following terms (please circle a, b, c or d).**

*Sterilisation*

1. A process that should destroy or eliminate all forms of microbial life, including bacterial spores;
2. A process of removing body substances and other debris and reducing the number of micro-organisms by a process such as washing in detergent;
3. A process of eliminating all micro-organisms except bacterial spores;
4. A process which includes all of the above processes.

#### *Disinfection*

1. A process that should destroy or eliminate all forms of microbial life, including bacterial spores;
2. A process of removing body substances and other debris and reducing the number of micro-organisms by a process such as washing in detergent;
3. A process of eliminating all micro-organisms except bacterial spores;
4. A process which includes all of the above processes.

*Cleaning*

1. A process that should destroy or eliminate all forms of microbial life, including bacterial spores;
2. A process of removing body substances and other debris and reducing the number of micro-organisms by a process such as washing in detergent;
3. A process of eliminating all micro-organisms except bacterial spores;
4. A process which includes all of the above processes.
   1. **Hand washing should occur:**
5. Between customers
6. After using the toilet
7. After smoking
8. Before putting gloves on & after taking gloves off
9. All of the above
   1. **When must gloves be disposed of?**
10. After answering the telephone;
11. After contact with blood & body fluids;
12. After touching anything that is not clean;
13. All of the above;
14. a and b only
    1. **How must used items such as cotton balls and gloves be disposed?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

* 1. **Name a solution that can be used to disinfect the skin before ear & body piercing.**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

**How often should the linen/covers on the treatment table/area be changed?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

* 1. **Should a client that is showing signs of skin sores/infections at the site to be treated, be pierced and why?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

* 1. **What type of records do you need to keep about a client?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

* 1. **Describe how you will clean the ear piercing gun.**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

* 1. **What should be used to remove excess fluids (eg blood) from the area being pierced?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

* 1. **Describe how you will clean or dispose of used needles/trochar after each use.**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

* 1. **Should the jewellery used for ear and body piercing be clean or sterile?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

* 1. **If the area being pierced needs to be shaved, what sort of razor must be used?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

* 1. **Can an ear piercing gun be used for body piercing procedures under the Guidelines?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

* 1. **Are mobile ear and body piercing services permitted in Tasmania?**

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................

..……....……………...........................................................................................................................