

Infection Prevention and Control in Personal Services Settings Protocol

Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the Health Protection and Promotion Act (HPPA)¹ to specify the mandatory health programs and services provided by boards of health. Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

Purpose

This protocol has been developed to provide direction to boards of health to minimize the risk of contracting blood-borne and other types of infections for both clients and personal service workers during the delivery of personal services.

This protocol applies to any facility, service, or person offering services where there is a risk of exposure to blood, such as, but not limited to hairdressing and barber shops, tattoo and body piercing studios, electrolysis, acupuncture, and various aesthetic services. This protocol also applies to “special events,” such as trade shows, conventions, fairs, or exhibitions.

This protocol does not apply to any regulated health professional under the Regulated Health Professions Act, or any other regulated health profession-specific legislation.

This protocol replaces the *Personal Services Setting Protocol, 1998*.

For more information, refer to the most current version of the *Infection Prevention and Control Best Practices for Personal Services Settings*.

Reference to the Standards

The table below identifies the OPHS standard and requirements to which this protocol relates.

Standard	Requirement
Infectious Diseases Prevention and Control	Requirement #10: The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies exist, particularly personal services settings. This shall be done in accordance with the <i>Infection Prevention and Control in Personal Services Settings Protocol, 2008</i> (or as current) and the <i>Infection Prevention and Control Practices Complaint Protocol, 2008</i> (or as current).
	Requirement #14: The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the <i>Infection Prevention and Control in Licensed Day Nurseries Protocol, 2008</i> (or as current); the <i>Infection Prevention and Control in Personal Services Settings Protocol, 2008</i> (or as current); and the <i>Risk Assessment and Inspection of Facilities Protocol, 2008</i> (or as current).

Operational Roles and Responsibilities

1) Inspection

The board of health shall:

- a) Perform routine inspections for all personal services settings at least once a year.
- b) In addition to the annual inspection, conduct inspections in response to complaints or if non-compliance to infection prevention and control practices for personal services settings are identified in 1 (a). The frequency of inspection may be increased based on compliance results from inspection. For more information, refer to the most current version of *Infection Prevention and Control Best Practices for Personal Services Settings*.

2) Detection/investigation/identification

- a) Conducting risk assessment to identify health hazards affecting health is an integral component of the role of public health. The board of health shall incorporate risk assessments into the yearly inspection process and when investigating potential health hazards in personal services settings.
- b) The board of health shall investigate all complaints and inquiries related to personal services settings to identify deficiencies in infection prevention and control practice(s) and take appropriate action as necessary to reduce or eliminate the health hazard. For more information, refer to the most current version of *Infection Prevention and Control Best Practices for Personal Services Settings*. For additional information refer to the *Infection Prevention and Control Practices Complaints Protocol, 2008* (or as current).

3) Management

The board of health shall:

- a) Offer education to the general public in regards to infection prevention and control practices for personal services settings.
- b) Offer education to the personal service worker and/or operator annually in regards to infection prevention and control practices for such settings. Education may be offered during annual inspections and includes appropriate infection prevention and control practices.
- c) Provide an on-call system that can address and respond to issues respecting personal services settings.
- d) Focus on the risk related to a breach in infection prevention and control practices during annual inspections or when investigating complaints. The assessment of the complaint shall include, but not be limited to:
 - i) The extent to which routine infection prevention and control practices have been implemented/adhered to;
 - ii) The implementation of additional precautions where applicable; and
 - iii) Adherence to best practices for cleaning, disinfection, and sterilization in the setting named in the complaint.
- e) Initiate an investigation within 24 hours if the assessment indicates the risk of communicable disease transmission in the setting named in the complaint. This shall include:
 - i) Recommending the implementation of appropriate infection prevention and control procedures in accordance with current best practices;
 - ii) Offering education in regards to current best practices;
 - iii) Scheduling re-inspection to ensure compliance with best practices document if non-compliance issues are identified;
 - iv) Identifying cases that may be associated with non-compliance with infection prevention and control best practices in the setting under assessment;
 - v) Developing a risk communication strategy for identified cases;
 - vi) Advising the party under investigation of his/her roles and responsibilities in taking or failing to take the corrective actions; and
 - vii) Ordering corrective action based on the findings of the investigation, up to and including issuing written orders under the HPPA.¹

- f) Conduct a risk assessment in order to determine if a health hazard exists in regards to failed (i.e., spore growth observed) or missing spore tests or if the setting has not adhered to infection prevention and control practices. When conducting a risk assessment related to a failed spore test, the board of health shall request information to facilitate the completion of an assessment including but not limited to:
 - i) Invasive procedures performed by the setting;
 - ii) Client contact information;
 - iii) Sterilizer monitoring logs;
 - iv) Spore test results; and
 - v) Supplier information for items purchased as pre-packaged and sterile.
- g) Communicate with affected client(s) when an investigation of a personal service setting has identified a health hazard that is a potential risk to their personal health.
- h) Communicate with the general public when an investigation has identified a health hazard that poses a public health risk to unidentified clients of the setting.
 - i) Maintain a record of all complaints received and investigations undertaken.
 - j) For additional information regarding appropriate infection prevention and control practices for personal services settings refer to the most current version of *Infection Prevention and Control Best Practices for Personal Services Settings*.

4) Enforcement

The board of health shall:

- a) In addition to yearly inspections, inspect personal services settings following complaints/inquiries made to the board of health and/or based on results from previous inspections to ensure compliance with infection prevention and control practices for such settings.
- b) Determine if a health hazard exists following an inspection of a personal services setting if the setting was found to be non-compliant with infection prevention and control practices.
- c) Take action under the HPPA¹ to decrease the effect of or eliminate the health hazard in the event that a health hazard has been identified. This action shall include a number of educational, procedural, and re-inspection measures to effect the necessary correction, up to and including the issuance of an order under the HPPA.¹

5) Data collection, reporting, and information transfer

The board of health shall:

- a) Report occurrences of significance (i.e., non-compliance issues leading to a media release) to the Ministry of Health and Long-Term Care (the “ministry”) prior to media release.
- b) Report cases of reportable diseases associated with personal service settings through the integrated Public Health Information System (iPHIS) or any other method specified by the ministry.

Glossary

Personal services operator: A person who operates a business offering one of the personal services as outlined below.

Personal services settings: Settings in which aesthetic services are delivered, such as but not limited to: hairdressing and barber shops; tattoo and body piercing studios; electrolysis; acupuncture; and various aesthetic services.

Risk assessment: The characterization of the potential adverse health effects of human exposures to health hazards. Risk assessment consists of four steps: hazard identification (the process of determining whether exposure to an agent can lead to adverse health outcomes), dose-response assessment (characterizing the relation between the dose of an agent administered or received and the occurrence of adverse health effects in exposed populations), exposure assessment (measuring or estimating the intensity, frequency, and duration of human exposures to an agent currently present in the environment), and risk characterization (estimating the risk of adverse health effects under specific conditions of human exposure).²

References

1. *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7.
Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm.
2. Krewski, D. Risk assessment, risk management. In: Breslow L, editor. *Encyclopedia of Public Health*. New York: MacMillan Reference USA; 2002. p. 1043. Available from <http://www.answers.com/topic/risk-assessment>.