

Regulation of Personal Services Settings

Date:	November 5, 2012
To:	Board of Health
From:	Medical Officer of Health and Executive Director, Municipal Licensing and Standards
Wards:	All Wards
Reference Number:	

SUMMARY

The purpose of this report is to propose amendments to Municipal Code Chapter 545, Licensing, to license Personal Services Settings (PSS) businesses, as directed by the Board of Health at its meeting on June 7, 2011.

The Ontario Ministry of Health and Long-Term Care's *Infection Prevention and Control in Personal Services Settings Protocol (2008)*, applies to “any facility offering services where there is a risk of exposure to blood, such as tattooing and body piercing; electrolysis; acupuncture; hairdressing and barber shops; and various aesthetic services”. These services have been associated with the transmission of bloodborne infections such as hepatitis B and hepatitis C, as well as other infectious disease organisms such as *Mycobacterium spp* and *Staphylococcus aureus*. Given the increasing use of PSS by the public, effective infection prevention and control (IPAC) practices are essential in PSS to prevent the spread of infectious diseases.

Under the Ontario Public Health Standards, local public health units are required to inspect all known PSS annually and on complaint, educate PSS operators and staff, and ensure practices are in accordance with IPAC best practice guidelines as outlined by the Provincial Infectious Diseases Advisory Committee. Toronto Public Health (TPH) is currently aware of and inspects a total of approximately 2,950 PSS. These premises are classified as critical or semi-critical based on the invasiveness of the service provided. Critical PSS use equipment that breaks the skin i.e. tattoo, body piercing, ear piercing, micropigmentation, and electrolysis. Semi-critical PSS use equipment that comes in contact with non-intact skin or mucous membranes but ordinarily does not penetrate them i.e. hair salons, barbershops, nail salons and aesthetics.

Implementation of the PSS program is challenging given that only hairdressing salons and barbershops currently require a licence to operate and there are no IPAC requirements tied to licensure.

This report summarizes the results of a stakeholder consultation including PSS operators, relevant health organizations, community colleges and the public, and proposes changes to Municipal Code Chapter 545, Licensing to require licensing of PSS businesses, compliance with health standards for IPAC and public disclosure of inspection results, with implementation phased in over two years.

This report has been written in consultation with the City Solicitor.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. City Council instruct the City Solicitor to introduce a bill to amend Municipal Code Chapter 545, Licensing to:
 - a. license businesses operating as personal services settings (PSS);
 - b. reflect the by-law design features as set out in Appendix A;
 - c. phase implementation over a two-year period as set out in Table 1.
2. Toronto Public Health continue to work with Toronto Economic Development and Culture to ensure that newly licensed PSS operators are aware of City of Toronto business support services.
3. Toronto Public Health post PSS inspection information on a public web based disclosure system.
4. The Board of Health forward this report to Licensing and Standards Committee and request Licensing and Standards Committee to consider the Board of Health's recommendations when it considers PSS licensing.
5. The Board of Health direct that its recommendations regarding this matter be submitted to City Council at the same meeting that City Council considers the Licensing and Standards Committee recommendations on PSS licensing.

Financial Impact

Financial Impact for Municipal Licensing and Standards

Business licence fees are set on a cost-recovery basis and are prescribed by Chapter 545 of the Toronto Municipal Code.

For 2013, staff time required as a result of this report can be accommodated within the approved divisional operating budget.

In year 2 of the implementation plan, new PSS business applications and renewals will increase the client volume of Licensing Services. Based on early estimates, 2 temporary Support Assistant C's will be required for that year at the Licence and Permit Issuing Office of Licensing Services, Municipal Licensing and Standards to supplement service delivery.

Also in year 2, PSS licensing will impact resources of Licensing Enforcement as Municipal Standards Officers will be needed to enforce implementation of the new bylaw changes. It is estimated that 1 temporary Municipal Standards Officer will be required for one year at the Licensing Enforcement Office of Licensing Services, Municipal Licensing and Standards.

The costs associated with the temporary staff required will be funded through licence application fees and renewal fees collected. Full year impacts will be fully reviewed, reflected and considered in future budget processes.

Financial Impact for Toronto Public Health

There is no further financial impact of this report. The additional program activities described in this report can be accommodated within the existing budget. PSS inspections are a core component of the Control of Infectious Diseases/Infection Control program and are funded on a cost-shared (75% provincial/25% municipal) basis. While it is anticipated that the amendment to Municipal Code Chapter 545, Licensing will result in the identification of additional premises to inspect, the cost of these inspections are projected to be offset by program efficiencies. The need for IPAC education for PSS operators will be reduced once operators receive information on IPAC requirements prior to commencing business. In addition, the enhanced capacity to enforce IPAC requirements will reduce the frequency of re-inspections. These program efficiencies will also offset the additional resources required to develop and implement an IPAC manual for PSS operators and quality assurance processes related to the web-based disclosure system.

The Deputy City Manager and Chief Financial Officer has reviewed this report and agrees with the financial impact information.

DECISION HISTORY

At its meeting on June 7, 2011, the Board of Health approved the recommendations in a report from the Medical Officer of Health entitled Improving Infection Control Practices in Personal Services Settings (Tattooing, Piercing and Aesthetic Services) (<http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-38338.pdf>). The Board of Health requested the Medical Officer of Health, in consultation with the City Solicitor, the Executive Director of Municipal Licensing and Standards, and key stakeholders including operators and the public, to report back to the Board on proposed amendments to Municipal Code Chapter 545, Licensing to license all Personal Service Settings (PSS) in the City of Toronto where there is a risk of infectious disease transmission. The Board of Health also directed TPH to report on by-law implementation such as costs, timelines, enforcement and

quality assurance and work with Toronto Economic Development and Culture to ensure that newly licensed PSS operators are aware of the City of Toronto business support services.

Following the June 7, 2011 Board of Health Meeting, the City Clerk sent a letter to the Minister of Health and Long Term Care requesting that the Ministry establish infection prevention and control training requirements for PSS Operators. A response from Dr. Arlene King was received on August 15, 2011 indicating that she would explore with her Public Health Ontario colleagues, "how best to support the development of the IPAC training requirements for PSS operators". Toronto Public Health has received no further indication that the provincial government intends to implement any additional regulation in this area.

The report from the Medical Officer of Health was forwarded to the Licensing and Standards Committee for information and received by that committee at its June 29, 2011 meeting.

ISSUE BACKGROUND

The delivery of personal services (tattooing and body piercing; electrolysis; acupuncture; hairdressing and barber shops; and various aesthetic services) has been associated with the transmission of bloodborne infections such as hepatitis B and hepatitis C, as well as other infectious disease organisms such as *Mycobacterium spp* and *Staphylococcus aureus* (1-4). Toronto has many exemplary PSS operators who follow effective IPAC practices and are found to be in full compliance on routine inspection. However, Toronto Public Health (TPH) has identified outbreaks of infectious disease in PSS, investigated PSS as a potential source of cases of hepatitis B and C, and responded to complaints of inadequate IPAC in PSS. Effective IPAC practices are essential in PSS to prevent the spread of infectious diseases.

The Ministry of Health and Long-Term Care's *Infection Prevention and Control in Personal Services Settings (2008)* protocol has a corresponding Guideline that outlines the IPAC best practices for the delivery of these services to minimize the risk of transmitting infection. These best practices include the required cleaning, disinfection and/or sterilization of equipment and surfaces, disposal of waste, and actions to take if there is accidental exposure to blood or body fluid. In addition, the best practices guideline document directs a number of administrative actions such as maintaining client records, monitoring sterilizing equipment to ensure that it is functioning, maintaining records on equipment function, having a back-up plan if there is failure of the cleaning and sterilizing equipment, and ensuring clients are provided with information on procedure after-care.

The Ontario Public Health Standards mandate TPH to inspect all known PSS annually and on complaint to ensure compliance with recommended IPAC practices and to educate operators. Currently TPH is aware of 2950 premises which are inspected in accordance with the Ontario Public Health Standards. These premises are classified as critical or semi-critical based on the invasiveness of the service provided. Critical PSS use equipment that breaks the skin i.e. tattoo, body piercing, ear piercing, micropigmentation, and electrolysis. Semi-critical PSS use equipment that comes in contact with non-intact skin or mucous membranes but ordinarily does not penetrate them i.e. hair salons, barbershops, nail salons and aesthetics.

Given the potential health risks associated with these services, TPH staff spend significant time providing education to PSS operators during their inspection to ensure PSS operators are aware of the necessary IPAC practices to operate safely. If a PSS is not compliant with IPAC best practice guidelines, the medical officer of health, under the powers of the Health Protection and Promotion Act, may order specific actions if these actions are necessary to reduce the effect of or eliminate a health hazard. This is a resource-intensive and time-consuming process which does not result in ongoing adherence to proper IPAC practices on a consistent, on-going basis.

Strengthening the PSS Program through Regulation

Amendments to the Municipal Code Chapter 545 will enhance the effectiveness and efficiency of the PSS program in a number of areas.

1. Identification of PSS

In Toronto, the actual number of PSS requiring annual inspection is currently unknown, as hairdressing salons and barbershops are the only PSS that require a business licence to operate in the City of Toronto under Municipal Code Chapter 545 and there is a high degree of turnover in the PSS industry. By conducting internet searches, responding to public complaints about a previously unknown establishment, and incidental sightings, TPH has been able to identify approximately 2,950 PSS in Toronto. Notification by Municipal Licensing and Standards of PSS Licence applications will ensure that TPH is aware of all PSS premises and has the opportunity to inspect new PSS prior to their opening. Identifying a new PSS ideally before it begins operating would help ensure that the PSS operator and staff are provided with appropriate information and education, the PSS operator is aware of all the potential staffing and financial implications related to IPAC best practices before commencing operation, and the environment or physical layout of the PSS is consistent with best practices (e.g. presence of hand washing sinks).

2. Transparency and Public Disclosure of Inspection Results

Similar to DineSafe, PSS premises will be issued and required to post Inspection Notices that reflect the findings of their most recent inspection i.e. signage which is green for a pass, yellow for a conditional pass, and red for a fail. The public disclosure of PSS inspection results through the use of red, yellow and green signs can enhance consumer protection by supporting informed choice on whether to use a service or which premises to use. A public disclosure system also provides an additional incentive to operators and staff to ensure compliance.

3. Expanded Enforcement Tools

The purpose of inspecting PSS is to ensure that all required IPAC practices are followed by PSS operators during the delivery of services. The Medical Officer of Health has powers under the Health Protection and Promotion Act (HPPA) to order PSS operators to respond to serious infection control lapses which pose a health hazard to the public. This enforcement strategy can be a complex, lengthy process suited for the most significant IPAC infractions.

Orders under the HPPA are not well suited to enforce less significant, yet concerning IPAC practices that are important for quality assurance, for preventing infection or the spread of

disease, and for allowing follow up of clients in the event of an accidental exposure. While significant, these IPAC issues would not generally be considered a health hazard and, as a result, enforcement through an order under the HPPA is not appropriate. Currently, TPH staff educate and request correction of these breaches, but the correction is often short term and similar IPAC violations are identified in subsequent inspections. The proposed amendments to Municipal Code Chapter 545, Licensing will permit the issuance of tickets for failure to comply with the infection prevention and control regulations set out in the licensing by-law and corresponding financial incentives for immediate and ongoing compliance. Ticketing, as compared with using an order under the HPPA, is a more cost-effective use of enforcement resources which can assist in the timely correction of the problem, thus further protecting the public.

Public Consultation

In the fall of 2010, a public survey was conducted to establish the public's level of use of PSS services, their understanding of the health risks of such services, their knowledge of the current PSS regulation in Toronto, and their support for PSS licensing and routine disclosure of inspection reports. The results indicated that 8% of adults in Toronto reported having had a tattoo, 7% had electrolysis, and 41% had ear piercing. The majority of respondents expressed support for the licensing of all PSS. In fact, 58% of the respondents assumed that all PSS in Toronto already required a licence to operate. 80% of respondents also supported a public reporting / disclosure model for PSS similar to the award-winning DineSafe program for food premises.

Other Jurisdictions

TPH conducted a scan of the regulatory practices in other jurisdictions in early 2012. Of the 36 health units in Ontario, 20 health units have some form of licensing by-law for PSS in their jurisdiction; the most common service type to require a licence was tattooing and body piercing.

Outside of Ontario, both Vancouver and Calgary require PSS to have a licence to operate. In Nova Scotia, Bill 109, Safe Body Art, passed all three readings in the provincial legislature and the regulations and standards are expected to be completed at the end of this year. The Bill will require body art premises to meet infection control standards in order to receive a permit. (5, 6).

In the U.S., the majority of the states require that PSS workers be individually certified via an examination process that assesses IPAC knowledge. A similar certification program that assesses IPAC competency was not found in Canada.

COMMENTS

Consultation with City Partners

TPH will continue to work with MLS to ensure effective implementation of the by-law. TPH has also consulted Economic Development and Culture (EDC) to assess the potential

economic impact of the by-law for businesses. TPH will continue to work with EDC to ensure PSS operators are aware of City of Toronto business support services for newly licensed premises.

Consultations with Stakeholders

Between June and December 2011, TPH conducted a comprehensive stakeholder consultation process regarding the proposal to license PSS:

- i) TPH held key informant interviews/meetings with health organizations, educational institutions and leaders in the PSS business community (e.g. Canadian Liver Foundation, Humber College Aesthetics Program, Greater Toronto Tattoo Association) to identify issues, develop discussion questions and determine appropriate methods to reach and obtain input from the range of service operators in the PSS community;
- ii) The key informant interviews informed the development of a discussion document summarizing the issues and concerns leading to the proposed by-law changes, and providing information on the benefits and costs of these changes. The discussion document was posted on the TPH web-site, and promoted on the TPH home page to provide background information to the public and PSS business community and to invite public feedback on proposed by-law changes
- iii) A dual phase research initiative comprised of an on-line survey (quantitative) and focus group discussions (qualitative) with PSS operators, providing them with more opportunities to identify their perceptions of the benefits and challenges regarding proposed by-law amendments and provide their input on implementation approaches.

Key Themes of Stakeholder Consultation

Summary of Key Informant Interviews

Key informant interviews or meetings were held with

- 7 non-governmental health organizations
- 3 community college aesthetic programs
- 2 providers of aesthetic services
- 4 tattoo/piercing service providers
- Greater Toronto Tattoo Association representing 25 tattoo artists

All of the stakeholders consulted through key informant discussions recognized the need for more stringent and standardized regulation of all PSS to achieve improved public health and safety for Torontonians and expressed strong support for TPH proposals for by-law changes. The need for clear, multi-faceted and multi-lingual communication and public awareness initiatives by TPH was also identified by all stakeholders to ensure that:

- PSS operators understand the need for, and benefits of, licensing in terms of public health and safety
- PSS operators have a clear understanding of the requirements to pass a public health inspection, and the consequences of not doing so;

- The public has an increased awareness of the risks associated with PSS and the knowledge necessary to make safe consumer choices.

There was strong support for public posting of inspection results. However, as it was emphasized that a non-pass can result in serious consequences for a business, consistent interpretation of infection prevention and control standards by all public health staff is essential. All stakeholders identified the need for standardized training for the PSS industry, tailored to specific PSS service areas.

Summary of On-line Survey with PSS Industry

Approximately 3,000 letters were sent to all known PSS operators, inviting them to participate in the on-line survey, which was available in six languages. The survey was completed by 297 businesses, 98 in a language other than English. A large majority of PSS businesses agreed with three out of the four proposed by-law amendments which require: i) all new PSS businesses to pass a public health inspection before opening (80% agree), ii) all PSS businesses to comply with the IPAC recommendations of the Medical Officer of Health and pass an annual public health inspection (84% agree), and iii) all PSS businesses to publicly post their pass, conditional pass or fail notice to inform the public of their most recent inspection results (72% agree).

The proposed by-law amendment that received the least amount of support is the requirement that all PSS obtain a municipal business licence. This approach is supported by a slim majority (56%) of respondents who believe licensing will improve health and safety in PSS and result in better public protection. This segment of respondents sees licensing of all PSS as a fair approach, the cost of which would not pose a financial problem for PSS businesses. The 44% of respondents who disagree with the licensing requirement think the initial \$300 fee, and annual \$150 renewal fee is too burdensome for their business or other businesses in the PSS sector.

When considering the proposed by-law amendments, three quarters (76%) of respondents think it will lead to better protection of the public from the health and safety risks associated with the delivery of personal services. A number of reasons contributed to this perspective: the new regulations will keep both the public and employees safe and healthy, they will guarantee more compliance from PSS owners, they will make the public aware of which businesses are licensed, and will improve customer's confidence.

The large majority of respondents indicated that the City/TPH currently provides sufficient information to enable PSS businesses to meet public health standards. Sixty three percent think the City provides enough information, and 26% believe more than enough information is provided. This information is conveyed primarily through visits by TPH public health inspectors. Only 11% of respondents identified the information currently provided by the City as inadequate to help PSS businesses meet public health standards.

Summary of Focus Group with PSS Industry

Six focus groups were conducted in different regions of the city: one group of individuals providing body piercing/tattooing, one group providing electrolysis/aesthetics and four groups representing nail salons.

Most participants had a somewhat positive reaction to the proposed by-law amendments, feeling that encouraging better standards for infectious disease control is a worthy goal. At a conceptual level, most participants agreed that it was a good idea to license all personal service settings in order to mitigate the risk of infectious disease transmission. However, reservations were expressed by tattoo/piercing studios regarding over-regulation, with tattoo artists stating that their service is an art and thus should not be overly regulated. One focus group raised the potential risk of driving businesses underground which cannot or will not meet the licensing requirements.

The cost of licensing was the most outstanding concern related to proposed changes. PSS owners were not pleased with having to pay another yearly fee, and were particularly concerned with how much the licence would cost. Several participants felt the proposed amendments should more clearly state that it is businesses and not individual operators who will require a licence. Though the amendments require businesses to be licensed, participants felt that licensing individual providers would be a more effective way to control infectious disease risk, as this approach would ensure all providers are educated.

Proposed Amendments to Licensing By-law

Licensing

The PSS licensing by-law will include establishment of one license category for all Personal Services Settings. The PSS licence will reflect the class/classes of service types (hairstyling, manicure/pedicure, body piercing, micropigmentation, tattoo, aesthetics, and electrolysis) offered in that premises. At the time of licence issuance/renewal, the owner/operator would identify all classes of PSS services being offered at that premises. A PSS premises will only be permitted to offer those services identified on their PSS licence.

Proof of insurance for PSS businesses which are critical premises will help protect consumers who will engage in their services. As critical premises pose the greatest risk to public health and safety if appropriate IPAC practices are not implemented, the insurance requirement will help ensure these businesses are operating responsibly.

Licence Fees

Business licence fees are set on a cost-recovery basis and are prescribed by Chapter 545 of the Toronto Municipal Code. Current licence fees for a Hairstylist/Barber Shop in Toronto fall under Fee Class 8 (Retailer – Services) in Chapter 545 of the Toronto Municipal Code. For 2012, the licence fee for businesses in this class is \$319.88 (and \$210.30 for annual renewals). PSS businesses will also fall under the same fee class and the initial/renewal licence fee will not be impacted by the number of service classes offered in a premises.

However, should a licensed PSS owner/operator choose to add a service class at a time other than their renewal, a licence amendment fee of approximately \$54.00 would apply.

Although many PSS operators are concerned about the cost, the new licensing process will potentially save operators money as they will receive up-to-date IPAC information which will prevent unexpected costs associated with failed inspections. All new PSS operations will also know the infection control requirements and associated costs in advance of opening a PSS business. For example, under the current program operators may be informed that they need to install a sink for hand washing which causes a financial burden for the operators who must renovate to meet these requirements. This cost and frustration can be avoided if operators are aware of public health requirements as they prepare their site for opening.

PSS IPAC Practices

The amendments to the Licensing by-law will include regulations in substantially the form set out in Appendix "A" to this report. Appendix "A" is modelled on IPAC best practices. The purpose of this requirement is to reduce the risk of infection and the transmission of blood borne infections for both clients and PSS workers.

Disclosure

TPH is proposing that the PSS by-law require PSS owners/operators to post their Inspection Notice (signage reflecting the results of their most recent inspection) in a highly visible place. Public disclosure of inspection results has proven to be an effective tool in achieving compliance with public health standards. After TPH introduced the DineSafe disclosure program in 2001, compliance of food operators during routine public health inspections increased from 50% to 92% (2011). Disclosure also increases public awareness, allowing prospective clients to make an informed decision about where to obtain personal services.

PSS disclosure would be modeled on the DineSafe program, requiring posting of the inspection results on signage and on the TPH website.

Recommended Phased Implementation Plan

The by-law will take effect once passed by City Council but, given the findings of the stakeholder consultation, and in order to support quality assurance, the implementation will be in two phases, generally based on risk (see Table 1).

Critical premises will be required to have a licence by one year after the by-law is enacted. Critical premises are those PSS which offer tattoo, body piercing/ear piercing, micropigmentation or electrolysis. These services are invasive by nature and pose the greatest risk of exposure to blood-borne infections if appropriate IPAC practices are not implemented.

Semi-critical premises (nail salons, aesthetics) will be required to have a licence within two years after the by-law is enacted. Hair salons and barbershops (also semi-critical premises) are already required to have a licence. If they are currently licensed, they will be converted to a PSS licence at the time of their annual licence renewal. A new hair salon or barbershop will be required to obtain a PSS licence before commencing operations. If the premises also

provides other service classes (e.g. nail services), these classes will be added to the licence at the time of licence renewal or issuance.

For a premises that offers multiple services, the deadline to have a licence will be determined by the most invasive service that they offer, e.g. a premises that offers both electrolysis and aesthetics will require a licence in the first year because electrolysis is offered.

Table 1: Phased Approach to Licensing of PSS

Phase	Deadline to have a Licence	Relevant Services
1	Within 1 year after the by-law is enacted	<p>Critical Services:</p> <ul style="list-style-type: none"> • tattoo • body piercing/ear piercing • micropigmentation • electrolysis
	At time of licence renewal	<p>Semi-Critical Services:</p> <ul style="list-style-type: none"> • hair salons • barbershops
2	Within 2 years after the by-law is enacted	<p>Semi-Critical Services:</p> <ul style="list-style-type: none"> • nail salons • aesthetics

The PSS disclosure system is expected to be ready for launch in July 2013 and information on PSS inspections will be posted on the TPH website in a phased manner. In 2013, information on inspections of invasive PSS (tattoo, micropigmentation, body piercing/ear piercing or electrolysis) will be posted. This will be expanded to the posting of all PSS inspections in 2014. The phased implementation plan will support the implementation of quality assurance processes to ensure the accuracy and timeliness of posted information.

PSS Industry Supports

TPH currently has a number of fact sheets for PSS owners and operators that outline the IPAC requirements that must be met to pass an inspection. These are available at http://www.toronto.ca/health/cdc/infection_control/index.htm, in a number of languages including English, Chinese, Korean and Vietnamese. Also, print materials are provided to owners/operators during public health inspections.

TPH will develop an easy to understand document on critical PSS safety standards and expectations by PSS service class (in multi-lingual form) for distribution to PSS owners/operators. This will be provided to PSS operators in the TPH database, and also be made available on the TPH PSS webpage.

Respecting the findings of the consultation, TPH will work with PSS industry representatives to identify communication strategies to reach their industry operators related to IPAC standards. Such strategies include, but are not limited to, development of a TPH PSS

Infection Prevention and Control Manual, development of IPAC workshops for PSS operators and support for communication related to by-law implementation.

TPH will work with other GTA public health units to offer a common course/curriculum for IPAC workshops so that businesses which operate in more than one jurisdiction receive the same information. The course will be offered in multiple sites that are open to any operator in the GTA.

PSS Worker Certification

In the U.S., the majority of the states require that PSS workers be individually certified through an examination process that assesses IPAC knowledge. A similar certification program that assesses IPAC competency was not found in Canada. TPH will continue to advocate to the province for the establishment of certification requirements for PSS operators.

CONCLUSION

Personal service settings can pose a risk to the public through the spread of infectious diseases if these services are delivered using inadequate infection prevention and control practices. The proposed amendment to the Municipal Code Chapter 545, Licensing would enable TPH to identify and inspect all PSS, work with new operators proactively, ensure ongoing compliance with IPAC practices in PSS, and implement a public disclosure system for PSS inspection results.

Similar legislation exists in other jurisdictions in both Canada and the United States. Extensive consultation with the PSS industry and with the public demonstrates general support for the proposed amendments. Toronto Public Health and Municipal Licensing and Standards have worked collaboratively to ensure the development of a process and program that is feasible, sustainable and comprehensive as detailed in this report. Moving forward with the proposed amendments to Municipal Code Chapter 545, Licensing, will enhance consumer protection. The amendments will result in significantly improved IPAC practices in PSS, and will decrease the likelihood that infectious diseases will be spread in these premises.

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ATTACHMENTS

Appendix A: PSS By-law Design Features

APPENDIX A:

PSS BY-LAW DESIGN FEATURES

- 1) Require every application and renewal for a PSS business be submitted by the Municipal Licensing and Standards Division to the Medical Officer of Health, and any report received by the Municipal Licensing and Standards Division in response thereto be considered in the determination of whether or not the licence should be issued or refused in accordance with this chapter.
- 2) Require PSS owners/operators to:
 - a. post their business licence;
 - b. keep posted, in a conspicuous place clearly visible to members of the public, at or near the entrance of the business, the most recent PSS inspection notice issued by the Medical Officer of Health and produce the PSS inspection report or reports relating to the currently posted PSS inspection notice on request;
 - c. provide written notice to the Medical Officer of Health and Municipal Licensing and Standards of material changes to the nature of the business at least 30 days prior to implementation of such change.
- 3) Require PSS owners of a PSS business which is a critical premises to procure and maintain comprehensive insurance of at least \$1 million against personal injuries for each business for which he or she holds a licence.
- 4) Require PSS operators/service providers to have whatever qualifications and training may be required by law.
- 5) Comply with infection prevention and control regulations in a manner satisfactory to the Medical Officer of Health; such regulations to include:
 - a. sink with hot and cold running water for hand hygiene and cleaning of equipment
 - b. contact surfaces that have a smooth and non-absorbent finish
 - c. work area that is well lit to facilitate cleaning and prevention of injuries
 - d. clean, disinfect and/or sterilize instruments/equipment
 - e. prevent contamination of cleaned, disinfected and/or sterilized instruments/equipment
 - f. use single-use items on one client only
 - g. monitor the effectiveness of mechanical sterilizers
 - h. maintain the following records on site for 1 year and on file for 5 years:
 - sterilization records for each load of equipment
 - records confirming biological monitoring of sterilizer(s)
 - a record of all pre-packaged and sterile item purchases
 - client records for all invasive services: records to include date of the procedure, full name of the PSS worker, full name, telephone number and address of the client and details of the procedure
 - records of accidental exposures to blood and body fluids that occur during non-invasive services: records to include the name, address and phone number of

person exposed, the site of the injury, the circumstances surrounding the incident and any action taken

- i. use hand hygiene between clients.
 - j. use approved sharps container and dispose of the container as biomedical waste.
- 6) Repeal Article XII of the current Licensing By-law which governs barbershops and hair salons.

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