

Regulation of Personal Services Settings

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Ministry Protocol on Infection Prevention and Control in Personal Services Settings (PSS) applies to:

- “facility, service, 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, electrolysis and...various aesthetic services...”
- Does not apply to regulated health professionals

- Perform routine inspections for all PSS at least once a year
- Investigate complaints related to PSS
- Offer education to the general public regarding infection prevention and control for PSS
- Offer education to workers and/or operators annually
- Conduct risk assessment to determine if a health hazard exists and manage appropriately to reduce the risk
- Communicate with the affected individual(s) when investigation identifies a potential risk to their health

Why license personal service settings?

- Delivery of personal services has been associated with transmission of bloodborne infections such as hepatitis B, hepatitis C and other infectious disease organisms including *Mycobacterium spp.* and *Staphylococcus aureus* when proper infection control is not maintained
- No provincial infection prevention and control training requirements for PSS operators
- Challenges in locating PSS and inspecting before they begin operation

FIGURE. Pustules resulting from a methicillin-resistant *Staphylococcus aureus* skin infection in a tattoo recipient — Ohio, 2005



Photo/Toledo-Lucas County Health Department

Examples of PSS Related Infections



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- 58% believed PSS are already licensed
- The majority supported:
 - Licensing of PSS
 - The requirements to publicly post health inspection results

- PSS workers not all adequately trained in IPAC
- Benefits of licensing, public disclosure, more stringent regulation
 - establish common standards
 - ↑ standards
 - strengthen public health & safety
 - ↑ public confidence in PSS industry

- 80% agreed that all new PSS should pass a public health inspection before opening
- 84% agreed that all PSS should comply with IPAC requirements and pass an annual inspection
- 72% agreed that all PSS should publicly post their inspection notice (pass, conditional pass or fail)
- 56% agreed that licensing will improve health and safety in PSS and result in better public protection
- Concern related to the financial burden of the licence fee

- All identified that other businesses in their sector are not using proper IPAC practices
- Most agreed that that it was a good idea to license all PSS in order to mitigate risk of infectious disease transmission
- Requested more consistent IPAC requirements
- Areas of concern:
 - the cost of licensing
 - potential for over-regulation of the industry

- PSS businesses would require a licence to operate
- A PSS business would need to be inspected by TPH prior to getting their licence
- PSS operators will be required to:
 - comply with infection prevention and control recommendations of the Medical Officer of Health
 - post their licence
 - post their most recent inspection notice (similar to the green, yellow and red DineSafe signs)
 - have whatever qualifications/certification are required by law
- Phased implementation plan over 2 years

- Licensing and Standards Committee – Monday, February 4, 2013
- City Council – Wednesday, February 20 and Thursday, February 21, 2013