



STAFF REPORT ACTION REQUIRED

Infection Control Training and Certification of Personal Service Setting Workers

Date:	June 12, 2015
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

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 such as tattooing and body piercing; hairdressing and barber shops; and various aesthetic services¹. These services have been associated with the transmission of blood-borne infections such as hepatitis B and hepatitis C, as well as other infectious disease organisms such as *Mycobacterium spp* and *Staphylococcus aureus* (causes staph infections).

Given the increasing use of personal services settings (PSS) by the public, effective infection prevention and control (IPAC) practices are essential to prevent the spread of infectious diseases. The Protocol requires public health units to conduct PSS inspections once a year, and in response to public complaints.

In 2013, the City of Toronto's Municipal Code 545 was amended to require PSS business operators to have a licence with a focus on IPAC. At that time, Toronto Public Health (TPH) implemented the BodySafe program, which is an inspection and disclosure program for PSS. It is modelled on the DineSafe program, whereby any business that offers personal services are inspected for IPAC practices and the inspection results are displayed online and on notices posted at the premises (e.g. Pass, Conditional Pass and Closed).

The bylaw amendment has supported the success of the BodySafe program, as the licensing requirement includes notification to TPH of any new PSS opening in the City and the amended Bylaw includes IPAC minimum standards that allow public health inspectors to issue tickets for IPAC lapses.

With the exception of barbers and hairdressers, many, if not most, PSS workers do not have any training or certification in IPAC practices related to their trade. In March 2013 Toronto City Council requested the Province of Ontario implement a certification system for all employees in the PSS industry. The Chief Medical officer of Health responded in May 2013 stating that the Ministry of Health and Long-Term Care (MOHLTC) is not currently considering this option. In January 2014, the Board of Health (BOH) requested the Ontario Chief Medical Officer of Health and the Ministry of Health and Long-Term Care to develop and implement a mandatory provincial-wide PSS worker IPAC training and certification program; and should the province not indicate a willingness to IPAC training for PSS workers, the BOH directed the Medical Officer of Health to report back in the spring of 2015 on the development and implementation of municipal mandatory IPAC training, including budgetary requirements.

The province has not changed their position to this request, and TPH has undertaken an evaluation and assessment of the feasibility of developing and delivering mandatory training for all PSS workers in the City.

Given that there are approximately 10,000 workers in four distinct areas of personal services (hairdressing/barbering; tattooing and body piercing; electrolysis and acupuncture; and aesthetic services, such as manicures and pedicures), the cost of developing IPAC curriculum and delivering training is prohibitive for TPH with its current budgetary and staffing resources. Moreover, the cost to PSS workers to register and take the mandatory training would likely be a financial barrier as many earn minimum wage. Recognizing the importance of IPAC training in the absence of a province wide training program, it is recommended that a voluntary certificate program be developed and piloted. The voluntary approach is modelled on the Municipality of York Public Health IPAC training for PSS workers.

This report provides the BOH with an overview of training and certification feasibility (mandatory and voluntary), as well as an update on the implementation of the BodySafe program to date.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health reiterate its request to the Minister of Health and Long-Term Care to develop and implement mandatory IPAC training and certification for PSS workers across Ontario;
2. The Medical Officer of Health develop and pilot a voluntary IPAC certificate program on a cost-recovery basis for PSS workers for implementation in 2016;
3. The Medical Officer of Health report back to the Board of Health in early 2017 on the status of the voluntary IPAC certificate program;

4. This report be forwarded to the Licensing and Standards Committee for information;
5. This report be forwarded to the Interim Chief Medical Officer of Health, the Ministers of Health and Long-Term Care and Training, Colleges and Universities; Public Health Ontario; Ontario Public Health Association; Council of Ontario Medical Officers of Health; Association of Local Public Health Agencies; the Ontario College of Trades; and the Association of Supervisors of Public Health Inspectors in Ontario.

Financial Impact

There is no financial impact. The training and certificate program would be funded out of the existing 2015 operating budget on a cost recovery basis.

DECISION HISTORY

At its November 19, 2012 meeting the BOH approved the recommendations in a report that proposed amendments to Municipal Code Chapter 545, Licensing, to license PSS businesses. ([HL18.2 Regulation of Personal Service Settings](#)).

At its February 4, 2012, meeting the Municipal Licensing and Standards Committee adopted the Board of Health's recommendations for the licensing and regulation of PSS ([LS18.2 Licensing Personal Services Settings \(PSS\)](#)). This report was adopted by City Council on February 20, 2013.

At its September 30, 2013, meeting the BOH received a presentation on TPH's Body Safe program, which provided an overview of inspection and disclosure; changes to Municipal Code 545, Licensing that requires all PSS to be licensed; and the new Body Safe public website, where inspection results are posted for the public ([HL 24.2 BodySafe Inspection and Disclosure Program Presentation](#))

At its meeting on February 10, 2014, the BOH received a report that summarized the results of a legislative and literature review, and an environmental scan of IPAC training and certification of PSS workers. The BOH requested the Medical Officer of Health to examine the feasibility of a mandatory municipal IPAC training and certification program ([HL28.3 Infection Control Training and Certification of Personal Service Setting Workers](#))

At its meeting on June 1, 2015, the BOH directed TPH to report back at the earliest possible BOH meeting on the progress of implementing licensing requirements and educational campaigns at nail salons.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL4.11>

ISSUE BACKGROUND

Toronto Public Health is currently aware of a total of 3,336 PSS premises in Toronto. 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).

On July 1st 2013, amendments to Municipal Bylaw 545, Licensing came in to effect for hairdressing/hairstyling; and was phased in over two years to include tattooing, micropigmentation (permanent cosmetics), ear/body piercing, and electrolysis. The last phase includes manicures, pedicures, and aesthetics services resulting in approximately 620 premises requiring a licence by July 1st 2015.

This licensing and inspection system better enables TPH to identify and inspect PSS, identify new operators through the licensing regime, and monitor compliance with IPAC best practices.

COMMENTS

Update on PSS Licensing and BodySafe Program Implementation:

Since amending the bylaw, the BodySafe program has achieved a number of successes in the protection of the public's health and greater public transparency. One of the results of the licensing regime has been the increased number of known PSS in Toronto requiring annual IPAC inspection. For example, between 2013 and 2014 there was a 9.3% increase in the number of PSS, growing from 3,033 to 3,316. In addition, Municipal Licensing and Standards (ML&S) has received over 1,100 licence applications since the implementation of the bylaw in 2013.

Toronto Public Health has maintained a high inspection rate of PSS since the implementation of bylaw 545. In 2012, TPH inspected 83% of PSS operating in Toronto; 89% in 2013; and 98% in 2014. In addition, 85% of premises have passed IPAC inspections on the first annual inspection visit in 2013 and 2014. This is an improvement from 79% in 2012, when there were no bylaws or public disclosure program. In addition, since the bylaw there has been a 6% increase in IPAC compliance during the first annual inspection, and a 4% reduction in the number of crucial or serious infractions.

Training and Certification of Toronto PSS Workers:

Currently, TPH public health inspectors (PHIs) offer on-site remedial education during inspections using a variety of tools and resources including: fact sheets (translated in 9 languages), translation services (using a phone line interpreter), and pictorial instruction sheets to assist in educating owners and operators on IPAC. In addition, PHIs often show

operators exactly what IPAC procedures to follow by demonstrating with the premises' equipment to ensure full compliance, or at the very least, reduce the risk of critical and significant infractions going forward.

The onsite remedial education is not considered an IPAC core competency training session. During these activities TPH provides support and information to assist operators in reducing risk.

In late 2013, TPH conducted an environmental scan of IPAC training and certification of PSS workers across various jurisdictions in Canada, the United States, Europe and Australia (see Appendix 1). Since that report, another environmental scan of current training and certification models was conducted which includes York Region (Ontario), New Brunswick, Nova Scotia and Alberta (new models developed since 2013).

York Region:

York Region provides a PSS operator training workshop on spa services and is considering expanding the program to include critical services in the near future.

New Brunswick and Nova Scotia:

These two provinces provide education and certification of all hair and aesthetic workers through a Board of Cosmetology. Nova Scotia has a draft regulation under the province's Safe Body Art Act that, if passed, will require tattoo and body piercing premises to be licensed and inspected, and includes IPAC requirements.

Alberta:

Alberta is planning for the standardization of PSS workers, including the development of a Personal Services Education Framework and curriculum design.

Many of the models for training and certification identified through the environmental scan fall within one of the following approaches:

- 1) voluntary "certificate" program-- which includes attending a course, conducting a pre and post test and receiving a certificate of attendance, regardless if the operator passes the post test
- 2) mandatory licensing of the individual PSS worker - which includes attending a licensed school, completing a set number of classrooms hours and passing a certified Board exam that includes several IPAC requirements
- 3) mandatory "certification" of the individual PSS worker - which includes attending a provincially approved program and passing a provincially approved exam

Toronto Public Health has assessed and considered the feasibility of developing and implementing the approaches above, and approaches 2 & 3 are either cost prohibitive and/or out of scope for TPH to act (provincially). However, the first approach is feasible in Toronto, and would include developing and implementing two 3.5- hour voluntary courses. The first course would focus on nail and aesthetic services and the second course would focus on sterilization and record keeping.

York Region's experience with the voluntary model has been positive. Its program has been running since 2010 and includes five sessions annually for nail, hairdressing and aesthetic services. According to York Region, the programs are operating just under cost-recovery as their sessions are not running at full capacity.

Impact of IPAC Training and Certification:

While IPAC training and certification is important, the impact of operating a mandatory intensive program has not been clearly established. Although there have been a few studies that have shown a correlation between a certified worker and an increase in compliance rate, these studies did not take into account other strategies that may have been impacting compliance rates at the same time, such as disclosure and enforcement. In addition, a literature review conducted as part of the previous BOH report found no studies that indicated that infection control training or licensing of the PSS worker resulted in fewer infections.

Studies with operators who provide tattooing and body piercing services have shown that providing IPAC training and information, along with financial penalties for breaches in the requirements, improve compliance with the protocol and bylaw. In addition, in the pilot evaluation report from York Regions' voluntary PSS IPAC workshop, 90% of the workers who attended the workshop indicated that PSS workers should receive IPAC training and 100% felt it increased their knowledge of the requirements of IPAC in PSS.

Considering the budget and financial resources required to develop, implement and deliver a mandatory PSS worker training and certification program (estimated at \$335,000 annually, plus one-time development costs), it is recommended that TPH consider offering two 3.5-hour courses as a voluntary program until the Province develops and approves a curriculum. The first course would focus on nail and aesthetic services, and the second course would focus on sterilization and record-keeping. The program would be developed and piloted for implementation in 2016. Any potential impacts on inspection completion rates, response to complaints and data entry would need to be monitored.

If TPH were to establish a voluntary training and certificate program to certify 720 workers a year, the cost to operate two 3.5-hour courses offered to the operator once per month is estimated at \$28,000 annually. Operating on a cost-recovery basis, a course would cost the operator an estimated \$39.00 (not including HST). Individuals would receive a certificate of attendance and would be expected to complete a pre-test and post-test and an evaluation at the end of each course. TPH would also recommend premises that fail an inspection send their owner(s) and supervisor(s) to attend the course.

In addition, the Board of Health continues its request to the Ministry of Health and Long-Term Care to develop and implement an IPAC training and certification program for PSS workers across Ontario.

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ATTACHMENT

Appendix 1: Findings of Environmental Scan Regarding PSS Worker Training and Certification, 2013

REFERENCES

Carlson VP, Lehman E, Armstrong M. (2012). Tattooing Regulation in U.S. States, 2011. *J Enviro Health.* 75(3);30-37.

Kleiner M. (2000) Occupational Licensing. *Journal of Economic Perspectives*, 14(4); 189-202

Kleiner MM, Krueger AB. (2010) The prevalence and effects of occupational licensing. *Brit J Industrial Relations.* 48(4); 676-687.

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APPENDIX 1:

Findings of Environmental Scan Regarding PSS Worker Training and Certification, 2013		
PSS Worker Regulatory Model	Jurisdiction	Details
Comprehensive regional PSS worker training and certification: a state or provincial Board of Cosmetology and/or other regulatory agency that includes tattooing, body piercing, and other invasive PSS procedures.	Oregon	<ul style="list-style-type: none"> • Board of Cosmetology created within the Oregon Health Licensing Agency • Board of Body Art Practitioners certifies tattooing and body piercing
	Florida	<ul style="list-style-type: none"> • Board of Cosmetology certifies cosmetologist, nail and facial specialists, hair braiders, hair wrappers and cosmetology salons • State legislation requires certification of tattoo artists
	Kansas	<ul style="list-style-type: none"> • Board of Cosmetology certifies and approves courses offered by schools registered with the U.S. Department of Education for all PSS
	Alaska	<ul style="list-style-type: none"> • The Board of Barbers and Hairdressers approves third party training and regulates all PSS, including tattoo artists and body piercers
	New Brunswick (not in effect yet)	<ul style="list-style-type: none"> • The Cosmetology Association of New Brunswick will certify cosmetology, hair and aesthetics • No licensing for tattoo artists and body piercers
	Nova Scotia (not in effect yet)	<ul style="list-style-type: none"> • The Cosmetology Association of Nova Scotia will certify all PSS using proposed Cosmetology and Body Art Acts
Mixed regional and municipal licensing: a Board of Cosmetology licenses PSS workers in hair salons, barber shops, manicure and pedicure, and aesthetic establishments and municipal licensing of tattoo artists, body piercers and workers providing other invasive PSS procedures.	Massachusetts (Boston)	<ul style="list-style-type: none"> • The State Board of Cosmetology certifies cosmetologists, manicurists and aestheticians • The Boston Public Health Commission certifies tattoo artists, body piercers, workers in other high risk PSS and licenses nail establishments
	New York (New York City)	<ul style="list-style-type: none"> • The State Board of Cosmetology certifies cosmetologists, hairstylists, barbers, aestheticians, waxers and massage therapists. • New York City Tattoo Regulation Act certifies tattoo artists • New York City utilizes a tattoo infection control self-study model: PSS workers are required to write a test which is offered twice monthly and is based on publicly available content
	California (various cities)	<ul style="list-style-type: none"> • Board of Cosmetology certifies cosmetologists, barbers, aestheticians, electrologists and manicurists • The State Safe Body Art Act regulates tattooing, permanent make-up and body piercing; certification provided at the municipal level under the Act

Findings of Environmental Scan Regarding PSS Worker Training and Certification, 2013		
PSS Worker Regulatory Model	Jurisdiction	Details
	Alberta (not in effect yet)	<ul style="list-style-type: none"> • Planning is occurring for standardized training via third party and future certification • The province is at the stage of a preliminary regulatory review and curriculum design
Municipal licensing based on risk per PSS setting or procedure.	United Kingdom	<ul style="list-style-type: none"> • Piercers are advised to obtain a licence from the local health department. The national Hair and Beauty Industry Authority sets standards and develops guidelines for training which occurs in educational institutions such as colleges. There is no standardised training across local bodies.
No individual worker certification, but local training is available	York Region Health Department (Ontario)	<ul style="list-style-type: none"> • Offers voluntary PSS infection control training, which is recommended when a public health order is issued following inspection
Individual certification for some groups of PSS workers, no specific training required.	The Netherlands New South Wales (Australia)	<ul style="list-style-type: none"> • Certification required for tattoo artists only though country wide legislation • Certifications and inspections completed at the municipal level

ⁱ Ministry of Health and Long Term Care, Infection Prevention and Control in Personal Services Settings, Protocol, 2008.