

Ministry of Health and Long-Term Care

Infection Prevention and Control in Personal Services Settings Protocol, 2016

Population and Public Health Division,
Ministry of Health and Long-Term Care

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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) to specify the mandatory health programs and services provided by boards of health.^{1, 2} 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 services workers during the delivery of personal services.

This protocol applies to personal services settings which are premises as defined by the HPPA that offer personal services where there is a risk of exposure to blood and/or body fluids.² This includes services such as, but not limited to: hairdressing and barbering; tattooing; body piercing; nail services; electrolysis; and various other aesthetic services. This protocol also applies to “special events” such as trade shows, conventions, fairs, or exhibitions where personal services are provided. This protocol applies to any person delivering personal services, including regulated health professionals.

The responsibility of boards of health to investigate infection prevention and control (IPAC) complaints related to “controlled acts” under the *Regulated Health Professions Act* (RHPA), or any other regulated health profession-specific legislation delivered by regulated health professionals is outlined in the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).^{3, 4}

Reference to the Standards

Table 1: identifies the OPHS standards and requirements to which this protocol relates.

Standard	Requirement
<p>Infectious Diseases Prevention and Control</p>	<p>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, including regulatory colleges, 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). In addition, if an infection prevention and control lapse is identified, the board of health shall post an Initial and a Final Report online on the board of health’s website, in accordance with the <i>Infection Prevention and Control Practices Complaint Protocol, 2008</i> (or as current) and the <i>Infection Prevention and Control in Personal Services Settings Protocol, 2008</i> (or as current).</p> <p>For the purposes of sections 9 and 10, a “regulatory college” means the college of a health profession or group of health professions established or continued under a health professions Act named in Schedule 1 to the <i>Regulated Health Professions Act</i>.</p> <p>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 Child Care Centres Protocol, 2016</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).</p>

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) Conduct these routine inspections to ensure adherence to IPAC practices. The frequency of inspection may be increased based on results from the inspection. For more information, refer to current best practices including the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated).⁵
- c) In addition to the annual routine inspection, use a risk-based approach to conduct inspections of personal services settings in response to complaints or if there is continued non-compliance with IPAC practices identified in 1)a) above, to ensure compliance.

2. Detection, Investigation, and Identification

- a) Conducting risk assessments to identify health hazards is an integral component of the role of public health. The board of health shall incorporate risk assessments into the annual routine inspection process and when investigating potential health hazards in personal services settings. Risk assessment of a personal services setting shall include but not be limited to the consideration of:
 - i) The extent of exposure to blood, body fluids and/or potentially infectious lesions from service(s) provided, especially as these risks relate to the invasiveness of the service(s) offered; and
 - ii) The degree of adherence to IPAC practices.
- b) The board of health shall initiate an investigation of complaints/inquiries/issues regarding potential health hazards including IPAC lapses in personal services settings within 24 hours to determine the risk of communicable and/or infectious disease transmission and appropriate board of health response.
- c) The board of health shall determine, given the information available, whether a communicable and/or infectious disease transmission risk is or may be linked to the professional conduct of a regulated health professional governed by a regulatory college (e.g., nurse, physician). The board of health shall, in that event:

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- i) Contact the regulatory college directly and provide any relevant information about the member(s) and the reported non-adherence to IPAC practices for follow up by the regulatory college;
 - ii) Provide information to the complainant about how to contact the regulatory college himself or herself, if applicable; and
 - iii) Consider a collaborative approach with the regulatory college in any ongoing assessment and any subsequent investigation deemed necessary.
- d) The board of health shall focus on the risk of communicable and/or infectious disease transmission related to an IPAC lapse during annual routine inspections or when investigating complaints/inquiries/issues. This shall include but is not limited to:
 - i) Whether or not, and the extent to which, IPAC routine practices have been implemented/adhered to; and
 - ii) Adherence to best practices for cleaning, disinfection and sterilization in the setting named in a complaint.
- e) For more information on best practices refer to the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated).⁵ Actions within an investigation may include, but not be limited to:
 - i) Advising the implementation of appropriate IPAC procedures following current best practices including the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated);⁴
 - ii) Offering education following current best practices including the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated);⁵
 - iii) Conducting re-inspection(s) to ensure compliance with current best practices including the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated) if non-compliance issues continue to pose the risk of communicable and/or infectious disease transmission;⁵
 - iv) Identifying clients that may be impacted by non-compliance with IPAC best practices in the setting under investigation;
 - v) Developing a risk communication strategy for identified clients;
 - vi) Ordering corrective action based on the findings of the investigation, up to and including issuing written orders under the HPPA;² and
 - vii) Advising the party under investigation of his/her roles and responsibilities in taking or failing to take the corrective actions.
- f) The board of health shall 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 IPAC practices. When conducting a risk assessment 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 and items used in such procedures that are sterilized on-site;
- ii) Complete client contact information;
- iii) Sterilizer monitoring logs;
- iv) Spore test results; and
- v) Supplier information for items purchased as pre-packaged and sterile.

3. Management

The board of health shall:

- a) Maintain an inventory of all personal services settings within the health unit jurisdiction, organized by setting type, and update it annually or more frequently, as required. This inventory must include personal services operator contact information and personal services setting location.
- b) Make use of its 24 hours per day, 7 days per week (24/7) public health on-call system to assess and respond to public health issues in personal services settings including potential health hazards such as IPAC lapses that have, or that are likely to have, an adverse effect on the health of any person.
- c) Offer education to the general public in regards to IPAC practices for personal services settings.
- d) Offer education to the personal services workers and/or operators annually in regards to IPAC practices for such settings. Education may be offered during annual inspections and includes appropriate IPAC practices.
- e) Communicate with client(s) at risk when an investigation of a personal services setting has identified a health hazard that is a potential risk to their personal health.
- f) 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.
- g) Maintain a record of all complaints received and investigations undertaken.
- h) For additional information regarding appropriate IPAC practices for personal services settings, refer to current best practices including the *Infection Prevention and Control Best Practices for Personal Services Settings* document (or as updated).⁵
- i) For supplementary information on the principles of IPAC, refer to The Provincial Infectious Diseases Advisory Committee (PIDAC) Infection Prevention and Control Best Practices Documents.*

* The PIDAC-IPAC documents, addressing IPAC best practices, are intended for health care settings. However, in the absence of more applicable reference documents, they may be used as a resource for the principles of IPAC.

4. Enforcement

The board of health shall:

- a) Determine if a health hazard exists following an inspection of a personal services setting if the setting was found to be non-compliant with IPAC practices.
- b) Take action under the HPPA to decrease the effect of, or eliminate, a health hazard that has been identified.² 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.²

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 prior to media release.
- b) Report cases of reportable diseases associated with personal services settings through the integrated Public Health Information System (iPHIS) or any other method specified by the ministry.

6. Reporting of Infection Prevention and Control Lapses

- a) If an IPAC lapse has been identified in a premises named in a complaint, the board of health shall post an Initial and a Final Report online in accordance with the *Infection Prevention and Control Lapse Disclosure Guidance Document, 2015* (or as current).⁶

Glossary

Infection Prevention and Control (IPAC) Lapse: A lapse is defined as a deviation from IPAC standard of care, based on current IPAC standard of care documents from the Provincial Infectious Diseases Advisory Committee (PIDAC), Public Health Ontario (PHO), or the ministry, where available, that the medical officer of health or designate believes on reasonable and probable grounds has or may result in infectious disease transmission to the premises' clients, attendees or staff through exposure to blood, body fluids and/or potentially infectious lesions.

Personal services: A service to or on the body where there is a risk of exposure to blood and/or body fluids such as but not limited to: hairdressing and barbering; nail services; tattooing; body piercing; electrolysis and various other aesthetic services.

Personal services operator: A person who owns and/or operates a personal services setting.

Personal services setting: A premises as defined by the HPPA where personal services are offered and/or delivered.²

Regulatory College: The college of a health profession or group of health professions established or continued under a health professions Act named in Schedule 1 to the *Regulated Health Professions Act*.³

Risk assessment: An evaluation of the interaction of the personal services owner/operator, the client and the client environment to assess and analyze the potential for exposure to infectious diseases (see also the OPHS Glossary).

Risk-based approach: The application of a risk assessment(s) to identify priorities for making decisions and taking action by directing proportionate resources to the hazard(s) with the greatest likelihood of an adverse effect on the health of any person.

References

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http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm.
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