

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 February 15

INSPECTION OF HAIR-CUTTING ESTABLISHMENTS

It is recommended that Report No. 008-18 re: “Inspection of Hair-Cutting Establishments” be received for information.

Key Points

- The Infection Prevention and Control in Personal Services Settings Protocol, 2016 requires inspection of settings that constitute potential health hazards due to the risk of exposure to blood and/or body fluids.
- Facilities that offer very limited services, such as haircuts only, present a very low risk of such exposures. The number of personal service settings is increasing in the Middlesex-London region.
- The Infectious Disease Control Team is investigating a change in practice so that the Public Health Inspectors working on the Infectious Disease Control Team would reduce their focus on lowest-risk establishments, concentrating their time on high-risk settings using a risk-based approach to mitigate potential health hazards. Inspections in response to complaints would continue.
- This potential change would mean that the IDC team would not be compliant with the Infection Prevention and Control and Personal Settings Protocol that requires annual inspection of all Personal Service Settings.

Background

In 2017, pressures on the Infectious Disease Control (IDC) Team’s public health inspection functions negatively affected the team’s capacity to inspect each personal service setting (PSS) in London and Middlesex. These pressures included the ongoing outbreak of invasive Group A Streptococcus and temporary staffing vacancies. To address these challenges, the requirements set out in the Health Protection and Promotions Act (HPPA) and the Infection Prevention and Control in Personal Services Settings Protocol were reviewed to identify opportunities to increase capacity through the reduction of inspection frequency for the lowest-risk PSS locations.

In order to ensure that high-risk PSS inspections are completed in a timely manner, the decision was made on a temporary basis to reduce inspections of the lowest-risk PSS locations by sending information letters (i.e., in lieu of an on-site inspection by a public health inspector) to those establishments that cut hair using only scissors and/or clippers (non-critical tools) and that did not provide any medium- or high-risk services. The letter informed hair-cutting establishments that MLHU would not perform an on-site inspection in 2017 provided that PSS services being offered were limited to hair-cutting activities only. A reminder to operators was included about their responsibility to notify the Health Unit if additional services should be added to their business practices. To reinforce infection control practices required in hair-cutting establishments, educational materials were included in the package, along with contact information for the IDC Team.

The Infection Prevention and Control in Personal Services Settings Protocol, 2016 (see [Appendix A](#)) provides direction on how boards of health must operationalize specific requirements identified in the Ontario Public Health Standards. The protocol was developed to provide direction to boards of health to minimize the risk, for both PSS clients and workers, of contracting blood-borne and other infections. This protocol applies to PSS that constitute premises as defined by the HPPA, namely those that offer personal

services where there is a risk of exposure to blood and/or body fluids. Health units are responsible for using a risk-based approach to conduct PSS inspections. Conducting risk assessments to identify health hazards is an integral component of infectious disease prevention and control. Hair-cutting establishments are considered to be very low-risk, as described by those factors identified in the protocol, yet are still required to have annual on-site inspection

Next Steps

This year, the IDC Team began a risk-based review of all PSS to strengthen inspection-related processes, including follow-up, and re-inspection. The Health Unit's website is being updated to reflect inspection findings and resolutions more clearly, improving transparency for the public. Documentation is being reviewed, updated, and improved, new procedures are being implemented, and additional training is planned.

The City of London has also recently added further PSS that will require a business license. These include nail salons, as well as microblading and eyelash extension establishments. Although these establishments have traditionally required inspection, a business license was not required for operation. This change will require the IDC inspectors to provide an inspection report for an establishment upon application for a license, creating additional workload pressures.

Taking into consideration regulatory requirements and volume of work, it may be necessary for the IDC Team to follow a risk-based approach, reducing inspection frequency for hair-cutting establishments that cut hair only with scissors and/or clippers (non-critical tools). This would enable the team to focus on higher-risk establishments, which pose a risk of exposure to blood-borne and other infections through blood and/or body fluids. Inspections of the lowest-risk businesses would occur upon initial licensing, and afterward on an ad-hoc basis. Establishments offering hair-cutting services alone constitute approximately 20% of all PSSs. Complaints regarding these establishments would continue to require follow-up within twenty-four hours, as per the current protocol.

Further work will be done in the coming months to identify whether there are any other reasonable alternatives to this change.

This report was prepared by the Environmental Health and Infectious Diseases Division.



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