# Saskatchewan Personal Service Facility Best Management Practices

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Government of Saskatchewan

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## Preamble

A personal service facility is one where services such as electrolysis, hair cutting/styling, manicures/pedicures, body piercing and tattooing services are provided to or on the body of another person.

Blood borne and other infections may be transmitted through personal service procedures to clients and/or to persons providing personal services. The type of health risks depends on the invasive nature of the service (e.g. surface treatments vs. procedures that puncture the skin). Exposure through skin penetration or mucous membrane exposure to blood or body fluids may result in a variety of infections including, but not limited to: Hepatitis B virus (HBV), Hepatitis C virus (HCV), Human Immunodeficiency Virus (HIV), herpes simplex virus, as well as fungal and bacterial infections of the skin and blood.

The Health Hazard Regulations under *The Public Health Act, 1994* require personal service facilities to be operated in a sanitary manner and in a manner that prevents or minimizes the transmission of disease to clients and/or individuals performing personal services. Subsection 13(3) of The Health Hazard Regulations states*:*

*"No person shall cause or permit a personal service facility to be operated:*

*(a) in an unsanitary manner or under unsanitary conditions; or*
*(b) in a manner that may facilitate the transmission of a communicable disease."*

This document and the Ministry of Health's Opening a Personal Service Facility Fact Sheet have been developed to assist operators in meeting the regulatory requirements. The Fact Sheet describes what is required to construct/establish a personal service facility while this document, The Saskatchewan Personal Service Facility Best Management Practices (BMP), contain detailed operational information for industry.

The most current version of *The Public Health Act, 1994* is available online at: http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/P37-1.pdf

The most current version of The Health Hazard Regulations is available online at: http://www.qp.gov.sk.ca/documents/english/Regulations/Regulations/p37-1r10.pdf

The Opening a Personal Service Facility Fact Sheet will be available on the Ministry of Health website in the summer of 2014.

*NOTE: Where there is a conflict in wording between the Saskatchewan Personal Service Facility Best Management Practices and the legislation or regulations, the latter will prevail.*

**Invasive procedures are those intended to penetrate the body either by incision or insertion of an item into or through the skin or mucosa, or by any other means intended to puncture, break or compromise the skin.**

This BMP contains information about the personal services listed below:

**Table 1**

| | | |
|---|---|---|
| Artificial Gel/Acrylic Nails | Ear Piercing* | Stretching* |
| Beading* | Electrolysis* | Tanning Salons |
| Body Branding* | Hair Services | Tattooing* |
| Body Piercing* | Manicure/Pedicure | Waxing |
| Body Painting | Scarification* | |
| Cosmetics | Skin Care (esthetics) | |
| ***** *invasive procedures* | | |

Appendices 5 to 7 are applicable to specific **invasive** personal service procedures:

- Appendix 5 Body Piercing, Stretching or Gauging and Beading
- Appendix 6 Tattooing and Scarification
- Appendix 7 Electrolysis

Appendices 8 to 12 are applicable to specific **non-invasive*** personal service procedures:

- Appendix 8 Manicures, Pedicures, Footbaths, Waxing and Cosmetic Nail Treatments
- Appendix 9 Tanning Facilities
- Appendix 10 Barbering, Hairstyling and Eyebrow/Eyelash Colouring and Hair Extensions
- Appendix 11 Facials and Chemical Peels
- Appendix 12 Body Painting and Cosmetics

*There may be procedures offered in these facilities that may be deemed invasive in nature, e.g. pedicures using 'credo blades' to remove calluses on the feet or 'dermal rollers' used for the purpose of skin rejuvenation.

The use of various species of fish for aesthetic, exfoliation, medical or massage purposes may be deemed a health hazard and are not permitted in Saskatchewan as neither the fish nor the basin can be adequately cleaned and disinfected between clients.

There are many other types of personal services that are not addressed in this BMP; however, the basic principles of cleaning and disinfecting or sterilizing of instruments and equipment may be applied to other types of personal services as well.

Anyone considering establishing, renovating or operating a personal service facility offering **invasive personal service procedures,** excluding ear piercing, is to contact a public health officer (PHO) with their local health region before commencing construction and/or operations. Visit the site below for a list of the health inspection offices throughout Saskatchewan:

http://www.saskatchewan.ca/residents/health/understanding-the-health-care-system/saskatchewan-health-regions/regional-public-health-inspectors

Persons considering establishing, renovating or operating a personal service facility should also be aware that in addition to the requirements of *The Public Health Act, 1994,* The Health Hazard Regulations, the Opening a Personal Service Facility Fact Sheet, and this BMP, approvals from other ministries, agencies and/or local municipalities may be required. These approvals may include but are not limited to: building, fire, accessibility and plumbing.

Personal service facilities offering invasive services are subject to periodic, unannounced, inspections by health region PHOs. Unless upon receipt of a complaint, PHOs will not routinely inspect personal service facilities:

- operated by persons acting in his or her capacity as a member in good standing of a professional association that is regulated by legislation; or
- facilities that only provide ear piercing or non-invasive personal services.

Personal service facility owners/operators are encouraged to follow manufacturer directions regarding product or equipment operations and/or cleaning and disinfecting or sterilizing processes. In some instances where based on a PHO risk assessment, the operator may be required to replace their product(s) and/or alter their practices.

Due to the personal service industry continuously changing with new or modified services and new technology, this BMP may not necessarily address all services. In the case of new services or technology, the PHO will need to conduct a risk assessment of the potential for communicability of disease and provide guidance regarding infection control to the operators of these facilities.

***Note:*** With this BMP document, the Saskatchewan Ministry of Health does not imply that personal services are beneficial or free of risk. Some personal services, particularly invasive procedures, carry elevated risks of infection or injury. Clients undergoing invasive personal service procedures should be advised to consider and discuss the risks with their health care provider prior to undertaking such procedures. Furthermore, some medications and medical conditions (e.g. diabetes, allergies and skin infections) may increase the risks involved with personal service procedures.

Owner/operators of personal service facilities are encouraged to consult with their local PHO should they have any questions related to the operation of a personal service facility.

## SECTION 1.0 – PERSONAL SERVICE FACILITY OPERATIONS

### 1.1 Owner/Operator Responsibility

1. Owners/operators of personal service facilities are responsible to operate their facility in a safe and sanitary manner.

2. It is also the responsibility of the owner/operator to ensure persons providing personal services in their facilities are educated in infection control practices as they pertain to the delivery of personal services.

### 1.2 Premises

The premises, including floors, walls, procedure rooms and washrooms are to be maintained in good repair and in a clean, sanitary condition at all times.

### 1.3 General Operations

*It is recommended that invasive personal service procedures not be administered to persons under the age of 18 years without the written consent of a parent or guardian. Furthermore, personal services should not be administered to clients who appear to be under the influence of drugs and/or alcohol.*

1. Persons providing personal services are to:
   - wash hands prior to initiating any procedures and between tasks if interrupted while performing a personal service;
   - wear single use gloves for procedures that may result in contact with blood or body fluids or non-intact skin; and
   - conduct a thorough evaluation of the site to which the personal service will be administered (e.g. scalp, fingers, toes, nails, skin) prior to commencing any procedure.

2. Depending on the type of personal service to be provided, clients are to be provided with appropriate protective equipment such as eye protection or coverings for their clothing.

3. Service to a customer affected by an infection or condition such as fungus, nail 'mould', weeping lesions, weeping dermatitis, eczema, broken skin, inflamed skin, infected skin or any other evidence of infection or irritation should be refused. The client should be advised to consult with their health care provider.

4. Prior to commencing any personal services to the client's skin, the skin is to be cleansed with an antiseptic. Ensure the skin antiseptic is given the required contact time with the skin. Antiseptics should not be used near the client's eyes.

5. Before commencing a personal service procedure, all instruments and/or equipment should be laid out on the work counter. Any instruments and/or equipment that were laid out but not used are considered to be contaminated and are to be discarded if single-use or cleaned and disinfected or sterilized.

6. All re-usable instruments and equipment used in the direct delivery of personal services are to be cleaned and disinfected or sterilized after each use as per section 2 and Appendix 2 as applicable. Once disinfected or sterilized, instruments and/or equipment used in the delivery of personal services are to be protected from contamination.

7. All instruments, equipment, devices or tools used in the personal service facility are to be of durable construction, maintained in a clean and sanitary condition and in good repair.

8. Environmental surfaces and non-clinical devices (e.g. manicure/pedicure tables, tattooing piercing equipment trays and magnifying lamps) are to be cleaned and disinfected between uses if not covered with coverings or sleeves.

9. Contact surfaces of client chairs, beds and work surfaces, i.e. surfaces that come in direct contact with the client's skin, are to be either cleaned (water and detergent) and disinfected with a low level disinfectant between uses or covered with a single-use cover. Covers are to be discarded after each client. If surfaces are covered, the surfaces are to be cleaned and disinfected with a low level disinfectant when visibly soiled and at the end of the day. Contact surfaces contaminated with blood or body fluids are to be immediately cleaned, rinsed and disinfected with a high-level disinfectant.

10. Sterile instruments such as needles or piercing jewellery that become contaminated are not to be used and are to be replaced with a sterile item.

11. Items that cannot be effectively cleaned and disinfected or sterilized (e.g. emery boards, pumice stones and makeup applicators) are considered single use and disposable.

12. Single-use needles used for tattooing, body piercing, ear piercing and electrolysis, scalpels and extraction lancets are never to be re-used. These items, referred to as sharps, must be sterile at the point of use and discarded immediately and appropriately after each client use. Refer to section 5 for more information on the safe disposal of sharps. Preference should be given to pre-sterilized needles that have chemical process indicators within the packaging.

13. An 'Accidental Exposure to Blood and Body Fluid Protocol' is to be in place. Refer to Appendix 3 for details.

14. Products such as wax, pigment, creams, lotions and cosmetics are to be kept in clean, closed containers and dispensed by:
    - a single service spatula to remove a portion of the product from its container; or,
    - a tube or pump container to ensure the remaining portion does not become contaminated.

15. If the client's skin must be shaved for a procedure, single-use disposable razors are to be used to shave the site.

16. Powder or liquid forms of styptic products (not pencils) may be used to stop bleeding provided it is applied by use of a disposable applicator.

17. After performing any procedures that puncture the skin, the site is to be wiped with an antiseptic.

18. Dressings used to cover the skin site (after an invasive procedure) are to be clean, single-use and appropriate for dressing the wound. Plastic wrap should not be used on dressings.

19. Clients should be provided with instructions regarding post treatment skin care.

20. Linens are to be used only once, placed into laundry bags or containers at the point-of-use and then transported to the laundry area.

21. The laundry area is to be designed to keep soiled and clean laundry separate to prevent cross contamination.

22. Soiled laundry is to be handled with gloved hands. Do not rinse soiled articles. Laundry generated from a personal service facility should not be combined with any other laundry. Laundry is to be washed in hot water and detergent and then machine dried on the hottest setting until thoroughly dry.

23. Clean laundry is to be stored in a clean and protected environment.

24. Environmental surfaces such as flooring walls, windows, table and chairs, not in the personal service work area, are to be cleaned regularly and kept in a visibly clean condition. Surfaces contaminated with blood, however, are to be cleaned and disinfected immediately.

25. Environmental surfaces such as fixtures, counters and floors in washrooms are to be cleaned at the end of the day and when visibly soiled.

26. Mop water and other liquids are to be disposed of in a manner that prevents the contamination of personal service equipment, surfaces and supplies. Mops and similar floor cleaning equipment are to be cleaned in a manner that does not to contaminate personal service instruments, equipment and items.

27. Windows in the immediate area where invasive procedures are being conducted should not be opened while personal service procedures are being performed.

28. Except for guide animals, e.g. guide, service or hearing dogs that assist persons with impairments, animals are not to be permitted in areas where personal services are being provided.

*It is recommended that manufacturers' operating manuals for all equipment used in the personal service facility remain on site and easily accessible to persons providing personal services and the PHO.*

## SECTION 2.0 – CLEANING, DISINFECTION and STERILIZATION OF INSTRUMENTS and EQUIPMENT

*It is recommended that instrument and equipment cleaning and disinfection or sterilization procedures are posted in each personal service facility for easy reference.*

### 2.1 Cleaning Instruments and Equipment

1. Re-useable instruments or equipment, depending on their intended use, are to be effectively cleaned and disinfected or sterilized between uses.

   Cleaning is the removal of all visible contaminants from surfaces. If residue remains on surfaces from ineffective cleaning, subsequent disinfecting or sterilizing procedures will be ineffective as the residue remaining on the surfaces interferes with disinfection or sterilization processes. Manual cleaning involves the use of a detergent, a warm water solution and scrubbing action to remove contaminants. However, some exceptions apply (e.g. cleaning of electric hair clippers). Pressurized air or cleaning wipes may be used to clean the clippers followed by spraying with a suitable intermediate-level disinfectant. Also consider manufacturers' directions for cleaning and disinfection.

2. Mechanical cleaning involves the use of equipment such as an ultrasonic cleaner with a cleaning solution to remove contaminants. A rinse step between cleaning and disinfecting or sterilizing will remove the contaminants and/or detergent residue to ensure the disinfection or sterilization is effective.

3. Cleaned and rinsed instruments and equipment are to be air dried or hand dried with a paper or clean lint-free towel before being disinfected or sterilized. Dry surfaces prevent microbial growth and avoid dilution of the disinfectant by any moisture remaining on the surface.

4. If using an ultrasonic cleaner, a fresh solution of detergent and water is to be placed in the device at least daily and more frequently if required. As the solution becomes visibly dirty, the contents are to be emptied, the surfaces are to be cleaned and the unit is to be filled with a fresh solution.

Note: The ultrasonic cleaner only cleans the instruments or equipment. Re-usable instruments and equipment must be disinfected or sterilized (depending on their intended use) after being cleaned in an ultrasonic cleaner.

Refer to Appendix 2 for "Steps to Clean Instruments and Equipment".

### 2.2 Determining Whether Instruments and Equipment are to be Disinfected or Sterilized

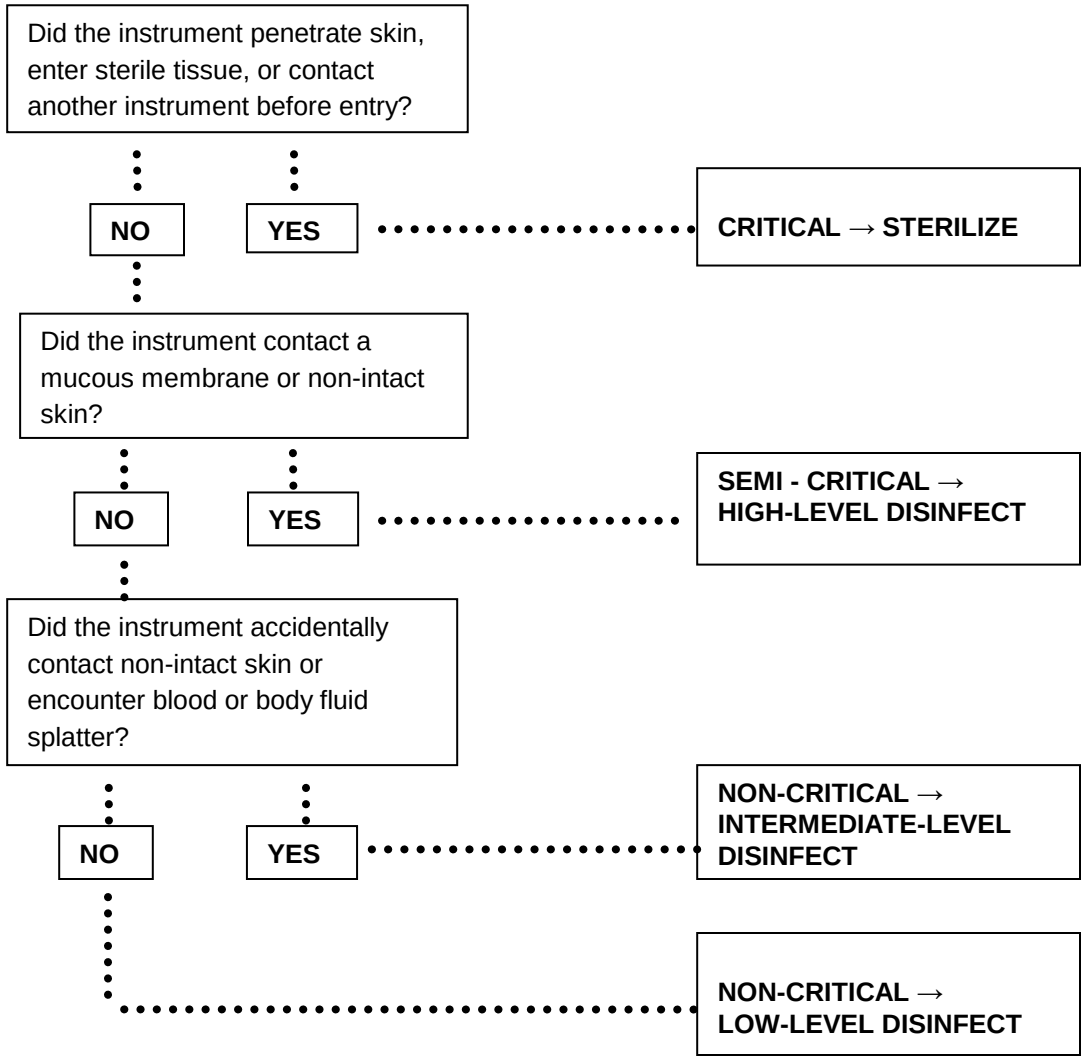
Disinfection is a process that kills most disease producing microorganisms but not necessarily bacterial endospores. Sterilization is a process that kills all forms of microbial life including bacteria, bacterial endospores, viruses and fungi.

1. Owners/operators are to determine whether or not the instruments and equipment used in the personal service facility are to be disinfected or sterilized. Table 2 and Figure 1 will assist in this determination.

**Table 2 – Instrument Classification -** Instruments and equipment are divided into three general classifications: critical items, semi-critical items and non-critical items.

| Classification | Definition | Level of Sterilization or Disinfection |
|---|---|---|
| ***Critical*** | Any instrument intended to penetrate the skin or mucous membrane, or contact the puncture site or a sterile instrument before puncturing the skin. | Sterilization |
| ***Semi-critical*** | Any instrument intended to contact non-intact skin or a mucous membrane but does not penetrate it. | High-Level Disinfectant (HLD) |
| ***Non-critical*** | Any instrument intended to contact intact skin, but may accidently contact non-intact skin or receive blood or body fluid splatter. | Intermediate-Level Disinfectant (ILD) |
| | Any instrument or equipment that does not directly contact the client or contacts only intact skin. | Low-Level Disinfectant (LLD) |

**Figure 1 – Instrument Disinfection or Sterilization Decision Chart**



2. Once it has been determined that an instrument is to be disinfected, the appropriate disinfectant is to be selected. Refer to Table 3 below.

3. If it is determined that the instrument must be sterilized, refer to 2.4.

## 2.3 Selecting a Disinfectant

1. Health Canada regulates disinfectant products. To be recognized as a disinfectant, the manufacturer must submit their product information to Health Canada for approval. If approved, the product will be assigned a 'Drug Identification Number' or a DIN. Disinfectants used in personal service facilities are to have a DIN.

   If more information is required regarding DINs, contact the manufacturer, visit the Health Canada Drug Products Database at:

   http://www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php

   or contact Health Canada at: BGIVD_Enquiries@hc-sc.gc.ca

2. To determine the appropriate disinfectant:
   - determine the level of disinfection required from Table 2
   - search the label for the information described in column three of Table 3.

**Table 3 – Levels of Disinfection**

| Levels of Disinfection | Definition | Determining Product to Use |
|---|---|---|
| **High-level disinfection (HLD)** | A process capable of destroying or irreversibly inactivating vegetative bacteria, *Mycobacterium bovis* and/or *M. terrae*, fungi and enveloped (lipid) and non-enveloped (non-lipid) viruses, as well as some, but not necessarily high numbers of bacterial endospores. | When choosing a high-level disinfectant, ensure the manufacturer's label has an efficacy claim for *Clostridium sporogenes* and *Bacillus subtillis* or it states that the product is a high-level disinfectant. |
| **Intermediate-level disinfection (ILD)** | A process capable of destroying or irreversibly inactivating vegetative bacteria, *Mycobacterium bovis* and/or *M. terrae*, most fungi, enveloped (lipid) viruses and most non-enveloped (non-lipid) viruses. | When choosing an intermediate-level disinfectant, ensure the manufacturer's label has an efficacy claim for *Mycobacterium terrae* or *M. bovis* or it states it is an intermediate-level disinfectant. |
| **Low-level disinfection (LLD)** | A process capable of destroying or irreversibly inactivating, at a minimum, vegetative bacteria, some fungi, enveloped (lipid) viruses and some non-enveloped (non-lipid) viruses. | When choosing a low-level disinfectant, ensure the manufacturer's label has an efficacy claim for Salmonella, Pseudomonas and Staphylococcus and it states it is a disinfectant. |

**Note:** There may by instances when an instrument or equipment is to be disinfected with a higher level disinfectant than would typically be required. For example, where a non-critical item that would typically be disinfected with a low-level disinfectant is exposed to blood or body fluid splatter, the instrument or equipment is to be disinfected with a high-level disinfectant.

3. Caution must be exercised when selecting disinfectants as some may cause skin, eye and respiratory tract irritation, burning sensations, blistering and burns. Persons providing personal services are to read and understand the manufacturer's recommended safety precautions and instructions before using any chemical products, (e.g. product labels, material safety data sheets (MSDS)).

4. Manufacturer's instructions are to be followed for disinfectant concentration and contact time.

5. Chemical test strips are to be available to determine whether an effective concentration of active ingredients is present in disinfectants despite repeated use and dilution. Chemical test strips are generally available through chemical suppliers.

6. Owners/operators are to ensure that:
   - disinfection is undertaken on all semi-critical and non-critical instruments, equipment and surfaces;
   - instruments and equipment are thoroughly cleaned (as per Appendix 2 'Steps to Clean Instruments and Equipment'), rinsed and dried for the disinfection process to be effective;
   - the appropriate level of disinfection is used on the instruments or equipment; and
   - disinfected instruments and equipment are air dried, placed in clean bags or containers and stored in a clean, dry environment.

## 2.4 Sterilization of Instruments and Equipment

1. There are a variety of sterilizers (e.g. autoclaves) on the market. Owners/operators are to ensure sterilizers purchased for use in a personal service facility are suitable for their intended use and operated and maintained according to manufacturer's instructions.

2. Dynamic-air-removal (e.g. pre-vacuum) sterilizers use saturated steam under pressure with a pre-vacuum or similar device to remove air from chambers of hollow or lumened instruments and are equipped with a drying feature. This type is best suited for personal service settings. Other types of sterilizers (e.g. dry heat sterilizers, or liquid chemical (low- temperature) sterilization) are not well suited for and should not be used in personal service facilities.

3. Owners/operators of personal service facilities are to ensure:
   - critical items are cleaned and sterilized after each use as per this section and Appendix 2;
   - new, repaired and/or back-up sterilizers are tested before use;
   - instrument packaging materials, including seals, are appropriate for the method of sterilization;
   - each sterilizer load is identified with a unique load identification number for tracking sterilization history if necessary;
   - sterilizers are loaded as per manufacturer's instructions. Overloading the sterilizing chamber can negatively impact the operation of the unit resulting in unsterilized items;
   - physical, chemical and biological monitoring processes are in place to ensure sterilization has been achieved. Refer to section 2.4.1 below for details;
   - packaged sterilized instruments are dry before being handled;
   - sterile packages are stored in clean, dry storage cabinets;
   - instruments remain in their sterile packages until used;
   - if instruments or equipment become contaminated after being sterilized, they are cleaned and sterilized before being used; and
   - sterilization dates are recorded on the packages to ensure instruments that are sterilized first are used first.

### 2.4.1 Sterilization Monitoring Requirements:

| | |
|---|---|
| Physical Monitoring | Records* of temperature, duration, pressure, load identification number, process date, operator name, etc. are to be maintained and monitored for each load. |
| Chemical Monitoring (Indicators respond to heat by colour change, melting or some other physical attribute.) | Chemical Indicators (CIs) may be in the form of tape, strips or labels:<br>o Internal CIs, are to be placed in the inside of each sterilization package, to demonstrate whether or not sterilization conditions were achieved.<br><br>o External CIs, are to be placed on the exterior of each package, to aid in the differentiation between packages that have gone through the sterilization process (colour change) from those that have not. Note: External Cls are often affixed to the exterior of new packaging from the manufacturer.<br><br>Chemical monitoring provides immediate results enabling the owner/operator to respond more quickly to sterilizer problems rather than relying solely on spore testing results which may not be known for several weeks. |
| Biological Monitoring | A commercially available preparation of heat resistant spores is to be used to further verify the sterilizer is functioning properly. A passing test is one that a health region approved lab confirms is negative for spore colony growth. Spore strips are to be packaged in the same fashion as instruments/equipment prior to placement in the sterilizer. Spore tests are to be conducted monthly. Onsite spore testing equipment may be permitted for the purposes of additional biological monitoring; however this testing does not replace the requirement of submitting a spore test to an approved laboratory monthly.<br><br>Procedures outlined in Appendix 4 are to be followed in the event of a failed biological spore test result. |

*Note: Some sterilizers are equipped with print-out capability that provides details of the mechanical parameters reached during each cycle. These print-outs are to be monitored and retained as part of the facility's operating records.

**Glass-bead sterilizers, dry-heat sterilizers, pressure cookers, ultra sonic cleaners, microwave ovens, ultraviolet radiation, immersion in boiling water or domestic ovens are not effective methods of disinfection or sterilization are not to be used in personal service facilities.**

## SECTION 3.0 – USE OF SINGLE-USE PRE-PACKAGED STERILE INSTRUMENTS

1. Single-use instruments are pre-packaged and expected to be sterile. This type of equipment is sometimes preferred by the owner/operator to reduce the risk of transmitting diseases through instruments or equipment that cannot be adequately disinfected or sterilized between uses, or the owner/operator does not have the time, equipment or personnel to properly sterilize the instruments or equipment (e.g. disposable tattoo/piercing items, electrolysis filaments and razors).

2. If using single-use instruments or equipment, owners/operators are to:
   - obtain proof of sterility from the manufacturer and keep records of sterilization certificates from each manufacturer on file;
   - keep a record of all information required for tracking purposes (e.g. manufacturer name, lot and item number, expiry date);
   - check the integrity of the packaging before using sterile items; discard if the packaging is compromised (e.g. open, wet) or the item is defective;
   - use sterile instruments prior to the expiration date;
   - open instruments only at point-of-use and where possible, in full view of client; and,
   - dispose sharp instruments in an approved sharps container immediately after use.

## SECTION 4.0 - MAINTENANCE and GENERAL SANITATION

1. The personal service facility is to be kept clean, in good repair and free of pests. Written cleaning schedules are to be developed, posted and implemented with procedures in place for:
   - cleaning requirements for the facility (including service areas, washrooms, laundry areas, storage areas, floors and walls);
   - cleaning requirements for all instruments and equipment (including how to disassemble, clean, disinfect or sterilize, reassemble and store);
   - cleaning frequencies;
   - cleaning and disinfecting products, their concentrations, contact time, frequency of applications, instruments and equipment to be used;
   - disinfection and/or sterilization procedures; and
   - the identification of personnel responsible for carrying out cleaning programs.

**Note:** Cleaning schedules are to be regularly monitored, verified and adjusted as necessary to ensure effectiveness.

2. Cleaning compounds and toxic/poisonous substances are to be:
   - used as directed by the manufacturer;
   - kept in a separate compartment;
   - prominently and distinctly labeled for easy identification of contents; and,
   - used in a safe manner so that the substances do not contaminate items or endanger the health of any person.

3. Materials and equipment not required for the operation of the personal service facility are not to be stored in the personal service facility.

4. Washrooms are to be equipped with:
   - liquid soap in dispensers;
   - paper towels in dispensers, hot air dryers, roller-type linen towels or roller-type cotton towels; and,
   - easily cleanable waste containers.

**Note:** When using roller-type towels, ongoing monitoring should be in place to ensure fresh towels are available at all times.

5. Washrooms are to be cleaned at least daily; however, more frequent cleaning may be required.

## SECTION 5.0 – WASTE DISPOSAL

1. Waste generated in the personal service facility is to be disposed of appropriately.

2. Waste receptacles are to be located within close proximity of work areas and:
   - constructed of impervious, durable materials;
   - uncovered unless lid is designed to open automatically;
   - lined with a garbage bag;
   - kept in a clean state and in good repair; and,
   - emptied daily or more frequently if necessary.

3. All sharps wastes are to be handled and adequately contained to minimize the risk of infectivity, i.e. discarded immediately into a puncture resistant container. The documents below will provide more detail regarding the safe disposal of sharps containers.

For additional information on sharps waste handling and disposal, refer to the Saskatchewan Biomedical Waste Management Guidelines:
http://www.saskatchewan.ca/residents/environment-public-health-and-safety/environmental-health/biomedical-and-chemical-pollutants

Saskatchewan's "Occupational Health and Safety Requirements" outline the processes for handling and disposing of biomedical wastes. The entire document can be found at the following link:

http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/O1-1R1.pdf

## SECTION 6.0 – PERSONNEL

### 6.1 General

1. Persons providing personal services are:
   - to ensure infection prevention and control practices are used during service delivery.
   - to have good personal hygiene (e.g. hand hygiene; maintain clean, short fingernails);
   - to wear clean, appropriate attire;
   - encouraged to use personal protective equipment (e.g. goggles, lap pad, apron, gown, masks/shield) as needed;
   - to remove jewellery that could become contaminated and infect the client, the employee or others;
   - to be aware of inhalation, allergies or irritations caused by contact with chemicals;

- to refrain delivering personal services if infected with a confirmed communicable condition or disease; and
- to refrain from delivering personal services if experiencing symptoms of diarrhea or vomiting.

Persons providing personal services are encouraged to ensure their vaccinations are up to date. There are occupational health and safety requirements regarding vaccination of workers who may be exposed to blood or body fluids in the normal course of their daily work. For more information on vaccinations, refer to the Saskatchewan Ministry of Labour Relations and Workplace Safety's 'Guide to Vaccination in the Workplace' http://lrws.gov.sk.ca/guide-vaccinations-workplace or contact your health care provider or your local public health office.

## 6.2 Hand Hygiene

1. Hand washing with liquid soap and warm running water removes microorganisms from the hands.

2. Unless hands are visibly soiled, alcohol-based (i.e. 60 - 90% ethyl alcohol) hand rubs may also be used in some instances. It should be noted that not all hand sanitizers are alcohol based.

3. Hand washing sinks are to be continuously supplied with:
   - potable hot and cold running water;
   - paper towels in a dispenser;
   - dispensable liquid soap; and,
   - a trash bin accessible without using hands.

4. Persons providing personal services are to wash their hands frequently and thoroughly with liquid soap and warm water and dry with single use paper towels.

5. Hand hygiene is to be practiced:
   - upon arrival at work;
   - before putting on gloves and after removing gloves;
   - before and after contact with each client;
   - after contact with blood and body fluids;
   - before and after smoking, eating, drinking or handling food;
   - after personal use of the toilet;
   - after personal grooming; and,
   - after any other activity where the hands may become contaminated.

*It is recommended that written notices be posted at hand washing stations directing employees to wash hands.*

## 6.3 Gloves and Other Protective Apparel

1. Single-use gloves are not considered a substitute for frequent and thorough hand washing, however, gloves should be used to minimize the risk of transmission of blood borne diseases. Single-use gloves are not to be re-used. The following procedures are to be followed:
   - wash hands thoroughly before putting on gloves and when changing into a new pair;
   - discard gloves after each client use, when gloves become soiled or torn and prior to commencing a different task; and

- store and handle unused gloves in a manner that minimizes contamination.

2. Gowns/aprons and face protection should be worn to protect the skin, eyes, nose and mouth during procedures that may generate splashes (e.g. when mixing chemicals or sprays of blood or body fluids).

3. Disposable or dedicated protective aprons and reusable utility gloves (e.g. rubber or neoprene) should be worn when handling contaminated instruments or equipment.

4. Reusable protective apparel is to be cleaned, rinsed, disinfected and hung to dry at frequencies that will minimize the risk of contamination.

5. Disposable protective apparel is to be discarded after each use.

## SECTION 7.0 – RECORDS and LOGS

1. Documentation of safety procedures and maintenance of client records demonstrate owner/operator due-diligence in operating and maintaining the personal service facility.

2. Written procedures should be in place to record the details of any complaints received with regard to personal services provided within the facility.

3. Accurate client records should be kept in permanent ink for invasive procedures including but not limited to: body piercing, tattooing, body modification and electrolysis. Client records should include:

| | |
|---|---|
| Full client name | Address |
| Telephone numbers | Birthdate |
| Driver's License number (if available) | Medical conditions/concerns |
| Date of procedure | Type of procedure |
| Site of procedure | Concerns/Issues regarding procedure |
| Name of service provider | |

This information is necessary for follow-up by health regions in the event a client or person providing personal services has or is suspected of having acquired a communicable disease or infection through the personal service facility.

4. All personal service records are to be handled as confidential client information.

5. Records for the following procedures are to be maintained:
   - daily disinfection test results, e.g. test strips or documentation indicating when disinfection solutions were changed;
   - details of each sterilization load including the temperature, duration, pressure, load identification number (for tracking sterilization history if necessary), date and initials of the individual responsible for sterilization of the instruments and equipment. Some autoclaves are equipped with print-out capability that records these details. This information should be reviewed, dated and signed by the owner/operator;
   - chemical monitoring records for each sterilizer load;
   - biological monitoring test results. The results of autoclave spore testing should be retained in a log within the facility. The Sterilizer Operation Log for Personal Service Facilities (Appendix 14) may be used for this purpose; and

- details related to accidental exposure to blood or body fluids to persons providing personal services or to client(s).

6. Records are to be kept on-site for a minimum of two years and be available for review by the PHO.

*It is recommended that after two years the personal service facility records be retained off site for up to five years.*

## SECTION 8 - OPERATION OF PERSONAL SERVICE FACILITIES AT TEMPORARY LOCATIONS

1. Owner/operators wishing to operate a temporary personal service facility are to consult with a PHO prior to commencement of operation.

2. Owners/operators of temporary personal service facilities are to ensure:
   - the temporary location is established and equipped as per the requirements identified in the "Opening a Personal Service Facility Fact Sheet';
   - where applicable, the best management practices of this document are applied to the temporary setting;
   - the temporary location is operated and maintained in a clean manner:
   - packaged sterilized instruments are protected from contamination during transit and while in storage at the temporary location;
   - used instruments and equipment are either:
     a. pre-rinsed and placed in a secure, leak-proof, puncture resistant container before being transported to the base of operation for reprocessing, or
     b. cleaned and disinfected or sterilized at an appropriate equipment cleaning station on site
   - if using a sterilizer at the temporary location, evidence that the sterilizing unit is functioning properly is provided to the PHO, i.e. a satisfactory biological spore test conducted within the previous two weeks prior to the event;
   - sharps containers are removed from the site and safely disposed of.

## APPENDIX 1

## Saskatchewan Public Health Inspection Offices

The link below provides contact information for local authority **public health inspection offices** throughout the province:

http://www.saskatchewan.ca/residents/health/understanding-the-health-care-system/saskatchewan-health-regions/regional-public-health-inspectors

## APPENDIX 2

## Steps to Clean Instruments and Equipment

| | Cleaning Process | Comments |
|---|---|---|
| | Wear personal protective equipment as necessary, (e.g. rubber gloves, safety glasses). | |
| 1. | Remove visible contamination from the surface of instruments or equipment immediately after use or treat to prevent hardening of soil by soaking or the use of sprays, gel or foam products designed for that purpose. Soak items that cannot be immediately cleaned in a sink or container of clean warm water with or without detergent. | Treating or soaking instruments prevents blood and other organic contaminants from drying on the surfaces. Do not soak dirty items in hot water or in a disinfectant before cleaning, as this can cause organic contaminants to stick to the surface of the object.<br><br>*If using an ultrasonic cleaner to clean instruments, ensure manufacturer directions are followed. |
| 2. | Disassemble equipment and rinse in lukewarm running water. | Hot water may cause organic matter to stick to surfaces. |
| 3. | Prepare cleaning sink by adding warm water and detergent. | To reduce the risk of injury, ensure that objects are visible by using a low-sudsing detergent. |
| 4. | *Clean instrument surfaces by using friction (washing and scrubbing motions). Use a brush to clean any crevices or seams in the instruments. | Scrub below the water surface to prevent splashing into the eyes or onto clothing. |
| 5. | Inspect instruments to ensure all visible contaminants have been removed. | The presence of organic contaminants hinders disinfection. |
| 6. | Drain dirty water. Rinse cleaned instruments under running water. | Rinsing removes residual detergent and organic contaminants that may impair the function of the instrument or hinder the disinfection/sterilization process. |
| 7. | Air dry or hand dry with a paper towel or a clean lint-free cloth. | If wet items are not dried, a film may remain which may contain microorganisms and/or the water may dilute the active ingredients. |
| 8. | Store cleaned instruments in a covered container (towel or clean storage area) until disinfected or sterilized, as required. | Dust and moisture may contaminate uncovered, clean instruments. |
| 9. | Clean the sink with a detergent and disinfect with a low level disinfectant. | Sinks become contaminated during use and therefore are to be cleaned and disinfected between uses. |
| 10. | Remove rubber gloves and wash with detergent, rinse, disinfect and hang to dry. | |
| 11. | Wash hands. | |

***** If using mechanical cleaning equipment such as ultrasonic cleaners, follow manufacturer's directions.

## APPENDIX 3

## Accidental Exposure to Blood and Body Fluid Protocol

1. Exposure to blood or body fluids presents a high risk of transmission of blood borne pathogens.

2. Blood and body fluids may contain pathogens such as HBV, HCV, or HIV. Persons providing personal services may be exposed to blood-borne pathogens by:
   - a needle stick or cut from a sharp object contaminated with blood or body fluid;
   - blood or body fluid contact with broken skin (open cut, wound, dermatitis); or
   - blood or body fluid contact with a mucous membrane (e.g. eyes, nose, mouth).

3. Sharps and biomedical wastes (e.g. blood) are to be disposed of safely and properly. Sharp wastes include, but are not limited to: needles, re-sheathing needles, scalpel blades, lancets and broken pipettes.

4. An 'Accidental Exposure to Blood and Body Fluid Protocol' is to be in place. If accidental exposure does occur, the person delivering the personal service is to follow the protocol below:
   - Wash hands and put on new single use gloves prior to handling or dressing the wound.
   - Allow the punctured area to bleed freely; this reduces the amount of contamination that may enter the body. Do not 'milk' the wound.
   - Wash the area with liquid soap and running water.
   - Clean the area with an antiseptic.
   - Cover the wound with a clean dressing or bandage.
   - If blood has splashed into the eyes or mouth, flush area with water for 15 minutes.
   - **Ensure the exposed individual contacts a physician or if in a rural area, goes to the nearest Emergency Room for immediate assessment** of the need for post-exposure treatment or prophylaxis. Note: some treatments must be initiated within 2 hours of exposure.
   - Advise client that blood tests may be required.
   - Document the following details of the blood and body fluid exposure:
     - Name (first and last), address, telephone number, driver's license number (if available) and birth date of person exposed
     - Name of personal service provider
     - Date and time of injury
     - Site of injury
     - Circumstances of injury
     - Action taken
     - Name of service provider

## APPENDIX 4

## Failed Biological Spore Tests

**In the event that a biological spore test fails, the owner/operator is to:**

- **Immediately stop using the sterilizer and contact the PHO to advise of the situation.**
- Provide alternate and proven means of sterilization, stop services that are invasive in nature or use single-use disposable instruments.
- Refrain from using any of the instruments that were processed after the last passed biological spore test.
- Repeat the biological spore test.
- If the **repeat test** results yield a **passed result** and there is no indication that the equipment is malfunctioning, continue normal operations but re-sterilize all equipment processed after the last passed biological spore test.
- If the **repeat test** results yield a **failed result**, have the sterilizer repaired.
- Once the sterilizer has been repaired, repeat the biological spore test to achieve three consecutive negative test results.
- Re-sterilize all equipment that had been processed since the last passed biological spore test.
- Document all test results and retain records as per section 7.

For additional health and safety information refer to Saskatchewan's Occupational Health and Safety Regulations:
http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/O1-1R1.pdf

## APPENDIX 5

## Body Piercing, Stretching or Gauging and Beading, Implanting or Pearling

### Procedure Introduction:

Body and ear piercing involves the insertion of metal (e.g. rings, studs, barbells) into tissue. Sites that are frequently pierced include: ear lobe, ear cartilage, nose, navel, lip, tongue, nipples and genitals. The nose and genitals have a higher number of bacteria and may pose a greater infection risk. Instruments for body piercing should be used according to manufacturer's directions.

Stretching or gauging is the deliberate expansion of a healed fistula (i.e. a hole in the skin) for the purpose of wearing body jewellery. All piercings can be stretched to some degree; however piercings of the cartilage are more difficult to stretch and are more likely to form scars or keloid tissue. Stretching is usually done in small increments to minimize the potential for damaging the fistula or creating scar tissue. Skipping sizes while stretching may cause bleeding, infection and/or require longer healing periods than usual.

Beading, implanting or pearling is the implantation of small beads or other small objects under the skin. The beads or objects are made of stainless steel, nylon, Teflon or silicone. Incisions are made to the skin, the beads or objects are inserted beneath the skin and then the openings are closed with suture tape.

### Operation:

- Clients should use antibacterial mouthwashes prior to oral piercings.
- Ear-piercing "spring guns" are not recommended as they cannot be effectively cleaned and sterilized. Ear piercing instruments with sterile, single-use disposable plastic adaptors or cartridges are recommended.
- Ear-piercing guns should be used only for ear lobes and no other parts of the body (unless manufacturer states otherwise);
- Ear piercing instruments that have a disposable cartridge are to be cleaned and wiped with an intermediate disinfectant after each use. Cartridges are to be disposed of after each use.
- Piercing needles are to be sterile at point-of-use. The size of the needle depends on the size of the jewellery to be inserted.
- Insertion tapers, forceps, clamps, ring expanding pliers, ring closing pliers and needle receiving tubes are to be thoroughly cleaned and sterilized prior to initial use and between clients.
- Jewellery for new piercing or stretching is to be supplied pre-packaged and sterile. Jewellery for fresh procedures should be made of non-toxic metals like surgical steel, niobium or titanium. Jewellery made from acrylic, bone and horn should not be used for fresh piercing. Jewellery is not to be sampled and/or returned.
- Once the piercing is complete, used needles are to be placed into the sharps container. All dirty instruments and equipment are to be placed in a metal container and in the "dirty" sink area for cleaning and disinfecting or sterilizing.

### Cleaning, Disinfection, Sterilization of Instruments and Equipment:

Refer to section 2 and Appendix 2 for information.

*Note: a sterilizer may not be required if only single use/disposable instruments are used.

## APPENDIX 6

## Tattooing and Scarification

### Procedure Introduction:

Tattooing refers to any method of placing ink or other pigment into or under the skin or mucosa with needles that puncture the skin, resulting in permanent colouration of the surface. Tattoos may also be used for permanent eyeliner or eyebrow colouring.

Scarification refers to branding (burning a design into the skin, with a resulting scar as the skin heals) or cutting (cutting a design into the skin with a scalpel to produce a fine scar that can be enhanced by rubbing colors into freshly cut skin). Different tools used in scarification create unique designs:

- *Branding* involves thin strips of surgical stainless steel held over a heat source with pliers. The steel strips are heated and then applied to skin as a "strike". Simple brands consist of 10-30 strikes; complicated designs requiring more than 30 strikes do not work well with branding (NEHA, 1999).
- *Cutting* involves cuts of equal depth to ensure even scaring. Surgical scalpel are often used for this purpose.

*Scarification techniques are extreme forms of body art and have a high risk of associated infection.*

### Operation:

Tattooing:

- single-use stencils are to be discarded after outlining the tattoo design on the skin; 'Sharpies' or similar markers are not to be used to outline the tattoo design;
- needles are to be sterile at point-of-use;
- only Health Canada approved dyes designed for tattooing are to be used;
- dyes are to be prepared according to the manufacturer's direction and in a hygienic manner;
- only distilled water is to be used for mixing or diluting the dyes;
- single-use disposable cups are to be used for dyes;
- unused dispensed dye is to be discarded;
- distilled water is to be used to rinse pigment from the needles prior to using another colour;
- excess dye is to be removed from the skin with clean, single-use, disposable absorbent material.
- the tattoo machine (motor frame), clip cord and dye spray bottles are to be covered with a new disposable plastic sheath for each client. Plastic sheaths are to be disposed of after each client;
- after the procedure, needles are to be removed from the needle bar and both are to be placed in the sharps container;
- dirty reusable equipment and instruments are to be placed in a metal container with water and then placed in the "dirty" sink area for cleaning; and
- after being disinfected or sterilized (depending on its intended use), the tattoo equipment is to be covered with a new plastic sheath to be ready for use for the next client.

Scarification:

- metal strips for the strikes are to be single-use or sterilized between clients;
- scalpel blades used for cutting are to be new for each client and discarded in the sharps container after use. Scalpel handles are to be sterilized before and after use, unless the entire instrument is disposable and discarded after use; and
- if adding irritants or colorants to cuttings, they are to be sterilized (e.g. ashes mixed with tattooing ink) before being applied to fresh cuts. Items such as clay, stones, dirt and mud are not to be used.

## Cleaning, Disinfection, Sterilization of Instruments and Equipment:

Refer to section 2 and Appendix 2 for information.

*Note: a sterilizer may not be required if only single use/disposable instruments are used.

# APPENDIX 7

## Electrolysis

### Procedure Introduction:

Electrolysis is used to remove unwanted hair from the body with an instrument that directs an electric current via a fine, needle-shaped electrode into each hair follicle to destroy the root. The needles usually only enter the natural hair follicle, but may pierce tissue beneath the skin. For this reason, only sterile needles are to be used.

Hair grows in different stages: growing, resting and shedding. For this reason, multiple electrolysis sessions are often needed to be effective.

### Operation:

- The inside of the ears, nostrils or moles should not be treated without written consent from a health care provider.
- Only single-use, sterile needles are to be used and then discarded after use. Needles are not to be saved for re-use for future treatments on the same client.
- Reusable needle holder tips are to be soaked in a detergent solution, cleaned, rinsed and disinfected with a high-level disinfectant between clients.
- Epilator controls and cords are to be covered with single-use plastic, or cleaned and wiped with a low-level disinfectant between clients.
- If a hypodermic needle is used to lift or remove ingrown hairs, the needle is to be single - use and disposed of in a sharps container.

### Cleaning, Disinfection, Sterilization of Instruments and Equipment:

Refer to section 2 and Appendix 2 for information.

**APPENDIX 8**

## Manicures, Pedicures, Footbaths, Waxing and Cosmetic Nail Treatments

### Procedure Introduction:

Nail services such as manicures and pedicures are popular esthetic procedures. Nail service procedures also include: foot massages, hand massages, application of artificial nails, skin-softening baths, paraffin wax treatments, waxing (to remove unwanted hair), nail art and the application of coloured polishes, paints or laminates.

Nail service procedures may expose both clients and persons performing the procedures to various viruses, fungi and bacterial infections. Sharp instruments are commonly used (razors, scissors, clippers) which may break the surface of the skin and contact blood or body fluids providing an opportunity to spread infections.

There are two different types of personal services involving the use of wax:
(1) paraffin wax treatments are used in heat therapy treatments for individuals suffering from arthritis or other rheumatic diseases, to improve, moisturize and soften skin and/or to treat muscle, tendon and ligament ailments; and
(2) waxing to temporarily remove unwanted hair from various parts of the body, e.g. legs, face, chest.

### Operation:

<u>Manicures and Pedicures</u>

- Clients should not shave their legs 24 hours before a pedicure to reduce the risk of infection. Small cuts from shaving might not be noticed and any break in the skin may allow microorganisms to enter.
- Client's feet are to be wiped with an antiseptic before pedicure procedures.
- Clients are to wash their hands before manicure procedures.
- Client's nails are to be carefully examined for any discolouration prior to providing nail services. If the nail(s) appears unhealthy, the client should be encouraged to seek medical attention.
- The risk of infection of the soft tissue surrounding the nails, cuticles, corns and calluses is high; these areas should not be cut but may be treated with an abrasive file or pumice stone.
- Individuals performing procedures may choose to perform a pedicure service on feet which have Plantar Warts. The warts are to be completely covered during the procedure and the individuals performing procedures should wear single-use gloves. The use of foot baths for pedicure procedures on clients with Plantar Warts is not advised.
- 'Credo blades' are used to remove calluses on the feet. Improper use of this tool may cause deep cuts into healthy skin resulting in bleeding and possibly infection. If a credo blade is used for pedicures, the blade holder is to be cleaned and disinfected between uses, a new blade is to be used for every service and the blades are to be disposed of in a sharps container after use.
- Due to the risk of invasion of the soft tissue surrounding the nail, cuticles should not be cut. Cuticles are a necessary part of nail anatomy and if cut or separated from the nail may permit bacteria to enter the exposed area. Softened cuticles may be gently pushed back with an orangewood stick wrapped with a piece of cotton. A nail drill or motorized rotary filing instrument (e.g. with arbour sanding bands) should be used only on the free edge of the nail.

Waxing

- *Paraffin wax treatments*
  - before commencing a paraffin wax treatment, the client's hands / feet are to be washed with soap and warm water, rinsed, then sprayed with an antiseptic. Ensure the client's skin is healthy and intact.
  - hands or feet are immersed into a small vat containing melted paraffin wax one or more times resulting in a generous coating of wax on the skin.
  - hands or feet are then wrapped in a non-absorbent material such as plastic for approximately 30 minutes allowing the wax to harden.
  - the wax is then removed leaving the skin soft and subtle.
  - when the paraffin wax bath needs refilling, the bath is to be emptied, cleaned and disinfected prior to refilling with new wax. Paraffin wax is to be covered when not in use.
  - paraffin wax may be infused with paraffin oil, petroleum jelly, aloe vera, chamomile, tea tree oil, peppermint or fruit waxes.
  - the same precautions for paraffin wax baths apply to hot oil baths.

- *Waxing to remove hair*
  - before commencing a waxing process, the client's skin is to be examined to ensure it is healthy and intact and the skin surface is to be cleaned and disinfected with an antiseptic.
  - paraffin wax is to be dispensed in a manner that prevents contamination of the melted pot of unused wax. A small amount of paraffin wax is to be dispensed into a service delivery bowl and then applied with a single-use, disposable spatula onto the client's skin. Any paraffin wax left in the service delivery bowl is to be discarded and not used for another client. Another method is to dispense wax into a large container and place the client's hand or foot into the wax. Wax is to be maintained at a temperature specified by the manufacturer to prevent burns.

For more information on waxing procedures, visit the links below:

http://www.ncceh.ca/sites/default/files/Waxing_Fact_Sheet_Sept_2010.pdf
http://www.ciphi.on.ca/images/stories/pdf/fact_sheets/waxing_2011.pdf

Footbaths

- Foot baths may be simple basins with no circulating features or whirlpool foot spas, air-jet basins, "pipeless" foot spas designed to recirculate water.
- Foot baths provide a foot massage while softening toenails and foot skin. If not properly cleaned, the jets and screens can develop a bacterial or fungal bio film and act as a potential source of contamination.
- Oil-based products in foot baths or on the client's feet/legs prior to a throne foot bath are not to be used. Oil may build up in the re-circulating system and give bacteria a breeding ground.
- Work surfaces are to be covered with a clean towel or single-use disposable paper towel for each client.
- If any procedure breaks the skin, the area is to be immediately wiped with a skin antiseptic and single-use gauze before continuing with the nail service.
- If required, "Alum" or other materials used to stop the flow of blood, may be applied in powdered or liquid form on a sterilized cotton ball and then discarded.
- Common items and equipment must be cleaned and disinfected between clients.
- Footbaths constructed of materials other than stainless steel are difficult to sanitize and are not recommended for commercial use.

## Cleaning, Disinfection, Sterilization of Instruments and Equipment:

All types of foot baths/foot thrones/foot spas are to be cleaned and disinfected after each client and nightly.

**Simple Basins – no circulation features**
After each client:

1. Empty the basin and remove any visible contaminants.
2. Wash and scrub the basin with soap and warm water.
3. Rinse with clean water.
4. Disinfect the foot bath with an intermediate disinfectant ensuring adequate contact time as per manufacturer's directions.
5. Drain the basin, rinse with clean water and allow to air dry.

Note: Single use disposable liners may be used, however the basins are to be cleaned and disinfected at the end of the day.

**Whirlpool Foot Spas, Air-Jet Basins, "Pipe-less" Foot Spas and Other Circulating Spas***
After Each Client

1. Drain the foot spa and remove any visible contaminants.
2. Remove screen.
3. Wash and scrub the basin with soap and warm water.
4. Fill the foot spa with soap and warm water to above the fill line and turn on the recirculation system as per manufacturer's directions.
5. Drain and rinse with clean water.
6. Fill the spa with a high-level disinfectant.
7. Turn on the recirculation system and allow the disinfectant to run through the unit.
8. Drain the foot spa and rinse with clean water.
9. Replace screen.

At the end of the day

1. Drain the foot spa.
2. Remove the filter screen, jets, all removable parts and any visible contaminants.
3. Clean the screen, jets and other removable parts with soap, water and a brush.
4. Reassemble unit.
5. Fill the foot spa with water and low sudsing detergent, turn on the re-circulation system and allow to run as per manufacturer's directions.
6. Drain and rinse the unit again, refill with water and a high-level disinfectant.
7. Turn on the re-circulation system and allow to operate as per manufacturer's directions.
8. Drain the unit, rinse with clean water.

*Ensure the manufacturer's operating and cleaning instructions are followed.

General Cleaning for Manicures, Pedicures and Cosmetic Nail Treatments:

- All single-use items are to be discarded at the end of each client's treatment. These items include: buffers, emery boards, filing tools, orangewood/Birchwood sticks, wooden applicator sticks and spatulas, porous foot files/pumice stones, toe separators, paraffin wax or any other item that cannot be disinfected.

- Drill bits used in procedures are to be thoroughly washed in warm water and detergent and scrubbed with a brush to remove all foreign matter. The drill bits should then be rinsed and disinfected by completely immersing them in a high-level disinfectant solution. Allow drill bits to air dry.

Refer to section 2 and Appendix 2 for more information.

## APPENDIX 9

## Tanning Facilities

**Procedure Introduction:**

When exposed to Ultra Violet (UV) radiation, skin can change colour, producing a darker pigmentation from the darkening of the melanin. This darkening (tanning) can occur naturally or via tanning salons. The presence of a tan or burn indicates that UV light has damaged the skin to some extent.

Sunburn, caused by too much UV radiation, is an inflammatory reaction of the skin. The blood vessels in the skin dilate, increasing blood flow and causing a red appearance and soreness. Skin can show signs of premature aging from exposure to UV radiation.

Exposure to UV radiation may cause skin cancer. In 2009, the World Health Organization's International Agency for Research on Cancer (IARC) listed Ultraviolet Tanning Devices as a Group 1 human carcinogen, alongside substances including asbestos and tobacco. This was based on a review of 19 studies conducted over 25 years which found the following:

- Indoor tanning is associated with two types of skin cancer: squamous cell carcinoma and melanoma;
- Indoor tanning devices that emit UVB radiation is associated with ocular melanoma (cancer of the eye);
- UV-A and UV-B radiation causes DNA damage which can lead to skin cancer in laboratory animals; and
- The risk of melanoma of the skin increases by 75% when tanning bed use started before the age of 35.

Source: http://www.fda.gov/forconsumers/consumerupdates/ucm186687.htm

Exposure to UV radiation may cause damage to the cornea and conjunctiva of the eyes. Too much UV radiation may also cause cataracts, retinal damage and aging of the eyes.

There are many medications (including antibiotics) that may cause the skin to become very sensitive to sunlight or UV radiation and cause photosensitive reactions. Clients are urged to check with their health care provider or pharmacist to determine if their medications may affect their skin's reaction to UV light.

Caution must be exercised to ensure that clients of tanning salons are not over exposed to UV radiation.

Because manufacturer's exposure times are based on the original bulbs that come with the tanning bed machines, it is imperative that operators only replace old bulbs with identical new bulbs as per manufacturer's directions. Many new bulbs are stronger than previous varieties, so clients can inadvertently be exposed to more radiation than expected. Owner/operators should keep in mind that exposure time cannot be increased to compensate for decreasing intensity as bulbs age. Each tanning bed has different maximum exposure times. UV meters are the best way to determine the amount of radiation that a tanning bed is emitting.

Operators of tanning salons should be familiar with the following documents administered by the Saskatchewan Ministry of Labour Relations and Workplace Safety:

*The Saskatchewan Employment Act*:
http://www.publications.gov.sk.ca/details.cfm?p=70351

*The Radiation Health and Safety Regulations, 2005*:
http://www.publications.gov.sk.ca/details.cfm?p=9623

Guidelines for Tanning Salon Owners and Operators (under Related Items):
http://www.saskatchewan.ca/business/safety-in-the-workplace/hazards-and-prevention/radon-and-radiation#radiation

**Operation:**

- Tanning booths are to be separate from each other and should have their own change rooms (separate from washroom facilities).
- Each tanning unit is to be effectively shielded by doors, walls, or other protective material to prevent non-users from being exposed to damaging UV light.
- Acrylic or plastic covers of tanning bed bulbs are to be checked regularly for cracks and breakage.
- Tanning facility owner/operators are to ensure that:
  - equipment complies with *The Radiation Health and Safety Act* and pursuant regulations;
  - clients are made aware of the risks associated with the use of tanning beds; warning signs posted within the facility will help inform the clients.
  - tanning beds are supervised by an employee (stand-alone units that the clients use at their own discretion are not to be used);
  - beds are cleaned and disinfected between clients;
  - timers are not controlled by clients;
  - clients with a skin condition, infection or rash do not use tanning equipment until the problem has resolved;
  - individuals checking tanning beds wear clean, appropriate attire and personal protective equipment (e.g. goggles) when checking tanning beds while the bulbs are on;
  - each bed has an on/off switch easily accessible to the clients;
  - clients are informed of the maximum exposure time per visit and the minimal interval times between visits (as recommended by the manufacturer);
  - persons operating the tanning beds have knowledge of and inform clients of factors that could increase the adverse effects of UV radiation exposure;
  - clients purchase protective eyewear for their own, exclusive use (if the facility provides the protective eyewear, it should either be single-use or disinfected between clients);
  - clients are instructed on how to use the protective eyewear;
  - eye protection, creams or lotions are not shared among clients; and
  - clients are advised to watch for adverse skin reactions after tanning and see a health care provider if necessary.

## Cleaning, Disinfection, Sterilization of Instruments and Equipment:

Regular cleaning and disinfection of tanning beds is to be conducted between each client and when the beds are turned off.

Refer to Section 2 and Appendix 2 for information.

## APPENDIX 10

## Barbering, Hairstyling, Eyebrow/Eyelash Colouring and Hair Extensions

### Procedure Introduction:

Barbering and Hairstyling:
The term barber refers to anyone who performs barbering procedures on the hair of the head and includes hairstylists and hair dressers. Hair salons are places where barbering is practiced and includes the training schools which offer barbering services to the public.

Hairstyling procedures may lead to conditions that affect the health and safety of both clients and persons performing personal services and can contribute to the spread of infectious diseases. Sharp instruments (e.g. razors, scissors, clippers) are commonly used and these may break the surface of the skin and contact blood and other body fluids. When this occurs it may provide the opportunity to spread blood borne infections. Allergic reactions to shampoos, conditioners, bleaches, permanent wave solutions, relaxers or hair colouring products may also occur. The use of chemical products may result in scalp irritation, hair breakage, hair loss, or other irreparable damage.

Eyebrow/Eyelash Colouring:
The colouring of eyelashes and eyebrows is a personal services procedure that may put the client at risk of exposure to fungi and communicable diseases. The insertion or application of eyelash extensions can cause infections. Allergic reactions to colouring chemical products may also occur. Chemical products or procedures may cause skin irritation, hair breakage, hair loss or damage to eyes resulting in blindness.

Eyelash and eyebrow colouring is a temporary staining effect. Hair dyes should not be used for eyelash and eyebrow tinting or dyeing as they are not safe to use near the eyes.

Prior to colouring, persons performing the procedures are to examine the eye area for potential problems and then perform a patch test to determine if there is a skin allergic reaction. Clients may become sensitized over a period of time and not have an allergic reaction until years after beginning to use a product. Individuals performing the procedure should apply product in a way that the eyes of the client are protected. Dye containers should have a list of ingredients. Only Health Canada approved products should be used and manufacturer's instructions for the product are to be followed.

Health Canada has advised the use of para-phylenediamine (PPD) in temporary dyes is unsafe. Health Canada maintains an up-to-date list of prohibited and restricted cosmetic ingredients.

The "Cosmetic Ingredient Hotlist" list can be accessed on the Health Canada website:
http://www.hc-sc.gc.ca/cps-spc/cosmet-person/indust/hot-list-critique/index-eng.php

Health Canada has consumer product safety information regarding hair dyes at:
http://www.hc-sc.gc.ca/cps-spc/cosmet-person/cons/dyes-teintures-eng.php

Eyelash Extensions or False Eyelashes:
Eyelash extensions or false eyelashes require adhesives to hold them in place. The types of adhesives and all solutions used for removal of lashes should be approved for dermal use by Health Canada.

False eyelashes are single-use only and are not to be re-used even on the same client.

Individuals performing procedures should explain to the client, the care of coloured or false eyelashes and eyebrows as well as the removal of the false eyelashes. Clients should be informed that if there is any reaction to the product or procedure, or any changes in vision are noticed that they should immediately contact their health care provider.

## Operation:

- Hair brushes, combs, razors, scissors, clippers, rollers, clips and other re-usable instruments or equipment are to be cleaned, rinsed and disinfected after each use.
- Disinfectant solutions are to be made fresh daily or according to the manufacturer's instructions.
- Clipper sprays, i.e. intermediate disinfectants, are available to disinfect electric clippers.
- Rollers are to have a smooth surface and are to be cleaned and disinfected between clients. Hairclips or pins are not to be placed in the mouth and are not to be reused.
- Common items, such as towels, are to be laundered between clients. This does not apply to the temporary, re-usable capes or covers placed over the client.
- The temporary cape or cover is not to touch the client's face or neck. A clean towel or disposable soft paper or cotton guard should be wrapped around the neckline before the temporary cover is secured.
- Automatic dispensers are to be used for shaving soaps.
- Alum or other materials (used to stop the flow of blood) are to be applied in powdered or liquid form on sterilized cotton and the cotton is then to be discarded.
- Safe, comfortable water temperatures are to be used when shampooing/conditioning hair.
- Caution must be exercised when using hair dryers and hot setting tools such as curling irons, rollers, wave irons and flat irons.
- Prior to chemical processing of hair (e.g. waving, relaxing, straightening, colouring, bleaching) a patch test should be performed to determine if the skin reacts to the chemical. Application of a protective layer of petroleum jelly on the client's skin adjacent to the hair line before applying the chemical will provide protection.
- Hair extensions should be used for one client only.
- Razors used for razoring or feathering of hair or moustache trimming should be equipped with a guard to prevent skin contact.
- Disposable, single-use blades are recommended for use in straight razors for beard, scalp and neck shaving. The blade is to be disposed into a disposable sharps container. The blade handle is to be washed and disinfected before the next client. Electric razors/trimmers should be wiped with disinfectant solution between clients. If re-usable blades are being used, the blades are to be cleaned, rinsed and sterilized between uses.

## Cleaning, Disinfection, Sterilization of Instruments and Equipment:

Refer to section 2 and Appendix 2 for information.

**APPENDIX 11**

# Facials and Chemical Peels

## Procedure Introduction:

A facial is a procedure to cleanse, massage and treat the face. Most facials involve the intact layer of the epidermis (top layer of the skin), so there is minimal risk of infection.

Facials often include cleansing of the skin; exfoliation (removal of the dead layer of skin); mask application; use of red dermal lamps; steam; and facial massage. All items used in facial procedures are to be either single-use, or cleaned and disinfected with a low-level disinfectant to prevent disease transmission between clients. Some procedures, such as use of comedone extractor loops, used to remove blackheads, present a higher risk of disease transmission. The comedone extractor loop is to be disinfected with a high-level disinfectant.

A chemical peel uses a chemical solution to smooth the texture of the skin by removing its damaged outer layers. Risks and side effects associated with chemical peels include:

- stinging or burning sensations;
- temporary redness (may last several months);
- crusting and skin irritation (due to “trauma” of having an acid applied to it); and,
- flaking and peeling or changes in skin colour.

## Operation:

- During procedures, the clients’ eyes are to be covered to protect from splashing.
- Reusable eye protection is to be cleaned and disinfected with a low level disinfectant after each client. Disposable eye protection is to be discarded between clients.
- A new sponge is to be used for each client.
- Facial steamers are to be maintained in a clean and sanitary manner as per manufacturer’s instructions.
- Single use gloves or finger cots are to be worn during extractions.
- Acids for chemical peels should be used in accordance with the manufacturer’s instructions.

## Cleaning, Disinfection, Sterilization of Instruments and Equipment:

Refer to section 2 and Appendix 2 for information.

## APPENDIX 12

## Body Painting and Cosmetics

### Procedure Introduction

Body painting and cosmetics are the application of coloured substances, clays and plant materials onto the skin's surface. This can be an artistic or symbolic form of personal expression. Only ingredients used in body painting and cosmetics regulated by Health Canada's *Cosmetics Regulations* under the *Food and Drugs Act* should be used. Ingredients should be used as they are intended.

Risks associated with body painting and cosmetics are low, however infections and adverse reactions can occur.

Allergies are one of the most common reactions to cosmetics. The term "hypoallergenic" does not guarantee allergic reactions will be prevented; it only means that well-known allergens would not be found in cosmetic formulations.

Caution must be exercised when applying permanent make-up as this service is not unlike tattooing procedures. Refer to Appendix 6 for more information.

### Operation:

- Brushes and applicators are to be single-use.
- Body paint is not to be applied over broken skin, e.g. sores, cold sores, acne, cuts, eczema or similar conditions.
- Skin is to be cleansed with an antiseptic prior to application of cosmetics/body paint.
- Tips of eye and lip pencils are to be cleaned with disposable wet-wipes and sharpened between uses.
- Makeup and body paint pallets should be covered when not in use.
- When using only a portion of a cosmetic preparation (i.e. foundation) the portion to be used is to be removed so that the remaining product in the container is not contaminated.

### Cleaning, Disinfection, Sterilization of Instruments and Equipment:

Refer to section 2 and Appendix 2 for information.

## Appendix 13

## Definitions/Terms

**Aftercare**
Written and oral instructions given to the client specific to the personal service procedure conducted.

**Antiseptic**
A chemical agent that destroys disease-causing microorganisms on skin or mucosa.

**Autoclave**
Devices that utilize time, temperature and pressure to sterilize equipment such as those used in personal service facilities.

**Body Fluid**
Human body fluids include blood, semen, vaginal fluids, tears, saliva and sputum.

**Best Management Practices (BMP)**
Document developed to assist owners/operators meet regulatory requirements and prevent or minimize the risk of transmission of diseases.

**Biomedical Wastes**
Wastes that require special precautions due to the waste containing body fluids (e.g. blood).

**Cleaning**
Removal of all foreign material (i.e. soil, organic material) from objects and surfaces.

**Client**
Member of the public who receives a personal service procedure.

**Comedone extractor loop**
Comedone extractors are used during a facial to remove blackheads. The extractors usually have a titanium coating, gold plated finish or mirror polish. They are available in large and small sizes and its extractor end has a tiny pore for blackhead removal.

**Communicable Disease**
A disease which spreads from one person to another. Examples include: influenza, HIV, tuberculosis, AIDS, measles and mumps.

**Contamination**
The presence of an infectious agent on a surface, clothes, instruments, equipment and other inanimate surfaces or substances including water.

**Disinfection**
Disinfection is a process that kills most disease producing microorganisms. Disinfection does not destroy all bacterial endospores.

**Epilator**
An electrical instrument used for hair removal which mechanically grasps multiple hairs simultaneously and pulls them out.

**Fistula**
An abnormal opening or passage between two body structures that do not normally connect.

**Grip**
Stainless steel tube which holds the tattoo needle bar.

**Invasive Procedures**
Invasive procedures are those intended to penetrate the body either by incision or insertion of an item into or through the skin or mucosa, or by any other means intended to puncture, break or compromise the skin.

**Keloid Tissue**
An overgrowth of fibrous tissue that can occur after an injury to the skin.

**Microorganisms**
Small living organisms some of which may cause illness or disease (includes: bacteria, viruses, parasites, fungi, yeast and mould).

**Mucous Membrane**
Moist tissue that lines some organs and body cavities such as the mouth, nose, lungs and secretes mucous.

**Needle Bar**
Tattoo needles are soldered into this moveable shaft.

**Personal Protective Equipment**
Devices or work clothing that help protect individuals from direct exposure to hazardous materials (i.e. gloves, finger cots, masks, etc.).

**Pathogen/Pathogenic**
Any disease-causing microorganism and/or their toxins.

**Sharps**
Objects that can penetrate the skin or have or were likely to have come in contact with infectious agents found in blood and body fluids, (e.g. needles, blades, lancets, razors and scalpels).

**Sharps Container**
Puncture-resistant, leak-proof container that can be used for handling, storage, transport and disposal of sharps. The container is labelled with the international biohazard symbol.

**Sterilization**
Sterilization is the complete destruction of all forms of microbial life including bacteria, bacterial endospores, viruses and fungi.

**Styptic products**
Medication (usually alum) in powder, liquid or pencil form used to stop topical bleeding from minor cuts.

**Temporary personal service facilities**
Personal services operations operating in a temporary location for a period of 14 days or less per year.

## Appendix 14

## Sterilizer Operation Log for Personal Service Facilities

| | | | |
|---|---|---|---|
| Personal Service Facility | | Regional Health Authority | |
| Equipment Type | | Serial Number | |

| Date | Items being sterilized | Load # | Expected Indicator Result | Sterilization Time | Temp Attained | Pressure | Internal Chemical Indicator Results | External Chemical Indicator Results | Biological Spore Test Result | Initials |
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Indicate any corrective action taken on reverse. Use one operation log per sterilizer within the personal service facility. Upon completion this record should be kept for two years.

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