

Guidelines for Personal Service Facilities

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GUIDELINES FOR PERSONAL SERVICES FACILITIES

PREFACE

The purpose of these guidelines is to clarify the expectations of operators of personal service facilities and to provide guidance on the prevention of health hazards.

The guidelines were adopted from the *Guidelines for Personal Service Establishments*, Health Protection Branch, Ministry of Health, British Columbia.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

TABLE OF CONTENTS

1.0 INTRODUCTION	1
2.0 INFORMING CLIENTS.....	1
3.0 FACILITIES.....	2
3.1 SITE PLAN AND REVIEWS	2
3.2 FACILITY DESIGN CRITERIA.....	2
3.2.1 STORAGE SPACE	3
3.2.2 LIGHTING AND VENTILLATION	3
3.2.3 SINK REQUIREMENTS	3
3.2.4 WASTE DISPOSAL	4
3.3 HAND WASHING STATIONS	4
3.3.1 WHEN HAND HYGIENE IS NECESSARY	4
3.3.2 THE HAND WASHING PROCESS	4
3.3.3 WHEN AND HOW TO WEAR GLOVES	5
3.4 INSTRUMENT AND EQUIPMENT CLEANING STATIONS	5
4.0 OPERATIONS	5
4.1 INSTRUMENT AND EQUIPMENT REQUIREMENTS	5
4.1.1 GENERAL INSTRUMENT/EQUIPMENT USE	5
4.1.2 INVASIVE PROCEDURE EQUIPMENT.....	6
4.1.3 ENERGY EMITTING DEVICES	6
4.1.4 SHARPS USE.....	6
4.1.5 SHARPS DISPOSAL	6
4.1.6 WASTE DISPOSAL	6
4.1.7 LAUNDRY CLEANING AND STORAGE	6
4.2 INFECTION PREVENTION AND CONTROL PRACTICES	7
4.2.1 PERSONAL SERVICE OPERATOR.....	7
4.2.2 CLIENT	7
4.3 TRAINING.....	7
4.4 BLOOD AND BODY FLUID EXPOSURE RESPONSE PROCEDURES	7
4.4.1 CAUSE OF EXPOSURE.....	8
4.4.2 PROCEDURE FOR BLOOD AND BODY FLUID EXPOSURE	8
4.5 RECORD KEEPING.....	8
5.0 CLASSIFICATION OF INSTRUMENTS AND EQUIPMENT	9
6.0 CLEANING, DISINFECTION AND STERILIZATION	9
6.1 CLEANING	9
6.1.1 CLEANING PROCESS FOR INSTRUMENTS AND EQUIPMENT.....	9
6.1.2 CLEANING PROCESS FOR WORK SURFACES.....	10
6.1.3 AFTER CLEANING.....	10
6.2 DISINFECTION	10
6.3 LEVELS OF DISINFECTION	11
6.3.1 LOW-LEVEL DISINFECTION	11

GUIDELINES FOR PERSONAL SERVICES FACILITIES

6.3.2	INTERMEDIATE-LEVEL DISINFECTION	11
6.3.3	HIGH-LEVEL DISINFECTION	11
6.4	DISINFECTION PROCESS	11
6.4.1	DISINFECTION PROCESS FOR INSTRUMENTS AND EQUIPMENT	11
6.4.2	DISINFECTION PROCESS FOR WORK SURFACES AND EQUIPMENT THAT CANNOT BE SOAKED	12
6.4.3	AFTER DISINFECTION	12
6.5	STERILIZATION	12
6.5.1	STERILIZER TYPES	12
6.5.2	STERILIZER PROCESS FOR INSTRUMENTS AND EQUIPMENT	12
6.5.3	AFTER STERILIZATION	13
6.5.4	SINGLE-USE PREPACKAGED STERILE INSTRUMENTS	13
6.5.5	STERILIZATION MONITORING REQUIREMENTS AND SPORE TESTING	14
6.5.6	BIOLOGICAL MONITORING	14
APPENDIX A: SAMPLE SANITATION PLAN		16
APPENDIX B: COMMON INSTRUMENTS/EQUIPMENT AND DISINFECTION/STERILIZATION LEVEL		18
APPENDIX C: LEVEL OF INSTRUMENT DISINFECTION/STERILIZATION REQUIRED		21
APPENDIX D: SAMPLE STERILIZATION LOG SHEET		25
APPENDIX E: HEALTH STANDARDS FOR EAR & BODY PIERCING		26
APPENDIX F: HEALTH STANDARDS FOR TATTOOING		28
APPENDIX G: GLOSSARY		30
TABLES AND FIGURES		
Table 1: Examples of Personal Services		1
Table 2: Instrument and Equipment Classification		9
Table 3: Sterilizer Monitoring Requirements		14
Table 4: Instrument/ Equipment Examples		18
Figure 1: Level of Disinfection/Sterilization Required		21

GUIDELINES FOR PERSONAL SERVICES FACILITIES

1.0 INTRODUCTION

A personal service facility in Prince Edward Island is a business in which a person (ie. an esthetician or tattoo artist) provides a personal service to or on the body of another person.

The *Guidelines for Personal Service Facilities* sets standards to help operators prevent health hazards which may endanger or transmit infection to their clients or themselves during the delivery of personal services. All personal services in Prince Edward Island are subject to these Guidelines and the *Public Health Act*.

The types of health risks associated with personal service procedures depend on how invasive the procedure is. Many procedures have the potential to cause serious infections including bacterial skin infections. Infection prevention and control precautions must be taken in all personal service facilities.

Table 1: Examples of Personal Services*

Non-Critical Services	Semi-Critical Services	Critical Services
Hair services Massage Mud/steam bath Cosmetic application Cupping Facial (non-invasive) Foot baths (non-pedicure) Tanning services	Manicure Pedicure Shaving Teeth whitening (excluding dental) Waxing, lash and brow tinting Body submersions Eyelash extensions/tinting Threading/tweezing	Higher Risk Critical Services
		Body piercing Tattooing Tattoo removal Micro-pigmentation Blood letting Extreme body modification
		Lower Risk Critical Services
		Acupuncture Electrolysis Invasive facials Ear piercing

*The inclusion of a personal service in Table 1 does not imply that the Department of Health and Wellness endorses these services as safe or useful – regardless of whether or not these *Guidelines for Personal Service Facilities* are followed.

Services covered by these guidelines do not include services reserved for members of a college or professional association. The *Regulated Health Professionals Act* makes it an offence for a non-member to practice the regulated health profession which has a distinct and identifiable scope of practice.

2.0 INFORMING CLIENTS

Client records are to be kept when invasive or permanent procedures are offered (ie. piercing, tattoo, etc.). The operator must properly document consent by clients:

- Ensure the client:
 - understands the nature of the possible consequences and health risks of the procedure;
 - is undertaking the procedure of his/her own free will; and
 - is not under the influence of alcohol or other judgment-altering drugs.
- Obtain a consent form signed by the client which includes:
 - a declaration of health risks;

GUIDELINES FOR PERSONAL SERVICES FACILITIES

- an agreement to be responsible for aftercare; and
- for minors (under 18 years old), an in person signature from a parent or guardian indicating the parent or guardian is aware the minor is undergoing the procedure.
 - It is recommended to obtain a photocopy of both the minor and parent or guardian's photo identification to keep with the client record.

It is strongly recommended not to pierce the genitalia or nipples of people under 18 years old as it is considered indecent assault to which the customer cannot legally consent to.

3.0 FACILITIES

All personal service facilities are to be maintained in a clean, sanitary, pest-free condition.

3.1 SITE PLAN AND REVIEWS

A site plan should be submitted for any new personal service facility or if extensive renovations are being completed on an existing one. Submit a site plan to an environmental health officer for review prior to any work being completed.

The site plan should include:

- the location of all client services, storage areas, washrooms, reprocessing area, chemical storage areas, laundry facilities and seating areas;
- a listing of all equipment;
- information on floor, wall, counter, shelving and ceiling finishes;
- information on the lighting and ventilation;
- the source of potable water;
- waste and sewage disposal information (including sharps), and
- procedures describing cleaning, disinfection and sterilizing practices.

3.2 FACILITY DESIGN CRITERIA

All personal service facilities, new and existing, should adhere to the following facility design criteria:

- Client service areas are to be separate from areas used for living, dining or sleeping.
- Client service areas should be separate from high traffic areas and retail areas of the facility.
- Client service areas are to be separate from cleaning, disinfection and sterilization areas.
- If a facility is to offer more than one personal service station, it must be designed to prevent cross contamination between services.
- Allow for privacy when requested during procedures (ie. piercing of genitalia, etc.).
- Floors and walls in client service areas are to be smooth, non-absorbent and easily washable.
- All work surfaces must be smooth, non-absorbent and easily washable to allow for proper cleaning and disinfection between clients.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

- Adequate exhaust ventilation must be in place if using chemical disinfectants or sterilants or acrylic nail application.
- Provide a potable water supply.
- Provide a washroom facility for staff and clients.

3.2.1 STORAGE SPACE

- Ensure there is adequate storage space in the facility to help reduce clutter and disorganization and help to keep the facility clean and sanitary.
- Proper storage is essential to ensure equipment is protected from possible contamination. All storage facilities must be easily cleanable.
- Allow enough space to:
 - keep clean, ready-to-use equipment/instruments separate from dirty equipment/instruments, and store in a manner to prevent contamination;
 - store employee and client personal items in a suitable location;
 - have adequate shelving to store extra supplies;
 - store cleaning equipment and chemicals; and
 - store client information and records.
- Provide counter space needed to ensure hygienic, safe and efficient procedures.

3.2.2 LIGHTING AND VENTILLATION

- Adequate lighting is required to allow operators to:
 - properly perform services and duties;
 - identify skin or hair conditions which may be unsuitable for service; and
 - complete adequate cleaning.
- Adequate ventilation is required to prevent airborne hazards and remove unwanted odors in the establishment. All ventilation systems should be professionally designed.

3.2.3 SINK REQUIREMENTS

- The number of sinks required will depend on the type of service(s) offered.
- Every personal service facility must have a washroom which is easily accessible for clients and staff.
- All high risk personal service facilities (ie. tattooing, piercing) must have at least one sink for hand washing that is accessible from each work station.
 - Hand sinks must have liquid soap and paper towels in a dispenser (hand dryers can be used in place of paper towels).
- Facilities that will be cleaning and sterilizing instruments must have an additional sink to clean and rinse instruments.
 - It is best practice to have a two-compartment sink available.
 - It is not acceptable to use a washroom sink to clean instruments.

3.2.4 WASTE DISPOSAL

- All waste must be disposed of in a lined garbage bin which is durable, pest proof and easily cleanable.
- The facility must be connected to a municipal sewer system or an approved onsite private sewage disposal system.

3.3 HAND WASHING STATIONS

A hand washing sink should be easily accessible from every work station. Hand washing sinks must be:

- separate from washroom facilities;
- accessible without touching door handles or curtains;
- exclusive to the personal services facility;
- accessible for use while procedures are being performed; and
- supplied with potable hot and cold running water under pressure, dispensable liquid hand soap, paper towels in a dispenser (or hand dryer) and a lined waste bin accessible without using hands.

One of the most effective methods to stop the spread of infection is proper hand hygiene. All staff must practice proper hand hygiene before, during and after providing treatments to clients.

If only low risk personal services are offered (ie. barbering, hairstyling, massage, etc) then the washroom hand sink is suitable for hand washing before and after performing client services.

3.3.1 WHEN HAND HYGIENE IS NECESSARY

- When hands are soiled or have contacted soiled items.
- Before setting up equipment and instruments.
- Between clients.
- When hands become soiled during different procedures on the same client.
- Before and after wearing gloves.
- Before and after performing invasive procedures.
- After personal activities (ie. using the washroom, coughing, blowing nose, eating, smoking, etc.).

3.3.2 THE HAND WASHING PROCESS

- Use liquid hand soap and warm water to wash all parts of your hands and wrists.
 - Scrub palm to palm with fingers interlinked, under nails, tips of fingers into opposing palm, between fingers, backs of hands and around thumbs.
- Rinse under warm running water.
- Dry with a clean paper towel or hand dryer.
- Turn off running water with paper towel.

3.3.3 WHEN AND HOW TO WEAR GLOVES

- Wash hands before and after wearing gloves.
 - Gloves are not a substitute for proper hand hygiene.
- Wear gloves when contacting blood or body fluids (including mucous membranes or broken skin).
- Wear gloves when the worker has broken skin on the hand(s) and there is to be client contact.
- Change gloves between procedures on the same client and between clients.
- Do not reuse gloves.
- It is best to use latex free gloves.

3.4 INSTRUMENT AND EQUIPMENT CLEANING STATIONS

One or more sinks must be designated for cleaning instruments and equipment. If low risk personal services are offered and only non critical items are used, a separate sink for cleaning instruments and equipment may not be required.

The cleaning sinks should be:

- durable;
- separate from the washroom sink(s);
- separate from the hand washing station(s) discussed above;
- supplied with hot and cold running water;
- large enough to accommodate the largest instrument/equipment to be cleaned; and
- clean, organized and clutter free.

4.0 OPERATIONS

4.1 INSTRUMENT AND EQUIPMENT REQUIREMENTS

The following sections cover procedures that should be implemented in personal service facilities during the use of instruments and equipment.

4.1.1 GENERAL INSTRUMENT/EQUIPMENT USE

- Only use durable instruments and equipment maintained in good repair which are suitable to the service.
- Discard damaged, broken and expired instruments and equipment.
- Clean and disinfect reusable instruments, equipment and work contact surfaces after each use.
- Discard single-use items immediately after use.
- Clean and disinfect or sterilize instruments and equipment touched or handled during the procedure, even if they were not used.
- Dispense products like wax, pigment, creams, and lotions in a way to prevent contaminating the bulk supply.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

- For pencil style make-up applicators, clean the tip with a low level disinfectant and sharpen between uses. Clean and disinfect the sharpener daily. Only use on intact skin.
- Clean and disinfect applicators between each use or use single-use, disposable applicators.
- Apply powder or liquid styptic products with a disposable applicator. Styptic pencils are **not** acceptable due to cross contamination from the sharpener.
- Store disinfected/sterilized instruments and equipment in a clean, dry environment which prevents possible contamination.
- Maintain a designated space for storing personal items separate from client supplies.

4.1.2 INVASIVE PROCEDURE EQUIPMENT

- Cover instruments, equipment and work surfaces which cannot be cleaned, disinfected or sterilized between uses with a single use cover and discard the cover after each use.
- Disinfect motors and frames of all equipment which may become contaminated daily or after obvious contamination.
- Do not use sterile instruments or equipment if they become contaminated.

4.1.3 ENERGY EMITTING DEVICES

- Energy emitting devices for cosmetic treatments must comply with Health Canada requirements under the *Radiation Emitting Devices Act* and the *Medical Devices Regulations*.

4.1.4 SHARPS USE

- Only use single-use items to penetrate the skin and/or mucous membranes.
- Do not reuse single-use items (even on the same client).
- Inspect needles for sharpness and defects before using.
- Clean and sterilize needles which require modification or attachment to other items before use.
- Do not bend, take apart, recap or otherwise manipulate sharps after use.

4.1.5 SHARPS DISPOSAL

- Approved sharps containers are required.
- Discard used sharps immediately after use on a single client.
- Retrieve broken or dropped sharps in a manner to prevent accidental pokes or cross contamination.
- Securely close and dispose of sharps container according to requirements outlined by the Island Waste Management Corporation.

4.1.6 WASTE DISPOSAL

- Locate waste bins within easy access from all work areas.
- Put waste contaminated with blood or body fluids in a sealed, leak proof bag before disposal in the regular garbage.

4.1.7 LAUNDRY CLEANING AND STORAGE

- Put soiled laundry in a bag or container with a lid.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

- Handle soiled laundry as little as possible and with gloved hands.
- Do not rinse soiled laundry before laundering to reduce cross contamination.
- Wash and dry on high temperature settings.
- Store clean laundry in a clean and protected environment.

4.2 INFECTION PREVENTION AND CONTROL PRACTICES

Each personal service facility should develop and maintain safe operating procedures to ensure client and operator safety. These procedures should be tailored to the services provided. The goal is to prevent the spread of infection or illness to clients and operator.

4.2.1 PERSONAL SERVICE OPERATOR

The personal service operator is responsible for reducing the risk of spreading infections and should do the following:

- Avoid work if dealing with a potentially transmissible illness (ie. cough, fever, etc.).
 - Operators should have up-to-date immunizations (ie. Hepatitis B).
- Do not eat, smoke or drink in the service areas or while performing a service.
- Wear protective coverings during procedures where body fluid contact is possible to protect eyes, nose, mouth and uncovered skin.
- Practice proper hand hygiene at all times.

4.2.2 CLIENT

Before performing a procedure, the operator should make sure the client is protected by taking these precautions:

- Inspect the treatment area for cuts, wounds, rash, fungus or visible skin disease.
 - If any are present, advise the client to seek a health assessment by a medical professional before proceeding.
- Clean the treatment area. Ensure to give the antiseptic the required contact time with the skin.
 - For invasive procedures use an approved skin antiseptic.
- Provide the client with appropriate protective equipment.

4.3 TRAINING

Personal service operators should have adequate training to recognize, prevent and respond to health hazards that may occur during a procedure.

The personal service facility owner is responsible for ensuring all operators are adequately trained.

4.4 BLOOD AND BODY FLUID EXPOSURE RESPONSE PROCEDURES

Blood and body fluids may contain pathogens such as hepatitis B, hepatitis C and HIV. Anyone exposed to blood or body fluids is at risk of infection.

4.4.1 CAUSE OF EXPOSURE

The following could result in exposure to blood and/or body fluids:

- Needle stick or cut from a contaminated sharp.
- Splashing or transfer onto broken skin (ie. open cut, wound or dermatitis) or a mucous membrane (ie. eyes, mouth or nose).

4.4.2 PROCEDURE FOR BLOOD AND BODY FLUID EXPOSURE

If an accidental puncture wound or abrasion occurs to an operator or client, the following steps should be taken:

- Wear single-use disposable gloves.
- If the area is bleeding, allow it to do so for a short time to reduce the amount of contamination which may enter the body.
- Wash the area with soap and water, apply antiseptic and cover the area with a clean bandage.
- If a mucous membrane has been splashed, thoroughly flush it with water for 15 minutes.
- Contact a physician to discuss the possible need for blood tests or post exposure treatment.
- Document the incident. Ensure to record:
 - The full name, mailing address and phone number for the person exposed.
 - The full name of the operator.
 - The date of the incident.
 - The site of the incident and circumstances surrounding it.
 - The action taken.

4.5 RECORD KEEPING

Client records are to be kept on site if invasive procedures are offered (ie. tattooing, body piercing, body modification, micro pigmentation). These records should include:

- The operator's full name.
- The client's full name, mailing address and phone number.
- The date and details of the procedure.
- Details of any incident.
- Lot number for single use disposable instruments.

Records of the following procedures should be available onsite:

- Chemical monitoring records for each sterilizer load.
- Sterilizer biological monitoring testing and results.
- Documents related to accidental exposure to blood or body fluids.

*Records should be kept onsite for at least 1 year and on file
for at least 5 years.*

GUIDELINES FOR PERSONAL SERVICES FACILITIES

A written sanitation plan is recommended for all instruments, equipment or surfaces which come in direct contact with a client. This plan should include the classification of instruments and equipment, cleaning, disinfection and sterilization procedures and sanitary storage. A guide to completing a written sanitation plan is provided in Appendix A.

5.0 CLASSIFICATION OF INSTRUMENTS AND EQUIPMENT

The cleaning, disinfecting or sterilizing procedure required will depend on the intended use of the instrument or equipment. Instruments and equipment can be divided into three general classifications, shown in Table 2.

Table 2: Instrument and Equipment Classification

Classification	Instrument/Equipment	Level of Disinfectant or Sterilization
Non-critical	Does not touch the client directly or only comes in contact with intact skin.	Low-level disinfectant
	Intended to contact intact skin, but may accidentally contact non-intact skin.	Intermediate-level disinfectant
Semi-critical	Intended to contact non-intact skin or a mucous membrane – but does not penetrate it.	High-level disinfectant
Critical	Intended to puncture the skin or contact the puncture site prior to puncturing.	Sterilization

Figure 1 in Appendix C is designed to help operators determine the disinfection or sterilization level required before and after the instrument/equipment is used.

6.0 CLEANING, DISINFECTION AND STERILIZATION

6.1 CLEANING

Cleaning (with detergent and water) must occur before disinfection or sterilization. If an instrument/equipment or surface is not clean it cannot be properly disinfected or sterilized. Cleaning will remove visible dirt allowing the disinfection or sterilization processes to work effectively.

6.1.1 CLEANING PROCESS FOR INSTRUMENTS AND EQUIPMENT

- Wear personal protective equipment (face protection, disposable gown, rubber gloves, etc).
- Clean contaminated instruments or equipment immediately after use or soak in clean water.
 - Take apart according to the manufacturer's instructions.
- Fill the sink with warm water (enough to cover the largest item to be cleaned) and add detergent or enzymatic product as directed by the manufacturer.
- Scrub instruments and equipment below the water surface to prevent splashing.
- After cleaning, an ultrasonic cleaning device can be used as an optional additional step.
 - Operate with the lid on to prevent splashing and exposure to aerosols.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

- After cleaning, rinse instruments/equipment with water to remove any particles and residual detergent.
 - This is important to prevent the neutralization of the disinfectant or sterilant.
- Air dry or hand dry with a clean lint free towel or paper towel.

6.1.2 CLEANING PROCESS FOR WORK SURFACES

- Client chairs and counters are to be cleaned between each client.
- Washrooms and floors are to be cleaned at the end of each day and when visibly soiled.
 - Combination low-level disinfectants (germicidal detergents) can be used to clean items that do not need further disinfection.
- Contact surfaces of client chairs and work surfaces (ie. manicure/pedicure tables, tattooing/piercing equipment trays, etc.) are to be cleaned between each client.
- When surfaces are covered with a single-use cover it is to be discarded between each client and these surfaces should still be cleaned and disinfected when visibly soiled and at the end of each day.
- Surfaces contaminated with blood or body fluids are to be cleaned and disinfected immediately.
 - Wear gloves and use a high-level disinfectant (ensuring proper contact time) with a disposable cloth or paper towel.

6.1.3 AFTER CLEANING

- Clean and low-level disinfect materials used for cleaning (ie. rubber gloves, brushes, etc.), sinks, countertops and containers after each cleaning session.
- If used, clean and low-level disinfect ultrasonic cleaners when visibly dirty or at least once daily.
- Wash hands after removing personal protective equipment.

6.2 DISINFECTION

Disinfection is a process that kills most disease causing micro-organisms, but not necessarily bacterial endospores. Thorough cleaning is required before disinfection. Disinfection is required for all semi-critical and non-critical instruments, equipment and surfaces. (See Table 2: Instrument and Equipment Classification, above, for information on non-critical, semi-critical and critical instruments and equipment.)

Disinfectants come in varying strengths and are applied according to the type of surface or instrument used. Choosing the right disinfectant can be confusing; the information below will help to determine what level of disinfection product to use and how to identify it. Additional information about disinfectant products approved for use in Canada can be found on the Health Canada Drug Products Database, at:

6.3 LEVELS OF DISINFECTION

When using a chemical disinfectant, it is important to follow the manufacturer’s written directions. All products being used as a disinfectant must have a DIN.

6.3.1 LOW-LEVEL DISINFECTION

Low level disinfection is a process capable of killing most vegetative bacteria, some fungi, enveloped viruses and some non-enveloped viruses. Low-level disinfection is required for non-critical items. When selecting a low-level disinfectant make sure the manufacturer’s label has a DIN and a general disinfectant claim. See Appendix B for examples of non-critical items.

6.3.2 INTERMEDIATE-LEVEL DISINFECTION

Intermediate-level disinfection is a process capable of killing vegetative bacteria, mycobacteria, most fungi, enveloped viruses and most non-enveloped viruses. Intermediate-level disinfection is required for most semi-critical items. When selecting an intermediate-level disinfectant make sure the manufacturer’s label has a DIN, a general disinfectant claim and a tuberculocide or mycobactericide claim. See Appendix B for examples of semi-critical items.

6.3.3 HIGH-LEVEL DISINFECTION

High-level disinfection is a process capable of killing vegetative bacteria, mycobacteria, fungi, enveloped and non enveloped viruses – as well as some, but not necessarily high numbers of bacterial endospores. High-level disinfection is required for semi-critical items that could be invasive, items that come in contact with sterile instruments or mucous membranes. When selecting a high-level disinfectant make sure the manufacturer’s label has a DIN, a general disinfectant claim, a tuberculocide claim and specifically states high-level disinfectant, chemical sterilant or sporicidal. See Appendix B for examples of semi-critical items.

*Some products are not acceptable for disinfection.
Ultraviolet (UV) “sterilizers” do not achieve disinfection and
boiling is unreliable.*

6.4 DISINFECTION PROCESS

When using disinfection products, always follow the manufacturer’s instructions for each product.

6.4.1 DISINFECTION PROCESS FOR INSTRUMENTS AND EQUIPMENT

- Determine the level of disinfection required based on the intended use of the instrument/equipment (see Table 2 and Appendix C).
- Choose a disinfectant and concentration that meets the appropriate level of disinfection.
- Verify that the disinfectant contains an eight-digit drug identification number (DIN).
 - EPA or FDA numbers issued in the United States are not recognized in Canada.
- Follow the manufacturer’s instructions for contact time and reuse.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

- Prepare, maintain and dispose of solutions according to the manufacturer's instructions.
- Wear personal protective equipment.
- Completely submerge instruments/equipment in the disinfectant for the required contact time as per the manufacturer's directions. Avoid prolonged soaking as it can corrode instruments and equipment.
- Handle disinfected items with clean hands.
- If rinsing is required (by the manufacturer), rinse with potable water.
- Air dry on a lint free surface and store in a manner to protect from contamination. Make sure items are completely dry before putting in storage.

6.4.2 DISINFECTION PROCESS FOR WORK SURFACES AND EQUIPMENT THAT CANNOT BE SOAKED

- Clean first, unless using a Health Canada approved combination cleaner and disinfectant.
- Apply the disinfectant with a single use cloth or paper towel to all surfaces for the required contact time as per the manufacturer's directions.
- Rinse, **if necessary** with clean potable water and dry with a clean paper towel or allow to air dry.

6.4.3 AFTER DISINFECTION

- Dispose of submersion disinfectant solutions according to the manufacturer's label.
- Clean and low-level disinfect materials used for disinfection (ie. rubber gloves, etc.), sinks, countertops and containers after each cleaning session.
- Wash hands after removing personal protective equipment.

6.5 STERILIZATION

Sterilization is the complete destruction of all microbial life. Sterilization is required for all critical instruments after thorough cleaning. Operators must ensure adequate sterilization methods are applied or that only single-use, pre-packaged sterile instruments and equipment are used. Tests and records which show the efficacy of any method used for sterilization are required.

6.5.1 STERILIZER TYPES

The best sterilizer to be used in a personal service facility is the steam sterilizer (ie. autoclave). This process uses saturated steam under pressure. Two types of table-top sterilizers are gravity displacement and dynamic air removal sterilizers. Dynamic air removal is the preferred method for sterilizing packaged and hollow instruments.

There are other types of sterilizers, but they are not suited for use in personal service facilities.

6.5.2 STERILIZER PROCESS FOR INSTRUMENTS AND EQUIPMENT

The following steps should be taken during the sterilization process to ensure consistent results:

- Choose a sterilizer suitable for your needs.
 - All sterilizers must meet Canadian Standards Association (CSA) specifications for use in healthcare or allied health facilities.
- Keep instruction manuals onsite.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

- Test and service sterilizers regularly according to the manufacturer's instructions.
- Conduct biological monitoring (spore testing) every 30 days for each operating sterilizer.
 - Test new or back up sterilizers before use.
 - Keep the results on file for inspection purposes.
- Wear personal protective equipment.
- Enclose instruments with a temperature-sensitive indicator in a package designed and manufactured for use with the sterilizer chosen. Unless daily spore testing is conducted, also include a Class 5 chemical indicator in every load to ensure steam contact for sufficient time.
- Load the sterilizing chamber according to the manufacturer's instructions – do not overload.
- A drying cycle is required for all sterilization cycles for wrapped or packaged items.
- It is best for the sterilizer to be equipped with a print-out providing details of the mechanical parameters reached each cycle.
 - As older units are replaced, new units should be appropriately equipped.
- Sterilized packages must be dry upon completion of the cycle. Do not handle until cool to the touch.
- Label sterilized and packaged instruments with the date sterilized, load number and sterilizer used (if there is more than one present).
- Store sterilized instruments and equipment on their edge to prevent contamination. Ensure they are:
 - in a clean, dry, dust free area at least 15 cm off the floor;
 - in moisture-resistant, cleanable containers (not cardboard);
 - in a secure area; and
 - in an order so the most recently sterilized items will be used last.

6.5.3 AFTER STERILIZATION

- Dispose of any chemical products according to the manufacturer's instructions.
- Clean and low-level disinfect materials used for sterilization, sinks, countertops and containers after each use.
- Wash hands after removing personal protective equipment.

6.5.4 SINGLE-USE PREPACKAGED STERILE INSTRUMENTS

Often single-use disposable instruments come pre-packaged and sterile. They can be used to reduce the risk of transmitting diseases via critical instruments and equipment that cannot be adequately disinfected or sterilized between uses. Prepackaged, sterile instruments can also be used when the operator does not have the time or infrastructure to properly sterilize.

When using pre-sterilized, single-use instruments, the following information is to be available on the package:

- Proof of sterility from the manufacturer.
- An indication the instrument/equipment is single use only.
- How it was sterilized.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

- Expiration date.
- Manufacturer's name.

The following should be done to reduce the risk associated with single-use instruments:

- Check the integrity of the packaging before using and only use if it is undamaged.
 - Discard if the package is compromised.
- Adhere to the expiration date if printed on the package and discard once expired.
- Check for defective, discolored or soiled instruments/equipment and discard if found.
- Ensure all operators are educated about opening sterile instruments.
- Open instruments only at the point of use, with gloved hands and remove in full view of the client.

6.5.5 STERILIZATION MONITORING REQUIREMENTS AND SPORE TESTING

Table 3 below outlines three types of monitoring requirements to ensure sterilization is achieved. Each should be included in a regular maintenance schedule, documented and followed for each sterilizer. Conduct all three types of monitoring on the same sterilizer. The sterilizer should not be used until spore testing results are available.

Table 3: Sterilizer Monitoring Requirements

Monitoring Type	Monitoring Requirements
Physical (Mechanical)	Keep monitoring records of temperature, duration, pressure, date and user's name for each load. See Appendix D for a sample sterilization log sheet. Sign and date the print out (if available) of the mechanical parameters reached during each cycle in the log book.
Chemical (Process)	During each cycle, ensure every instrument package contains a temperature sensitive indicator designed to change color during the sterilization process. Use a chemical indicator which is compatible with the type of sterilizer being used. For each load, include a packaged Class 5 chemical indicator to verify that the contents were present for the correct exposure to the sterilant. Class 5 indicators monitor the presence of saturated steam and temperature but also do not change color until enough time has passed.
Biological	Chemical monitoring alone does not guarantee sterilization, as proper time and pressure are contributing factors. A commercially available preparation of heat-resistant spores is used to verify the sterilizer is working properly. A passing test is one that a testing lab determines is negative for spore colony growth.

6.5.6 BIOLOGICAL MONITORING

- Package the spore strips in the same manner as the instruments and equipment prior to insertion in the sterilizer.
 - Spore strips should be packaged in the largest possible load for the machine or the largest possible load which would be completed at the facility.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

- After completing the sterilization cycle, send the spore strips to a laboratory for testing. Incubate as directed by the manufacturer.
- Ensure to receive the results before using a new, repaired or back-up sterilizer.
 - A passed test will show no spore growth indicating the sterilizer is working properly.
 - A failed test will show spore growth.

In the event of a failed spore test, the following should be done:

- Repeat the test. Do not use any items sterilized since the last passed spore test.
- If the repeat test passes and there is no indication of a system malfunction, re-sterilize the items from the failed test batch.
- If the second test fails:
 - Stop invasive services using instruments from the defective sterilizer.
 - Provide alternative means of sterilization, or only use single-use disposable instruments.
 - Contact Environmental Health.
 - Notify all clients who may have been treated with inadequately sterilized instruments/equipment.
 - Have the sterilizer repaired and biologically tested until a passed result is obtained.
 - Re-sterilize all items sterilized since the last passed test (as there is no way to know when the sterilizer stopped being effective).
- A back up plan should be in place in the case of sterilizer malfunction.
 - Have an adequate supply of packaged, sterilized instruments/equipment.
 - Have a functioning and tested back-up sterilizer.
- Keep records on file of each biological monitoring result, including date of the sterilizer run, operator, date sent to the lab, date results were received and the results. See Appendix D for a sample sterilization log sheet.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

APPENDIX A: SAMPLE SANITATION PLAN

A. STERILIZATION PROCEDURES					
Category	Name of Instrument/Equipment	Cleaning Procedure	Sterilization Equipment Details	Sterilization Procedures	Sanitary Storage
Critical	List all critical instruments and equipment.	Name of the cleaner and/or soap used for each instrument and equipment. Describe the cleaning process including agents, concentrations and soak times.	Autoclave: Brand Model CSA Approved?	Include: Temperature Time Pressure Packets – color/indicator expected Spore test frequency Laboratory name	In sterilized packets until used.

B. DISINFECTION PROCEDURES					
Category	Name of Instrument/Equipment	Cleaning Procedure	Disinfectant Name & Active Ingredient	Disinfection Procedure	Sanitary Storage
Semi-Critical	List all semi-critical instruments and equipment.	Name of the cleaner and/or soap used for each instrument and equipment. Describe the cleaning process including agents, concentrations and soak times.	Name of the disinfectant used for each instrument and equipment. List the active ingredient in each disinfectant.	Include: Mixing procedure (if applicable). Minimum soak time. How often to change.	

GUIDELINES FOR PERSONAL SERVICES FACILITIES

Category	Name of Instrument/Equipment	Cleaning Procedure	Disinfectant Name & Active Ingredient	Disinfection Procedure	Sanitary Storage
Non-Critical	List all non-critical instruments and equipment.	Name of the cleaner and/or soap used for each instrument and equipment. Describe the cleaning process including agents, concentrations and soak times.	Name of the disinfectant used for each instrument and equipment. List the active ingredient in each disinfectant.	Include: Mixing procedure (if applicable). Minimum soak time. How often to change.	

C. SINGLE USE PROCEDURES			
Category	Name of Instrument/Equipment	Methods of Disposal	Sanitary Storage of New Items
Single Use	List all single use instruments and equipment.		

GUIDELINES FOR PERSONAL SERVICES FACILITIES

APPENDIX B: COMMON INSTRUMENTS/EQUIPMENT AND DISINFECTION/STERILIZATION LEVEL

Table 4: Instrument/Equipment Examples

Facility Type	Single-Use Disposable Items**	Critical Item(s)	Semi-Critical Item(s)	Non-Critical Item(s)	Non-Critical Item(s)
	Discard after use	Sterilization	High-level disinfection	Intermediate-level disinfection	Low-level disinfection
Hair Services	*disposable razors *shaving blades *neck strips *needles for hair extensions and weaves	*straight razors	*hair clipper blades and crochet hooks (if they have nicked the skin)	*shaving razor handles and cradles	*combs & brushes *scissors *hair razors *clipper blades *rollers, clips, caps *service trays *crochet hooks
Nail Services (manicures and pedicures)	*emery boards *nail/foot files *foam sandals *toe separators *pedicure blades *disposable applicators for styptic products *manicure drills *sanding bands *disposable cuticle pushers		*nail clippers *cuticle scissors *cuticle pushers *drill bits *callus removers *metal foot files	*manicure and pedicure bowls *pedicure foot baths (for recirculating types, the filter and bowl must be removed and disinfected)	*treatment beds *client chairs and arm rests *neck and arm rests *work counters and table tops *manicure trays *manicure UV light cabinets
Esthetics	*facial lancets/needles *disposable extractor loops *waxing applicators and strips *makeup applicators *dermal rollers Note: eye and lip pencils can be reused if sharpened before each client use	*lancets *tweezers (if used to break skin) *extractor needle and loop (single use disposable recommended)	*comedone extractor *drill bits *tweezers *glass and metal suction cups	*water basins for facial vaporizer	*treatment beds *client chairs and arm rests *neck and arm rests *work counters and table tops *brushes *electrodes *glass ventouses
Piercing	*gloves *razors *presterilized	*piercing needles *piercing		*ear piercing devices (ie guns designed to hold	*treatment beds *client chairs and arm rests

GUIDELINES FOR PERSONAL SERVICES FACILITIES

	<ul style="list-style-type: none"> piercing needles *elastic bands *corks *toothpicks and marking ink *swabs/gauze for cleaning and aftercare 	<ul style="list-style-type: none"> jewelry *implants *needle receiving tubes *insertion needles/tapers *needle pushers *connectors *tongs *clamps *forceps *ring-opening pliers *body piercing calipers 		a pre-packaged sterile stud)	<ul style="list-style-type: none"> *work counters and table tops *neck and arm rests *equipment trays and surfaces *light and drawer handles *buttons/knobs *metal containers
Tattooing/Body Modification	<ul style="list-style-type: none"> *single use needles *metal tubes *needle bars and grips *disposable ink caps and left over ink *liquid and cups for rinsing between colors *stencils *ink trays 	<ul style="list-style-type: none"> *reusable ink caps *pigment containers *reusable needle bars and grips *needle bars with new needles soldered on (if reusing) *metal tubes 	<ul style="list-style-type: none"> *chucks/clamps *ink trays 	*tattoo machines	<ul style="list-style-type: none"> *treatment beds *client chairs and arm rests *work counters and table tops *neck and arm rests *tattoo motor frames *buttons/knobs *cords *lamp handles *equipment trays and surfaces *dirty instrument containers *spray bottles
Laser Services		<ul style="list-style-type: none"> *tips exposed to blood 		<ul style="list-style-type: none"> *laser wands *eye goggles 	<ul style="list-style-type: none"> *treatment beds *client chairs and arm rests *work counters and table tops *neck and arm rests
Waxing	<ul style="list-style-type: none"> *waxing applicators *spatulas *strips *wax/containers for double dipping 	<ul style="list-style-type: none"> *lancets *tweezers (if used to break the skin) 	*tweezers		
Electrolysis	<ul style="list-style-type: none"> *gloves *razors *pre-sterilized needles/filamen 	<ul style="list-style-type: none"> *forceps *tweezers (if used to break the skin) 	<ul style="list-style-type: none"> *needle holders, metal pin devices and plastic needle 		<ul style="list-style-type: none"> *epilators *buttons *knobs *trays

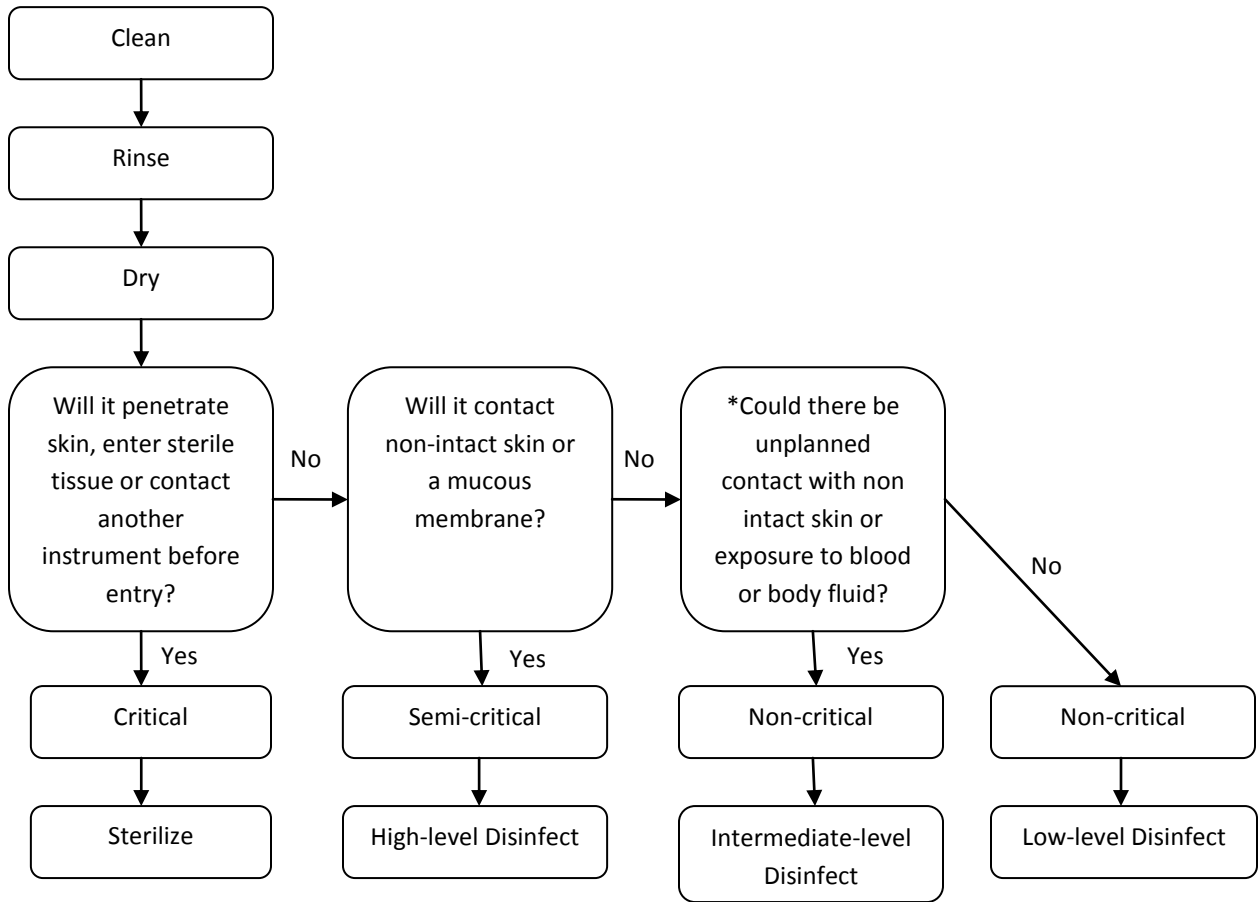
GUIDELINES FOR PERSONAL SERVICES FACILITIES

	ts *cream applicators *machine cord covers *single use towels *single use conductive gel pads *dental lip rolls *swabs used to apply skin antiseptic *cotton balls *gauze *cotton applicators *electrolysis needles or needle and cap units *hypodermic needles and lancets *single use wooden tongue depressors	*lancets	holder tips *scissors *eye goggles *tweezers		*magnifying lamps and arms (or cover with a single use plastic and change after each client) *instrument containers *scissors
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**Items that absorb moisture cannot be adequately cleaned and disinfected and should be discarded after use on the client.

APPENDIX C: LEVEL OF INSTRUMENT DISINFECTION/STERILIZATION REQUIRED

Figure 1: Level of Disinfection/Sterilization Required



*Do not treat a semi-critical instrument with intermediate-level disinfection. This is only for non-critical instruments and equipment that pose a higher risk if used improperly.

GUIDELINES FOR PERSONAL SERVICES FACILITIES

APPENDIX D: SAMPLE STERILIZATION LOG SHEET

MONTH/YEAR: _____

EQUIPMENT: _____

Date dd/mm	Time			Temp	Pressure	Color Change Y/N*	Initials	Comments
	Start	End	Cycle Length					

<input type="checkbox"/> Monthly spore strip tests submitted	_____	<input type="checkbox"/> Results	_____	<input type="checkbox"/> Results
	Date (dd/mm/yy)		Date (dd/mm/yy)	

Indicate any corrective action taken on reverse.
Use one operation log per sterilizer within the personal service facility.

APPENDIX E: HEALTH STANDARDS FOR EAR & BODY PIERCING

Body piercing can lead to health risks for the operator and the client if infection control procedures are not followed or if proper equipment is not used. Infections and illness can occur from unclean equipment or work surfaces and poor personal hygiene. Specific health risks associated with body piercing include skin infections (redness, pain, swelling, discharge, etc.), blood-borne disease (Hepatitis B, Hepatitis C, tetanus, HIV, etc.) and allergic reactions.

INSTRUMENTS AND EQUIPMENT

Precautions must be taken to prevent contamination of instruments and equipment.

- Instruments and equipment must be used as directed by the manufacturer.
- Piercing needles must be used for all body piercings and must be pre-sterilized prior to use.
 - Needles must be discarded after each use.
- Insertion tapers, forceps and needle receiving tubes are to be cleaned and sanitized between clients and must be handled in a manner to prevent contamination before use.
- Calipers to measure skin-piercing sites and forceps used to hold marked skin for piercing should be cleaned and sterilized.
- Single-use instruments (ie. toothpicks, elastic bands, etc.) are to be discarded after use.
- Piercing guns must be used on the earlobe only.
 - If it is used in other areas of the ear or body it may cause tissue damage which can lead to infection.
- It is best practice to use piercing guns with pre-sterilized disposable cartridges.
 - Dispose of cartridges after each client.
- All parts of the piercing gun which are in direct contact with the client's skin, blood or body fluids must be disinfected before and after each use.

SKIN PREPARATION

- A single-use towel should be used to protect the client from any soiling during the procedure.
- Examine the area to be pierced for signs of infection or irregularities. If any are found do not perform piercing.
- Prepare the piercing area by cleaning with an approved antiseptic (ie. 70% alcohol).
 - Apply with a single use applicator before the piercing procedure.
 - The area around the eyes should be cleaned with warm water only.
 - Use an antibacterial mouth wash for several minutes for procedures involving the tongue, lips or cheeks.
- A small flashlight or trans-dermal illuminator should be used to avoid piercing blood vessels in certain areas of the body (ie. the scrotum).
 - The flashlight or illuminator should be covered with a single-use plastic covering before each use and should be cleaned and disinfected after each use.

SKIN MARKING

- An alcohol based marking pen should be used to mark piercing points.
 - A marking pen which contacts fluids, broken skin or skin not cleaned is to be discarded.
- Toothpicks dipped in ink can also be used to mark the skin.
 - Place a few drops of ink on a clean surface to avoid dipping the toothpick into the ink container.

JEWELRY

- Jewelry must be sterilized prior to use.
- Jewelry made from acrylic, bone and horn is not to be used.
- Pre-sterilized jewelry must remain in the sterile packages until use.

CLIENT AFTER CARE

- The pierced site is to be wiped with an appropriate skin antiseptic. The skin antiseptic is to be applied in a manner to prevent cross contamination.
- Clients must be provided with written and verbal instructions for after care.
- It is important for the piercing site to be cleaned daily to promote healing and reduce the risk for infection.
 - Jewellery should also be rotated daily to help with the cleaning process.
- Clients should be instructed to wash their hands before washing the pierced area.
- Clients should be advised to consult a physician in case of an infection.

APPENDIX F: HEALTH STANDARDS FOR TATTOOING

Tattooing can lead to health risks for the operator and the client if infection control procedures are not followed or if proper equipment is not used. Infections and illness can result from contaminated equipment, inks, pigments or work surfaces and unsafe work procedures. Specific health risks associated with tattooing include disease or infections (ie. Hepatitis B, Hepatitis C, HIV, Streptococcus, Staphylococcus and skin infections), allergic reactions, scarring and granulomas.

INSTRUMENTS AND EQUIPMENT

Precautions must be taken to prevent contamination of instruments and equipment.

- Needles are to be soldered onto the needle bar with a lead-free solder.
 - Any residue can be removed with baking soda and water or another appropriate chemical.
- A new needle set is to be used for each client.
- The needle is not to be tested on the tattooist's skin at anytime.
- Instruments are to remain in the sterile packages until used and must be handled in a manner to prevent contamination once opened.
- The tattoo machine, clip cord and spray bottles are to be covered in a disposable wrap which is discarded after each use.

SKIN PREPARATION

- Examine the area for signs of infection or irregularities. If found do not perform tattooing.
- Disposable razors should be used for each client to shave the tattoo area prior to tattoo placement.
- The skin should be washed with soap and wiped with a skin antiseptic (ie. 70% alcohol) before tattooing.
- A topical anesthetic may be used to decrease client discomfort.
- Adhesive used to apply stencils must be applied with a single use, disposable applicator.
 - Spray on adhesives are acceptable.
- Deodorant sticks are not recommended as they can become easily contaminated and are not often discarded after each client.
- Single-use stencils are to be discarded after each use.

PIGMENTS

- All pigments should be chemically pure.
 - Pigments containing mercury are not allowed.
- Dry powder pigments are to be mixed according to the manufacturer's directions.
- Pigments are to be dispensed into single use, sterile capsules for each client.
- Pigments must be handled in a manner to prevent contamination.

TATTOO PROCEDURE

- If lubricating gel is used, ensure to dispense in a manner to prevent contamination of the bulk supply.
- When cleaning the skin during the procedure, precautions must be taken to avoid contamination of the soap solution.
 - Single-use disposable paper towels are used to wipe the procedure area and must be discarded into a plastic lined waste bin.

POST-TATTOOING SKIN CARE

- Cover with a sterile, non-stick dressing.
- Apply ointments in a manner to prevent possible contamination.
- Provide verbal and written skin care instructions.
 - Advise to consult a physician at the first sign of infection.

APPENDIX G: GLOSSARY

Approved sharps container: A dedicated, puncture-resistant, tamper-resistant, leak-proof container which is impenetrable by sharps. It should have a tight fitting lid and a clearly identifiable biological-hazard label.

Antiseptic: A chemical agent that destroys micro-organisms on human skin or mucosa.

Applicator: A device for applying a substance, such as a single-use disposable spatula.

Bacterial endospore: A form assumed by some bacteria that are resistant to heat, drying and chemicals. Under the right environmental conditions, the bacterial endospore may revert to the actively multiplying form of the bacteria.

Blood-borne infections: Infections spread through infected blood or body fluids (ie. human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

Body fluids: Fluids produced by the human body, including semen, vaginal secretions, tears, saliva, sputum. People who come in contact with human body fluids may be exposed to health risks (ie. HIV, HBV and HCV).

Body Modification: A deliberate altering of one's body for nonmedical purposes (ie. piercing, tattooing, permanent hair removal, scarification and branding).

Classification of Devices: This includes the following:

Critical instrument/equipment: An instrument/equipment that punctures the skin or enters sterile tissue-including vascular system – or contacts the puncture site or sterile instrument before puncturing (ie. needles, lancets and Pennington clamps). Critical instruments/equipment presents a high risk of infection if contaminated with any micro-organism, including bacterial endospores. Before use, clean meticulously and then sterilize. (The vascular system includes all the veins and arteries).

Semi-critical instrument/equipment: An instrument/equipment that comes in contact with non intact skin or mucous membrane but ordinarily does not penetrate it (ie. tweezers used to pull hair missed during waxing). Before use, clean meticulously and then high-level disinfect.

Non-critical instrument/equipment: An instrument/equipment that does not directly contact the client (ie. work surface) or contacts only intact skin (but non mucous membranes) during routine use (ie. hair combs and client beds). Before use, clean and then low or intermediate-level disinfect.

Cleaning: The physical removal of foreign material and organic matter. Cleaning removes rather than kills micro-organisms. It is accomplished with water, detergents and mechanical actions. Thorough cleaning is required before disinfection and/or sterilization.

Contamination: The presence of an undesired material or infectious agent on a surface, clothes, instruments/equipment, dressings, inanimate articles or substances including water.

Cross-contamination: The transfer of contamination from a contaminated source to a previously non contaminated site.

Disinfectant: A chemical agent that kills most disease-causing micro-organisms but not necessarily bacterial endospores. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.

Disinfection: A process that kills most disease producing micro-organisms. Disinfection does not destroy all bacterial endospores. Instruments/equipment must be cleaned thoroughly before effective disinfection can take place.

Disinfection levels: This includes the following:

High-level disinfection (HLD): A process capable of killing vegetative bacteria, mycobacteria, fungi, enveloped viruses, non-enveloped viruses and some but not necessarily high numbers of bacterial endospores. This disinfection level is required when processing semi-critical instruments/equipment.

Intermediate-level disinfection (ILD): A process capable of killing vegetative bacteria, mycobacteria, most fungi, enveloped viruses and most non-enveloped viruses. This disinfection level is required when

GUIDELINES FOR PERSONAL SERVICES FACILITIES

processing instruments/equipment that during routine use only contact intact skin but may accidentally contact non-intact skin or receive blood or body fluid spatter.

Low-level disinfection (LLD): A process capable of killing most vegetative bacteria, some fungi, enveloped viruses and some non-enveloped viruses. Low-level disinfectants cannot be relied on to kill mycobacteria or bacterial endospores. This disinfection level is required when processing non-critical instruments/equipment or some environmental surfaces.

Drug identification number (DIN): A number provided only by Health Canada that ensures labeling and supporting data have been provided and the product has undergone and passed a review of its formulation, labeling and instructions for use. All disinfectant chemicals used in a personal service facility need to have a DIN on the label.

Electrolysis: The removal of hair from the body by inserting a solid needle into the hair follicle and the hair is removed with tweezers.

Equipment: Any implement, item, instrument, device, object, or tool used when carrying out personal services.

EPA: (US) Environmental Protection Agency

FDA: (US) Food and Drug Administration

Guardian: The guardian of a child (a person under 19 years old).

Infection: Entry into and multiplication of infectious micro-organisms in the body.

Infection prevention and control: Evidence based practices and procedures that, when applied consistently can prevent or reduce the risk of transmission of micro-organisms to operators and clients.

Instrument: A hand-held implement, item, device, object or tool used when carrying out personal services.

Invasive Procedure: Any procedure intended to break the skin (ie. tattooing, micropigmentation and piercing) or pass through a mucous membrane.

Micropigmentation: The permanent or semipermanent imprinting of cosmetic shading (also known as permanent makeup or cosmetic tattooing) using inks or pigments. Micropigmentation may be done using a traditional tattoo machine or an implanter.

Mucous membrane: Moist tissue that lines some organs and body cavities (such as eyes, ears, nose and mouth) and secretes mucous (a thick fluid).

Pathogen: A micro-organism which causes infection or disease.

Personal service facility: An establishment in which a person provides a personal service to or on the body of another person.

Piercing: Penetrating the tissue of a client's body to attach or insert jewelry or similar items. Piercing may be done with a piercing needle, piercing gun (earlobe only) or dermal punch.

Potable water: Water that is safe to drink and fit for domestic purposes without further treatment.

Puncture: Accidental or intentional penetration (break) through the skin or other body tissue.

Sharps: Items that may penetrate the skin (ie. needles, blades, lancet and razors).

Single-use disposable items: Instruments designated by the manufacturer for single-use only. Single-use items should be discarded appropriately after use.

Sterilant: A physical or chemical entity or combination of entities that has sufficient microbiocidal activity to achieve sterility under defined conditions.

Sterilization: The complete destruction of all microbial life, including bacteria, bacterial endospores, viruses and fungi. This is required when processing critical instruments/equipment. Before sterilization, instruments/equipment should be thoroughly cleaned.

Styptic product: A medicated stick, powder or liquid used to stop minor bleeding. The product should be single-use or applied with a disposable applicator.

Tattooing: The permanent or indelible imprinting of a decorative design into the skin. Tattoo needles on the end of a reciprocating needle bar are used to puncture the skin or mucosa and introduce different coloured inks or pigments.