Saskatchewan
Personal Service Facility
Best Management Practices

Government of Saskatchewan

Table of Contents

Preamble and Scope

This document is intended to provide guidance and detail on the requirements to operate a safe personal service facility. For the purposes of this document, 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. While general sanitation requirements would apply to tanning facilities as well, tanning facility specific requirements are not in the scope of this document. Certain personal service procedures may be prohibited by regulation or otherwise outside of the scope of this document. Consult with your local Public Health Inspector (PHI) for more information.

Definitions and common terms can be found in Appendix 1. The first time a defined term appears in the text it will be "**BOLD**" to indicate that the term can be found in Appendix 1.

Blood borne and other infections may be transmitted through personal service procedures to **client**s 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.

Personal service activities can pose other risks to human health as well. Chemical burns, allergic reactions, heat burns, and physical injuries have been reported from receiving personal services.

Legislation and Supporting Documents

Personal service facilities and activities are governed under *The Public Health Act, 1994,* and *The Health Hazard Regulations.* Saskatchewan Health Authority Public Health Inspectors (PHIs) carry out inspections and enforcement on personal service facilities under this legislation. *The Health Hazard Regulations* state:

> *13(3) 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 Personal Services Facility Best Management Practices Document (BMP) has been developed to assist operators in meeting the regulatory requirements. A series of service specific fact sheets have been developed to supplement this document (BMP) and to provide operators with quick references to the specific risks and operational requirements found with each type of personal service provided. The "Opening a Personal Service Facility 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* and *The Health Hazard Regulations* are available online at:
https://www.saskatchewan.ca/residents/environment-public-health-and-safety/environmental-health/environmental-health-legislation

Personal Service Facility Fact Sheets are available on the Ministry of Health website.
https://www.saskatchewan.ca/residents/environment-public-health-and-safety/environmental-health/personal-service-facilities

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.

General Information on Personal Services

General information fact sheets for personal service operators can be found in Appendix 2. Fact sheets include general operator information, opening a personal service facility, and instrument reprocessing (**disinfection** and **sterilization**). Service specific facts sheets can be found in Appendix 5.

Invasive procedures are those procedures that involve the introduction of equipment or instruments into the body or body cavities, by cutting, puncturing, or otherwise entering intact skin or mucous membranes.

Invasive personal services include both invasive and high-risk non-invasive procedures. Manicures and pedicures are considered non-invasive high-risk procedures and thus are included under invasive personal services.

Non-invasive personal services include non-invasive procedures and lower risk invasive procedures. Ear piercing (fleshy lobe only with gun) is considered a lower risk invasive procedure and classified as a non-invasive personal service.

This BMP contains information about the personal services listed below:

Table 1

Invasive Personal Services		**Non-invasive Personal Services**
Beading*	Nail Services (Manicure/Pedicure)	Artificial Gel/Acrylic Nail/ Polish Application
Body Branding*	Scarification*	Cosmetics/Body Painting/Make Up Application
Body Piercing*	Stretching*	Ear Piercing*
Electrolysis*	Tattooing*	Hair Removal (all except electrolysis)
Microblading*	Body Modification	Hair Services
Medical Aesthetics*		Skin Care (esthetics)
* *invasive procedures*		

NOTE: There may be procedures offered in 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.

In the case of personal services that are not addressed in this BMP, the general principles of infection control and of cleaning, disinfecting or sterilizing of instruments and equipment are to be applied when providing these services.

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.

Anyone considering establishing, renovating or operating a personal service facility offering invasive personal service procedures, excluding ear lobe piercing using a piercing gun, is to contact a PHI with the Saskatchewan Health Authority before commencing construction and/or operations.

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 unannounced inspections by PHIs. PHIs will not routinely inspect personal service facilities in the following categories, unless upon receipt of a complaint or identified health hazard:

- Where personal services offered by a person acting in his or her capacity as a member in good standing of a professional association that is regulated by legislation, e.g. physician, registered nurse, chiropractor, physical therapist; or
- That only provide ear lobe piercing with piercing gun or non-invasive personal services (see Table 1).

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 PHI risk assessment, the operator may be required to replace their product(s) and/or alter their practices.

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

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, skin conditions) may increase the risks involved with personal service procedures.

Home-based personal service facilities are subject to the same regulatory and BMP requirements as other facilities. Requirements are based on risk of procedure being conducted and risks within the facility area environment.

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

Saskatchewan Public Health Officer Locations

The link below provides contact information for local authority public health inspector locations throughout the province:

http://www.saskatchewan.ca/residents/health/public-health/public-health-inspectors

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 and in accordance with all applicable legislation and regulations.

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

1. 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.

2. Surfaces and equipment in the premises should be made of materials that can be easily cleaned and disinfected.

1.3 General Operations and Infection Control

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, between tasks if interrupted while performing a personal service, and when hands are visibly soiled (see **Appendix 3**); and
   - Use hand rub/hand sanitizer with a minimum 70% alcohol content between tasks if interrupted while performing a personal service if hands are not visibly soiled (see **Appendix 3**);
   - 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. Service should be refused if the customer is 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. The client should be advised to consult with their health care provider.

3. 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.

4. Clients should be provided with appropriate **aftercare** instructions to the procedure they are receiving.

5. Prior to commencing any personal services to the client's intact skin, the skin is to be cleansed with an **antiseptic**. Ensure the antiseptic is given the required contact time with the skin. Antiseptic should be suitable for the area of body it is being used on and be used following manufacturer's instructions. Antiseptics around delicate areas such as eyes and mucous membranes should be used with caution.

6. Before commencing a personal service procedure, all instruments and/or equipment should be laid out on the work counter. Sterile instruments should only be opened immediately prior to service, in full view of client. 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.

7. 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 Appendices 6, 7, and 8 as applicable. Once disinfected or sterilized, instruments and/or equipment used in the delivery of personal services are to be protected from **contamination**.

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

9. Surfaces that come into direct contact with the client's intact skin, such as surfaces of chairs, beds and work surfaces, are to be cleaned (water and detergent) and disinfected with a low level disinfectant between uses. If using a cover, cover should be changed and laundered (if reusable) or discarded (if single-use) between each client. Contact surfaces contaminated with blood or body fluids are to be immediately cleaned, rinsed and disinfected with an intermediate-level disinfectant. For example these can include:
    a. manicure/pedicure tables,
    b. pedicure foot tubs (non-jet)
    c. tattooing or piercing equipment trays

10. Environmental surfaces, such as floors, walls, and non-clinical devices, are to be cleaned and low-level disinfected daily or when visibly soiled. Equipment used in the delivery of personal services that do not come in direct contact with a client's skin are to be cleaned and disinfected with a low-level disinfectant daily or as needed. Equipment may include magnifying lamps, floor lamps, storage containers, storage trolleys, and operators stool.

    If surfaces become contaminated with blood or body fluids they are to be immediately cleaned, rinsed and disinfected with an intermediate-level disinfectant.

11. Sterile instruments such as needles or piercing jewellery that become contaminated are not to be used and should be replaced with a sterile item. Contaminated items should be discarded or properly reprocessed.

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

13. Single-use needles used for personal services such as tattooing, body piercing, ear piercing, micropigmentation, micro-blading, microneedling, and electrolysis, as well as 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.

14. An 'Exposure to Blood and Body Fluid Protocol' is to be in place. Refer to **Appendix 4** for details.

15. 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.

    A "single service" spatula should be used once only then discarded (if single use) or cleaned and disinfected.

16. If the client's skin must be shaved for a procedure, single-use disposable razors are to be used to shave the site. Razors should be disposed of in a sharps container.

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

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

19. Dressings used to cover the skin site (after an invasive procedure) are to be clean, single-use, non-adhesive, and appropriate for dressing the wound. It is best practice to use a sterile wound dressing. Plastic wrap, meat pads or items not intended to cover wounds are not be used as dressings.

20. Pre-treatment information/informed consent for invasive procedures (can use service specific fact sheets see **Appendix 5**) should be provided to clients. Clients should be provided with instructions regarding post treatment care.

21. 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.

22. The laundry area is to be designed to keep soiled and clean laundry separate to prevent cross contamination. There should be separate laundry baskets or hampers for dirty and clean linens and they should be clearly marked.

23. 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.

24. Laundry should be done onsite at facility if possible. If laundry is transported it must be done so in a way that prevents cross-contamination.

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

26. Environmental surfaces in the work area such as fixtures, counters, walls, and floors, as well as surfaces in washrooms are to be cleaned and low-level disinfected at the end of the day and when visibly soiled.

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

28. 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 contaminate personal service instruments, equipment and items.

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

30. Except for service animals (as defined by the Saskatchewan Human Rights Commission), animals are not to be permitted in areas where personal services are being provided.

31. All products, tools, and equipment should be obtained from reputable suppliers. Receipts/invoices, manufacturer's instructions for use, lot numbers, and expiry dates (where applicable) should all be kept on file at the facility. Cosmetic products can be checked through Health Canada to ensure all ingredients are safe and legal for use in Canada. See Section 3 or contact your local PHI for further details. Expired products should be disposed of in an appropriate manner.

32. All medical devices should have a valid Medical Device License through Health Canada. See **Appendix 5** for fact sheet or contact your local PHI for more detail. Devices and tools should be used as designed or suitable for application, and used in accordance to the manufacturer's instructions.

33. Client records and sterilization logs should be kept on file. See Section 2.4 for further detail.

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 PHI.

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

It is recommended that procedures for instrument and equipment cleaning and disinfection or sterilization 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.

2. 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.

3. 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.

4. 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.

5. 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 ultrasonic cleaner surfaces are to be cleaned, and the unit is to be filled with a fresh solution.

   Note: The ultrasonic cleaner does not disinfect. 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.

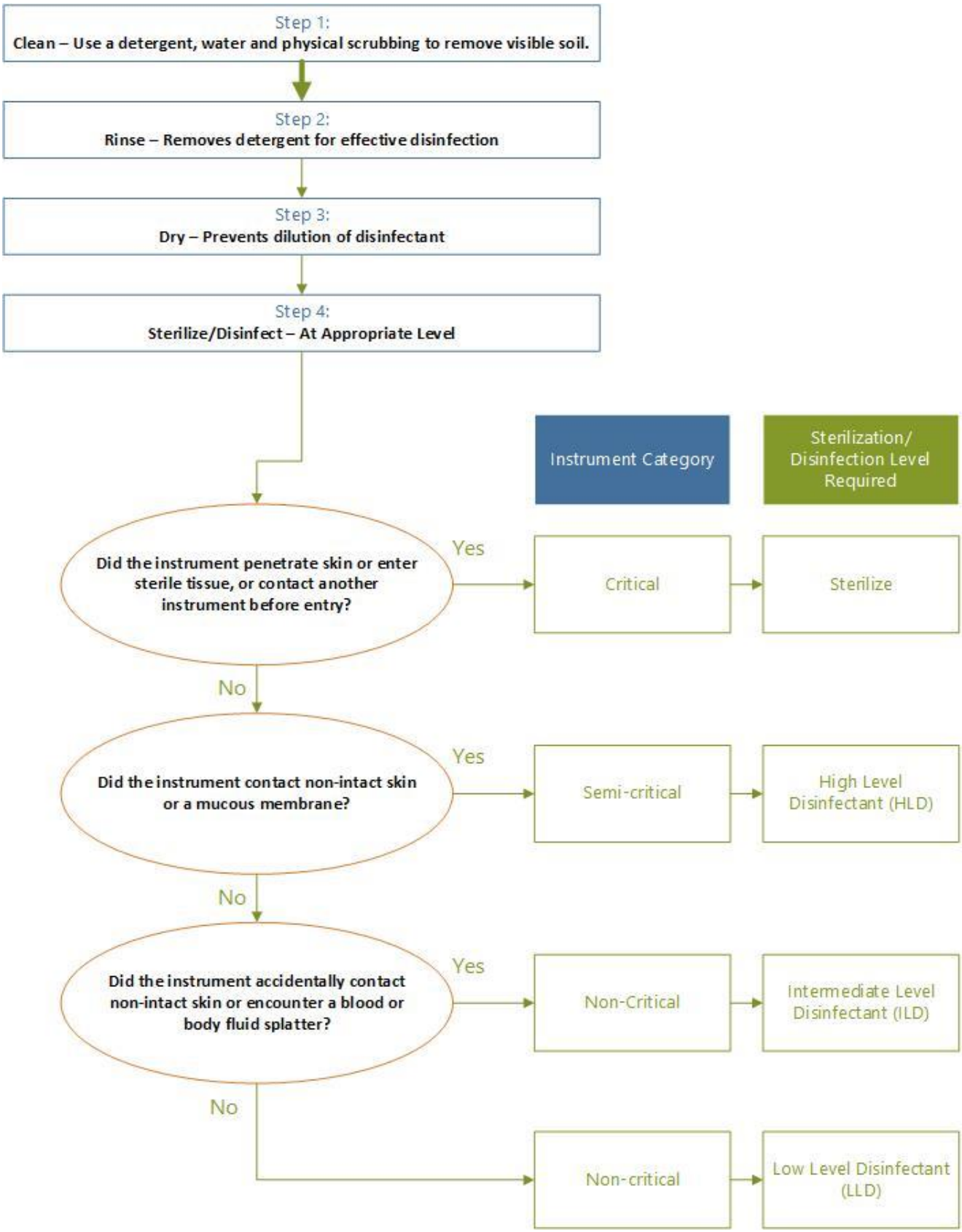
1. Owners/operators are to determine whether the instruments and equipment used in the personal service facility are to be disinfected or sterilized. Table 2 and Figure 1 will assist in this determination. In addition, **Appendix 13** lists common personal service instruments/equipment and the required level of disinfection or sterilization for each.

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, contact blood or body fluid, 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)

**If a non-critical item receives blood or body fluid splatter or accidentally contacts non-intact skin it must be disinfected using an intermediate-level disinfectant.*

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 and **Appendices 7 and 8**.

3. If it is determined that the instrument must be sterilized, refer to 2.4 and **Appendix 8**.

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.
   a. Low and intermediate level disinfectants, if approved, will be assigned a 'Drug Identification Number' or a DIN. Disinfectants used in personal service facilities are to have a DIN.
   b. High level disinfectants and chemical sterilants, if approved, will be assigned a Medical Device Licence from Health Canada (add link to MDALL). Addition of High level claims requiring MDL instead of DIN. As per Health Canada (email from Virox representative). In early 2018 Health Canada announced that high-level disinfectant and sterilant solutions intended for use on medical devices will now be classified as medical devices. With this classification, high-level disinfectant and sterilant solutions for use on medical devices will now fall under the definition of a Class II medical device and will no longer carry a Drug Identification Number (DIN).

   *Sodium hypochlorite bleach solutions are not acceptable for use as HLD unless the product can meet the HLD requirements above in 2.3.1.b.

   If more information is required regarding DINs or MDLs:
   - 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; and
   - search the label for the information described in column three of Table 3 or
   - refer to **Appendix 8** for commonly used disinfectants in the personal service industry.

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 an intermediate-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, safety data sheets (SDS). Adequate ventilation and appropriate **personal protective equipment** should be followed as per manufacturer directions.

4. If a disinfectant is transferred from its original container to another container, the container must be labeled. Any dilutions must be done according to the manufacturer's instruction and shelf life.

5. Manufacturer's instructions are to be followed for disinfectant concentration and contact time. Products past their expiry date must not be used and should be discarded appropriately.

6. 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. Ensure that the correct chemical test indicator/strip are available for each of the disinfectants being used. Note that some chemical test indicators/strips have expiry dates.

7. 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 6 'Steps to Clean Instruments and Equipment'), rinsed and dried before proceeding to the disinfection process ;
   - 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. Some tools and equipment may require sterilization. Sterilization destroys all microbial life including bacteria, bacterial and fungal spores, viruses and fungi.

2. 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, including being appropriate for packaging and pouches.

3. Sterilizers must be used in accordance to manufacturer's instruction, including for operation and maintenance.

4. Steam sterilizers include the dynamic-air-removal and gravity displacement types. 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 lumen instruments and are equipped with a drying feature. This type is best suited for personal service settings.

5. Dry-heat sterilizers are not recommended for personal service facilities due to the length of cycle, the high temperatures required, and incompatibility with some equipment or instruments. If a facility chooses to use dry-heat they must discuss with their PHI, receive approval, and be able to meet all necessary monitoring requirements.

6. Chemical (cold) sterilization is not to be used because it is difficult to monitor and confirm that sterilization has been achieved and it is not possible to package equipment and instruments to maintain sterility until point of use.

7. Other types of "sterilizers" including glass-bead sterilizers, dishwashers, pressure cookers, ultra sonic cleaners, microwave ovens, ultraviolet radiation, boiling or baking in domestic ovens are not effective methods of disinfection or sterilization and are not to be used for sterilization in personal service facilities.

8. When purchasing a sterilizer, the device should be licensed by Health Canada and/or meet the Canadian Standards Council Product specifications. Product names may be entered on the Health Canada website to determine if it is licensed: https://health-products.canada.ca/mdall-limh/index-eng.jsp

9. Maintenance records and schedule should be kept for all daily, weekly, monthly, annual, and on demand maintenance performed on the sterilizer as per manufacturer's instructions. Maintenance records should be kept for at least 2 years. See **Appendix 11** for sterilizer log template

10. New machines or machines that have been repaired must pass three consecutive biological indicator (BI) tests prior to being used for instruments. BI tests can be done on the same day.

11. It is recommended that sterilizers be 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. All new sterilizers should have a print out feature. See Section 7.5 for record keeping requirements.

12. It is recommended that all steam sterilizers have a drying cycle (sterilizer specific as per the manufacturer) for cycles with packaged or wrapped items.

13. Owners/operators of personal service facilities are to ensure:
    - the above requirements are met and;
    - critical items are cleaned as per **Appendix 7 and 8**, and sterilized after each use as per this section;
    - instrument packaging materials, including seals, are appropriate for the method of sterilization;
    - items to be sterilized are to be thoroughly cleaned, rinsed and dried before being packaged for sterilization;
    - only packages or pouches specifically designed for use in a steam sterilizer are to used;
    - 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.

14. Refer to **Appendix 8** for the advantages and disadvantages of various sterilizer types.

15. Refer to **Appendix 10** for procedure following a failed spore test.

2.4.1 Sterilization Monitoring Requirements:

Type	Description	Frequency
Physical Monitoring	Records of temperature, duration, pressure, load identification number, process date, and operator name are to be monitored and maintained as a record for each load.	Every Load
Chemical Monitoring	Chemical monitoring indicators may be in the form of tape, strips or labels. Indicators respond to heat by colour change, melting or some other physical attribute. Chemical monitoring provides immediate results enabling the owner/operator to respond more quickly to sterilizer problems rather than relying solely on biological monitoring results which may not be known for several weeks. See Appendix XX for description of CI types and information on which types to use.	Every Load
Biological Monitoring	Commercially available heat resistant spore strips are to be used to verify the sterilizer is functioning properly. A passing test is one that an 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. 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

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, razors, etc.).

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 requirements for clean-in-place equipment (i.e. trays, lamps, tables, etc..)
   - 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.

Note: Cleaning requirements and procedures should be based on manufacturer's instructions when available.

2. Cleaning compounds and toxic/poisonous substances are to be:
   - used as directed by the manufacturer;
   - kept in a contained space and separate from other items;
   - 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. Follow manufacturer's instructions, Safety Data Sheet (if available) and all personal protective equipment requirements.

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; and
   - paper towels in dispensers, hot air dryers, roller-type linen/cotton towels or cloth hand towels (washed between uses); and,
   - easily cleanable waste containers.

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

Note : if using cotton towels they must be in sufficient quantity to allow a new towel to be used by each client.

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

6. Ensure all service ware (i.e. glasses, mugs, etc) is properly cleaned (wash, rinse, sanitize) or is single-use disposable. Dishwashing area should be separate from personal service work area.

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;
   - emptied daily or more frequently if necessary; and,
   - Disposed of properly and in an appropriate area.

3. All sharps waste is to be handled and contained in a way that minimizes 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 and other **biomedical waste.**

4. Sharp waste is to be disposed in a sharps container that is:
   - clearly identified as sharps container;
   - easily accessible at point of use;
   - not to be over-filled (contents are not exceed the fill line); and,
   - replaced once full and disposed of appropriately.

For additional information on sharps waste handling and disposal, refer to the Saskatchewan Biomedical Waste Management Guidelines: https://publications.saskatchewan.ca/#/products/77026

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: https://publications.saskatchewan.ca/#/products/4355

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 active signs and symptoms of illness or a lab positive for a communicable disease.

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 https://www.saskatchewan.ca/business/safety-in-the-workplace/hazards-and-prevention/safety-in-professions-and-industry/health-and-health-care#vaccinations-for-employees or contact your health care provider or your local public health office.

6.2 Hand Hygiene

1. 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 or cloth hand towels (in sufficient quantity) laundered after each use. Hand washing with liquid soap and warm running water removes microorganisms from the hands.

2. 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.

3. 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.

4. Unless hands are visibly soiled, alcohol-based (i.e. 70 - 90% ethyl alcohol) hand rubs may also be used in some instances. It should be noted that not all hand sanitizers are alcohol based.

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

6.3 Gloves and Personal Protective Equipment

1. Single-use, disposable, procedure-style gloves cancan be used but are not considered a substitute for frequent and thorough hand washing. Gloves should be used to minimize the risk of transmission of blood borne diseases. Single-use gloves are not to be re-used or washed. Gloves are not to be used in layers, i.e. no gloves on top of gloves. 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 protects from contamination.

   Note: Some clients may have latex allergies. Ensure type of glove information is available. Consider using latex-free gloves.

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 between uses/clients.

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 for invasive procedures including but not limited to body piercing, tattooing, invasive make-up, body modification and electrolysis. It is recommended that all invasive personal service retain client records. 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	Lot code/package information

   This information is necessary for follow-up by PHIs 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 done monthly. The results of autoclave spore testing should be retained in a log within the facility. The Sterilizer Operation Log for Personal Service Facilities (**Appendix 11**) 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) (see **Appendix 4**).

6. Records are to be kept on-site for a minimum of one year and on file for a minimum of 5 years. All records should be available for review by PHI.

SECTION 8 - OPERATION OF PERSONAL SERVICE FACILITIES AT TEMPORARY LOCATIONS

Temporary personal service facilities are defined as those operating in a temporary location for a period of 14 days or less per year. In general, a temporary personal service operation should meet the requirements identified in the "Opening a Personal Service Facility Fact Sheet". The local public health inspection office can provide guidance on proper set up for temporary events. See **Appendix 2** for fact sheets on invasive and non-invasive operations at temporary events and operating requirements.

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

2. Invasive personal services operating at temporary events:
   Operators providing invasive personal services, such as tattooing, permanent make-up, body piercing, nail services, or any other procedure intended to penetrate the body or compromise the skin, at a temporary location, should:
   - Contact the local public health inspection office at least **14 days** prior to commencement of temporary operations.
   - Provide information regarding the services that are proposed and the space that will be used to provide them.
   - Schedule an inspection of the temporary facilities prior to the start of the event.

   Note: Not all invasive services are appropriate for a temporary setting

3. Non-invasive personal services operating at temporary events:
   Approval is not required. It is recommended that you contact the local Public Health Inspection office at least **14 days** prior to event and provide information regarding the proposed services and event space.

SECTION 9 – MOBILE PERSONAL SERVICES

1. Mobile personal service operators can operate in two different ways:
   a. a self-contained vehicle with all necessary components to meet all applicable requirements in the *Health Hazard Regulations* and this PSF BMP. These vehicles/trailers may or may not require a base of operations.
   b. a personal service operator that provides services in location outside of their base of operations (a private home or facility). They transport instruments and equipment needed to provide the services from an inspected permanent facility. The used instruments and equipment are then returned to the base of operations for reprocessing (as necessary).

2. Mobile operators must ensure:
   - that the location of service delivery is appropriate and meets requirements for the service(s) being provided;
   - that hand hygiene and sanitation requirements can be met at the point of service;
   - all instruments are maintained in a clean/sterile state until the service is performed; and,
   - all instruments are properly reprocessed at the base of operations.

Client records, sterilization records, and all other paperwork may be kept at the base of operations but need to be available to PHI upon request.

Appendix 1

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. These are also known as “sterilizers”.

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. Disinfectants are to be used on instruments, equipment and surfaces not people.

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 personal services
Includes both invasive and high-risk non-invasive procedures. Manicures and pedicures are considered non-invasive high-risk procedures and thus are included under invasive personal services.

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.

Non-invasive personal services
Include non-invasive procedures and lower risk invasive procedures. Ear piercing (fleshy lobe only with gun) is considered a lower risk invasive procedure and classified as a non-invasive personal service.

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. Pencils are not permitted in personal service facilities.

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

Appendix 2

This appendix provides the following General Personal Service Fact Sheets (in alphabetical order):

1. General Information for Personal Service Facility Operators
2. Instrument Reprocessing (Disinfection)
3. Instrument Reprocessing (Sterilization)
4. Medical Device Licenses Information Sheet
5. Opening a Personal Service Facility
6. Temporary Personal Service Events – Invasive
7. Temporary Personal Service Events – Non-invasive

Fact Sheets can be found at https://www.saskatchewan.ca/residents/environment-public-health-and-safety/environmental-health/personal-service-facilities#additional-resources-and-fact-sheets

Appendix 3

Hand Rub and hand wash posters from the World Health Organization (used with permission)

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0

Wet hands with water;

1

Apply enough soap to cover all hand surfaces;

2

Rub hands palm to palm;

3

Right palm over left dorsum with interlaced fingers and vice versa;

4

Palm to palm with fingers interlaced;

5

Backs of fingers to opposing palms with fingers interlocked;

6

Rotational rubbing of left thumb clasped in right palm and vice versa;

7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

Rinse hands with water;

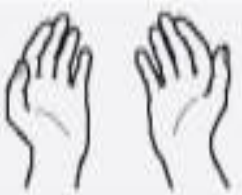
9

Dry hands thoroughly with a single use towel;

10

Use towel to turn off faucet;

11



Your hands are now safe.

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

Appendix 4

Exposure to Blood and Body Fluid Protocol

1. Exposure to blood or body fluids presents a high risk of transmission of blood borne **pathogen**s.

2. Blood and body fluids may contain pathogens such as Hepatitis B, Hepatitis C, 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 (e.g. 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, and lancets.

4. An 'Exposure to Blood and Body Fluid Protocol' is to be in place. If exposure does occur, the person delivering the personal service is to contact 8-1-1 or their physician for assessment and next steps.

5. **Ensure the exposed individual contacts a physician or call 8-1-1 for an immediate assessment** of the need for post-exposure treatment or prophylaxis. Note: some treatments must be initiated within 2 hours of exposure.

6. The protocol below provides other potential steps following exposure. The most important step is having the exposed person contact their family physician or call 8-1-1:
   - 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.
   - 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

Blood and body fluid on Surface Clean Up Protocol

1. Wear single use disposable gloves. Use additional personal protective equipment (PPE), as needed, to protect personal clothing, skin, lips, and eyes.
2. Blot excess fluid using paper towels or disposable rags/cloths.
3. Flood the affected area generously with an intermediate level disinfectant and let sit for required contact time, rewetting as needed.
4. Blot up the disinfectant with fresh paper towels or disposable rags/cloths.
5. Place all used paper towels, rags/cloths, and gloves in a sturdy, leak-proof garbage bag. Tie the top closed and dispose of the plastic bag into the regular trash.
6. After cleaning and disinfecting the area, wash hands thoroughly with soap and water.

Appendix 5

Service Specific Fact Sheets

This appendix provides the following Service Specific fact Sheets (in alphabetical order):

1. Body Piercing
2. Ear Lobe Piercing
3. Electrolysis
4. Hair and Barbering
5. Hair Removal
6. Invasive Personal Services
7. Microblading
8. Nail Services
9. Non-invasive Personal Services
10. Tattooing

Fact sheets can be found at https://www.saskatchewan.ca/residents/environment-public-health-and-safety/environmental-health/personal-service-facilities#additional-resources-and-fact-sheets

Appendix 6

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. *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.	Disinfect or sterilize, as required.	Refer to Section x and Figure 1 for further instructions
9.	Store cleaned instruments in a dedicated, covered container or storage area	Dust and moisture may contaminate uncovered, clean instruments.
10.	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.
11.	Remove rubber gloves and wash with detergent, rinse, disinfect and hang to dry.	
12.	Wash hands.	

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

Appendix 7

(Adapted with permission from British Columbia Ministry of Health's Guidelines for Personal Service Establishments, November 2017)

COMMON PERSONAL SERVICE FACILITY INSTRUMENTS/EQUIPMENT AND DISINFECTION/STERILIZATION LEVEL

INSTRUMENT/EQUIPMENT EXAMPLES

Personal Service Facility Service Type	Single-Use Disposable Items*	Instruments/ Equipment: Critical Item(s)	Instruments/ Equipment: Semicritical Item(s)	Instruments/ Equipment: Noncritical Item(s)	Instruments/ Equipment: Noncritical Item(s)
	Discard after Use	Sterilization	High-Level Disinfection	Intermediate-Level Disinfection	Low-Level Disinfection
Hair Services	• disposable razors • blades used for shaving (e.g., straight razor) • neck strips • needles used for hair extensions and weaves	• straight razors (single-use disposable is recommended)	• hair clipper blades and crochet hooks (if they have nicked the skin)	• shaving razor handles and cradles • hair clipper blades	• combs • brushes • scissors • hair razors • rollers, clips and caps • service trays • crochet hooks
Nail Services (manicures and pedicures)	• emery boards (paper or foam) • nail/foot files • foam sandals • toe separators • pedicure blades • disposable applicators for styptic products • paraffin wax • manicure drills • sanding bands • manicure, pedicure burs • disposable cuticle pushers		• nail clippers • nail nippers • cuticle scissors • cuticle pushers • drill bits • rasp • callus removers (nonporous) • metal foot files	• manicure and pedicure bowls • pedicure footbaths (for recirculating types, the filter and bowl must be removed and disinfected)	• treatment beds • client chairs/benches • neck and arm rests • work counters and table tops • manicure trays • manicure UV-light cabinets

Personal Service Facility Type	Single-Use Disposable Items*	Instruments/ Equipment: Critical Item(s)	Instruments/ Equipment: Semicritical Item(s)	Instruments/ Equipment: Noncritical Item(s)	Instruments/ Equipment: Noncritical Item(s)
	Discard after Use	Sterilization	High-Level Disinfection	Intermediate-Level Disinfection	Low-Level Disinfection
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 the skin, e.g. remove ingrown hairs) • extractor needle and loop (single- use disposable recommended)	• drill bits • tweezers • glass and metal suction cups • **comedone extractor loop**	• water basins for facial vaporizer	• treatment beds • client chairs/benches • neck and arm rests • work counters and table tops • brushes • hot rocks • electrodes • pencil sharpener • glass ventouses
Piercing	• piercing needles • gloves • razors • presterilized piercing needles • elastic bands • corks • toothpicks and marking ink • swabs/gauze for cleaning and aftercare	• piercing jewelry • implants • needle receiving tubes (if diameter is sufficient to allow proper cleaning) • insertion needles / tapers • needle pushers • connectors • tongs • clamps • forceps • ring- opening pliers • body-piercing calipers		• ear-piercing devices (e.g., guns designed to hold a prepackaged sterile stud)	• treatment beds • client chairs/benches • work counters and table tops • neck and arm rests • equipment trays and surfaces • light and drawer handles • buttons/knobs • metal containers

Personal Service Facility Type	Single-Use Disposable Items*	Instruments/ Equipment: Critical Item(s)	Instruments/ Equipment: Semicritical Item(s)	Instruments/ Equipment: Noncritical Item(s)	Instruments/ Equipment: Noncritical Item(s)
	Discard after Use	Sterilization	High-Level Disinfection	Intermediate-Level Disinfection	Low-Level Disinfection
Tattooing / Body Modification	• single-use needles • metal and non-metal tubes • needle bars and **grip**s • disposable ink caps and leftover ink • liquid and cups for rinsing between colors • stencils • instrument barrier covers	• reusable ink caps • pigment containers • reusable needle bars and grips • needle bars (if reusing) with new needles soldered on • metal tubes	• ink trays • ink cups • chucks/clamps	• tattoo machines	• treatment beds • client chairs/benches • 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		• tips exposed to blood (e.g., laser tattoo removal)	• eye goggles	• laser wands	• treatment beds • client chairs/benches • work counters and table tops • neck and arm rests
Tanning	• single-use eye protection		• eye goggles		• tanning bed surfaces
Waxing	• waxing applicators • spatulas • strips • wax/ containers for “double dipping”	• lancets • tweezers (if used to break skin and remove ingrown hairs)	• tweezers		

Personal Service Facility Type	Single-Use Disposable Items*	Instruments/ Equipment: Critical Item(s)	Instruments/ Equipment: Semicritical Item(s)	Instruments/ Equipment: Noncritical Item(s)	Instruments/ Equipment: Noncritical Item(s)
	Discard after Use	Sterilization	High-Level Disinfection	Intermediate-Level Disinfection	Low-Level Disinfection
Electrolysis	• gloves • razors • presterilized needles / filaments • 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	• forceps • tweezers (if used to break skin and remove ingrown hairs) • lancets	• needle holders, metal pin devices and plastic needle-holder tips • scissors • eye goggles • tweezers		• **epilators** • buttons • knobs • trays • magnifying lamps and arms (or cover with single-use plastic and change after each client) • instrument containers • scissors

***** Items that absorb moisture cannot be adequately cleaned and disinfected and should be discarded after use on client.

Appendix 8

STERILIZER AND DISINFECTANT EXAMPLES

(Adapted with permission from British Columbia Ministry of Health's Guidelines for Personal Service Establishments, November 2017)

STERILIZER TYPES

Process Option	Advantages	Disadvantages
Steam Prevacuum sterilizers Gravity displacement sterilizers Small table-top sterilizers	Inexpensive Fast Effective, with a wide margin of safety Nontoxic Readily available Sterilizers are available in many sizes for many applications	Unsuitable for anhydrous materials (e.g., oils and powders), wood, and heat- and moisture-sensitive materials. Some tabletop sterilizers lack a drying cycle and/or printers (for physical monitoring of each cycle). Safe use of steam sterilizers requires a sound knowledge of their requirements. Not all facilities have this expertise.
Dry Heat Gravity convection Mechanical convection Ref: ISO 20857	Noncorrosive Reaches internal parts that Cannot be disassembled for direct sterilant contact (via heat conduction). Inexpensive	Lengthy cycle due to slow heat-conduction process. Temperature can be variable especially in gravity convection ovens. High temperatures can damage some materials.
The following chemical sterilizer options are not to be used in personal service facilities. They are listed to show the disadvantages.		
Glutaraldehyde (GTA) (2.4%-3.5%)	No notable advantages The use of glutaraldehyde as a sterilant is strongly discouraged.	In-use life may be limited (e.g., 14 days, 28 days). Biological and chemical indicators not available. Devices must be used immediately because sterility cannot be maintained during storage. Handling provides opportunities for contamination. Toxic, sensitizing irritant. Needs proper ventilation and closed containers. Lengthy process (6-12 hours). Disposal may require special handling.
Hydrogen Peroxide, Accelerated (7% and 2 %)	No notable advantages. The use of liquid chemicals as a sterilant is strongly discouraged.	In-use life is limited to 21 days or failure of the minimum effective concentration (MEC) test, whichever comes first. Strong oxidizer. Depending on the concentration, it can be corrosive to some materials e.g., copper, brass, carbon-tipped devices and aluminum. May cause irritation and chemical burns to eyes or to mouth and throat if swallowed. May cause slight irritation to skin. Requires copious rinsing with sterile water to maintain sterility. Must be stored in cool place, protected from light. Biological and chemical indicators not available. Devices must be used immediately because sterility cannot be maintained during storage. Frequent handling of devices provides opportunities for contamination. Lengthy process (e.g., 6 hours)

Process Option	Advantages	Disadvantages
Ethylene Oxide (EtO) Gas Not likely found in a PSE; however, often used to sterilize items purchased prepackaged and sterile.	Noncorrosive Some ability to penetrate some synthetic materials.	Toxic /carcinogenic to humans. Lengthy cycle due to aeration requirements. Requires monitoring of the work areas. Requires control and monitoring of discharge into the environment. Flammable and explosive. Reactive with other chemicals. Expensive compared to steam. Incompatible with some materials, e.g., silicone.

HIGH-LEVEL DISINFECTION CHART*

Active Ingredients***	Advantages	Disadvantages
7.5% hydrogen peroxide** (Lower concentration acceptable if manufacturer's instructions are applicable to its use and the product has a DIN.)	Rapid action Safe for the environment Breaks down into water and oxygen.	Strong oxidant can be corrosive to some materials, e.g., copper, brass, carbon-tipped devices and aluminum. Requires copious rinsing. Must be stored in cool place, protected from light.
7% accelerated hydrogen peroxide**	Rapid action. Safe for the environment Breaks down into water and oxygen.	Strong oxidant can be corrosive to some materials e.g., copper, brass, carbon-tipped devices and aluminum. May cause irritation and chemical burns to eyes or to mouth and throat if swallowed. May cause slight irritation to skin. Requires copious rinsing. Must be stored in cool dark place.
2% accelerated hydrogen peroxide with 2.5% furoic acid**	Rapid action. Safe for the environment. Breaks down into water and oxygen.	Strong oxidant can be corrosive to some materials e.g., copper alloys, iron and other heavy metals. Mild irritant to eyes, slight irritant to skin. Requires copious rinsing. Must be stored in cool dark place.
0.55% ortho-phthalaldehyde (OPA)**	Noncorrosive Less toxic, sensitizing, and irritating than glutaraldehyde. Does not require activation. Stains protein, which may indicate inadequate cleaning/residual protein.	Requires copious rinsing. During reuse, the concentration drops as dilution of the product occurs. In-use life shortens when solution is diluted.

Active Ingredients***	Advantages	Disadvantages
Hypochlorite (1:9 dilution, 5000 ppm) **Must have a valid MDL for HLD**	Rapid action	Corrodes metal; do not use on non-stainless steel, aluminum, silver or chipped enamel. May destroy adhesives with prolonged soaking. Requires copious rinsing. Solution must be made fresh daily. Corrosive to eyes. Severely irritating or corrosive to skin, nose, lungs, throat, and gastrointestinal tract.

*Contact times are not listed in this table due to product variations. Consult and follow the manufacturer's instructions and recommendations for contact time.

**Check Minimum Effective Concentration (MEC) each day the product is used. Reusable solutions have a limited "in-use life" (often 14-21 days). Dispose of product before expiry of the manufacturer's stated in-use life, according to the manufacturer's recommendations.

***Gluteraldehyde is not recommended due to inhalation risks requiring specialized ventilation.

INTERMEDIATE-LEVEL DISINFECTION CHART*

Active Ingredients	Advantages	Disadvantages
Isopropyl or ethyl alcohol 70-95% (or lower if blended, and claims ILD on label)	Fast acting No residue Nonstaining	Volatile Evaporation may diminish concentration. Difficult to use as an intermediate-level disinfectant because of the need for repeat applications to maintain contact time. Inactivated by organic material. May harden rubber or cause deterioration of glues.
0.5-3% accelerated hydrogen peroxide with TB claim (concentration depends on LLD claim on label)	Rapid action Safe for the environment Breaks down into water and oxygen	Strong oxidant can be corrosive to some materials, e.g., copper, brass, carbon-tipped devices and aluminum. Requires copious rinsing. Must be stored in cool dark place.
Hypochlorite (1:50 5.25% chlorine bleach solution; 1000 ppm) Must have valid DIN	Rapid action Readily available	Corrodes metal; do not use on nonstainless steel, aluminum, silver or chipped enamel. May destroy adhesives with prolonged soaking. Requires copious rinsing. Solution must be made fresh daily. Corrosive to eyes. Severely irritating or corrosive to skin, nose, lungs, throat, and gastrointestinal tract.

* Contact times are not listed in this table due to product variations. Consult and follow the manufacturer's instructions and recommendations for contact time.

LOW-LEVEL DISINFECTION CHART*

Active Ingredients	Advantages	Disadvantages
Quaternary ammonium (QUATS)	Generally nonirritating to hands. Usually has detergent properties. Noncorrosive	Limited use as disinfectant because of narrow microbicidal spectrum.
Hypochlorite (concentration on label that claims LLD; approximately 100 ppm)	Rapid action Readily available	Corrodes metal; do not use on nonstainless steel, aluminum, silver or chipped enamel. May destroy adhesives with prolonged soaking. Solution must be made fresh daily. Corrosive to eyes. Severely irritating or corrosive to skin, nose, lungs, throat, and gastrointestinal tract.
Isopropyl or ethyl alcohol (concentration depends on blend, must claim LLD)	Fast acting No residue Nonstaining	Volatile Evaporation may diminish concentration. Inactivated by organic material. May harden rubber or cause deterioration of glues.
0.5-3% hydrogen peroxide (concentration depends on claim of LLD)	Rapid action Safe for the environment Breaks down into water and oxygen	Strong oxidant can be corrosive to some materials e.g., copper, brass, carbon-tipped devices and aluminum. Requires copious rinsing. Must be stored in cool dark place.

***** Contact times are not listed in this table due to product variations. Consult and follow the manufacturer's instructions and recommendations for contact time.

Appendix 9

Chemical Indicator Information and Decision Chart

What are the different Types of Chemical Indicators for Sterilization?

ANSI/AAMI/ISO 11140-1:2014 defines six types of chemical indicators:

Type 1 Chemical Indicators

Type 1 chemical indicators are also known as Process Indicators. These types of indicators are external and indicate whether an instrument set has been fully exposed to the sterilization process. Indicator tape and labels placed on the outside of a peel pack are examples of Type 1 chemical indicators.

Type 2 Chemical Indicators

Type 2 chemical indicators are indicators for use in specific tests. These types of chemical indicators are used in specific procedures defined by sterilization standards. For example, Bowie Dick tests are used for a steam sterilizer with a pre-vacuum cycle to check the efficiency of the air removal and steam penetration in the autoclave chamber.

Type 3 Chemical Indicators

Type 3 chemical indicators are known as Single-Variable Indicators. These CIs react to **one** of the critical parameters (e.g., time, temperature, pressure) of the sterilization process, and indicate exposure to a sterilization cycle at stated values of the specific parameters.

Type 4 Chemical Indicators

Type 4 chemical indicators, also known as Multi-Variable Indicators, react to **two or more** critical parameters of the sterilization process, and indicate exposure to the cycle at stated values of the chosen parameters.[1] Time and temperature are examples of critical parameters that would be chosen for a steam sterilization process.

Type 5 Chemical Indicators

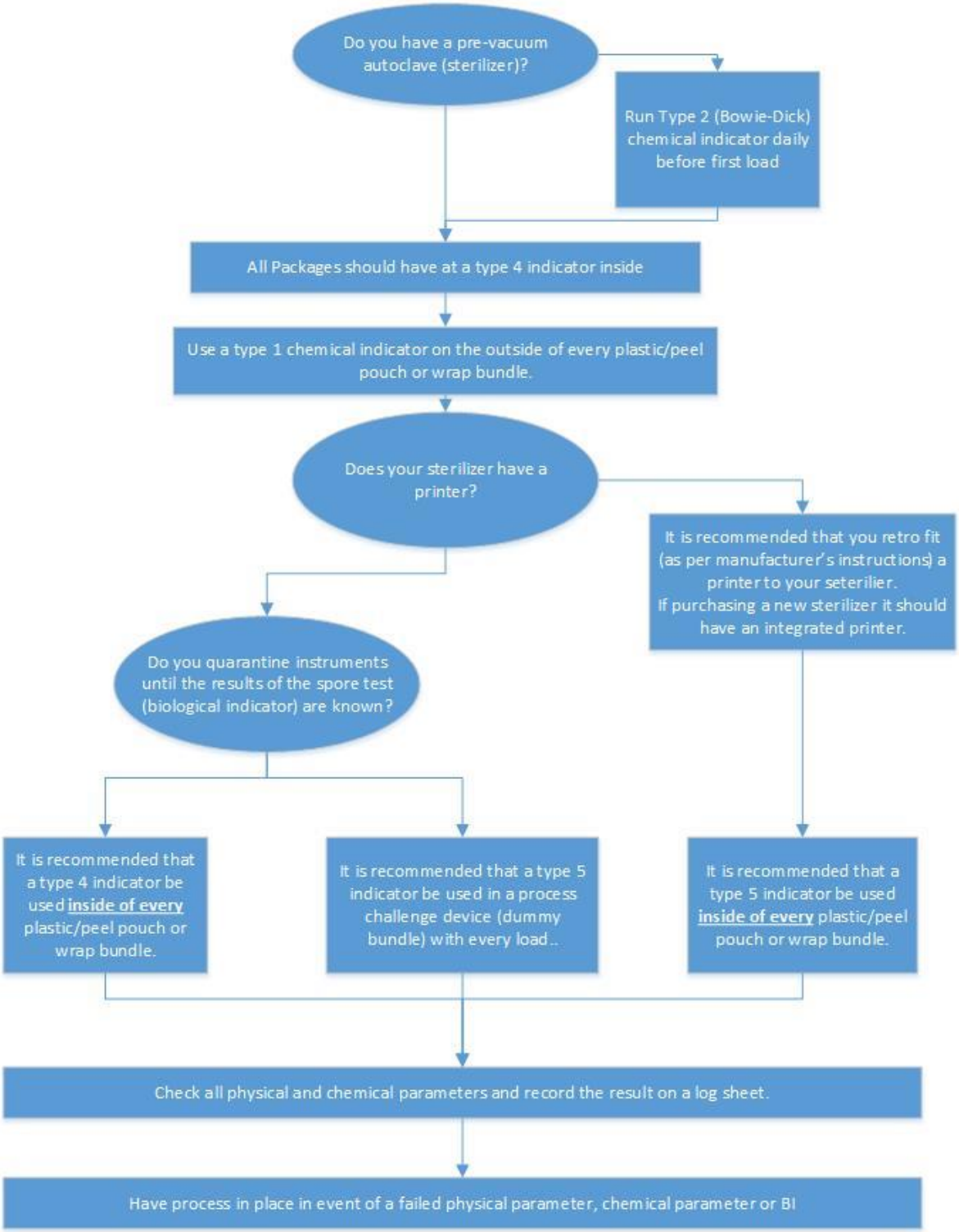
Type 5 chemical indicators are also known as Integrating Indicators, or Integrators. These CIs are designed to react to **all critical parameters** over a determined range of sterilization cycles. The performance of Type 5 Indicators have been correlated to the performance of biological indicators.

Type 6 Chemical Indicators

Type 6 chemical indicators are known as Cycle Specific Indicators and are designed to react to **all critical parameters for specified sterilization cycles.** For example, each Type 6 CI for a steam sterilization monitors the specific temperature and time of a chosen sterilization cycle.

http://www.cdho.org/docs/default-source/pdfs/reference/guidelines/decision_tree_chemical_indicators.pdf?sfvrsn=25e99fa0_28

Chemical Indicator Decision Chart



Adapted from the "Decision Tree for Use of Chemical Indicators. College of Dental Hygienists of Ontario. http://www.cdho.org/docs/default-source/pdfs/reference/guidelines/decision_tree_chemical_indicators.pdf?sfvrsn=25e99fa0_28

Appendix 10

Failed Parameters and Indicators

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 PHI 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.

Failed Chemical Indicators

In the event that a chemical fails, the owner/operator is to:

- Repackage and process instruments
- Check maintenance record
- Consult with local PHI

Failed Physical Parameters

In the event that a physical parameter fails, the owner/operator is to:

- Reprocess instruments
- Check maintenance record
- Consult with manufacturer

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 11

Sterilizer Operation Log for Personal Service Facilities

Personal Service Facility		Health Authority Office	
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

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.

REFERENCES

Alberta Health and Wellness. *Health Standards and Guidelines for Esthetics.* June 2002.

Alberta Health and Wellness. *Health Standards and Guidelines for Barbering and Hairstyling.* June 2002.

Alberta Health and Wellness. *Health Standards and Guidelines for Body and Ear Piercing*. June 2002.

Alberta Health and Wellness. *Health Standards and Guidelines for Tattooing*. June 2002.

BMEZINE. *Implants FAQ.* http://www.bmezine.com/impfaq.txt Accessed August 30, 2007.

British Columbia Ministry of Health Services. *Guidelines for Tanning Salon Operators*. Communicable Disease Control Health Protection and Safety. March, 1997.

British Columbia Ministry of Health. Guidelines for Personal Service Establishments. November 2017.

Canadian Standards Association. *Infection Prevention and Control in Office-Based Health Care and Allied Services.* 2004.

Capital Health Environmental Health Services (2007). Nail Cosmetics-Beauty and the Beast. *Environmental Public Health Monitor.* Volume 9 Issue 3.

Centers for Disease Control and Prevention. *Guideline for Disinfection and Sterilization in Healthcare Facilities.* 2008.

CIPHI Ontario. *Cleaning Procedures for Pedicure Spas.* May 2007.

CIPHI Ontario. *Manicures, Pedicures and Nail Treatments.* May 2007.

City of Ottawa. "*What is Barbicide?". 2007.*

Connecticut Department of Public Health. *Occupational Airways.* August 1997.

Connecticut Department of Public Health. *Occupational Airways.* August 1998.

Department of Health, Government of South Australia. *Guideline on the Public Health Standards of Practice for Hairdressing.* 1995.

Government of Australia, New South Wales. *Skin Penetration – manicure and pedicure treatments.* October 2004.

Health Canada. *Cosmetic Ingredient Hotlist.* 2018.

Health Canada. *Cosmetic Regulations.* 2004.

Health Canada. *Guidance Document: Disinfectant Drugs.* 2007.

Manitoba Health. *Personal Service Facility Guidelines.* December, 2009.

National Collaborating Centre for Environmental Health. *Cleaning, Disinfection, and Sterilization at Personal Service Establishments*. March 2013.

NEHA's Body Art: A Comprehensive Guidebook and Model Code http://www.neha.org General Environmental Health section of Publications link. 1999.

Ontario Ministry of Health and Long Term Care. *Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings*. February 2010.

Ontario Ministry of Health and Long Term Care, Infection Prevention and Control Best Practices for Personal Service Settings, 2009.

Priescu, C., & Hart, R. (2005). Microbial Water Quality Issues Pertaining To Pedicure Foot Baths. *Ontario Branch News.* Fall Issue.

Public Health Agency of Canada. *Handwashing, Cleaning, Disinfection and Sterilization in Health Care.* Canada Communicable Disease Report. December, 1998.

Public Health Agency of Canada. Health Canada Advises Canadians Not to Use Cosmetic Nail Preparations Containing MMA. May 2003.

Public Health Agency of Canada. Guidelines – Infectious Diseases. Infection Control Guidelines – Hand Washing, Cleaning, Disinfection and Sterilization in Health Care. 1998.

Public Health Agency of Canada. *Information for Industry: Acetonitrile.* June 2007.

Public Health Agency of Canada. *Preventing Skin Cancer.* It's Your Health. May, 2003.

Public Health Agency of Canada. *Regulatory Amendment Frequently Asked Questions – Industry.* March, 2007.

Public Health Agency of Canada. *Traditional kohl products contain lead.* September, 2005.

www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf

Rutala, W.A. (1996). APIC guideline for selection and use of disinfectants. *American Journal of Infection Control Vol. 24, No. 4, pp. 313-342.*

Saskatchewan Education. *Cosmetology 10, 20, 30 Curriculum Guide – A Practical and Applied Art.* 2000.

United States Environmental Protection Agency
http://www.epa.gov/opp00001/factsheets/footspa_disinfection_page.pdf

U. S. Department of Health and Human Resources Centres for Disease Control and Prevention. *Guidelines for Environmental Infection Control in Health Care Facilities.* CDC, Atlanta, Georgia; 2003.