



Personal Services Settings: Evidence, Gaps, and the Way Forward **Workshop Summary Report**

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Introduction

In June 2010, the National Collaborating Centre for Environmental Health (NCCEH) conducted an interactive workshop, for the Canadian Institute of Public Health Inspectors - Ontario Branch (CIPHI ON), to identify new strategies for public health protection in personal services settings (PSS). Objectives of this *World Café*-style workshop were:

- (1) to explore issues relating to regulation and guidance for personal services settings;
- (2) to develop recommendations for future action by CIPHI and relevant government ministries.

Presentations were given by a PSS operator, Elwood of *Elwood's Body Modification*, on the body modification industry and by a public health inspector, Christian Lapensee, *Ottawa Public Health*, on regulatory issues around PSS.

Following the presentations, small group discussions explored three questions:

- (1) What should be the role of the public health inspector in personal services settings?
- (2) How can the public's health best be protected with regards to controlled acts offered in personal services settings?
- (3) What do public health inspectors need to better support their work?

The ideas generated by participants are summarized in this document, which is intended to provide guidance on priority areas where agencies can and should take action. Practitioners identified a list of needs and gaps, which are organized into major themes around education, regulation, connections/relationships, information/resources, and the role of the public health inspector. *This document is a summary of ideas generated in the workshop, and does not necessarily reflect the views of each individual participant. Specific reference to organizations, certification, legislation, and guidelines mainly pertain to Ontario.*

Education

- PSS issues should be more fully integrated into the curriculum of college/university programs for training future PHIs.
- Training of public health inspectors (PHIs) must be on-going and specific to PSS; programs should include the following components:
 - Specialized public health staff should be trained to inspect PSS; there are concerns regarding inspections conducted by personnel without specific training;
 - Mentorship should be provided for PHIs working in PSS;

- Training can use a point system to promote annual on-going training;
- Training should be available in multiple formats to increase accessibility by PHIs, e.g., online;
- Training should focus on principles of infection prevention and control (IPAC);
- PSS operators should be included in developing/delivering PHI training;
- Training can involve organizations such as CIPHI and the Community and Hospital Infection Control Association (CHICA).
- Training of PSS operators on IPAC principles should be mandatory:
 - IPAC training should require updating on a regular basis;
 - There should be mandatory certification for personal service workers (similar to Safe Food Handling Certification for food service workers), including a requirement to post certification on the premises;
 - Training should be available in multiple venues and formats;
 - Fees paid by participants can help recover training-related costs.
- Public awareness campaigns:
 - Media blasts should be made prior to the busy PSS summer season;
 - Campaigns would benefit from the use of multi-media formats, including websites, YouTube videos, and other social marketing tools;
 - Information should be made available in multiple languages;
 - A client reporting system (for problems or concerns) should be developed to better inform priority areas/operations for inspection;
 - A hotline should be made available for members of the public who have questions and complaints regarding PSS operations/procedures;
 - Fact sheets should be developed for the public to highlight health risks associated with specific procedures;
 - The public should be informed about the need to receive mandatory verbal and written aftercare instructions from operators;
 - Targeted health messaging is needed for high-use groups (e.g., girls aged 16–25); messaging should include clear information regarding incubation periods and infections.

Regulation/Licensing/Guidelines

- PHIs need definitive direction through an appropriate combination of comprehensive guidelines, licensing, bylaws, and regulations; leadership is required by the Ministry of Health (the Ministry) in these areas.
- Regulations and their enforcement need to be clear and consistent throughout the province.
- Regulations are needed, specifically for:
 - grey areas, e.g., controlled acts and boundaries of the Regulated Health Professions Act;
 - pre-sterilized items.
- Guidance is needed for venues that may not be regularly inspected, e.g., home-based operations or services offered in long-term care homes.
- Self-regulation in the extreme body modification industry may offer a means for operators to remain current with new procedures and to develop best practices in a

rapidly changing industry; this would not replace the traditional role of public health in PSS.

- Mandatory licensing should be required for PSS operations; PSS should be required to apply biannually for business licences so PHIs remain current on procedures/services provided:
 - Mandatory disclosure of procedures conducted by operators should be required;
 - Permission from local medical officer of health may be required prior to operation.
- Assessment of the relative efficacy of ticketing versus issuing orders is needed.
- Mandatory disclosure of inspection results (posting on premises/online) may increase compliance and public awareness (e.g., Toronto's DineSafe notices).
- Obtaining mandatory informed consent for invasive procedures should be required and standardized; information should be kept on file for a specified period of time.
- Regulated health professions:
 - Operators claiming to be members of a regulated health profession must show proof of membership in good standing;
 - Prescription medications administered/prescribed on site should require written authorization by a physician;
 - A simple protocol is needed for PHIs to report inappropriate prescribing or claims of membership and good standing in a regulated health profession.

Connections and Relationships

- There must be dialogue among members of: the Ministry, the Ontario Agency for Health Protection and Promotion (OAHPP, or relevant agency in other provinces), public health units, CIPHI, Council of Medical Officers of Health (COMOH), Provincial Infectious Diseases Advisory Committee (PIDAC), CHICA, and PSS operators to address challenges and issues relating to PSS.
- Consistency is needed between public health units, regarding acceptable practices and procedures.
- CIPHI membership should be mandatory for PHIs.
- More funding is needed for training and initiatives related to PSS.

Information and Resources

- PHIs need better information about specific equipment, tools, procedures, and new services.
- Resources need to be readily accessible to PHIs.
- Risk assessment tools for PSS need to be developed:
 - Inspection frequency should be determined by risk level.
- Lists of experts and resources should be available to PHIs:
 - List of knowledgeable operators available to act as resources;
 - Directory of public health experts knowledgeable about PSS (e.g., PHIs, OAHPP, PIDAC, the Ministry, Health Canada);
 - List of contacts for federally-regulated products (e.g. Cosmetics Division, Medical Devices Division);

- Comprehensive database of artists.
- A network or working group for PHIs should be developed to share experiences, approaches, and practices (e.g., how/when to use Section 13 orders).
- A yearly IPAC training session in PSS forums is needed for operators and PHIs; funding should come from the Ministry or individual public health units.
- Physician reports of PSS-related infections are needed; reports could go to local health units or the relevant provincial agency.
- Safety for products used in PSS (e.g., tattoo inks, jewellery materials) could be better ensured with stricter regulation by Health Canada, similar to the drug identification number (DIN) registration system for therapeutic products. Tattoo inks are currently regulated by the *Food and Drugs Act* and the *Cosmetics Regulations*; the onus is on the purchaser and supplier to ensure compliance.

PHI roles

- PHIs should promote best practices in IPAC, rather than provide instructions on how to conduct specific procedures (e.g., how to work hygienically at all times versus how to tattoo).
- PHIs should educate operators to facilitate adherence to best practices/guidelines as laid out in the 2009 document, *Infection Control and Best Practices for Personal Services Settings* (or most current guidelines).

Conclusion

The goal of this workshop was to identify and integrate information on the current state of practice in PSS. This document is not a *how to*; it presents a list of priority needs and gaps identified by practitioners through small group discussions. Workshop participants identified some priority needs and gaps that currently exist in PSS, health units, and regulatory organizations where action can be taken to move forward on developing best practices and influencing change in provincial and federal guidelines. Participants identified the need for clear, specific, and consistent guidance through regulation, guidelines, licensing, and best practices for public health in PSS. Ongoing education was highlighted as a key component of public health protection, including efforts to increase public awareness around PSS as well as specific and on-going IPAC training for both operators and PHIs. It was agreed that both education and regulation should focus primarily on IPAC principles rather than on specific procedures conducted in PSS. Overall, participants indicated a need to increase the priority of PSS within public health units and to increase funding/resources allocated to public health in PSS, particularly when compared with inspections of food operations. In order to move forward, participants agreed that dialogue is required between all relevant jurisdictions and agencies, with greater involvement from the provincial level to ensure leadership and consistency in all regions of Ontario.

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