May 2, 2017

Honourable Kathleen Wynne  
Premier of Ontario  
Room 281, Main Legislative Building  
Queen’s Park  
Toronto ON M7A 1A1

Dear Premier Wynne:

Re: Enactment of legislation to enforce infection prevention and control practices within personal service settings under the HPPA

On March 24, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Wellington Dufferin Guelph Public Health regarding enactment of legislation to enforce infection prevention and control practices (IPAC) within personal service settings (PSS) under the Health Protection and Promotion Act (HPPA). The following motion was passed:

Moved by: Arlene Wright  
Seconded by: Al Barfoot

Whereas no provincial legislation currently exists that requires Personal Service Settings (PSS) operators to comply with infection prevention and control (IPAC) best practices, and;

Whereas, legislation specific to PSS premises would increase the enforcement abilities of public health staff and provide an incentive for operators to comply with IPAC best practices;

Therefore, the Board of Health for the Grey Bruce Health Unit formally request the Honourable Kathleen Wynne, Premier of Ontario, to enact legislation specific to PSS in support of the creation of wording under the Provincial Offences Act (POA) that would allow public health staff additional enforcement options when dealing with infractions in these premises.

Carried

Sincerely,

Christine Kennedy, MSc, MS, DPhil, MD, CCFP, FRCPC  
Medical Officer of Health and CEO  
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.
Enactment of legislation to enforce infection prevention and control practices within personal service settings under the HPPA

TO: Chair and members of the Board of Health
MEETING DATE: December 7, 2016
REPORT NO: BH.01.DEC0716.R21 Pages: 6
PREPARED BY: Katherine Paphitis, Public Health Inspector, Control of Infectious Diseases
APPROVED BY: Christopher Beveridge, Director, Health Protection Division
SUBMITTED BY: Dr. Nicola J. Mercer, MD, MBA, MPH, FRCPC
Medical Officer of Health & CEO

Original signed document on file

Recommendations

It is recommended that:

1. The Board of Health receive this report for information.
2. The Chair, on behalf of the Board of Health, write a letter to the Honourable Kathleen Wynne, Premier of Ontario, in support of the creation of regulations for Personal Service Settings (PSS).

Key Points

- This report provides a rationale for the enactment of legislation under the HPPA to support inspection and enforcement activities within PSS.
- No provincial legislation currently exists that requires operators to comply with infection prevention and control (IPAC) best practices.
- Several provinces and territories within Canada have legislation specific to PSS premises, increasing the enforcement abilities of public health staff and providing an incentive for operators to comply with IPAC best practices.
- While education is considered the first step in gaining operator compliance, sometimes enforcement actions are the only means of gaining compliance with minimum requirements in order to ensure public safety.
Several boards of health have submitted letters to The Honourable Kathleen Wynne, Premier of Ontario, in support of enacting legislation specific to PSS, and specifically in support of the creation of wording under the Provincial Offences Act (POA) that would allow public health staff additional enforcement options when dealing with infractions in these premises.

Discussion

Background

Public health staff across the province of Ontario enforce infection prevention and control IPAC best practice recommendations under the Infection Prevention and Control Best Practices for Personal Service Settings document (2009) by performing annual inspection of all PSS, with additional inspections in response to operator requests, complaints and to follow-up on any outstanding issues identified during routine compliance inspections. In accordance with the Infection Prevention and Control in Personal Service Settings Protocol (2015), if WDGPH receives a complaint regarding a PSS, public health staff are required to initiate a response to the complaint within 24 hours in order to determine the risk of communicable disease transmission, and the appropriate board of health response and must then take action based on the findings of its assessment, up to and including issuing orders under the HPPA.

Currently public health inspectors (PHIs) conduct routine, follow-up and complaint inspections of PSS premises, using the Infection Prevention and Control Best Practices for Personal Service Settings document (2009) as a guideline, and classify identified infractions as either ‘critical’ or ‘non-critical’, with critical infractions defined as those that potentially pose an infection control risk if found to be non-compliant with best practices. PHIs revisit premises to ensure that infractions are corrected and will work with operators in order to achieve compliance with minimum infection control best practices.

This year, WDGPH has received 26 PSS complaints from the public regarding infection control (the majority associated with manicure/pedicure/aesthetic services) as well as several public requests for infection control information. The majority of complaints associated with PSS were due to the re-use of single-use disposable items or due to infection following a cut or other injury accidentally received during a manicure/pedicure or other potentially invasive service. While on-site operator education can be helpful in gaining voluntary compliance in correcting infection control infractions, public health staff have limited enforcement actions available to them to ensure compliance in premises with repeat infractions or where operators are unwilling to comply with IPAC best practices.

If additional enforcement is required to gain compliance from operators, a PHI may issue a Section 13 Order under the HPPA. This is a lengthy process and requires the PHI to believe that a “health hazard” (as defined under Section 1 of the HPPA) exists that may pose a risk to the health of any member of the public. This is in contrast to inspections of food premises (such as restaurants, grocery stores and institutional food service departments) – in these premises PHIs have several enforcement options, including the issuance of a Section 13 Order, a ticket under Part I of the POA or a direct summons to court under Part III of the POA. The additional enforcement options for food premises are due to the existence of a regulation under the HPPA that legislates specific requirements for food premises, and which is supported by a document...
that sets out set monetary fines for any non-compliance with the regulation.\textsuperscript{5,7} This document allows PHIs across the province to issue tickets to operators on the spot, which has proven to be helpful both in gaining immediate compliance from operators as well as from other premise operators via general deterrence. Regulations exist under the HPPA for public swimming pools, recreational camps, spas and rabies, however none currently exist for personal service settings.

Analysis/Rationale

In early 2016, a provincial working group was created with the purpose of updating the Ontario Best Practices document; an equivalent federal working group is currently updating a similar document for use by provinces that don’t have specific guidelines for PSS premises. Six provinces and territories in Canada currently have legislation for the regulation of PSS premises; Alberta, Newfoundland/Labrador, NWT, Yukon, Nunavut and Nova Scotia, with the remaining provinces relying on provincial or federal guidance documents, as applicable. In those provinces and territories where regulations exist for PSS premises, non-compliance with the regulations can result in a conviction and/or strict monetary fines, without requiring public health staff to prove the existence of a health hazard in order to proceed with enforcement actions.

In addition to infection control complaints, WDGPH receives requests for information from members of the public, looking for guidance on where to go to receive personal services, particularly regarding services such as manicures, pedicures, tattooing or body piercing. Subsequent to BOH report BH.01.APR0214.R10 (Online disclosure of personal service settings inspection results), WDGPH made inspection results for PSS premises available online in October of 2014. This was to increase transparency of inspection results and to assist members of the public in making informed decisions when deciding where to go to receive a personal service.\textsuperscript{9} Public disclosure of inspection results has also been shown to have a positive impact on operator compliance with relevant legislation and best practices.\textsuperscript{10}

Annual inspection of all PSS premises is an accountability indicator for the Ministry of Health and Long-Term Care.\textsuperscript{11} The creation of legislation under the HPPA, specific to personal service settings would contribute to the standardization of minimum IPAC best practices in PSS premises, and assist public health staff in enforcing minimum standards. The overall goal is to prevent infectious disease transmission risks to PSS staff and members of the public who use these services. Several public health units in Ontario have written letters to The Honourable Kathleen Wynne, Premier of Ontario, in support of the creation of regulations specific to PSS and particularly those that offer invasive services, such as tattooing and body modification.\textsuperscript{12,13}

Conclusion

Legislation regulating PSS activities along with annual public health inspections are necessary to reduce infection control risks to the public. Having PSS Regulations would give public health inspectors enforceable infection control requirements while assessing PSS practices.
Ontario Public Health Standard

The management of infectious diseases, inspection of PSS and increased public awareness of infection prevention and control practices are required under the Infectious Diseases Program Standards (2008), with the goal of reducing the burden of infectious diseases of public health importance.

Specific requirements of the Infectious Diseases Program Standard are outlined in:

**Requirement #14:** The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the Infection Prevention and Control in Licensed Day Nurseries Protocol, 2008 (or as current); the Infection Prevention and Control in Personal Services Settings Protocol, 2008 (or as current); and the Risk Assessment and Inspection of Facilities Protocol, 2008 (or as current).

**Requirement #10:** The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies, including regulatory colleges exist, particularly personal service settings. This shall be done in accordance with the Infection Prevention and Control in Personal Services Settings Protocol, 2008 (or current) and the Infection Prevention and Control Practices Complaint Protocol, 2008 (or as current).

WDGPH Strategic Direction(s)

Check all that apply:

- Building Healthy Communities
  
  We will work with communities to support the health and well-being of everyone.

- Service Centred Approach
  
  We are committed to providing excellent service to anyone interacting with Public Health.

- Health Equity
  
  We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.

- Organizational Capacity
  
  We will improve our capacity to effectively deliver public health programs and services.

Health Equity

The proposed legislation applies a compliance centered approach to equitably increase positive outcomes to all users of these services equally and would ensure that workers in PSS establishments understand their obligations and are protected from risk by a comprehensive communication plan promoting the proposed legislated requirements.
Appendices

None.

References


12. Personal communication. (2016). Letter from the Peterborough County-City Health Unit Board of Health to The Honourable Kathleen Wynne.

13. Personal communication. (2016). Letter from the Sudbury & District Health Unit Board of Health to The Honourable Kathleen Wynne.
January 4, 2017

DELIVERED VIA E-MAIL & REGULAR MAIL

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen’s Park
Toronto, ON M7A 1A1

Dear Premier,

Re: Requesting Support for Enactment of Legislation under the HPPA to Allow for the Inspection and Enforcement Activities of Personal Service Settings

On behalf of the Board of Health of Wellington-Dufferin-Guelph Public Health (WDGPH), I am writing to request your support of the enactment of legislation under the Health Promotion and Protection Act (HPPA) to allow for the inspection and enforcement activities of personal service settings.

Six provinces and territories currently have specific legislation for the regulation of personal service settings which increases the enforcement abilities of public health staff and provides an incentive for operators to comply with infection protection and control best practices. Ontario has no provincial legislation that requires operators to comply with these best practices.

In those provinces and territories where regulations exist, non-compliance with the regulations by personal service setting staff or operators can result in a conviction and/or strict monetary fines, without requiring public health staff to prove the existence of a health hazard in order to proceed with enforcement actions.

The creation of legislation under the HPPA, specific to personal service settings, would contribute to the standardization of minimum infection control best practices in personal service settings. Based on an assessment of complaints received by WDGPH, most complaints in personal service settings are associated with potentially invasive services such as manicure, pedicure and aesthetics services. The enactment of legislation for all premises offering personal services could help mitigate infection control risks to staff working in these premises and members of the public receiving these services.
The most recent complaint to WDGPH was in December 2016 and pertained to the cleanliness of reusable tools and equipment and the reuse of single-use items such as nail files and buffer blocks. If legislation was in place that allowed for inspection and enforcement procedures similar to those in food premises, a ticket could have been issued on the spot with a set fine for non-compliance with infection prevention and control best practices. This would have helped lower infection risks for current staff and clients as well as been an incentive for ongoing infection control for this specific owner and a general incentive for the wider community of personal service setting operators.

Recently, WDGPH has observed an expansion in the range of services offered within personal service settings to include more invasive services such as micro-needling, botox injections and microdermabrasion. The invasive nature of these services is accompanied by an increased risk of subsequent infection if appropriate infection prevention and control practices are not followed during the provision of these services. In many cases, these services are being offered by non-Regulated Health Professionals, meaning that inspection of these services and enforcement of minimum infection control best practices falls to public health.

It is therefore our hope that you will consider enacting legislation for infection protection and control requirements for all personal service settings under the HPPA, supported by short-form wording under the Provincial Offences Act.

Thank you for giving this correspondence your every consideration.

Sincerely,

N. Sullivan
Chair, Wellington-Dufferin-Guelph Board of Health

Encl. (Legislation to enforce infection prevention and control practices within personal service settings, Board of Health Report, December, 2016)

cc (via e-mail):
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
MPP Liz Sandals, Guelph
MPP Sylvia Jones, Dufferin-Caledon
MPP Ted Arnott, Wellington-Halton Hills
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health