



STAFF REPORT ACTION REQUIRED

Infection Control Training and Certification of Personal Service Setting Workers

Date:	January 27, 2014
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

The purpose of this report is to present recommendations regarding the infection control training and certification of personal services setting (PSS) workers, in response to a recommendation by the Licensing and Standards Committee at its meeting on February 4, 2013. According to the Ontario Ministry of Health and Long-Term Care's *Infection Prevention and Control in Personal Services Settings Protocol (2008)*, this would refer to all workers providing services "where there is a risk of exposure to blood, such as tattooing and body piercing; electrolysis; acupuncture; hairdressing and barber shops; and various aesthetic services." A number of these services have been associated with the transmission of bloodborne infections such as hepatitis B and hepatitis C, as well as other infectious disease organisms such as *Mycobacterium spp* and *Staphylococcus aureus*.

Personal services settings in Toronto are required to be licensed to operate as a PSS, as per amendments to Municipal Code Chapter 545, Licensing, which took effect July 1, 2013; and are being phased in over a two-year period. This licensing and inspection system better enables Toronto Public Health (TPH) to identify and inspect all PSSs, work with new operators proactively, monitor ongoing compliance with Infection Prevention and Control (IPAC) practices in PSS; and implement a public disclosure system for PSS inspection results. Greater public transparency is provided through both on-site and electronic posting of inspection results.

The Board of Health (BOH) and City Council (CC) have requested the Ministry of Health and Long-Term Care to establish IPAC training requirements for PSS operators. To date there has been no indication that the provincial government intends to develop or implement any additional provincial regulation in this area, including IPAC training and certification.

This report summarizes the results of a legislative review, literature review, and environmental scan of IPAC training and certification of PSS workers. Approaches for the training and certification of PSS workers in Toronto are described.

Although it is feasible to develop and implement a municipal training and certification program for PSS workers, a province-wide program would be more consistent, portable, and cost-efficient.

The Board of Health should continue to urge the provincial government to implement mandatory PSS worker certification and training. The Medical Officer of Health will report on the design and implementation of a municipal program for Toronto in spring of 2015, if there is no indication of provincial action.

This report has been written in consultation with Municipal Licensing and Standards, and the City Solicitor.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. the Board of Health continue to request that the Ontario Chief Medical Officer of Health and the Ministry of Health and Long-Term Care develop and implement a mandatory provincial PSS worker IPAC training and certification program;
2. should the Province not indicate a willingness to develop and implement mandatory IPAC training for PSS workers, the Medical Officer of Health report back to the Board of Health in the spring of 2015 on the development and implementation of a municipal mandatory IPAC training and certifying program for Toronto PSS workers, including budgetary requirements;
3. this report be forwarded to Ontario's Chief Medical Officer of Health; the Minister of Health and Long-Term Care; Public Health Ontario; the Ontario Public Health Association; the Council of Ontario Medical Officers of Health; the Association of Local Public Health Agencies; the Ontario Ministry of Training, Colleges and Universities; and the Ontario College of Trades; and
4. this report be forwarded to the Licensing and Standards Committee for information.

Financial Impact

This report carries no financial impact. The Deputy City Manager and Chief Financial Officer has reviewed this report and agrees with the financial impact information.

DECISION HISTORY

In response to a June 2011 Board of Health request for the Ministry of Health and Long-Term Care to establish IPAC training requirements for PSS operators, Ontario Chief Medical Officer of Health Dr. Arlene King committed to explore "how best to support the development of the IPAC training requirements for PSS operators" with Public Health Ontario.

At its meeting on February 4, 2013 the Licensing and Standards Committee discussed the training and certification of PSS workers and requested the Executive Director, Municipal Licensing and Standards, to report on "the feasibility of a municipal licensing regime and the resources required to implement such a program" (LS 18.2 <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.LS18.2>).

At its meeting on February 21 & 22, 2013, City Council approved an amendment to the Municipal Code respecting personal service settings (By-Law No. 629-2013, Municipal Code Chapter 545, Licensing and Chapter 441, Fees and Charges). This by-law requires all PSS to be licensed, to post the most recent inspection notice and report, to comply with the Medical Officer of Health's IPAC requirements and to have whatever qualifications and training may be required by law (HL 18.2 <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2012.HL18.2>).

At its meeting on February 21 & 22, 2013 City Council also requested that the Province of Ontario implement a certification system for all employees in the personal services industry. A response from Dr. Arlene King was received on March 14, 2013, indicating that at that time the Ministry is not considering this option (HL 18.2 <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2012.HL18.2>).

ISSUE BACKGROUND

PSS Infection Control and Regulation

PSS services include but are not limited to tattooing, body piercing, electrolysis, acupuncture, and various aesthetic and barbering services. PSS services have been associated with the transmission of several bloodborne and other infectious diseases, and have been implicated in cases of infectious disease transmission in Toronto. Best practices for IPAC in PSS are outlined in the Ministry of Health and Long-Term Care's *Infection Prevention and Control in Personal Service Settings Protocol* (2008). The Ontario Public Health Standards mandate TPH to inspect all known PSS annually and on complaint to ensure compliance with recommended IPAC practices, investigate any complaints regarding infection control concerns and provide operator education.

The regulation of PSSs through amendments to the Municipal Code approved in early 2013 facilitates the identification of PSS operators, enhances transparency through public disclosure of inspection results, and expands the enforcement tools available to address IPAC concerns in PSS settings. This program was developed following public

consultation, an environmental scan of PSS regulations in Ontario, Canada and the United States, and focussed consultation with Toronto PSS business owners and operators.

Services under this scheme are divided into higher-risk critical services (including tattoo, body and ear piercing, micropigmentation, and electrolysis) and semi-critical services (which include hair and nail salons, barber shops, and aesthetics). The program, known as BodySafe, is being phased in over two years, with priority placed on critical services.

The essential elements of the BodySafe Program are:

1. PSS businesses apply to Municipal Licensing and Standards for a PSS business license;
2. PSS businesses are inspected annually (and on complaint) by Toronto Public Health with respect to IPAC. Inspection reports are posted online and all PSS businesses are required to post signage in a visible location, similar to the DineSafe Program.
3. PSS businesses which meet licensing requirements receive a license from Municipal Licensing and Standards.

COMMENTS

Review of PSS Worker Certification

There are approximately 10,000 PSS workers in Toronto (see Table 1). PSS workers are employed in a wide variety of settings, providing a wide variety of services. Over half of these workers provide services in multi-service PSS settings.

Service	Estimated Number of Workers (Number of facilities x mean number of workers per facility)
Tattoo	212 (53 x 4)
Nails	85 (17x5)
Micropigmentation	7 (7x1)
Electrolysis	14 (14x1)
Ear piercing	45 (45x1)
Body piercing	3 (3x1)
Barber and Hair	3840 (1280x3)
Aesthetics	65 (65x1)
Multi-service	5588 (1397x4)
Total	9859
Source: Municipal Licensing and Standards and Toronto Public Health, data from BodySafe program design.	

In preparation for this report, Toronto Public Health first conducted a brief review of existing municipal and provincial legislation related to PSS worker certification. Secondly, a review of scholarly papers was conducted to identify existing documentation regarding the potential health and economic effects of PSS worker certification. Thirdly, an environmental scan of Canadian and international jurisdictions was conducted to

identify possible approaches to the design of a PSS worker certification program. The results are presented below.

Legislative and Regulatory Review

The *Ontario College of Trades and Apprenticeship Act, 2009* requires that all individuals professionally practising a defined scope of practice, such as hairstylists, hold a Certificate of Qualification. There is no regulated trade of barbering, as it is subsumed within the hairstylist trade. Hairstylists practising their trade lawfully in Ontario must hold a Certificate of Qualification based on this provincial statute. The course curriculum for hair stylists contains some IPAC information. There are currently no legislated worker licensing or certification requirements at either the municipal or provincial level for PSS workers providing services other than hairstyling in Ontario. Therefore, in Ontario, anyone can legally perform manicures, pedicures, tattoos, piercings, etc. without any IPAC training. A substantial segment of PSS workers in Toronto have received no formal IPAC education or training.

Evidence Review

In the development of the BodySafe program, several evidence reviews were conducted related to the risk of infection in PSS settings. This review was designed to explore the more specific question of licensing and certification of PSS workers and its effects on those health risks.

There is a full spectrum of state-level regulation of tattoo services in the United States, ranging from in-depth training and examination in some states (e.g.: Oregon, Alaska), to virtual non-regulation in others (e.g.: California, Florida) (Carlson et al, 2012). Across all jurisdictions where tattoo services are regulated in the United States, worker training and licensing is the least common form of regulation, followed by regulation regarding infection control. No documents were identified to provide guidance regarding PSS worker regulations in settings other than tattooing.

No studies were found which investigated whether infection control training or licensing of PSS workers resulted in fewer infections.

A search for economic and historical analyses on the effects of licensing PSS occupations revealed research from U.S. jurisdictions. Two studies conclude that the licensing of barbers may have an effect on inflating the cost of these services and may have marginally reduced the number of people entering this trade (Rottenberg 1962, Kleiner 2000). One study demonstrated that licensing is associated with increased wages in licensed professions (Kleiner and Krueger 2010). One economic analysis – with implications for health – identified that licensing barbers may not improve the mean quality of the hair cutting or shaving services being accessed by the public unless consumers see value added in receiving this service from a licensed provider (Rottenberg 1962). This finding reinforces the importance of transparency and public accountability in PSS worker regulations and inspection programs like BodySafe.

Environmental Scan

Toronto Public Health conducted an electronic and telephone survey of selected Canadian, United States, European and Australian jurisdictions with respect to the licensing of PSS workers. This jurisdictional scan revealed a range of approaches to the licensing of PSS workers. Appendix 1 provides a more detailed overview of the results of this environmental scan.

In the United States, the majority of the states require that PSS workers be individually certified through an examination process that assesses IPAC knowledge. No analogous program has been identified in Canada.

The most comprehensive models for PSS worker licensing are based on regional Boards of Cosmetology which encompass virtually all PSS workers, including tattooing, piercing, and other invasive PSS work alongside aesthetic and hairstyling or barbering services. Jurisdictions such as Oregon, Florida, Kansas and Alaska all employ this kind of comprehensive model. New Brunswick and Nova Scotia – which already have a Board of Cosmetology for aesthetics and barbering – are developing strategies to make their programs more comprehensive. Massachusetts, New York City, and various cities in California all have a mixed model of regional and municipal PSS worker regulation, whereby a Board of Cosmetology regulates aesthetics while a patchwork of municipal programs attend to tattoo, piercing, and invasive PSS-worker regulation. The Province of Alberta is in the process of developing a similar system, with provincial standards and regional/municipal implementation.

In the United Kingdom, the national Hair and Beauty Industry Authority sets standards and develops guidelines for training PSS workers which occurs in educational institutions such as colleges. Piercers are advised to obtain a license from local health authorities, but there is no standardised training across boroughs. A model of voluntary IPAC training for local PSS workers is offered in York Region (Ontario); this training is recommended to PSS workers when a public health order is issued following an inspection. Finally, the least comprehensive training model requires licensing for all PSS workers without any specific training or educational requirement. This model is employed in the Netherlands and in New South Wales, Australia, for tattooing.

In most jurisdictions PSS worker regulation occurs through a combination of regional (state or province) and municipal legislation. Jurisdictions with robust regulations for training and licensing of PSS workers tend to have a state Board of Cosmetology, operating as a statutorily protected professional and regulatory body for cosmeticians. Additional case-specific legislation, usually municipal, extends these regulatory frameworks from cosmeticians to other PSS workers, most frequently tattooists and piercers. No jurisdictions were identified where government institutions are the exclusive providers of IPAC training and licensing programs for all types of PSS workers.

Across all jurisdictions, the regulation of PSS workers and the associated programs vary from one another in five ways:

- 1) voluntary vs. mandatory certification programs

- 2) regulation and certification of workers in all PSS settings vs. selective regulation and certification of PSS workers based on the risk of disease transmission in the given PSS procedure
- 3) implementation of a certification system only vs. implementation of a joint training and certification system
- 4) universal certification of workers vs. selective certification of owners or supervisors
- 5) program development and implementation by government agencies vs. government regulation of private programs

Training and Certification of Toronto PSS Workers – Approaches Explored

The risks associated with IPAC lapses in PSS settings may be managed and mitigated through training and certification programs specifically designed for PSS workers.

Toronto Public Health has investigated the feasibility of implementing a certification program for employees in the personal service industry in the City of Toronto. If the training and certification were to be made mandatory, Toronto Public Health and Municipal Licensing and Standards would collaborate to report to the Board of Health and Licensing and Standards Committee respectively on the necessary program changes and by-law amendments.

A mandatory PSS worker certification program could be designed utilizing a model similar to requirements for food handler training. All PSS workers who perform critical procedures such as tattooing, scarification and piercing would require IPAC training and certification; in semi-critical PSS settings, one certified PSS worker would have to be on site whenever PSS services were provided.

The delivery of classroom training and certification in-house would cost approximately \$700,000 annually, including 5.0 FTE public health staff; one-time program development costs have not been included. Although this would be implemented on a cost-recovery basis, the costs may be prohibitively expensive for many workers, and may drive some uncertified PSS workers to provide their services underground.

The delivery of an on-line training and certification program would cost approximately \$350,000 per year, including 3.0 FTE public health staff required to deliver the program; again, one-time development costs have not been included. This could be implemented on a cost-recovery basis.

Although it is feasible for TPH to develop and deliver a PSS worker certification program in-house, it is preferable for this to be done at the provincial level. An Ontario-wide program would provide a level playing field for all PSS workers, ensuring a consistent standard across all public health units in the province. This would maximize potential health benefits, minimize duplication of effort and based on scale likely be one most cost-effective option.

Toronto Public Health will continue to advocate for a provincial PSS worker certification program to be developed and implemented by the Ministry of Health and Long-Term Care, potentially in partnership with the Ministry of Training, Colleges and Universities. If there is continued lack of progress on a provincial PSS worker certification program, TPH will report to the Board of Health in the spring of 2015 with recommendations on how best to design and implement a municipal program in Toronto, including financial implications.

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ATTACHMENT

Appendix 1: Findings of Environmental Scan Regarding PSS Worker Training and Certification, 2013

REFERENCES

- Carlson VP, Lehman E, Armstrong M. (2012). Tattooing Regulation in U.S. States, 2011. *J Enviro Health*. 75(3);30-37.
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APPENDIX 1:

Findings of Environmental Scan Regarding PSS Worker Training and Certification, 2013		
PSS Worker Regulatory Model	Jurisdiction	Details
Comprehensive regional PSS worker training and certification: a state or provincial Board of Cosmetology and/or other regulatory agency that includes tattooing, body piercing, and other invasive PSS procedures.	Oregon	<ul style="list-style-type: none"> • Board of Cosmetology created within the Oregon Health Licensing Agency • Board of Body Art Practitioners certifies tattooing and body piercing
	Florida	<ul style="list-style-type: none"> • Board of Cosmetology certifies cosmetologist, nail and facial specialists, hair braiders, hair wrappers and cosmetology salons • State legislation requires certification of tattoo artists
	Kansas	<ul style="list-style-type: none"> • Board of Cosmetology certifies and approves courses offered by schools registered with the U.S. Department of Education for all PSS
	Alaska	<ul style="list-style-type: none"> • The Board of Barbers and Hairdressers approves third party training and regulates all PSS, including tattoo artists and body piercers
	New Brunswick (not in effect yet)	<ul style="list-style-type: none"> • The Cosmetology Association of New Brunswick will certify cosmetology, hair and aesthetics • No licensing for tattoo artists and body piercers
	Nova Scotia (not in effect yet)	<ul style="list-style-type: none"> • The Cosmetology Association of Nova Scotia will certify all PSS using proposed Cosmetology and Body Art Acts
Mixed regional and municipal licensing: a Board of Cosmetology licenses PSS workers in hair salons, barber shops, manicure and pedicure, and aesthetic establishments and municipal licensing of tattoo artists, body piercers and workers providing other invasive PSS procedures.	Massachusetts (Boston)	<ul style="list-style-type: none"> • The State Board of Cosmetology certifies cosmetologists, manicurists and aestheticians • The Boston Public Health Commission certifies tattoo artists, body piercers, workers in other high risk PSS and licenses nail establishments
	New York (New York City)	<ul style="list-style-type: none"> • The State Board of Cosmetology certifies cosmetologists, hairstylists, barbers, aestheticians, waxers and massage therapists. • New York City Tattoo Regulation Act certifies tattoo artists • New York City utilizes a tattoo infection control self-study model: PSS workers are required to write a test which is offered twice monthly and is based on publicly available content
	California (various cities)	<ul style="list-style-type: none"> • Board of Cosmetology certifies cosmetologists, barbers, aestheticians, electrologists and manicurists • The State Safe Body Art Act regulates tattooing, permanent make-up and body piercing; certification provided at the municipal level under the Act

Findings of Environmental Scan Regarding PSS Worker Training and Certification, 2013		
PSS Worker Regulatory Model	Jurisdiction	Details
	Alberta (not in effect yet)	<ul style="list-style-type: none"> • Planning is occurring for standardized training via third party and future certification • The province is at the stage of a preliminary regulatory review and curriculum design
Municipal licensing based on risk per PSS setting or procedure.	United Kingdom	<ul style="list-style-type: none"> • Piercers are advised to obtain a licence from the local health department. The national Hair and Beauty Industry Authority sets standards and develops guidelines for training which occurs in educational institutions such as colleges. There is no standardised training across local bodies.
No individual worker certification, but local training is available	York Region Health Department (Ontario)	<ul style="list-style-type: none"> • Offers voluntary PSS infection control training, which is recommended when a public health order is issued following inspection
Individual certification for some groups of PSS workers, no specific training required.	The Netherlands New South Wales (Australia)	<ul style="list-style-type: none"> • Certification required for tattoo artists only though country wide legislation • Certifications and inspections completed at the municipal level