13. Client tables, chairs, headrests, mats and other surfaces that come in direct contact with the client's skin during a personal service procedure shall be impervious to moisture and easily cleanable.

14. Sufficient space shall be provided for storage of instruments and supplies. Storage space shall be clean and well maintained.

Equipment, Instruments and Supplies

General

1. The equipment, instruments and supplies used shall be appropriate to the personal service activity.

2. The equipment and instruments used shall be of durable construction, maintained in good repair, and maintained in a clean and sanitary condition.

3. When a protective cover is used around a client's neck, a sanitary neck strip or towel shall be used to keep the protective cover from coming in direct contact with the client's neck. The neck strip or towel shall be discarded or laundered after each use.

4. Every sheet and towel used for a client shall be discarded or deposited in a covered receptacle (reserved for that purpose) and laundered prior to reuse.

5. Clean linen shall be stored in a manner that protects it from contamination.

6. When only a portion of a cosmetic preparation or other substance (such as cream, lotion or powder) is used on a client, the portion to be used shall be removed from the container in such a way that the remaining portion is not contaminated.

7. All equipment, instruments and supplies intended for single service use and those that cannot be disinfected or sterilized adequately shall be disposable. These items must not be used on more than one person and must be discarded of after being used.

8. Equipment, instruments and supplies which are or may come in direct contact with the client shall be thoroughly cleaned and either disinfected or sterilized after each use according to its classification. (Refer to Section IV for information on Cleaning, Disinfection and Sterilization.)

Critical Items

1. Critical items shall be:

   - purchased as sterile and disposed of after a single use; or
   - sterilized between use.

2. New reusable instruments should be sterilized before initial use.

3. To provide the highest assurance of sterility, critical items should be disposable. In addition, disposable significantly reduce the cost of staff time spent on sterilizing items.

4. The operator shall ensure that all methods of sterilization are evaluated for effectiveness using the following:

   - physical monitoring
   - chemical monitoring
   - biological monitoring

   (Refer to Section IV for information on these methods.)

Packaging

5. Critical items that are not to be used immediately shall be wrapped prior to autoclaving.

6. Instruments should be packaged in functional sets.

7. Some wraps are only appropriate for dry heat; others may melt in the dry heat sterilizer. Therefore, a wrapping material that is designed for the particular method of sterilization shall be used.

8. To reduce puncture of the package, thin paper bags should be avoided.

9. Sterilized instruments should not be removed from a package but placed in drawers and opened at chairside.

10. In some instances where critical items are to be used immediately following sterilization, they may be processed unwrapped and then carried in a covered container to the work area. Instruments shall be handled in a manner which prevents contamination.

Storage

11. Wrapped packages should be stored on closed shelves above the floor level to protect them from contamination.

12. Handling of stored packs should be avoided (the package draws contaminants in through a bellows effect).

13. Maximum storage time is difficult to determine. Most sealed/bagged/wrapped items will remain sterile for at least one month. [3]

Semi Critical Items

1. Semi-Critical items shall be:

   - disposed of after a single use; or
   - treated by using a high level disinfectant between use.

2. Whenever feasible, disposable items should be used. This will minimize the cost of staff time spent on disinfecting items and will reduce the hazards associated with handling chemicals for disinfection.

Non Critical Items

1. Non-critical items should be treated by using a low level disinfectant between use. Detergent may be adequate in some areas (eg. surfaces that do not touch the client's skin).

General Practices

1. PSWs shall become familiar with the infection prevention practices that are relevant to their work.

2. During any procedure, good infection prevention practices and universal precautions shall be followed to prevent contamination of disinfected or sterilized equipment through contact with work surfaces, clothing or poor work practices (Refer to Appendix A).

4. The PSW shall practice good personal hygiene, wear clean outer garments, and refrain from smoking.

5. Personal services shall not be provided to anyone if the provision of that service is likely to result in the transmission of an infectious agent to the PSW or to other clients.

6. Clients shall be provided with information on health risks prior to the personal service.

7. Clients shall be provided with verbal and written instructions regarding post treatment care following any skin invasive procedure.

8. A record of the names and addresses of clients obtaining skin invasive procedures, as well as the PSW who performed the procedure, should be kept in the facility for at least two years.

9. The personal service procedure should be conducted without interruption to limit the opportunity for contamination.

10. A skin antiseptic containing 70% isopropyl alcohol or its equivalent shall be used on the client's skin prior to any skin invasive procedures. Examples of common skin antiseptics include: Betadine, Hibitane, Zepharin, Savlon.

11. A PSW who is infected with a communicable disease prescribed in the Communicable Disease Regulations (Alta. Reg. 738/85) must refrain from performing any personal services until the owner/operator is satisfied that the PSW no longer presents a risk of transmitting communicable disease.

12. The owner/operator shall report any accidental exposure incident to the Regional Health Authority/Medical Officer of Health. In addition, the PSW should contact their physician.

13. The owner/operator shall ensure that Material Safety Data Sheets (MSDS) for all hazardous products are available.

Waste Disposal

1. All waste sharps - such as needles, syringes and razor blades - shall be placed in a puncture resistant container with a tight fitting lid and disposed of in accordance with the Regional Health Authority's requirements.

2. All other waste materials shall be collected in appropriate containers.

3. Indoor waste receptacles shall be lined with disposable plastic bags.

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Appendix A

Personal Service Worker Health and Safety

Universal Precautions[7][8]

In 1987, the United States Centers for Disease Control and Prevention (CDC) and Laboratory Centre for Disease Control in Canada (LCDC) published guidelines on how to prevent the transmission of HIV to health care workers, including personal service workers (PSWs). The guidelines outline work practices to prevent parenteral, mucous membrane and non-intact skin exposure to blood-borne pathogens.

PSWs need to consider all clients as being potentially infected with blood-borne pathogens. The universal precaution approach, which treats all clients as potentially infected, varies from the traditional approach which advised precautions only when an infection was recognized.

Universal precautions pertain primarily to preventing transmission of blood-borne pathogens by exposure to blood/body fluids according to the level of risk shown below.

Blood/Body Fluid Risk Assessment

Body Fluid	Level of Risk
Blood Semen	High
Vaginal/cervical secretions	Moderate
Breast Milk	Low
Saliva Tears Urine Vomit Nasal Secretions	No proven risk (unless visible blood is present)
Feces Sweat	No risk (unless visible blood is present)

Universal precautions are intended to supplement the routine infection prevention measures meant to prevent transmission of microbes that are not blood-borne such as pathogens contained in skin pimples. **Hands are the most common vehicle**

of transmission; and therefore, handwashing is still the most important infection prevention measure. (See Appendix B)

PSWs who may be potentially exposed to blood and body fluids should strictly follow universal precautions to minimize the risk of exposure to blood-borne pathogens. The following elements of universal precautions are very important:

1. **Handwashing**

   Wash hands before and after client contact, after contact with contaminated articles, after removing gloves and after inadvertent exposure to blood or body fluids. Gloves are not a substitute for handwashing.

2. **Gloves**

   Wear gloves as a skin barrier when contact with blood/body fluids or mucous membranes is likely. The glove type should be appropriate for the procedures being performed. Both latex and vinyl gloves are effective barriers but latex generally provides a better fit. (See Appendix E for information on latex allergy.)

3. **Protective Clothing**

   Wear gowns or aprons during procedures where street clothing is likely to become soiled. Soiled gowns or aprons should be changed after each client.

4. **Skin Problems**

   PSWs who have dermatitis or skin lesions should refrain from direct client care and from handling client equipment until the condition is healed, unless appropriate barriers can be worn.

5. **Pregnancy**

   PSWs who are pregnant are not at greater risk of contracting HIV but should strictly follow universal precautions to minimize the risk.

6. **Needlestick Injuries**

   Avoid recapping, breaking, bending or otherwise handling needles, filaments or other sharp devices during personal service procedures, when cleaning instruments and when disposing used sharps. Easily accessible puncture resistant sharps containers shall be utilized for sharps disposal.

   The owner/operator shall immediately report all accidental needlestick injuries to the Regional Health Authority/Medical Officer of Health in the area. In addition, the PSW should contact their physician.

7. **Hepatitis B Immunization**

All PSWs who may be exposed to blood and body fluids should receive Hepatitis B vaccine. For further information, please contact your Regional Health Authority/Medical Officer of Health or your personal physician.

Response Procedures For Accidental Exposure To Blood and Body Fluids

Exposure to blood and body fluids presents the greatest risk of infection from bloodborne pathogens such as HBV, HCV or HIV.

The following could result in exposure to blood-borne pathogens:

- Needlestick or cut from a used needle or sharp object contaminated with blood/body fluid
- Splash of blood/body fluid onto broken skin (open cut, wound, dermatitis).
- Splash of blood/body fluid onto mucous membrane (eyes, nose, mouth).

If an accidental exposure occurs, follow these procedures.

1. Wash the exposed surface with water, soap or a germicidal handwashing solution. If the area is bleeding, allow it to bleed freely. After cleaning the wound, apply a skin antiseptic and cover with a sterile dressing or band-aid. If there has been a splash onto the mucous membrane, flush the area thoroughly with water.

2. The owner/operator shall immediately report all accidental needlestick injuries to the Regional Health Authority/Medical Officer of Health in the area. In addition, the PSW should contact their physician.

3. Determine if the PSW has had a Hepatitis B vaccine and the date of completion.

4. Inform the client that he or she may be asked to submit blood samples for testing.

5. Keep a record of the incident including the following:

    - name, address and phone number of the client
    - name of PSW
    - date of injury
    - circumstances surrounding the injury
    - action taken

Appendix B

Handwashing Procedures

The best way to stop diseases from spreading is to wash your hands well, before you attend to any new clients and after you have finished with that client.

Follow these steps to make sure your hands are free of microorganisms.

1. Wet your hands with **warm running water.**

2. Apply liquid soap and lather well. Rub your hands vigorously for 10 seconds as you wash them.

3. Wash **all** surfaces, including:

   - backs of hands
   - wrists
   - between fingers
   - under fingernails

4. Rinse your hands well. Leave the water running.

5. Dry your hands with a single-use towel (eg. paper towel).

6. Turn off the water using the same towel, or with a paper towel, not your bare hands.

NOTE:

When washing your hands frequently, it is important to dry your hands gently and thoroughly to avoid chapping. Chapped skin breaks open, allowing bacteria to enter. Therefore, if you have to wash your hands frequently, you should apply hand lotion as needed to keep your skin soft and reduce chapping.

Appendix C

Material Safety Information

Glutaraldehyde

Glutaraldehyde is a chemical compound that has become the agent of choice a high level disinfectant and chemical sterilant.

Examples of brand names include **Cidex, Glutarex, Omnicide, Sonacide, BM Plus.** All these contain 2% active Glutaraldehyde.

In some manufacturers' directions, high level disinfection can be achieved in t minutes, while sterilization can be achieved in ten hours of complete immersion

Glutaraldehyde can produce harmful effects such as eye, nose and skin irritatio headache; nausea; vomiting; and other more serious health effects at hig exposure levels. Therefore, the directions on the label must be carefully read an the following safety precautions must be taken prior to handling Glutaraldehyde.

1. Use Glutaraldehyde in a well ventilated room.

2. Use covered containers and keep agitation of the solution to a minimum. This avoids evaporation and minimizes the chemical odour and fumes.

3. Avoid direct skin contact by wearing suitable protective gloves (eg. rubber).

4. Wear masks, protective eyewear and impervious gowns or aprons when handling large volumes of the solution.

5. Review information on the Material Safety Data Sheets (MSDS) supplied by the manufacturer.

Appendix D Laboratories

In Alberta, biological monitoring testing is available but is not limited to the following laboratories (fees may vary):

Calgary Diagnostic Laboratories
2540 5th Avenue N.W.
Calgary, Alberta
Phone: 283-6848
Contact: Lorraine Somerville

Dr. Kasper and Associates
10924 - 107 Ave.
Edmonton, Alberta
Phone: 425-5087
Contact: John Chapman

Provincial Laboratory of Health
3030 Hospital Drive N.W.
Calgary, Alberta
Phone: 670-1200
Contact: Rhonda Gordon

Provincial Laboratory of Health
University of Alberta
Edmonton, Alberta
Phone: 492-8984
Contact: Edie Ashton

Appendix E Latex Allergy

NATURAL RUBBER LATEX ALLERGY

A GUIDELINE FOR ALLERGIC PATIENTS

This Guideline has been produced by the Canadian Society of Allergy and Clinical Immunology (CSACI). CSACI wishes to acknowledge the assistance of the Task Force on Latex Allergies of the Medical Devices Bureau of Health Canada.

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BAXTER & ELASTYREN

July 1994

What is natural rubber latex?

Natural latex rubber is a particular kind of rubber that has been manufactured from the sap of the rubber tree. Rubber tree sap, or natural rubber latex, is a cloudy white liquid (a chemical "latex") containing a large amount of natural rubber that can be used to manufacture various consumer products. Table A gives a list of common natural rubber latex products.

Natural rubber latex products cannot be identified visually. Any rubber-like object could be made of natural rubber latex, or it could be made of synthetic material (including synthetic rubber). Even things which are not stretchy may have natural rubber latex on them as a paint-like coating.

"Latex" does not necessarily mean natural rubber latex. Latex paints and latex caulking are synthetic materials that do not usually contain natural rubber latex.

What is "latex allergy"?

A "latex allergy" is an allergy to products made from natural rubber latex. It is an allergy to proteins originating from the rubber tree and still present in products made from natural rubber latex.

Products made from natural rubber latex usually contain a number of chemicals. Some people are not allergic to natural rubber latex itself, but are allergic to the chemicals found in manufactured natural rubber latex products. Your allergist will identify which materials affect you. If you react to chemicals, you may have a "rubber allergy" and may be referred to a dermatologist for further tests.

Who suffers from latex allergy?

In the last 5 years latex allergy has become more common and its consequences better recognized. The major use and exposure to natural rubber latex is from gloves used in medical and dental practices.

People most at risk of having or developing a latex allergy are those who have other allergies (such as hay fever) and regularly use natural rubber latex products. High risk persons who have been identified include people who use natural rubber latex gloves in their everyday occupation includes physicians, nurses, dentists, dental hygenists and c assistants. Children with certain medical conditions (such as spina that result in frequent exposure to natural rubber latex products ar commonly latex allergic.

What are the symptoms of latex allergy?

Latex allergy often begins with a rash on the hands when natural rubber latex gloves. Other allergic symptoms incluc fever type reactions such as itchy swollen eyes, runny nose, and sne Some patients may develop asthma symptoms such as chest tigh wheezing, coughing and shortness of breath.

However, people that have skin problems on their hands from glo are not necessarily latex allergic.

How are latex and rubber allergies identi

Patients at risk or with symptoms of possible latex a should be tested by an allergy specialist. The latex skin pri is a very sensitive and safe means of identification of potentially a patients. Other skin tests can identify whether you are allergic to rubber latex or the chemicals added to rubber products.

Can my latex allergy get worse?

There is evidence that the more you are exposed to lat more allergic you may become. If you have only a minc allergy, you should minimize your exposure to latex so that you do becoming more sensitive.

If you suffer from hay fever symptoms when exposed to latex, co exposure to latex can cause you to develop asthma.

Can a latex allergy be life-threatening?

While it is uncommon, some latex allergic individuals ca a potentially life-threatening allergic reaction when they c contact with natural rubber latex.

This serious reaction is called anaphylactic shock. It occurs within of exposure, and is characterized by generalized hives, bre difficulties and low blood pressure. Anaphylactic shock may be fa must be promptly treated by adrenalin injection.

Anaphylactic shock is most likely to occur during direct tissue cont natural rubber latex products. Direct contact occurs when the skin which protects you has been broken, or the contact is across a membrane. Mucous membrane contact can occur in the mou blowing up a balloon, dental surgery, anesthetic administration), (condom use, vaginal examination), rectum and colon (examin enema administration), or urethra (catheterization). Direct tissue occurs during surgery because surgeons normally wear natural latex gloves when operating on a patient.

Can latex allergy be treated?

No treatments are yet available to cure natural rubb allergy. So far the best "treatment" is to avoid exposure Medications are available to temporarily alleviate symptoms.

What precautions should allergic patients take?

Latex allergic patients can take certain precautions to prevent future allergic reactions:

Patients who are only mildly sensitive to latex products should observe the following precautions:

1. Avoid contact with natural rubber latex products such as those listed in Table A. Non-latex substitutes are available for most commonly used natural rubber latex products.
2. Before visiting doctors or dentists for any examination or procedure, warn them of your allergy to latex. Ask to be scheduled as the first patient in the day in order to minimize your exposure to airborne latex particles. Allergy causing latex dust is put into the air when staff put on and take off powdered natural rubber latex gloves. Dust from non-latex gloves will not cause an allergic reaction, since it is the latex (not the powder) which is allergenic.
3. If you work in high latex exposure areas and have skin irritation, hay fever or asthma symptoms, you must advise the employee health department and consult a physician about your treatment. You may only be able to work in that environment if your symptoms are minimal or if your co-workers change to non-latex or powderless natural rubber latex gloves.
4. You should consult with your physician about medicine you can take to reduce allergy symptoms.
5. You should be aware that some latex allergic people also have certain food allergies. Foods so far associated with latex include bananas, avocados, and chestnuts. If any of these foods give you symptoms such as itching around the mouth, local swelling, hives or shortness of breath, you should avoid them.

Patients who are very sensitive to latex – for example, react even when briefly in contact with a balloon or glove – should take the following additional precautions:

1. Obtain and wear a Medic Alert bracelet printed with "severe allergy to natural rubber latex".
2. When travelling to areas where medical supplies are limited, carry with you a variety of sizes of non-latex sterile gloves, in case you should need emergency medical or dental work. Non-latex sterile gloves are a specialty item that should be obtained in advance of travelling to these regions. Consult your doctor or hospital.
3. Be familiar with the proper use of the self-administration of epinephrine (adrenalin). The indications and proper use of this should be explained by your physician.
4. Prior to surgery you should consult your physician about the need for a latex-free operating environment.

What is being done to help people with latex allergy?

Health Canada is working with medical doctors and manufacturers to try to overcome problems caused by latex allergies. For information about the federal program contact:

Mr. Andrew Douglas
Medical Devices Bureau
Health Protection Branch
Health Canada
775 Brookfield Rd.
Ottawa, Ontario K1A 1C1
Tel: (613) 954-0738
Fax: (613) 993-0281
Internet: adouglas@hpb.hwc.ca

Additional copies of this guideline are available from ECI Medical Technologies Inc., Bldg. 5, 44 East Beaver Creek Rd., Richmond Hill, Ontario L4B 1G8; Tel: (905) 882-1776, Fax: (905) 882-0736

TABLE A

Examples of types of products that often contain natural rubber late their potential substitutes[1].

Natural Rubber Latex Products	Substitutes
For Babies	
Pacifiers, feeding nipples	Silicone products
For School and Office	
Erasers, craft supplies, make-up and Halloween masks, adhesives	Look for products labelled "vinyl" or "silicone"
Clothing	
Elastic fabric, diapers, underwear	Many elastic fabrics are not rubber (for instance "Spandex" and "Lycra") but elastic webbing often contains rubber
Housework	
Cleaning gloves	Gloves are a major source of exposure because they are in direct contact with the skin for a long time and may give off an allergenic dust – use nitrile, neoprene, vinyl or copolymer gloves
Toys and Sporting Goods	
Balloons, Koosh balls, rubber ducks, soccer balls, volleyballs, coated or taped racquet handles	Mylar (foil type) balloons, leather balls
Furnishings	
Rubber mats, carpet backing, foam rubber	Most foam rubber is polyurethane foam and will not cause problems
Medical Products	
Condoms, female condoms, diaphragms	Synthetic rubber or natural membrane condoms[2]
medical gloves, dental dams	As with household gloves above, use only gloves made with synthetic materials
first aid tape, bandages	Some brands do not contain natural rubber latex

1. It is nearly impossible to list every natural rubber latex-con consumer product. The allergenicity of latex products can be redu washing a product thoroughly with soap and water. The product be soaked with large amounts of water for several minutes. Just the surface with a damp rag is not sufficient cleaning to r allergens. Clothing that might contain latex elastic should be lau before use.
2. Natural membrane condoms may provide protection against pre and many common sexually transmitted diseases ("STD's"). Hc they may not provide as much protection against certain viral S including AIDS and hepatitis – as latex condoms.

(Note: As of June 1994, synthetic condoms and synthetic female cc were not yet commercially available in Canada.)

Appendix F *Glass Bead "Sterilizer"*

The glass bead "sterilizer" is registered with the U.S. Food and Drug Administration only for use in dental procedures to decontaminate endodontic instruments.

The U. S. Food and Drug Administration Dental Device Classification Panel believed that the glass bead "sterilizer" presents a "potential unreasonable risk of illness or injury to the patient because the device may fail to sterilize dental instruments adequately".

Close examination of the device revealed that there is considerable variation in temperature at different levels within the glass bead compartment. Also, depending on size, immersed instruments may lower glass bead temperature significantly. In addition the bead containers are of insufficient size to accommodate the entire piece of instrument such as tweezers, nippers, clippers and similar large objects and therefore, sterility of the object is compromised.

Furthermore, there is no conventional monitoring method to ensure sterilization is achieved.

However, the glass bead units may be effective in the practice of electrology to decontaminate instruments during treatment of the same person, thus preventing the client's own microbial flora from spreading from one hair follicle to another, or may assist in the decontamination of a needle electrode or tweezer tip that has inadvertently touched the electrologists's nonsterile glove or other potentially contaminated surface. Between clients, all reusable instruments must be thoroughly cleaned, then disinfected or sterilized using a approved standard method that can be routinely monitored for effectiveness.

Reference: Bond W. Risk of Infection for Electrolysis, Journal of American Medical Association, July 01, 1988 - Vol. 260, No. 1:99.

ppendix G

U.V. "Sterilizers"

Although ultraviolet "sterilizers" are commonly used in personal care facilities, this equipment can not be accepted as a sterilizer or a disinfecting device because the effectiveness for its intended use is not recognized. The ability of U.V. light to destroy microorganisms depends on the bulb type and its strength, which decreases with age. Also, the U.V. light has no effect on the areas that are not directly exposed to the light. Furthermore, there is no conventional monitoring method to ensure sterilization or disinfection is achieved.

However, the U.V. "sterilizer" may be effective for keeping the disinfected items clean until they are used.