

PSS Inspection Tips

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Introduction

- **Thank you PHO**
(Claudine D'Souza, Madeleine Ashcroft, Gomana Youssef)
- **No visual slides – contact me if requiring better explanation on a specific topic**
- **Short presentation – will briefly touch on a few topics and tips**
- **IPCBPPSS 2009 is being revised (thanks to HU)**

Risk Assessment

- There are no tricks - PSS inspections are based on inspector's ability to assess risks and offer appropriate solutions
- Risk assessment is crucial as operators have varying levels of IPAC knowledge (educated by salesmen)

Education

- Education key to successful PSS inspection program
- Mandatory education for operators and public core of the OPHS and IPCBPPSS 2009
- PSS inspection program has unique advantage over other inspection programs
- Providing guidelines for PSS more effective than providing food or water regs
- ****Provide a yearly presentation to PSS schools****

Setting up an Inspection

- **Appointments are often required; not only due to nature of service but to ensure you have the operator's attention and appropriate staff is in attendance (pre-opening on Hedgehog)**
- **Leaving educational materials when making appointment (summary of guidelines, disinfection charts, bleach dilutions, flow charts, etc.)**
- **Book off rooms**

Interaction With Operator

- Run through services beginning to end (“HACCP - style”)
- Question staff members as management may be just telling you what you want to hear (quoting guidelines)
- Review paperwork such as client records, aftercare, back-up plan, MSDS, spore tests, user manuals for autoclave, etc.

Sterilization Certificates

- **Proof of sterility of invasive items**
- **Spore tests only confirm non-invasive items**
- **All needles are purchased pre-sterilized**
- **Request method of sterilization and verification of sterilization method from manufacturers**

Sinks

- Designated hand wash sink should not be a contaminated sink (sterilization room, bathroom)
- Sink is kept clean (cross-contamination)
- Refillable soap containers & dispenser tips cleaned & disinfected
- Hand towels on / in a dispenser
- Well water affects disinfection if diluted solution (use distilled water as a diluent)

Hand Hygiene

- Is hand antiseptic alcohol based (no BZK)?
- Is there an emollient (intact skin is first line of defence against infection)
- Is there enough gloves available?
- Are gloves changed and hand hygiene practised when appropriate?
- Non-latex gloves for allergic reactions

Cleaning

- **Cleaning mandatory for non-critical items and instruments about to be disinfected or sterilized**
- **Surfaces may not always require cleaning prior to disinfection**
- **Spray – Wipe – Spray - walk away**
- **Pre-saturated wipes – double application (cleaning step and disinfection step)**
- **Applying disinfectants require PPE**
- **Ultrasonic cleaner has a cover (emptied daily)**

Surface Disinfection

- Surfaces include contact surfaces
- Check lamps and magnifiers for fingerprints
- Is surface disinfectant available in all service areas and rooms
- If diluting (ex: bleach) use small bottles (daily)
- Check bleach for SH %
- Do not use Alcohol (evaporates too quickly for appropriate contact time)

Disinfection

- Making solution fresh daily (when required)
- Lift soak trays in disinfectant container (Barbicide)
- Appropriate level of disinfection for task (% , ppm)
- Proper container
- Items are fully immersed in disinfectant
- Do products have a DIN (does not indicate level)
- “Hospital grade” only means product has a DIN
- Tuberculocidal is irrelevant (airborne)
- Mycobactericidal appropriate for contact surfaces

Disinfection

- If using a multiple day reuse solution, are items being dried (after cleaning and rinsing) to ensure disinfectant is not being watered down
- Check for test strips
- Is container labelled for change date?
- Do not dilute ready to use disinfectants
- Check expiry dates
- No spray & smear solutions at station
- Cleaning brushes are disinfected

Sterilization

- **Maintain sterility until point of use**
- **Copies of spore test results sent to HU**
- **Written back-up plan for autoclave failure**
- **Testing back-up autoclave yearly (and when used)**
- **Is autoclave able to sterilize packaged items?**
- **Does autoclave have a drying cycle?**

Sterilization

- **Placing pouches vertically in autoclave**
- **Hand sanitizer in sterilization room (minimize handling potentially contaminated sink)**
- **Are spore tests packaged like instruments**
- **Appropriate ventilation for chemi-clave**
- **All physical, chemical and biological monitoring must be in place as part of sterilization program**

Sharps Containers

- Yellow containers (red = cytotoxic waste)
- Do not fill past fill line
- Look for razors in sharps containers in tattooing and laser hair removal establishments
- Re-capped needles and lancets (facials)
- Scalpels, branding pieces, biopsy tool, etc.
- Syringes – Botox? Filler? Anaesthetic?
- Who is giving the injections?
- How are they discarding their sharps containers?

Tattooing

- Dressings are appropriate for use on skin
- Ink caps in original packaging (not disinfected)
- Supply of single-use covers or barrier film for machines, clip chords, green soap and pigment bottles, etc.
- Sanitize skin with alcohol prior to shaving
- Dilute green soap (respiratory problems)
- Do not spray green soap directly onto artwork / wound (stream onto paper towel)

Body Piercing

- Instruments autoclaved in the open position
- Alcohol & iodine (no BZK or PCMX)
- Containers / dispensers are clean (no crusty, contaminated tips on gentian violet, iodine, etc)
- Check jewellery packages for process indicators (autoclave tape – black stripes)
- Aftercare contain all provincial requirements
- Risk assessment on body modification (controlled acts irrelevant)

Ear Lobe Piercing

- Are they using banned guns?
- Reusing disposable parts (Studex 993-D)
- Check client records for cartilage piercing
- Are they using swab-mark-swab technique for reusable markers?

Manicures

- Is hand sanitizer at station?
- Is surface disinfectant at station?
- Reusing disposable items (check storage)
- Are client packages labelled?
- Any products containing MMA?

Pedicures

- Foot tubs with “filmy” waterline mark indicates no cleaning / disinfection between uses
- Recirculation tubs require a bleach dilution so look for bleach and measuring cup
- Disinfection of screen on recirculation tubs
- Check razor on credo blades

Waxing

- **Metal spatula – red flag**
- **Metal spatula – transfer to container designated for one client**
- **Two sticks in garbage and large amount of muslin strips indicates double-dipping**
- **Are wax rollers designated for individual clients? Labelled?**
- **Open cup w/ tweezers, scissors, mascara wand and eye brow brush by wax pot**

Cosmetics

- **Double-dipping = biggest concern**
- **Lip shaped lipstick (should be chipped off)**
- **All cosmetic products should be removed from original container with a single-use applicator or placed on / in a disposable or cleanable palette or other appropriate surface**
- **Open displays prone to cross-contamination**
- **Liner pencils - Dirty pencil sharpeners**

Spas

- Check clean microdermabrasion crystals
- Paraffin brushes, bags, ladle, etc., available?
- Facial machine water reservoir – disinfect tip
- Towel warmers – clean / disinfect daily - leave open overnight (check seals for mould stains)
- Storage areas lined with material, cosmetic cases, makeup brush pouches, wicker baskets, leather holsters, etc.

Questions?

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