



Personal Service Establishment Infection Prevention Plan Template

This template is a guide for industry for developing the required written procedures in personal service establishments. It addresses some common infection prevention strategies, but does not address every situation that may occur. Owners may adapt this material to your specific infection prevention needs.

Establishment Name	
Operator Name	
Civic Address	
Phone Number	
Email Address	
Website	

Description of Facility and List of Services Provided

Infection Prevention Plan Reviews and Updates

Version	Date	Author	Changes Made

On-site Services

Water supply: Municipal Private (annual water sampling required)

Mobile handwashing sinks: Yes No

If yes, provide procedures for operating and maintaining the mobile sink:

Reprocessing Sink

Are there instruments/equipment used that require intermediate or high-level disinfection and/or sterilization: Yes No

Is the reprocessing sink used for handwashing: Yes No

If yes, provide written procedures for decontaminating the sink between handwashing and reprocessing instruments/equipment:

Waste Disposal

Does the facility use sharps (needles, lancets, razors, blades): Yes No

If yes, provide the procedure for sharps disposal, including the location of sharps containers and how/where sharps are disposed of when containers are full:

Mobile Businesses and/or Transportation of Supplies and Equipment

The personal service business is mobile or fixed premises.

If services are provided from a mobile premises or service providers transport instruments and equipment when providing services (i.e. off-site locations such as customer's homes), provide the procedures for transportation of clean and contaminated supplies and equipment:

Surface Cleaning and Disinfection

Include all products used to clean and disinfect surfaces (floors, sinks, chairs, work surfaces, etc.):

Surface	Product Name	Frequency

Instruments and Equipment

Disinfectants

Include all products used to disinfect instruments and equipment:

Product Name	Level of Disinfection (low/intermediate/high)	Active Ingredient	DIN or MDL	Minimum Contact Time

Single Use Pre-Sterilized Instruments

Product Name	Supplier	Sterilization Certificate (Y/N)	Method of Sterilization

Single-Use, Porous, Uncleanable Equipment (not sterile)

List items used and describe how they are handled (discarded after use in waste bin, sharps container etc.):

Item	Storage	Handling

Reusable Instruments

Reusable instruments must either be cleaned and disinfected or cleaned and sterilized, depending on their intended use.

Instrument Cleaning:

Describe how instruments are handled until cleaning can occur:

Describe how instruments will be manually or mechanically cleaned (include products, process, PPE, etc.):

Will an Ultrasonic Cleaner be used for cleaning instruments or equipment? Yes No

If yes, what is the make/model: _____

Manufacturer's instructions available: Yes No

Instrument Disinfection

Describe which instruments will be disinfected, provide the disinfectant products that will be used and the disinfection procedure. Provide a description of how instruments will be stored after disinfection to protect against contamination.

Instrument Sterilization:

On-site sterilization performed: Yes No

If yes, provide spore testing company/laboratory:

Name: _____

Contact: _____

Make/Model and type of sterilizer(s): _____

Manufactuer's instructions for use available: Yes No

Equipped with mechanical drying cycle: Yes No

CSA approved: Yes No

Equipped with printout or electronic storage of physical parameters: Yes No

Record keeping system in place for physical, chemical, and biological monitoring: Yes No

Packaging for sterilization: Describe how instruments will be packaged prior to sterilization:

Physical Monitoring: Provide the time, pressure, and temperature requirements in the manufacturer's instructions and the process for monitoring these physical indicators during sterilization:

Chemical Monitoring: Provide the chemical indicators used and describe processes for chemical monitoring of sterilization cycles:

Biological Monitoring: Provide the biological indicators used and describe the processes for biological monitoring of sterilization cycles:

Provide the procedure for responding to a **failed sterility indicator** (i.e. physical parameter not met, failed chemical indicator and/or failed spore test):

Sterile storage: Sterile instruments and equipment must remain in sterilization packages and be stored in a manner that protects against contamination. Describe where and how the packaged instruments are stored after sterilization:

Routine Practices and Aseptic Techniques

Routine practices are infection prevention strategies that are based on the assumption that all blood, body fluids (except tears and sweat), secretions, excretions, non-intact skin, undiagnosed rashes and areas such as eyes, nose, and mouth may be potentially infectious, even if a person shows no symptoms of illness (service provider and client included).

Aseptic technique means work practices used to prevent cross-contamination.

Cross-contamination means the transfer of physical, chemical and biological infectious agents from a contaminated source.

Personal Protective Equipment (PPE):

List the type of PPE used during each type of personal service delivery:

Hand Hygiene:

Describe the location(s) of each handwashing sink and alcohol-based hand rub (ABHR) station:

Describe when a worker or customer must use hand washing with soap and water and when to use ABHR:

Client Preparation

Describe how the area of the body that is to receive the service is examined and prepared, including any cleansing products or antiseptics that will be used.

Antiseptic Product Name: _____ DIN or NPN: _____

Method used to dispense antiseptic: _____

Aftercare

For invasive services (tattooing, piercing, electrolysis, microneedling etc.), describe the type of product used to protect the area after the service is complete. Attach written aftercare instructions.

Accidental Injury/Exposure

Describe the procedure for caring for skin or mucous membranes accidentally cut or punctured during a service (customer or worker):

Signature and Submission

By signing below, I confirm that the above Infection Prevention plan has been reviewed and will be implemented in compliance with Personal Service Regulations and Public Health Act.

Owner Signature: _____

Date: _____