

Electrologists' premises in many places are subject to inspection by public health inspectors, particularly in states, provinces or counties where electrologists operate under government license. Sarah Shrigley, who was recently invited to give a presentation on electrolysis to a group of health inspectors, tells us here what inspectors are looking for — concerning infection controls — when they unexpectedly visit an electrologist at work.

INSPECTING THE ELECTROLOGIST'S OFFICE FOR INFECTION CONTROL

By Sarah Shrigley



Sarah Shrigley graduated from the Electrolysis Educational Institute in 1979, and opened her private practice in Toronto, in 1980. Sarah lectured on the use of the blend method during the 1980s, and in June 1991 became the first electrologist to

use a commercial medical microscope for electrolysis. She is a past president of the Canadian Organization of Professional Electrologists (COPE), and spearheaded the unification of Ontario electrologists under the new Society of Ontario Electrologists (SOE).

IN JULY 1999, Health Canada's Laboratory Centre for Disease Control (LCDC) published new guidelines to describe infection prevention and control practices for personal services. The process for development of the guidelines, titled "*Infection Prevention and Control Practices for Personal Service Workers: Tattooing, Ear/Body Piercing, and Electrolysis*," included the selection of a geographically dispersed Working Group with representatives from industry, infection control, environmental health, public health, and LCDC in Health Canada. The guidelines are based on an assessment of potential or documented evidence of infection risk posed by skin piercing procedures and the principles of infection control to manage the risk.

Ontario electrologists have been advised that their offices may be visited at any time by a local public

health inspector, whose job it is to ensure that federal and/or similar provincial guidelines are being met. In May '99, I gave a presentation to the Canadian Institute of Public Health Inspectors about what inspectors should look for in an electrologist's office with respect to infection control issues.

I began my talk with a short summary of the three methods we use (electrolysis, thermolysis, and the blend), and then went on to explain how an office treatment session would proceed. This proved very interesting for my audience, and a number of the usual questions were asked: "How often must the hair be treated?" "How long does it take to treat each hair?" "What parts of the body can be treated?"

After explaining the treatment protocol, I described infection control procedures. Part of the presentation involved a video — produced by myself and titled *Infection Control Standards and Practices for Electrology Offices* — that explains the procedures for sanitizing and/or sterilizing electrolysis equipment in an actual office environment, and gives inspectors some idea of what they should watch for when they are out in the field. The video was supplemented by a handout sheet that allowed the inspectors to follow the listed items as they appeared on the screen.

What follows here is a brief description of the points covered in the written portion of my presentation, which I hope will now serve fellow electrologists by giving them a better understanding of what inspectors are looking for — concerning infection controls — when they pay an unexpected call on the electrologist at her workplace.

1. *Adequate supply of sterile disposable needles, for the immediate future.* To reuse needles seems silly considering the time and cost. Since time is money, to clean and sterilize each individual needle might be more expensive than purchasing new. Besides, if our doctor reused her needles would we be impressed?
2. *The electrologist's "sharps" box will likely contain a quantity of*

used needles; indication that each client has received a new needle — each properly discarded after use. A practitioner who is not using a "sharps" container is either not using disposable needles or is throwing the used needles into the regular garbage, which is unacceptable. In either case, the practitioner could be asking for trouble. Sanitation workers are more prone to be aware of inappropriate items in garbage and have become very astute at figuring out whose garbage it is. Local, medical-waste disposal companies provide the "sharps" containers.

3. *Autoclave, dry heat sterilizer or chemical baths for semi-critical items such as forceps, needleholder caps, etc.* It may be argued by some that "semi-critical" status is not stringent enough and that autoclaving or dry heat should be mandatory for these items. However, since we don't do deep-tissue surgery (I hope!) there are arguments for both sides.

I tend to be of the "better-safe-than-sorry" party, which believes that autoclaving or dry heat sterilization are the preferred methods of infection control in all cases. Chemical baths are less likely to impress inspectors, because the effectiveness of the solutions used cannot be monitored effectively on a day-to-day basis.

4. *Appropriate packaging of instruments for autoclaving.* If the autoclave is not capable of a 30-minute (double run), instruments should be placed in the autoclave in an open container. The literature on this subject is quite clear: 30 min. at 121° C for packaged instruments, 15 min. at 121° C for unpackaged instruments. If the electrologist's autoclave is of the type that can only do a 15-min. run from when proper pressure and temperature are achieved, then they *must* use open containers. A colleague of mine tries to get around this by autoclaving her instruments in open containers — opening the autoclave and packaging the instruments and running the autoclave another single cycle. But, as soon as the autoclave is opened and the

instruments are handled — no matter how aseptically — the advantage of a double run is lost. As stated previously, electrologists don't perform deep invasive surgery, so it's probably okay; but don't expect that packaged instruments will be sterilized unless they are autoclaved for 30 min. *continuously* at 121° C.

5. *Sterilization assurance evidence, such as a biological/spore test kit for autoclaves or dry heat ovens, with documented results. Also, heat indicator strips (such as TST strips) for each run.* An electrologist who is familiar with autoclaves and how they function, knows that things can go wrong and that a spore test kit provides authoritative assurance that we know how to set up and run the autoclave for best results, and that there is no serious malfunction in the equipment.

The heat indicator strips are another, less demanding, form of evidence for showing that the autoclave run has achieved its time, steam and temperature parameters. Usually these are put in with every load while the spore test strips are usually used on a monthly basis.

6. *Evidence of appropriate cleaning processes for instruments, such as cleaning tools and/or ultrasonic cleaner and solutions.* Personally I don't believe that ultrasonic cleaning is thorough enough for the dried lye that can encrust the tips of the forceps. After I started doing microscope epilation, I was able to see that my ultrasonic cleaner was not doing a good enough job, and I came up with the idea of pulling the tips of forceps through an ordinary household cleaning sponge. The system works very well. Sometimes low-tech does the job best! In any event, the inspector will look for evidence that indicates the practitioner does something more than just rinse her instruments before sterilizing them.
7. *No evidence of storing items in disinfectant.* As discussed earlier, monitoring the effectiveness of disinfecting solutions is very inconvenient (and unreliable) and has been judged by those in authority

to be useless as a reliable tool for keeping items aseptic because, once the disinfecting solution is degraded, it becomes an *infecting* solution!

8. *An ample supply of presterilized forceps and needleholder caps, sufficient to treat at least one day's clients.* Not many of us have the time or inclination to do autoclaving more than once a day, so the inspector will expect to see that the electrologist is stocked up with enough presterilized instruments to take care of a full day of clients.

9. *Ample supply of disposable gloves.* We've all heard the pros and cons of wearing exam gloves during treatment, so I won't go into detail here, but just remind electrologists that wearing them is now mandatory in most regulated jurisdictions — and it only makes good sense to change them between clients. For those practitioners who like to feel around for hairs to treat (I've heard it referred to as electrolysis by Braille) and think that exam gloves impede their sense of touch, I can highly recommend a switch to illuminated microscope epilation: It allows you to actually *see* what you're doing!

10. *Disinfectant wipes to clean items that come in direct or indirect contact with clients, work surfaces, cords or wires, epilator controls, chair adjustments, the telephone, etc.* I just wish my dentist and dental hygienist would use these! There are a number of different brands that all claim the same thing: to disinfect hard surfaces. Those electrologists who make it a policy to never answer calls while treating a client will not need to disinfect their telephone, but all other surfaces that might be touched during treatment should be wiped.

11. *Ample supply of clean exam drapes or towels, and proper storage of used items.* As with needles and exam gloves, I prefer to use disposable exam drapes, but a large percentage of electrologists prefer cloth towels (they say that clients find them more comfortable). Either way, these items must be stored prop-

erly after use. In both cases a covered container must be set aside. Disposable drapes may be put in the garbage along with used exam gloves, etc. Again, the garbage container must be covered.

12. *"Dirty" jars or containers — clearly labeled.* Once the forceps and the needleholder caps have been used they must be set into a container labeled "dirty," and reside there until they are cleaned and sterilized.

13. *Appropriate types of skin sanitizing solutions.* However the client's skin is prepped before treatment and sanitized afterward, the solutions we use must meet certain criteria. These are set out in many different forms by our local health departments, our professional associations and our electrology institution manuals, so we must check to make sure we are using accepted solutions. Also, *no* double-dipping! That means — no contamination of the reservoir by using a cotton ball that has already touched the client's skin.

Having a sink in the electrolysis treatment area will save a lot of time running around trying not to touch anything before treatment begins. It also looks more professional and is worth the extra cost to have one installed close by. On the subject of looking professional, a lab coat or uniform will give an appearance of professionalism, while saving money on clothing.

A uniform also provides a useful barrier between electrologist and client (we don't want the street dirt on our clothes next to the client's skin), and removing our uniform at the end of the workday ensures that we are not carrying dead hairs home with us.

Good housekeeping is very important to both inspectors and electrologists' clients because both get an immediate and lasting impression of our practice by how clean the office looks and how professionally it is operated. Using disposable needles, wearing disposable exam gloves and wearing a white lab coat will not make up for a dirty, sloppy work area. I've heard stories about electrologists sucking on a cigarette while treating clients, ashes falling off the end of the cigarette as they're talking and working. Just imag-

ine the impression *that* must create!

Every once in a while I make a point of walking into my office and viewing it as a new client would view it when entering it for the first time. I even lie on the treatment table and look up and around, trying to see things from that perspective, also. It was such an occasion that prompted me to turn off the bright fluorescent lights above my treatment table and just leave a soft, incandescent light from a table lamp on. This subdued general lighting helps clients to feel relaxed and saves them from having to stare at a bright light while being treated. It reduces some tension without appearing to be unprofessional.

Checking the walls and ceiling of an electrologist's office is a smart thing to do — clients spend a lot of time staring in that direction. (Before a recent repainting, more than one client was compelled to tell me that some of my ceiling tiles needed touch-up work.)

In reality most health and/or infection control inspectors are probably concerned with more important issues — disposable needles, reliable autoclaving, treatment gloves and other things that touch the client's skin — but our clients will be impressed by our ongoing, day-to-day attention to cleanliness.

An electrologist who is new to the profession and unsure about the status of infection control procedures in her area — with respect to state, provincial, or municipal regulations — would be well advised to contact the local authorities or her professional organization, and request a copy of the current legislation. For general information on infection control, Linda Edsell's two-part article *Sterilization, Disinfection and Infection Control*, in the May and August 1999 issues of *International Hair Route* magazine are excellent and up to date. This subject is of paramount importance to the electrologist and will be a deciding factor for a lot of potential clients when it comes to choosing a personal care service professional. It just makes good business sense to get it right. □