

Written Procedures – Personal Services

Written Procedure Templates for Personal Service Operators

The Alberta Personal Services Standards requires that personal service operators establish written procedures for the following tasks:

- the cleansing of skin and mucous membrane
- application of antiseptic products
- post-service care for personal services that involve puncturing the skin or mucous membrane
- client care in the event of an accidental skin cut or puncture
- decontamination of any sink that will be used for both handwashing and equipment reprocessing
- operating and maintaining a mobile sink
- actions to be taken following a failed sterility indicator or unexplained physical parameter change

To assist you in complying with the Personal Service Standards, Alberta Health Services has put together the following package of written procedure templates. These templates are for information purposes and guidance. Using the templates “as is” does not guarantee compliance with the Personal Services Standards. You may need to modify the templates to meet your business needs. You may also choose to create your own individual written procedures.

All personal services workers must understand and follow the written procedures you make for your business.

Written Procedure Template for Cleansing Skin

Reviewed by: _____ Date: _____

Personal services business name:	
Services that require skin cleansing:	

Cleanse the client’s bodily area before providing any service that:

- contacts mucous membrane
- breaks skin, or
- may break skin.

When client skin cleansing is required before a service, follow these instructions:

1. Clean your hands as described under Hand Hygiene and Glove Use in the Personal Services Standards (section 2.5 to section 2.10).
2. Check the condition of the client’s skin, hair, nails, teeth, or bodily area. Do not perform a personal service if a client has signs of infection, infestation, or irritation
3. Apply a cleanser to the skin and bodily area of the personal service. Write down the cleansing product information here:

Name of cleansing product:	
Type of cleansing product:	<input type="checkbox"/> wipes <input type="checkbox"/> gels <input type="checkbox"/> creams <input type="checkbox"/> antimicrobial/germicidal soap <input type="checkbox"/> other:

4. Use a clean wipe, towel, or water to remove dirt, oils, makeup, skin products, dead skin, excess cleanser, or any other visible contaminants.
5. Write down any additional instructions, like manufacturer’s instructions for the safe use of cleansing products here:
6. Check that the client’s skin or mucous membrane appears clean, and repeat steps 3-4 if the area is not visibly clean.

Written Procedure Template for Applying Antiseptic

Reviewed by: _____ Date: _____

Personal services business name:	
Services that require antiseptic:	

Apply an antiseptic before providing any service that punctures the client’s skin. Antiseptics:

- reduce, prevent, or arrest the growth of microorganisms on skin, and
- have a Drug Identification Number (DIN) or Natural Product Number (NPN).

When an antiseptic is required before a client service, follow these instructions:

1. Clean your hands as described under Hand Hygiene and Glove Use in the Personal Services Standards (section 2.5 to section 2.10).
2. Cleanse the client’s skin. Follow “Written Procedures for Cleansing Skin”.
3. Write down the antiseptic product name you use and its DIN or NPN :

Antiseptic product name:	
[]DIN or []NPN #:	

4. Read the antiseptic manufacturer’s instructions. Verify the product is allowed to be used on skin.
5. Apply the antiseptic to the client’s skin and bodily area. Follow the antiseptic product label for instructions on use. Write down the manufacturer’s instructions here:

6. Check off the method used to dispense the antiseptic:
 - single-use package
 - from original container using:
 - applied directly onto the skin via:
 - squeeze bottle
 - drop
 - spray
 - other:

Written Procedure Template for Post-Service Care

Reviewed by: _____ Date: _____

Provide post-service client care after providing a service:

- that uses energy-emitting equipment
- that accidentally punctures the skin or mucous membrane
- that intentionally punctures the skin or mucous membrane.

When using energy emitting equipment, follow any post service client care instructions that are specified by the manufacturer.

When a client’s skin is accidently cut or punctured, follow “written procedures for accidental skin cuts or punctures”.

When a personal service involves an intentional puncture of the skin or mucous membrane, follow these instructions:

1. Clean your hands as described under Hand Hygiene and Glove Use in the Personal Services Standards (section 2.5 to section 2.10).
2. Blot the skin and bodily area with a clean cloth or single use disposable towel. Remove residual blood, bodily fluids, inks, or other contaminants that may prevent healing.
3. Cleanse the client’s skin. Follow “Written Procedures for Cleansing Skin”.
4. Apply a topical lotion, cream or ointment. Write down and follow the product manufacturer’s instructions.

Topical product name:	
Manufacturer’s instructions:	

5. Apply a new, clean dressing on the skin or bodily area. Follow the product manufacturer’s instructions. Write down the type of bandage or dressing here:

Dressing name:	
Manufacturer’s instructions:	

6. Write down any other specific instructions for products used during the service:

7. Provide the client with verbal and written post-care instructions.

Written Procedure Template for Accidental Skin Cuts or Punctures

Reviewed by: _____ Date: _____

In the event of an accidental skin cut or puncture, follow these instructions:

1. Stop service.
2. Control the bleeding.
3. Apply pressure to the cut or puncture. Use clean or sterile absorbent material. Hold for several minutes. If blood soaks through the material, apply more material without lifting the first piece of material.
4. Evaluate the cut or puncture and determine if emergency attention is required. Call 9-1-1 for emergencies or call Health Link at 8-1-1 for further consultation if unsure. Seek medical help for large, deep, dirty wounds, or if a wound is too painful to clean.

For minor wounds that can be controlled on site:

5. Clean your hands as described under Hand Hygiene and Glove Use in the Personal Services Standards (section 2.5 to section 2.10) before cleaning or dressing the wound.
6. Put on clean single-use gloves.
7. Encourage the client to clean and cover the wound themselves, if possible. They too must first perform hand hygiene.
8. If the client does not need to see a doctor immediately, and the bleeding has stopped, then ask the client to rinse their wound under potable running water.
9. Cover the wound with a clean or sterile dressing. Follow the dressing manufacturer's instructions for proper use.
10. Avoid further service that may lead to aggravation or infection of the wound or surrounding area.
11. Ask the client to watch for signs of infection over the next few days, and ask them to seek medical attention if concerns arise.

References

<https://myhealth.alberta.ca/Health/pages/conditions.aspx?hwid=tp22233spec>
https://www.redcross.ca/crc/documents/comprehensive_guide_for_firstaidcpr_en.pdf

Written Procedure Template for Handwashing and Equipment Reprocessing Sink Decontamination

Reviewed by: _____ Date: _____

Handwashing must not occur in any sink that is used for equipment reprocessing, unless there is a written procedure that personal services workers follow to appropriately clean and disinfect the sink area between reprocessing and handwashing activities.

These written procedures describe the decontamination steps required if the same sink is used for both handwashing and equipment reprocessing.

1. Wear Personal Protective Equipment (PPE), like gloves and safety glasses, if you are handling dirty equipment and/or if liquid splashing may occur. Write down the type of PPE used.

Type of PPE:	
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2. Remove all items from the sink.
3. Clean the sink basin, apron, taps, and faucet with soap and water. Write down the cleaning equipment you use (e.g. cleaner product name, brushes, sponge).

Cleaning equipment:	
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4. Dry the sink area with a clean towel. Write down the type of towel you use (e.g. paper, microfiber)

Type of towel:	
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5. Disinfect the sink with, at a minimum, a low level disinfectant. Follow the manufacturer's instructions for use and contact time. Write down a description of the disinfectant used (include the Drug Identification Number or the Medical Devices License)

Description of disinfectant:	
DIN or MDL#:	

Written Procedure Template for Operating a Mobile Sink

Reviewed by: _____ Date: _____

Maintain and operate mobile sinks in good working order and in a sanitary condition. When operating a mobile sink, follow these instructions. Also, incorporate the sink manufacturer's instructions into these written procedures.

PRIOR TO USE

1. Identify who will fill the tank and where the tank will be filled. Consider staffing: for example, in a single staff kiosk, how will the staff be able to leave to fill the tank?
2. Inspect the mobile sink and its components to ensure it is visibly clean and in good working condition. Components may include: basins, faucets, taps, water lines, traps, drains, fittings, pumps, hot water heater, potable water tanks, grey water tanks, and general finishes.
3. Fix and/or clean any identified deficiencies. Follow the manufacturer's instructions and facility-specific instructions when using a cleaner or disinfectant on components of the mobile sink. Consider ceasing operations until repairs or alternate arrangements are made that meet requirements
4. Stock the sink with necessary supplies, such as: liquid soap, single-use towels, brushes, cleaner, and disinfectant.
5. Fill the potable water tanks with potable water. Assess the source of the water and the fill area for sanitation.
6. Empty the wastewater tanks of residual water in a sanitary sewer or drain. Do not dump water on the ground.
7. Connect mobile sinks to municipal potable water system and municipal wastewater system whenever possible.
8. Check that the water from the faucet is of sufficient pressure and sufficiently warm.

DURING USE

9. Monitor waste water tank volume. Empty as necessary.
10. Monitor potable water tank volume. Fill as necessary.
11. Monitor sink supplies. Replenish as necessary.
12. Follow "written procedures for handwashing and equipment reprocessing sink decontamination" if the sink will be used for both handwashing and equipment reprocessing.

AFTER USE

13. Empty basins, water lines, and tanks of residual water.
14. Store the sink as outlined in the facility-specific written procedures.

Actions to be taken for Failed Sterility Indicator or Unexplained Physical Parameter Change

Reviewed by: _____ Date: _____

For facilities that use onsite sterilization, the following form can be used in the event any part of the sterilization procedure fails. Identify and resolve the lapse in sterilization and then reprocess all affected equipment. Affected equipment includes all equipment processed since the last cycle in which there was no sterilization lapse.

Personal services business name:	
Services that require sterilization:	
Date and time of identified failure: (mm/dd/yyyy; hh:mm)	
Staff name:	
Staff signature:	
Sterilization type / model:	<input type="checkbox"/> Gravity – gravity displacement or steam-flush pressure-pulse <input type="checkbox"/> Pre-vacuum – dynamic air removal <input type="checkbox"/> Immediate Use Steam Sterilizer (IUSS) <input type="checkbox"/> Other:
Location of sterilizer:	
Type of failure (check all that apply):	<input type="checkbox"/> damaged sterilization pouches/packs <input type="checkbox"/> unsatisfactory physical parameters <input type="checkbox"/> failed chemical monitoring <input type="checkbox"/> failed biological monitoring <input type="checkbox"/> contaminated packages (i.e. dirty or wet pouches) <input type="checkbox"/> improper labeling <input type="checkbox"/> overfilled sterilizer <input type="checkbox"/> equipment stacking <input type="checkbox"/> other:

<p>Description of equipment affected, include load number and a description of the contents:</p>	
<p>Actions taken – affected equipment:</p>	<p><input type="checkbox"/> remove from service all equipment that was reprocessed in the subject load following the last satisfactory cycle <input type="checkbox"/> date/time of last cycle where there was no lapse in sterilization: _____ <input type="checkbox"/> use of pre-sterilized single-use items only <input type="checkbox"/> use an alternate sterilizer that meets sterilization parameters <input type="checkbox"/> other:</p>
<p>Actions taken – failed sterilizer unit:</p>	<p><input type="checkbox"/> sterilizer taken out of use <input type="checkbox"/> sterilizer serviced/repaired <input type="checkbox"/> date of service _____ <input type="checkbox"/> other:</p>
<p>Qualification of sterilizer:</p>	<p><input type="checkbox"/> qualification of the sterilizer has been conducted after being repaired. <input type="checkbox"/> test pack used: yes/no <input type="checkbox"/> dynamic air removal sterilizer (Test run in empty chamber) <input type="checkbox"/> air-detection process challenge device (PCD) performed <input type="checkbox"/> Bowie-Dick test pack used <input type="checkbox"/> gravity-displacement sterilizer (test run in fully loaded chamber) (If sterilizer produces both gravity and dynamic air removal cycles, both cycles shall be tested) <input type="checkbox"/> other:</p>

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