

Personal Service Settings:
DISCLOSURE
GUIDE



Letter from the Medical Officer of Health

Dear Owner/Operator:

The Ontario Public Health Standards requires public disclosure of inspection results of restaurants, public pools and spas, daycare centers, as well as personal services settings such as tattoo parlours, hair salons and more.

As of January 1, 2019, these results will be posted on the Haldimand-Norfolk Health Unit's InspectOUR Community website at <https://inspectourcommunity.hnhss.ca>.

In addition, all establishments in Ontario will be required to post notices related to results of inspections. After an inspection is completed, establishments will be required to post the certificate of inspection as requested by the public health inspector. The goal of the disclosure program is to improve transparency and ensure accountability.

This guide book was created to highlight the changes under the new legislation, provide additional information about the disclosure program and outline your responsibility as a business owner. Please review this guide book carefully.

The public health inspectors at the Haldimand-Norfolk Health Unit are available to answer any questions you may have. Our public health inspectors are available Monday to Friday between 8:30am – 4:30pm and can be reached at 519-426-6170 or 905-318-6623.

Thank you for your cooperation. We look forward to continue working with you to keep our community safe and healthy.

Sincerely,



Dr. Shanker Nesathurai, MD, MPH, FRCP(C)



Personal Service Settings: DISCLOSURE GUIDE

Introduction.....	2	Critical Infractions	10
Role of the Public Health Inspector.....	3	Non-Critical Infractions.....	10
Regulation: Overarching Features.....	4	Appendix A: Personal Service Settings (PSS) Operator's Checklists.....	11
Key Features	4	General Requirements	11
Disclosure.....	6	Record Requirements	13
What is it?.....	6	Appendix B: Mixing a Chlorine (Bleach) disinfectant.....	14
Why is it being implemented?	6	Appendix C: Copy of the Certificate of Inspection.....	15
Disclosure: What does it mean for you?.....	7	References	16
Services Explained	8		
Critical Services	8		
Semi-Critical Services	8		
Non-Critical Services.....	8		
Classification & Inspection Frequency	9		
Infractions Explained	10		



Introduction

The operation and maintenance of personal service settings (PSS) is governed by Ontario Regulation 136/18: Personal Service Settings under the Health Protection and Promotion Act, RSO 1990. Personal service settings includes premises where hairdressing and barbering, tattooing, body piercing, nail services, electrolysis and other aesthetic services are offered. As a PSS owner or operator, it is your legal responsibility to ensure that your premises complies with all of the necessary legislation and operating standards so that the public can safely use the services offered at your premises.

The new personal service settings regulation came into effect on July 1, 2018. To assist you in meeting the updated requirements of the regulation, the Haldimand-Norfolk Health Unit has created this

Personal Service Settings: Disclosure Guide which highlights some of the more significant changes made to the regulation. This guide book does not discuss all requirements in the regulation, and following this manual does not exempt owners or operators from any regulatory responsibilities. Ontario Regulation 136/18: Personal Service Settings can be found on-line at www.e-laws.gov.on.ca.

Please note that changes, renovations or alterations to your premises or operational equipment requires written approval from a certified public health inspector (PHI) and may also require a permit from your municipal building department. Call the HNHU and a building inspector before you make any changes, renovations or alterations.





Role of the Public Health Inspector

Improperly maintained personal service settings can allow the spread of disease-causing organisms among clients. The goal of the PHI is to reduce or eliminate the incidence of such illnesses and to prevent any health hazards that may endanger the health of the clients. Compliance with the regulation and good operational practices are major factors in helping reach this goal. PHIs regularly inspect personal service settings, conduct outbreak investigations and follow-up on public complaints to ensure both the safety of the public and compliance with applicable legislation.

Your PHI can help you operate and maintain your personal service setting in a safe and sanitary manner. The Health Protection and Promotion Act provides

the authority under which enforcement measures can be taken if conditions are found that are, or may be, hazardous to clients. At the end of an inspection, your PHI will issue a report listing any contravention of the regulation or the Act. Enforcement measures may include closure of the personal service setting until hazards are eliminated and/or may even include a set fine, in the form of a ticket. PHIs are available for consultation on compliance issues. To reach a PHI, please call the Haldimand-Norfolk Health Unit at 519-426-6170 or 905-318-6623.

Regulation: Overarching Features

Previously, PSS operators followed the Infection Prevention and Control Best Practices for personal service settings. As of July 1, 2018, the Ontario Regulation 136/18: Personal Service Settings was put into effect by the Ministry of Health and Long-Term Care (MOHLTC).

- A personal service setting is a location where personal services, including invasive procedures, are offered and where there is a risk of exposure to blood and/or body fluids. This includes settings where services such as hair-dressing, barbering, tattooing, body piercing, nail services, electrolysis and other aesthetic services are provided.
- As a PSS operator, you may find yourself already in compliance with this new legislation. Below is a summary of the overarching features of the Ontario Regulation 136/18: Personal Service Settings.

Key Features

Notification Requirement

- An operator must let the Haldimand-Norfolk Health Unit know, in writing, at least 14 days before:
 - opening a personal service setting,
 - providing additional services at the setting, or
 - continuing to provide personal services when a setting is being reconstructed or renovated
- Refer to the 'Business Application Form' at <https://hnhu.org/forms/> to use as a template for completing a notification.

Posting Requirement

- The MOHLTC requires boards of health to disclose the results of the inspections conducted in their jurisdiction.

- Every operator will post the results of an inspection conducted by a public health inspector in accordance with the PHI's request.

Client Information

- Operators must obtain the name and contact information of all their clients. Additionally, if performing an invasive procedure (a procedure where utensils or equipment go through intact skin, mucous membranes or other body cavities), owners or operators must provide their clients with information regarding any risks associated with the procedure.

Prohibited Services

- No person shall sell, offer for sale or provide, any of the following services at a personal service setting:
 - Scleral tattooing
 - Implantation of eye jewellery under the conjunctiva
 - Ear candling or coning
 - Any personal service involving live aquatic species, including fish pedicures

Animals

- Every operator must ensure that the personal service setting is kept free from animals, including birds, aquatic species and reptiles. This does not apply to service animals and live aquatic species displayed or stored in sanitary tanks.

Equipment Maintenance

- All equipment in the premise must be maintained in good repair and in a sanitary manner.

Settings

- Every operator must ensure that their

DID YOU KNOW?

The Haldimand Norfolk Health Unit is working on an online disclosure website, named “InspectOUR Community.” Any inspection conducted after January 1 2019 will be publicly available on <https://inspectourcommunity.hnhss.ca>

premise meets the Ontario Building Code in regards to lighting and ventilation.

- Every PSS must be supplied with hot and cold running water.

Products

- Products used for any service provided must be stored, dispensed and used in a manner that prevents contamination or cross contamination.

Employee Hygiene

- Employees must ensure that they have good personal hygiene when performing any type of service.

- In addition, they must ensure that they are following all Infection Prevention and Control (IPAC) procedures in order to prevent contamination. For example, hands must be washed with soap and water before and after performing a service or putting on gloves.

Operator Training

- Operators working in a PSS are recommended to receive health and safety training as it relates to working in such a setting.
- Owners and operators of a PSS must undertake health and safety training as it relates to the operation and maintenance of their PSS and any additional training, if required by the MOH or a PHI.

Record Keeping

- Every PSS needs to ensure that they are diligent in keeping records as prescribed in section 14 of the regulation.
- The MOH or a PHI reserves the right to request and review your records at any time.



Disclosure

What is it?

The disclosure program is a new requirement from the Ontario Ministry of Health and Long-Term Care. Every board of health will publicly disclose the results of the inspections conducted in their jurisdiction

As of January 1st, 2019, all inspections conducted by our certified public health inspectors will be posted on the Haldimand-Norfolk Health Unit's website. In addition, a certificate of inspection must to be posted on-site at each premises.

Why is it being implemented?

The Haldimand-Norfolk Health Unit supports the MOHLTC's goal of improving transparency and reporting practices.

The disclosure program will allow the public access to accurate information, which will allow them to make informed decisions regarding their health.

For more information about the disclosure program, you may consult the Ontario Public Health Standards or visit our website at www.hnhss.ca.



Disclosure: What Does It Mean for You?

What information will be disclosed?

The following information will be disclosed to the public:

1. All critical and non-critical infractions noted during:
 - All compliance inspections and re-inspections.
 - Certain complaint inspections:
 - Inspections that are conducted due to a complaint will only be posted if the PHI infractions at the time of their visit.
2. Actions taken by the PHI
 - a.) For example: Records reviewed
3. If no infractions were observed during your compliance or your re-inspection, the website will reflect that the premise was in compliance at the time of the inspection.

What information will not be disclosed?

Opening comments, closing remarks, and any other comments that are manually typed into the report by the PHI will not show up on the website. These comments will be documented on the hard copy of the inspection report provided to you by your PHI.

Where will the inspection results be disclosed?

On our disclosure website InspectOUR Community at <https://inspectourcommunity.hnhss.ca>.

Who can see those results?

Any one visiting the InspectOUR Community website will be able to access the information posted for inspections as of January 1, 2019. For inspections prior to this date, please contact the HNHU at 519-426-6170 or 905-318-6623.

What is a certificate of inspection?

A certificate of inspection is a document that allows any clients entering your premises to see that it was inspected by a certified PHI from the Haldimand-Norfolk Health Unit. The certificate of inspection will include the name of the premise, the address, the date of the inspection, if a re-inspection is required and the name of the website where

they can get more information about the inspection results.

You are required to post this certificate of inspection in an area that is clearly visible to the public, until the next visit from your PHI. An example of the certificate of inspection can be found in Appendix D.

What if I correct an infraction during the inspection?

Any infractions that are corrected during the inspection (CDI) are still documented as an infraction on your inspection report and on the disclosure website; but both the report and the website will reflect that the infraction was corrected.

What if I correct an infraction after the inspection, will the website be updated to reflect that the infraction has been corrected?

No. Once an inspection report is signed by a PHI, they cannot edit the report. Closed inspections will be sent to the disclosure website, if they meet the above mentioned criteria.

If a re-inspection is required, and the infractions have been corrected, then they will show up on the website.

Note: Re-inspections are conducted at the discretion of the PHI. Issues that are deemed critical but not an immediate health hazard, and that cannot be eliminated at the time of the inspection will require a re-inspection. In situations like this, your PHI will assess the risk at hand, take actions to mitigate the risk and will conduct a re-inspection to ensure the safety of the public and compliance to the legislation. The time frame within which the PHI will conduct the re-inspection will vary depending on the situation at hand.

For how long will the inspection results be posted on the website?

As required by the MOHLTC, the results will be posted for a minimum of two years on our disclosure website.

Services Explained

Critical Services

Critical services are services performed where the equipment(s) or utensil(s) used can penetrate or puncture intact skin or other sterile body tissue.

The equipment used in these procedures are also known as critical equipment and therefore need to be sterile before use. Examples of critical equipment include, but are not limited to, needles or lancets.

Semi-Critical Services

During semi-critical services, equipment(s) or utensil(s) come into contact with non-intact skin and/or mucus membranes, but there is no penetration of the skin. The risk of being exposed to blood and/or body fluids is higher than a non-critical service. Equipment and utensils used to perform these types of services need to be washed with soap and water before use and disinfected with either a high level or intermediate level disinfectant (Appendix B). Examples of semi-critical equipment are tweezers or nail clippers.

Non-Critical Services

A non-critical service is a service during which there is no intention to penetrate sterile body tissue, or come into contact with mucus membranes, blood and/or body fluids. Equipment and utensils used in non-critical services need to be disinfected with a low level disinfectant after being washed with soap and water (Appendix B). Examples include hair comb, hair salon sinks and barber chairs.



DID YOU KNOW?

The HNHU recommends that you open sterile equipment at the point of use. In addition to being part of the Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition created by Public Health Ontario, this step improves business transparency and increases client confidence

Classification & Inspection Frequency

A PSS is defined in the Health Protection and Promotion Act (HPPA) R.S.O., 1990, c.H.7, as a “premises at which personal services are offered where there is a risk of exposure to blood or body fluids and includes premises at which hairdressing and barbering, tattooing, body piercing, nail services, electrolysis and other aesthetic services are offered.”

As per the Infection Prevention and Control Protocol, 2018, the Haldimand-Norfolk Health Unit inspects all PSS once every year to ensure compliance with the IPAC principles and to ensure the safety of the public.

Note: Complaints received from members of the public, re-inspections or outbreak investigations can prompt additional inspections.



DID YOU KNOW?

Nail files, toe separators, emery boards and buffer blocks are single use only.

They need to be discarded after every client.

Infractions Explained

Critical Infractions

Critical infractions are infractions that can pose an immediate health hazard, if not corrected immediately. Critical infractions will be denoted on your inspection reports with a “C” and will also be highlighted on the disclosure website.

When critical infraction(s) are observed at the time of inspection, a PHI may issue a section 13 order to close the premises. This order outlines what the owner or operator of the premises need to do to mitigate or eliminate the health hazard. Alternatively, depending on the critical infraction observed, a PHI may give the owner or operator a deadline to correct the infraction(s) noted at the time of the inspection.

Examples of critical infractions that can lead to a closure include:

- No hot and cold running water under pressure.
- Pest infestation
- Sewage back-up
- Outbreak epidemiologically linked to the premises

Examples of critical infractions that do not necessarily lead to a closure:

- Failed or broken sterilizer
- Re-using single use equipment (e.g. tattoo needles, lancets, etc.)
- Failure to dispose of used sharps

DID YOU KNOW?

If foot thrones are improperly cleaned, the likelihood of an infection increases if your client has shaved or waxed his/her legs before their pedicure.

Note: The above mentioned examples are not part of an exhaustive list. A public health inspector uses their expertise and knowledge to assess the risk in every situation in order to determine the best course of action at the time of inspection.

Non-Critical Infractions

Non-critical infractions pose a lesser health risk to clients, but should still be corrected within the given time frame to ensure compliance with the legislation. Non-critical infractions will be denoted on your inspection reports with a “NC” and will be highlighted on the disclosure website as well.

Typically, when a non-critical infraction is observed in a premises, the public health inspector will note it down on the inspection report and will give the owner or operator a timeline during which the infraction needs to be corrected. The timeline may vary, depending on the nature of the infraction

While non-critical infractions are not as severe as critical infractions, it is important to note that both critical and non-critical infractions (especially those that are repeat infractions) can lead to enforcement actions taken against a business owner or an operator.

Examples of non-critical infractions include:

- Lack of liquid soap or paper towels at the hand-washing sink(s)
- Broken floor tiles
- Dirty floors, walls and/or ceilings

Note: The above mentioned examples are not part of an exhaustive list. A public health inspector uses their expertise and knowledge to risk assess every situation in order to determine the best course of action at the time of inspection.

Appendix A:

Personal Service Settings (PSS) Operator's Checklists

These checklists do not include all requirements in the regulation and is meant to be used as a guide only. Please visit www.e-laws.gov.on.ca for more details.

General Requirements

Topic Area	Requirements
Notifications	<ul style="list-style-type: none"> <input type="checkbox"/> Owner or owner's agent shall notify the medical officer of health or PHI in writing at least 14 days before opening or renovating and/or restructuring the PSS <input type="checkbox"/> Results of any inspections conducted by a PHI are posted in accordance with the inspector's request
Premise	<ul style="list-style-type: none"> <input type="checkbox"/> Must be free from health hazards or conditions that adversely affect the sanitary operation of the PSS <input type="checkbox"/> Floors, walls, ceilings, fixtures and furniture of the setting must be in good repair, easily cleaned, and with a smooth non-absorbent finish <input type="checkbox"/> Is not used as a dwelling or for dining, sleeping or preparing, selling, handling, eating or storing food <input type="checkbox"/> Work area must be well lit <input type="checkbox"/> Has biomedical and laundry waste receptacles
Sink (Hand Washing Only)	<ul style="list-style-type: none"> <input type="checkbox"/> Has at least one sink used only for hand washing that is: <input type="checkbox"/> Conveniently located to the work area <input type="checkbox"/> Accessible at all times <input type="checkbox"/> Continuously supplied with potable hot and cold water <input type="checkbox"/> Has dispensable liquid soap and single-use hand towels
Sink (Not for Hand Washing)	<ul style="list-style-type: none"> <input type="checkbox"/> Has at least one sink, that is not the hand wash sink that: <input type="checkbox"/> Can immerse the largest piece of reusable equipment used at the setting <input type="checkbox"/> Is continuously supplied with hot and cold running water <input type="checkbox"/> Has adequate counter space to prepare the reusable equipment for use <input type="checkbox"/> Is not located in a room with a toilet <input type="checkbox"/> Is sufficiently separated from where personal services are provided
Sharps (Ex. Needles, Syringes, Scalpels and Razor Blades)	<ul style="list-style-type: none"> <input type="checkbox"/> Are sterile and for a single use <input type="checkbox"/> Must be from packaging that has not been previously opened, damaged or compromised in any way <input type="checkbox"/> All sharps are be disposed of in a sharps container immediately after use
Sharps Container	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant with standards of the Canadian Standards Association <input type="checkbox"/> Disposed of in accordance with the requirements of the Environmental Protection Act
Equipment	<ul style="list-style-type: none"> <input type="checkbox"/> Maintained in good repair and in a sanitary condition <input type="checkbox"/> Maintained in accordance with the manufacturer's instructions (if any) <input type="checkbox"/> Manufacturer's instructions are accessible to the person providing a service <input type="checkbox"/> If no manufacturer's instructions are available, maintained in accordance with the directions, of a medical officer of health or public health inspector (if any) <input type="checkbox"/> All reusable equipment is cleaned and disinfected or sterilized between each use <input type="checkbox"/> All reusable equipment is covered with a single-use disposable cover; the cover is discarded immediately after each use <input type="checkbox"/> All equipment that are designed for a single use are discarded immediately after they are used

Topic Area	Requirements
Animals	<input type="checkbox"/> PSS is kept free from animals, including birds, aquatic species and reptiles; this does not apply to service animals and live aquatic species displayed or stored in sanitary tanks
Products	<input type="checkbox"/> Stored and dispensed in a manner which prevents contamination
Training	<input type="checkbox"/> Every operator of a PSS shall undertake any health and safety training related to personal service setting operation and maintenance
Disinfectants (not including chlorine bleach/sodium hypochlorite)	<input type="checkbox"/> Have a drug identification number (DIN) or natural product number (NPN) assigned by Health Canada <input type="checkbox"/> Are used as per the manufacturer's instructions (where available)
Sterilizers	<input type="checkbox"/> Are suitable for sterilizing the equipment used at the PSS <input type="checkbox"/> Meet the standards established by Health Canada and the Canadian Standards Association <input type="checkbox"/> If a sterilizer has failed to adequately sterilize, the operator shall: <input type="checkbox"/> In writing, inform anyone who provides personal services at the setting of the sterilizer failure and any actions to be taken to prevent disease transmission <input type="checkbox"/> Use any alternate method of sterilization as specified by a medical officer of health or public health inspector
Hygiene Practices of Operators	<input type="checkbox"/> Practices good personal hygiene <input type="checkbox"/> No smoking while providing a service <input type="checkbox"/> Cleans their hands to remove visible soil and kill microorganisms from the hands before and after providing a personal service

Record Requirements

All records are kept available for viewing by the medical officer of health/public health inspectors at any time. All records must be stored at the PSS for 1 year and retained in a secure location for at least 2 afterwards.

Record Type	Information to be Recorded
Sterilization Records	<ul style="list-style-type: none"> <input type="checkbox"/> Name and type of sterilizer used <input type="checkbox"/> Date and time when the sterilizer was used <input type="checkbox"/> Equipment on which the sterilizer was used <input type="checkbox"/> Any preventative maintenance or repairs done on or to a sterilizer and whether the sterilizer functioned properly after the maintenance or repairs <input type="checkbox"/> The results of any checks or tests done on sterilizers
Disinfection Records	<ul style="list-style-type: none"> <input type="checkbox"/> Name of the disinfectant <input type="checkbox"/> Concentration of the disinfectant <input type="checkbox"/> Date when the disinfectant was prepared (if applicable) <input type="checkbox"/> Date by which the disinfectant solution must be discarded (if applicable)
Invasive Procedures Records	<ul style="list-style-type: none"> <input type="checkbox"/> Which procedure was done and the part of the body the procedure was done to <input type="checkbox"/> Name and contact information of the person who received the procedure <input type="checkbox"/> Name and contact information of the person who provided the procedure <input type="checkbox"/> Record that an explanation of the procedure and information about any risks associated with the procedure was provided (if applicable) <input type="checkbox"/> Date(s) of the procedure <input type="checkbox"/> Lot numbers and expiry date of the pre-packaged sterile equipment used during the procedure
Accidental Exposures to Blood or Body Fluids Records	<ul style="list-style-type: none"> <input type="checkbox"/> Date of the accidental exposure to blood or body fluids <input type="checkbox"/> Service being provided when the exposure occurred <input type="checkbox"/> Part of the body that was exposed to blood or body fluids <input type="checkbox"/> Name and contact information of the person providing the procedure when the exposure occurred <input type="checkbox"/> Action taken by the person providing the procedure in response to the exposure <input type="checkbox"/> Name and contact information of the person who was exposed to blood or body fluids

Appendix B: Mixing a Chlorine (Bleach) disinfectant

The HNHU recommends that you follow these directions for ensuring that the proper concentration of chlorine is used and the optimal contact time is reached.

Level Required	When to be used	How to mix the bleach solution
High-level Disinfection 1:10 dilution of bleach 5000 ppm	<ul style="list-style-type: none"> Cleaning up a large blood or body fluid spill. When directed by public health. 	62 ml (1/4 cup) : 562 ml (2 3/4 cups) water or 250 ml (1 cup) : 2250 ml (9 cups) water
Intermediate-level Disinfection 1:50 dilution of bleach 1000 ppm	<ul style="list-style-type: none"> For use in washrooms and change tables in child-care. 	200 ml (4 teaspoons) household bleach + 1000 ml (4 cups) water or 100 ml (7 tablespoons) household bleach + 5000 ml (20 cups) water
Low-level Disinfection 1:500 dilution of bleach 100 ppm	<ul style="list-style-type: none"> Safe level for toys, dishes, utensils and food contact surfaces. 	1 ml (1/4 teaspoon) household bleach to 500 (2 cups) water or 20 ml (4 teaspoons) household bleach to 10 L (40 cups or approx. 2 gallons)

Definitions¹ :

High level disinfectant: A substance, or mixture of substances, capable of destroying or irreversibly inactivating all microbial pathogens, but not necessarily large numbers of bacterial spores.

Intermediate-level disinfectant: A substance, or mixture of substances, capable of destroying or irreversibly inactivating all microbial pathogens, including mycobacteria but not bacterial spores.

Low-level disinfectant: A substance, or mixture of substances, capable of destroying or irreversibly inactivating, at a minimum, vegetative bacteria.

³ Definitions quoted from *Guide to infection prevention and control in personal service settings*. 3rd ed.

Appendix C: Copy of Certificate of Inspection

**Health and
Social Services**
Haldimand and Norfolk

InspectOURCommunity

CERTIFICATE OF INSPECTION

This certificate of inspection confirms that:

NAME OF PREMISE

located at

ADDRESS OF PREMISE

was inspected by a public health inspector of the
Haldimand-Norfolk Health Unit on

DATE OF INSPECTION

Under the authority of Ontario's Health Protection and Promotion Act
and applicable regulations

☐ Re-inspection required

S. Nesathurai

Dr. Shanker Nesathurai, (Acting) Medical Officer of Health

For more information about the inspection conducted on this day, visit our disclosure website: [InspectOUR Community](https://inspectourcommunity.hnhss.ca).

Simcoe: 519-426-6170 • Caledonia: 905-318-6623 • <https://inspectourcommunity.hnhss.ca>



All inspection results are based on observations made by the public health inspector at the time of inspection.

This certificate is the property of Haldimand-Norfolk Health Unit. Removal, altering or damaging of this certificate may result in enforcement action.

References

Ministry of Health and Long-Term Care. (2013). CIPHI presentation. Infection Risk Categorization for Personal Service Settings Post Inspection Tool. Accessed on October 4 2018, from http://www.ciphi.on.ca/images/stories/pdf/resources/2013_Annual_Conference_Presentations/3_infection_risk_assessment_for_pss_tool.pdf.

Ministry of Health and Long-Term Care. (2018). Ontario Regulation 136/18: Personal Service Settings, under the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. Retrieved from <https://www.ontario.ca/laws/regulation/180136>

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2018). Guide to infection prevention and control in personal service settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario

Note: This booklet is only intended to be a guide and does not replace any legislative requirements.

Inspect **OUR Community**

For more information about the disclosure program and the InspectOur Community disclosure website, please contact the Haldimand-Norfolk Health Unit at 519-426-6170 or 905-318-6623 or visit <https://inspectourcommunity.hnhss.ca>

