

FLORIDA

2024 Nail Specialist Continuing Education



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WHAT'S INSIDE

THIS COURSE SATISFIES ELECTIVE REQUIREMENT

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Nail technicians must protect their clients during nail services through a health evaluation. The first thing clients must do upon entering a new salon or spa is complete a new client sheet, sometimes referred to as a health sheet or health evaluation sheet. Many salons and spas bypass their use because they believe it takes up service time, and others feel it is unnecessary, thinking, "What harm can a manicure or pedicure do?" No state specifically requires them, so why should they take the time? This course will cover services you should not perform on clients that have certain health conditions, but is not exclusive to all conditions a client may have.

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What are the requirements for license renewal?

Licenses Expire	CE Hours	Mandatory Subjects
Biennial renewals are due October 31.	10 (All hours are allowed through home-study).	All requirements can be found in this book.

How much will it cost?

Course Title	Price
10 Hour CE Update for Nail Specialist	\$22.95

How do I complete this course and receive my certificate of completion?

See the following page for step by step instructions to complete and receive your certificate.

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What information do I need to provide for course completion and certificate issuance?

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Important information for licensees:

Always check your state's board website to determine the number of hours required for renewal, mandatory subjects (as these are subject to change), and the amount that may be completed through home-study. Also, make sure that you notify the board of any changes of address. It is important that your most current address is on file.

Licensing board contact information:

Florida Department of Business and Professional Regulation (DBPR)
 Division of Professions | Board of Cosmetology
 2601 Blair Stone Road | Tallahassee, Florida 32399 | Phone: (850) 487-1395 | Fax: (850) 488-8040
 Website: <http://www.myfloridalicense.com/DBPR/cosmetology/>

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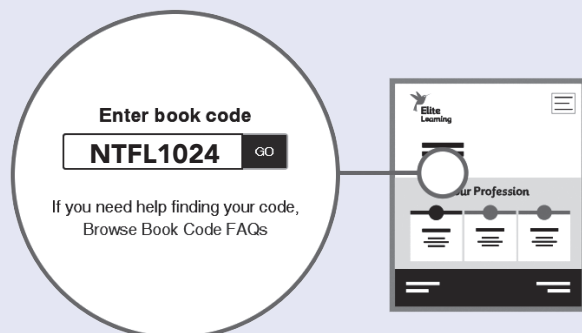
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Chapter 1: Manicuring and Your Client's Health (Satisfies Elective Requirement)

Learning objectives

- After completing this course, the learner should be able to:
- ◆ Describe the symptoms of people who are allergic to EMA.
 - ◆ Name the first symptom usually evident when one is allergic to polish.
 - ◆ Name the three chemicals that are being formulated out of polishes.
 - ◆ Explain why manicuring has become popular again in the nail industry.

- ◆ List five conditions that must be on the health history sheet.
- ◆ List three conditions that disqualify clients from soaking.
- ◆ Provide the reasons for not trimming cuticles.
- ◆ Describe a soakless pedicure.
- ◆ List three reasons why a patient would have a soakless pedicure.

HEALTH AND THE MANICURIST

Nail technicians must protect their clients during nail services through a health evaluation. **The first thing clients must do upon entering a new salon or spa is complete a new client sheet, sometimes referred to as a health sheet or health evaluation sheet.** Many salons and spas bypass their use because they believe it takes up service time, and others feel it is unnecessary, thinking, "What harm can a manicure or pedicure do?" No state specifically requires them, so why should they take the time?

Why? Because some clients have chronic conditions that can affect their capability or the protocol for their services, nail technicians should know their conditions and be trained in

how to deal with them, and when not to or how to perform the services. The protocols of the services must be changed for some clients, and some should not have one at all. The only way to discern these clients is through the health list on their sheet. Unfortunately, it appears that no schools are training students on how to get this information.

And just as important, an informed manicurist can protect herself from contracting an infection and can prevent later clients from getting it as well.

Below is a typical all-services health questionnaire list. Some add "or a history of" to their request for information.

Client Health Sheet		
Your health background is important to the provision of safe services. Please circle any conditions you have, medications you take or activities you do that are listed below.		
Blood pressure (high or low)	HIV/AIDS	Stroke
Cold hands and feet	Nail or foot fungus	Kidney problems
Tuberculosis	Experienced a sunburn	Bleeding disorders
Anemia	Any skin disease	Scoliosis
Use Accutane®	Lymphedema	Digital herpes
Arthritis, tendinitis, bursitis	Open lesions of any kind	MRSA
Cancer	Foot bone abnormalities	Undergo chemotherapy
Diabetes (I or II)	Antibiotics	Hepatitis A, B, or C
Fibromyalgia	Varicose veins	Use medications that cause skin light sensitivity
Heart problems	Arteriosclerosis	Undergone hormone replacement
Stress-related condition	Use oral acne products	Have extremely sensitive skin
Thyroidism (hyper or hypo)	Use a tanning bed	Use heparin/similar meds

Below are details involving the particular conditions and precautions for providing manicure and pedicure services to clients with the conditions and meds that are listed on the above example of a health sheet. The information does not cover all the needed information – that would take a book. It is the responsibility of each individual manicurist to seek out this valuable information. Clients with certain conditions should check with their physician for permission to have pedicures.

Blood pressure (high or low) is the relationship of the vascular pressure needed to move sufficient blood to achieving homeostasis in the organs.

- **High blood pressure (hypertension)** can cause fluid buildup and swollen hands and feet. The effects of high blood pressure on the nervous and circulatory systems can cause pain, loss of sensation (neuropathy) and tingling in the feet and can increase the susceptibility for infection and foot ulcers and thus increase the potential for infections and ulcers that can lead to amputations or even death. The technician should assume that clients with longstanding high blood pressure do not have full feeling in their feet because of damage to the nerves in the feet, and they heal poorly because of damage to the blood vessels in the feet. Massage is contraindicated for any person with high blood pressure. Soaking is also contraindicated; a soakless pedicure is indicated.

- **Low blood pressure (hypotension)** is having lower-than-normal blood pressure that can cause insufficient blood and oxygen to the organs. This can result in temporary or permanent damage to organs. For example, if insufficient blood flows to the brain, brain cells do not receive enough oxygen and nutrients, and a person can feel lightheaded, dizzy or even faint. Going from a sitting or lying position to a standing position often brings out symptoms of low blood pressure. This occurs because standing causes blood to “settle” in the veins of the lower body, and this can lower the blood pressure. If the blood pressure is already low, standing can make the low pressure worse, to the point of causing symptoms of light headedness, even fainting. Nail technicians should assume every client is hypotensive when standing from a chair or getting out of a pedicure chair and offer their aid. A person who usually has normal blood pressure is in a state of ultra relaxation and her blood pressure may go down to a point where it can cause her to fall or stumble when getting out of the chair.

Diabetes mellitus (1 or 2), usually referred to as diabetes, is a chronic disease in which a person has high blood sugar either because the pancreas does not produce enough insulin or because cells do not respond to the insulin that is produced. Blood sugar indicates the concentration of sugar (glucose) in the blood. Glucose, the primary source of energy for the body's cells, is transported from the intestines or liver to body cells via the bloodstream and is made available for cell absorption. Insulin is a hormone produced by the body primarily in the pancreas.

Insulin also provides signals to several other body systems, and is the chief regulatory metabolic control in humans. The human body naturally tightly regulates blood glucose levels as a part of metabolic homeostasis (“balanced”).

Diabetes affects the entire life of a diabetic, from how the person eats to the long-term health of the heart, kidneys and feet. People suffering from diabetes have one of two types of diabetes mellitus, 1 or 2.

Type 1 diabetes usually is diagnosed before age 20 but can occur at any age including adulthood, especially in those in their late 30s and early 40s. The pancreas produces little or no insulin. It may develop very abruptly over a period of a few days or weeks and shows itself in the following three-step sequence:

1. Increased blood glucose.
2. Increased use of fats for energy and for the formation of cholesterol by the liver.
3. Depletion of the body's protein stores.

This will show as a sudden drop in body mass that isn't stopped even when eating large amounts of food. A sufferer will also feel very fatigued and generally “under the weather,” and experience intense thirst. The distinguishing characteristic of patients with Type 1 diabetes is that they are life-long dependent on exogenous insulin (injections). They require long-term medical attention both to limit the development of its devastating complications and to manage them when they do occur. The pedicurist must assume this client has some degree of neuropathy (loss of feeling in the feet). Generally, Type 1 insulin-dependent clients cannot be soaked because they are prone to extremely dry skin that can easily become infected. Always assume the diabetic person has some vascular damage in the feet, and that gentleness is important in massage.

Type 2 diabetes results from the combination of resistance to insulin and inadequate insulin secretion. It is characterized by hyperglycemia and associated with microvascular (such as retinal, renal, possibly neuropathic), macrovascular (such as coronary, peripheral vascular), and neuropathic (such as autonomic, peripheral) complications. Type 2 diabetics may or may not be dependent upon insulin for life and may be on oral medications. They may at some time become insulin dependent, sometimes due to obesity. Always ask whether this person is insulin

dependent and if his or her doctor has given permission for the person to have a pedicure. Do not soak an insulin-dependent diabetic.

Type 2 diabetes is far more common than Type 1, accounting for 80-90 percent of all known cases of diabetes in the United States. In most cases, the age of onset is more than 40 years, with the majority diagnosed between the ages of 50 and 60. Unlike Type 1, this type develops slowly and can go unnoticed for some time.

Arteriosclerosis – To accommodate the pressure created by the pumping of the heart, arteries must stretch with each heartbeat. Half the deaths in the United States each year are caused by cardiovascular diseases, which are accompanied by circulatory problems. The single greatest killer of Americans today is hardening of the arteries or arteriosclerosis, which prevents the arteries from stretching with the pumping of the heart. **Persons with circulatory problems cannot be soaked nor have massage on their legs.** Reflexology may be appropriate.

Lymphedema – Lymphatic obstruction is a blockage of the lymph vessels that drain fluid from tissues throughout the body and may cause localized and chronic fluid retention and tissue swelling of the extremities, called lymphedema. Primary lymphedema is hereditary, while secondary lymphedema is caused by infection, cellulitis, damage to the lymph system, and chemotherapy. Early diagnosis is difficult, though the sufferer may report “heaviness.” Generally, by the time of diagnosis, it is incurable.

The lymphatic system is a parallel vascular system to the artery/venous blood system that returns interstitial fluids to the bloodstream where they are returned to the tissues. The soleus muscle, also known as the calf pump, executes movement of lymph from the legs towards the heart and back into the blood system. As a person walks, the soleus contracts, squeezing lymph up the leg via the lymphatic vessels. When the muscle relaxes, valves in the vessels shut, preventing the fluid from returning to the lower extremities.

Symptoms may include severe fatigue; a heavy swollen limb or localized fluid accumulation in other body areas, including the head or neck; discoloration of the skin overlying the lymphedema; and eventually, deformity of varying degrees. **Only persons with minor swelling should experience pedicures, and they should not be soaked.** This person should be massaged very gently upward. A trained lymphatic therapist can perform lymphatic drainage on early-stage lymphedema, a technique that must be specific and requires training. The technique requires the therapist to manipulate other areas of the body and should not be performed by a manicurist.

Foot/bone abnormalities – Foot deformities, whether congenital or acquired, can cause pain for the client if the technician is not knowledgeable about the deformity. For example, hallux valgus, a bunion, often causes the client pain, and extreme pain occurs if the pedicurist performs the foot pulling massage movement on the toes. Massage on any foot with deformity is contraindicated because they are very susceptible to injury and high pain upon manipulation.

Recent sun or use of sun bed – Use of a tanning bed or recent exposure to the sun can cause skin irritation that is not evident if it was experienced just before the treatment. The result may be a burn-like response to massage or products that can become blisters, or the outer layer of the epidermis may peel, and sometimes an open lesion may develop. Do not perform any treatments or massage on a client who has recent overexposure to the sun or uses a sun bed service.

Skin disease of any kind – Not only is it reasonable to ask this question for the safety of the client regardless of whether the disease is active, it also is important for the safety of the nail professional. Conditions range from actinic keratosis to melanoma, and the technician should seek thorough education on the topics. Many are non-pathological and will not prevent

manicures and pedicures, but others will. Psoriasis will disqualify treatment because it can harm the client. An example of a pathological skin infection that will not allow a manicure or pedicure is shingles, which can occur on the legs.

Digital herpes – A viral infection that is not only very contagious when active, it is contagious for a time before symptoms are evident on the skin. Sufferers will say the skin may tingle before the actual breakout, so the client may recognize an eminent breakout. DH is a recurring infection, and can be activated by many activities, such as stress and even the use of implements on the area with aggression. This client must be treated gently, and the nail technician must wear gloves at all times when working with him or her. Working on the affected nails last may be a wise decision to prevent spreading the infection to other fingers. No heavy massage should be performed on a client who has a recurrent though not manifesting disease. Heavy massage can activate a recurrent skin disease.

Nail or skin fungus – A very common infection, fungus is very contagious. Nail and foot fungus are from the same dermatophyte but can be active on only one or both the nails and the skin of the foot. (On the hands, it usually is only on the nails.) No client with nail or foot fungus should be given a beauty service on that area of the body.

Tuberculosis (TB) – One of the oldest human diseases infecting an estimated 16.2 million people, tuberculosis remains one of the leading causes of death and illness in the world. The bacterium is spread from person to person as it is carried by droplets expelled when coughing, sneezing, speaking, and laughing. The symptoms include dry persistent cough, bloody sputum, intermittent fevers, and flushed complexion. A simple skin test and chest x-ray are used to confirm diagnosis and several antibiotics must be taken for at least 6 months in order to eradicate the disease. The doctor will advise the patient when he or she is not contagious; until that time the person is extremely contagious and may be advised to wear a mask over the mouth and nose. The disease is currently becoming resistant to the prescribed antibiotics due in part to patients not completing the full course of treatment.

Arthritis, tendonitis, and bursitis – Any term with “itis” at the end indicates inflammation. Arthritis is inflammation of the joints, tendonitis is inflammation of the tendons, and bursitis is inflammation of the bursa (bursa sacs exist on the feet). These conditions can be extremely painful and prevent treatment. Massage is usually not performed on these persons by a manicurist to prevent further damage.

Thyroidism (hyper or hypo) – This is an autoimmune disease of the thyroid gland located on the front part of the neck below the thyroid cartilage (Adam’s apple). The gland produces thyroid hormones, which regulate body metabolism. Thyroid hormones are important in regulating body energy, the body’s use of other hormones and vitamins, and the growth and maturation of body tissues.

Diseases of the thyroid gland can result in either overproduction (hyperthyroidism) or underproduction (hypothyroidism) of the thyroid hormone, or goiter (enlargement of the thyroid with hyperthyroidism or hypothyroidism but also with benign and malignant – cancerous – nodules). There are many causes, from chemotherapy to genetics and family history. Many symptoms exist, from fatigue to weight gain and depression for hypothyroidism to hyperactivity and weight loss for hyperthyroidism. It is not an easy disease to diagnose. These clients are prone to very dry skin and should not be soaked unless a deep hydration treatment is performed. They are also prone to crevices over their calluses on the heel, indicating they should not be soaked.

Kidney problems – The kidneys are a pair of bean-shaped organs that lie on either side of the spine in the lower middle of the back. They act as a filtering system, removing waste products and excess water from the blood then sending the

resulting urine to the bladder to be removed from the body upon urination. Chronic kidney disease is a gradual and usually permanent loss of kidney function over time. With loss of kidney function, there is an accumulation of water, waste and toxic substances in the body that are normally excreted by the kidney. Acute kidney failure develops rapidly, over days or weeks. Loss of kidney function also causes other problems, such as anemia, high blood pressure, acidosis (excessive acidity of body fluids), disorders of cholesterol and fatty acids, and bone disease. Manicurists and pedicurists will usually see swelling (“puffiness”) of the appendages and should act accordingly – no soaking and careful upward massage movements.

Varicose veins – Healthy veins contain about 70 percent of the body’s blood at any one time. Since blood returning to the heart from the lower part of the body must move against gravity, most of the larger veins contain one-way valves to keep the blood from pooling in the feet and legs, or moving backwards. Varicose veins have valve problems allowing the blood to move backward, and they become swollen because of the blood they are being forced to hold that is not moving upward properly. Eventually, they do not function properly. Advanced varicose veins can also be predisposed to ulceration. After veins develop valve problems, the blood re-routes through smaller, more superficial veins. Massage of the legs is not an option with these clients and can be painful and dangerous. Soaking is also not an option above the feet/ankle.

Bleeding disorders – Usually a lack of clotting capabilities, bleeding disorders can be the cause of easy bruising and nonstop bleeding from a minor cut. Most are from taking medications to prevent strokes and other illnesses that can be caused by clotting of the blood. These clients should not have their cuticles trimmed – none, and any use of metal implements should be extremely gentle, if used at all. Massage should be gentle and slow.

Hepatitis A, B, or C is an inflammation of the liver usually caused by a pathological microbial invasion. Hepatitis is generally covered in pre-license courses, so discussion here will be short. These illnesses are highly contagious, no matter their mode of transfer, and OSHA requires all personal service providers, including nail technicians, to assume every client is infected, no matter whether they are or not, or whether they disclose their illness or not. This requires the use of personal protective equipment and a high level of infection control in every service.

Stroke – It is important that salon employees know the signs of a stroke and immediately call 911 when they see them. Fast treatment is imperative to positive recuperation. Remember, women may report unique stroke symptoms, including:

- Sudden face and limb pain.
- Sudden hiccups.
- Sudden nausea.
- Sudden general weakness.
- Sudden chest pain.
- Sudden shortness of breath.
- Sudden palpitation.

Open lesions of any kind prevent services by manicurists and pedicurists. Coverage does not protect the technician from transfer of an infection.

Cold hands and feet can indicate a circulatory problem or reduced blood flow to those limbs. This also can be a symptom of Reynaud’s Disease, a circulatory disease. Even low blood pressure can cause reduced blood flow and cold hands or feet. Hypo-thyroidism also can cause cold hands and feet. Whatever the reason, and there are many potential ones, it is important for the technician to consider a reduced blood flow, which can cause a propensity to infection and slow healing. Extreme care should be taken with this client to prevent injury. Massage is usually no problem and increases blood flow, and therefore the supply of oxygen to the area and the friction can warm the skin and appendage.

Anemia is a low red blood cell count, which decreases oxygen delivery to every tissue in the body. Symptoms can be varied and wide-ranging, from fatigue to heart palpitations. A person with anemia should be considered a slow healer, so gentle use of implements is important. It is also imperative that those instruments be sterilized to prevent the transfer of infection.

Cancer in any form is devastating to the client and his or her family. A person who has had cancer or is in treatment for it must be treated gently and with high-level infection control. Always ask whether the person has permission from his or her doctor to have the treatment. Unless the person's skin has become dry as a side effect of chemotherapy, these clients enjoy a soaking in a whirlpool tub.

MRSA (methicillin resistant *Staphylococcus aureus*); HA-MRSA (hospital-associated methicillin resistant *Staphylococcus aureus*); and CA-MRSA (community-associated methicillin resistant *Staphylococcus aureus* – This infection is from the bacteria *Staphylococcus aureus*, a microbe that is routine in the flora on our body. When it becomes out of balance in the body past healthy tolerance or a cut on the skin occurs, it can become pathological (capable of causing illness).

MRSA in hospitals is called hospital-associated methicillin *Staphylococcus aureus* (HA-MRSA), where it primarily was found. However, it has spread into our environment. Known as community-associated methicillin *Staphylococcus aureus* (CA-MRSA), it and HA-MRSA are causing illnesses that kill more people every year than HIV and hepatitis. MRSA is very contagious and is spread by touch between people (direct transfer) and between people and surfaces, such as towels, the clothing of others, just about everything (indirect transfer). The problem is its resistance to cure.

Nail technicians are especially susceptible to CA-MRSA because they touch and hold the hands and feet of clients who may be ill or "colonized," meaning they carry the MRSA infection in out- of-normal numbers but it is not pathogenic to them. Studies show that 30 percent of the U.S. population is colonized, so it is probable that some persons in each nail clientele are colonized with the easily transmittable Staph microbe. These microbes can be passed on to a new host who may become infected and very ill – possibly their nail technician.

Symptoms of CA-MRSA infection proceed through stages, with each worse than the last. Too quickly, if not treated, it can carry the infection into the inner body and to the person's organs. Then it is difficult to treat, and it can kill the sufferer. Even the first stage is treated with very heavy antibiotics because MRSA proceeds through the stages quickly. It must be stopped as early as possible. Many nail technicians have reported incidences of being infected and not knowing what the lesion was until someone suggested they go to the emergency room ASAP.

Because MRSA infections can be so serious and are sometimes deadly, it is important to learn to recognize the symptoms of one so that your early treatment can be initiated. The first symptom of MRSA is a little red bump or bumps on the skin that appear like spider or other bug bites. (For a very short time it isn't even

Medications and activities

The client health sheet is also important to nail technicians because many of the listed medicines or activities can increase adverse responses of the skin to some treatments.

Antibiotics – Clients taking antibiotics may respond to products or treatments as they would not any other time; irritation and exaggerated redness can result in lesions, even scarring in those with slow healing problems.

Accutane® and other oral acne products – Use of these medications can cause the skin to turn red, even become inflamed or blister even though it is not in the specific area of the medication application. The skin of the client is very sensitive to scrubbing. No AHA or retinoid product should be used on this

surrounded by redness.) But it doesn't stop there. The area quickly becomes inflamed and painful, and then develops a boil that is draining or is full of pus. Within three to four days it becomes a deep, damaging abscess that penetrates the skin.

By then, the person likely has sought help from a physician or emergency room and been prescribed heavy antibiotics even before lab tests confirm the probable diagnosis. At the same time, the person feels fatigued, much like the day before experiencing the flu, and is becoming irritable. If it does not get better immediately, even stronger antibiotics are prescribed.

If it does not begin to get better, other symptoms, such as fever, difficulty breathing, chills or chest pain, would typically be signs of a more serious MRSA infection that has spread beyond the skin and to the blood, lungs or other part of his body. These symptoms require intense and extensive medical attention and possibly hospitalization in an infectious ward of a hospital. It is not unusual for such a person to be off work for months and become permanently incapable of working, or unable to work in a personal care or food industry. (18) MRSA is so infectious and dangerous that it is one of the major reasons nail technicians should use gloves when working on clients. A person with even a first-stage lesion – which looks like a bug bite – should not be provided a service in a salon.

Fibromyalgia is a common syndrome in which a person has long-term, body-wide pain and tenderness in the joints, muscles, tendons and other soft tissues. The causes and methods of prevention are unknown. These clients should be treated with gentleness and with questions during the treatment concerning their comfort. These clients enjoy being soaked in a whirlpool and experiencing paraffin and heat. Massage can feel wonderful or be excruciatingly painful. Always be aware of your client's responses to touch.

Stress-related conditions sometimes manifest on clients as being directly related to stress or the flare-up can be attributed to "nerves." Hives can be caused directly from stress, and flares of eczema, psoriasis and vitiligo and other skin conditions can be directly related. Do not perform services on clients who have lesions on their skin of any kind, no matter the cause.

Scoliosis is a sidewise curvature of the spine away from the middle. Knowing a person has scoliosis is not so much a consideration of the precautions of services as a reminder of thoughtfulness towards the comfort of the client. Nail technicians should always ask these clients how they could be made most comfortable.

Sensitive skin – Some clients have skin that will respond with irritation with little cause. Even use of a scrub or an exfoliation glove on the arms or legs or even massage can cause them irritation. If clients mark "sensitive skin" on the health sheet, ask questions about the degree of their sensitivity and watch the color of their skin for any indication it is beginning to redden. Do not perform more than a few seconds of a scrub, and be gentle. Massage should not be intense or aggressive. If redness occurs, cool compresses should be applied on a reddened area to relieve the sensitivity.

client because these products cause reactions, sometimes even skin lifting, on persons who are on them.

Rapid exfoliants – Products such as Retin A and other vitamin A products may cause skin to respond with high irritation and blistering, even lifting of the epidermis if certain products (such as AHAs) are used in a treatment. Never use AHA or peeling products on this client's skin.

Exfoliation products, AHAs – The use of products with these ingredients on skin that is continually exposed to the sun, such as the hands, can develop hyperpigmentation. Hand lotions with an SPF ingredient should be sold to these clients for application in the morning and after each hand washing to refract the UVB

and UVA rays. The home-care lotions should be 10-15 percent AHAs, and the peels from the facial department that are applied to the calluses in some treatments should be no more than 30 percent AHAs. Some states do not allow nail technicians to use AHAs at all; others have no restrictions.

Hormone replacement (HRT) – The person taking this medication (HRT) may have heightened responses to products that have AHAs and Retin A ingredients in them. The skin may become reddened to some degree, or possibly become irritated. (This will not happen if the AHAs are restricted to the calluses.) An added note: A client who is pre-menstrual may respond with more redness than usual to treatment products and exfoliation, even to use of an exfoliation glove or scrub.

Chemotherapy – A person on chemotherapy is especially sensitive to irritation, so must be treated gently with products that cannot produce irritation. There is no way to know how their skin will respond because of the continued assault on their bodies. They are also very susceptible to infections and slow healing of any injury, no matter how miniscule. Only basic

General information

Massage of the hands and feet and arms and legs during a service should never produce pain or discomfort for any client. Always ask several times, quietly, if the movements are comfortable for the client, and change the pressure and movement she is uncomfortable.

It is against the law in most states to perform services on anyone with an active infection of any kind, such as foot fungus, tuberculosis, hepatitis, HIV/AIDs, and any active skin condition of any kind that has open lesions. It is not discrimination; it is the law. (Check with your state on this policy. Instead, state rules may instruct you to use universal precautions and proceed.)

Never cut or trim the cuticles of a client who has a chronic illness or is prone to infection. More and more states are changing their regulations to “no cuticle trimming” because they recognize the practice allows entry to pathological microbes. Only dead skin should be removed from the eponychium. The flat, even “shelf” of tissue on the anterior of the eponychium is not to be removed; it is the seal to prevent microbes from penetrating beneath.

Diagnosing – not

Diagnosing of skin and nail disorders can be a serious issue for nail technicians. Know that anything beyond saying a person’s condition is “out-of-normal” is illegal in every state and places the technician and the salon into a precarious position legally. Nail technicians must resist the temptation to say, “this looks like ...” when discussing a condition on the feet or nails of their clients; it is a very dangerous phrase when working with them. No matter what, the nail technician must fully defer to a

Soakless services

A soakless service is an option for both hands and the feet and is an important service for every nail technician to learn, especially when performing pedicures. The reality is that every nail technician should know how to perform this service because many clients cannot be soaked.

The reasons for choosing this type of service are:

- Those who cannot be soaked can still enjoy a manicure and pedicure.
- Those who fear contamination in a pedicure tub can enjoy a pedicure.
- The protocol is faster than soak services; it removes the necessity of cleaning and disinfecting the bowl or tub.
- It prevents dehydration of the skin by soaking.
- It is highly moisturizing.
- Some people just prefer the mitts over the soak

treatments should be performed on these clients. Massages should be gentle. Reflexology by an expert reflexologist is a great massage for these clients during their pedicures. These clients should not have their fingers or feet soaked; low heat is applied when they are in heat mitts; don’t even consider medium heat because their skin may respond with a burn. Paraffin is not performed on these clients.

Medications causing light sensitivity – Clients taking medications that cause them to be light sensitive cannot have LED treatments unless their physician says the exposure is acceptable.

Manicurists must know the existing and past health conditions and medications of their clients and their relevance to the services they are providing their clientele. The only way this can happen is through a new client sheet that contains a health section. At each service, the manicurists should ask the client whether any health changes have occurred since the last service and note those changes in the client’s record for use in client evaluation at future appointments.

podiatrist and never provide any opinion whatsoever about a condition for several reasons:

- The podiatrist referred to will not be pleased with any comment other than “You need to see a podiatrist, and this is whom I recommend.”
- The salon and nail technician may lose future referrals from this podiatrist or bring a call from him or her reminding the professional not to do such.
- **It is against the law in every state for a non-medical professional to diagnose or treat a pathological condition.**
- A nasty lawsuit may follow if the diagnosis is incorrect.
- The technician can be turned in to the state board for an illegal act.
- The salon and professional can lose their licenses.

Nail technicians need to consciously practice how to avoid discussing possible conditions on the feet and offering medical advice other than “you need to go to a podiatrist.” If not, they will slip and provide an opinion for which they have no training and that is illegal to offer. Clients will ask, even press the technician for an opinion, so it is important to define what to say to avoid giving one. It is best to have the cards close by of a podiatrist with whom the salon has a relationship; provide the card to the client. Some technicians even call the office to make the client an appointment or will forward a picture taken on their phone to the office for the podiatrist.

Referrals from the podiatrist of their patients can be nurtured when a nail technician refers clients to the podiatrist’s offices, especially if the nail technician is trained to work with the chronically ill (www.medinails.com) and uses an autoclave in implement infection control.

Some technicians believe soakless services have a unique protocol and that special training is necessary. It does not. It merely means that in a manicure, the fingertips are not soaked, and in a pedicure the feet are not soaked in water, whirlpool or otherwise. That step is replaced by moisturizing and softening the hands and feet another way. It is known by several names: waterless manicure or pedicure, dry manicure or pedicure, soakless manicure or pedicure.

Reasons for preferring soakless include:

- The protocol is not waterless. Water is used several times through wet towels.
- The protocol is not dry. Wet towels are used several times during the service.
- Soakless is exactly what it is. Neither fingers nor feet are soaked in water.

Though it has been performed for some time, it has only recently hit the mainstream and is enjoying popularity. It can be used for every treatment manicure or pedicure. Basically, the process is the same as its wet version, just without the water soak. A typical soakless protocol is below.

Salons or spas still use their spa chairs; clients love the massage and heat of these chairs. The whirlpool bath is covered with a laminate (as with kitchen counters) lid – many of these chairs actually have a lip around the top of the bath in which a customized lid can fit. If not, a lid can be designed that fits over the tub. It is covered with a towel for client's feet to rest on.

Warning: Clients should be immediately trained to not place their weight on the bath cover – no more than on the footrests.

Salons or spas that do not have the spa chairs but do have a corner that will hold a facial chair can allow clients to relax while having their pedicure. The chair is covered with a large bath towel for comfort. A screen can be placed between the other clients and the chair for privacy and comfort, or a hospital curtain track can be placed on the ceiling to allow a curtain to be installed and pulled closed during the pedicure. Others use a separate room for one or more of these chairs.

Protocol – The basic soakless/waterless pedicure

The protocol is written for a pedicure but can easily be changed to that of a manicure.

The client can be sitting or laying back but he or she must be comfortable. Have all disinfected implements in a covered container and laying on a towel-covered professional stand along with other supplies. Cover the person with a clean, comfortable blanket, a sheet or sheet towel, or whatever is the salon policy.

- 1. The client's health information should be filled out in the waiting room.** Seat the person according to policies. Put on gloves. Check the health sheet and feet for contraindications to having a pedicure. If not appropriate, refer the person to a podiatrist and perform a placating pedicure.
- 2. Examine** the feet and legs and discuss any conditions with the person. Adjust your techniques according to the health responses, using precautions for pedicures on at-risk clients. Remove polish, shorten and shape the toenails while discussing the procedure. Suggest services, if different than on the book, and upgrades at this time.
- 3. Cleanse.** Wet the legs, feet and toes with a warm, wet towel and then apply a foam cleanser to your wet hands and work up lather, if possible, or a gel cleanser, rubbing it all over them. (Remember the toenails – use a nailbrush with more

Conclusion:

The nail industry has changed since its one-service beginning — the manicure – from being an “and we also offer ...” service in hair salons to being a well-known niche specialty in the professional beauty industry. No longer is it performed in the corner of a salon or under the hair dryer, and no longer does the nail professional have to have a cosmetology license.

cleanser.) Rub the cleanser around the foot or lower legs and feet with a comfortable, gentle massage technique (use plenty of cleanser for the massage effect), and then remove well with a warm (never hot) towel. Dry the feet and legs. Cover or wrap the leg and foot whenever not being treated with a towel or the cover sheet. Move to the second foot or leg.

- 4. Exfoliation.** Apply a scrubbing product to the first leg and foot, especially into the calluses. Use effleurage movements and spend no more than 1-2 minutes on the manual exfoliation. Remove with a warm wet towel, dry and then cover the foot and leg with the towel. Perform the same procedure on the second leg, then cover.
- 5. Massage.** Apply an oil or lotion and perform the appropriate massage, according to the health sheet, on the first leg and foot. Apply the eponychium (cuticle) treatment and the callus treatment. If appropriate, apply a mask to the feet, apply paraffin over it and then put on the plastic bag and terry mitts. (Do not use heat mitts over paraffin.) Wrap each foot after its massage to maintain warmth. Move to the second foot. If you are using a mask or a heavy lotion and no paraffin, apply the eponychium treatment, the callus treatment 11 and mask or lotion, place in a bag and in terry or heat mitts or a towel, possibly a warmed one. Move to the second foot and repeat.
- 6. Callus treatment.** Remove the bag or other cover from the first foot, remove the callus treatment with a wet cloth, and perform the callus exfoliation.
- 7. Eponychium treatment.** Remove the cuticle treatment and perform the treatment. After, wrap the foot in a dry towel, leaving the toes exposed. Now move to the second foot.
- 8. Polish prep/polish.** Put on sandals. Cleanse all the nails and then polish. Discuss the home foot care and retrieve the products the person is taking home.
- 9. Post-polish drying.** Move the client to the drying area to sit for 10 minutes. If using a gel polish, cure them as directed.
10. While the person is drying or is getting ready to leave, make the next appointment and provide a card, and clean and reset the pedicure area for the next client. Brush, cleanse and place implements in the autoclave and fill out records.

It also has become a multifaceted service industry with multiple services available that require commitment to specialized training. The nail professional of the second decade of the 2000s must commit to meeting a client's skin and nail needs for the hands and feet and also be fully trained in the health and welfare of today's more complex clients. The industry and its professionals have indeed come a long way since ancient times and the manicures of the 1940s.

Chapter 2: Our Body's Chemistry: Hair, Skin, and Nails (Satisfies Chemical Makeup Requirement)

Learning objectives

- Given the course materials, the learner will be able to:
- ♦ List several of the major functions of the Integumentary System.
 - ♦ Recognize the six elements that account for over 99% of the human body.
 - ♦ Define pH and discuss levels of acidity and alkalinity.
 - ♦ Explain why high pH products may have a drying effect on hair, skin and nails.
 - ♦ Recall tips for keeping clients and staff safe from chemical exposure in the salon setting.
 - ♦ Relate knowledge of chemical makeup and pH to product selection.

INTRODUCTION

Cosmetology is the professional practice of beautifying the skin, hair, and nails: all components of the body's largest organ system, the Integumentary System. The cosmetology industry survives on human services focusing on the Integumentary System, and therefore in order to provide quality cosmetic services, it is essential that licensed cosmetologists have a working understanding of the functions, chemical makeup, and proper treatment of the organs within the Integumentary System: skin, hair, and nails.

The Integumentary System serves to protect the human body from outside elements. It functions to keep our internal organs free from damage, but also serves many other purposes such as waterproofing and insulating the deeper tissues, regulating temperature, and removing wastes. It serves in the detection of pressure, pain, and sensation and provides for vitamin D synthesis.

The chart below shows some of the major functions of the Integumentary System:

Waste removal (excretion) through sweat.	Interfaces with the environment as the first line of defense from external factors.	Protects against pathogens and excessive water loss and controls evaporation.
Langerhans cells in the skin are part of the adaptive immune system.	Sensory functions from nerve endings indicate touch, pressure, vibration, and tissue injury, etc.	Thermoregulation and temperature detection.
Acts as a water-resistant barrier to hold essential nutrients in the body.	Absorbs oxygen, nitrogen, and carbon dioxide - the cells comprising the outermost .25-.20 mm of skin are almost exclusively supplied by external oxygen!	Guards the underlying muscles, bones, ligaments, and internal organs.
Stores lipids and water.	Insulates and cushions.	Produces Vitamin D Foliates.

For all of the above reasons and more, the Integumentary System is essential to the effective functioning of the entire human body. As a licensed cosmetologist, your job entails not only beautifying the skin, hair, and nails, but also recommending appropriate home-care products to promote and prolong health and keep hair, skin, and nails maintained in the best possible

condition. Mastering an understanding of the chemical makeup of the skin, hair, and nails is an important part of being able to provide these services. This course will provide you with the need-to-know information regarding chemical makeup relevant to the salon industry.

CHEMICAL MAKEUP

It is impossible to determine the exact chemical composition of the human body, as each cell is a mixture of thousands of different chemicals. However, scientific speculation proposes that the average chemical makeup of the adult human body would be similar to the following formula:

$H_{375,000,000}O_{132,000,000}C_{85,700,000}N_{6,430,000}Ca_{1,500,000}P_{1,020,000}S_{206,000}Na_{183,000}K_{177,000}Cl_{127,000}Mg_{40,000}Si_{38,600}Fe_{2,680}Zn_{2,110}Cu_{7614}Mn_{13}F_{13}Cr_{7}Se_{4}Mo_{3}Co_{1}$

While this is not an exact representation for any one individual, it gives an idea of the many different chemical components coexisting and interacting within the human body. **Six elements, oxygen, carbon, hydrogen, nitrogen, calcium, and phosphorus account for over 99% of the human body.** The most abundant chemical in every human body is water (H₂O), which composes between 65-90% of every living cell, closely followed by carbon (C). Because differentiated cells don't vary hugely by chemical composition, the formula provided above should be reasonably accurate for human skin, hair, and nails with the exception of calcium and phosphorus, which would be significantly lower due to their concentration in bone.

To truly understand the chemical makeup of the skin, hair, and nails, it helps to understand the composition of each organ. Organs are made of tissues, which are groups of similar cells that work together to perform a certain function. Each of these cells is composed of organelles, or very tiny structures that perform certain tasks within the cells. Organelles are then made up of various materials including proteins. These proteins are made up of various amino acids. The chemical formula of an amino acid is easily definable, experimentally quantifiable, and tells with exactitude what the amino acid is and what it does. It is only at this miniscule level that we are able to cleanly identify the various different chemical components working within the human body.

This shows the extreme complexity of the chemical makeup of the human body and highlights the uncertainty that remains when trying to determine the chemical formula for particular components (such as skin, hair, and nails) within the body. What we do know with certainty is that hydrogen, oxygen, nitrogen, carbon, sulfur, and phosphorus normally makeup more than 99% of the mass of living cells. Therefore, an understanding of how different chemical compounds interact with each of these elements can provide insight into how chemical compounds will

interact with and affect the cells in the human body. The best and most straightforward way to do this is to learn about pH

levels within the body, which provides applicable insight into how our bodies interact with different chemical components.

THE PH BALANCE

What is pH?

We have discussed several different chemical elements, such as oxygen (O), Carbon (C), and Hydrogen (H), but the acronym "pH" is much different. Rather than a symbol used for an element (no, pH does not stand for phosphorous, which is denoted as "P"), pH is actually an abbreviation for "power of hydrogen," where "p" is short for "potenz" or the German word for power, and H is the element symbol for hydrogen.

pH can be defined as the negative log of hydrogen ion concentration in a water-based solution. Based on a logarithmic scale that runs from 0 to 14, pH levels indicate the acidity or basicity (alkalinity) of a substance compared to that of pure water (which has a pH level of 7). Any substance with a pH value below 7 is ten times more acidic than the higher value, and each whole pH value above 7 is ten times less acidic than the one below it. A pH of 7 is neutral (pH of pure water).

Acidic and basic are two extremes that describe chemicals, just like hot and cold are two extremes that describe temperature. Mixing acids and bases can cancel out their extreme effects, much like mixing hot and cold water can even out the water temperature. A substance that is neither acidic nor basic is neutral. When chemicals are mixed with water, the mixture can become either acidic or basic. Vinegar and lemon juice are acidic substances, while laundry detergents and ammonia are basic.

pH Value	Acidity or alkalinity compared with pure water
Acidic 0	10,000,000
1	1,000,000
2	100,000
3	10,000
4	1,000
5	100
6	10
Neutral 7 (pure water)	1
8	10
9	100
10	1,000
11	10,000
12	100,000
13	1,000,000
Alkaline 14	10,000,000

- **The average hair, skin, and nails have a pH level of 5, falling between 4.5 and 6.**
- Products with a pH of 4.5 to 5.5 are compatible with the natural biology of the skin, hair, and nails.

Chemicals that are very basic or very acidic are called "reactive." These chemicals can cause severe burns. For example, automobile battery acid is an acidic chemical that is reactive and a stronger form of some of the same acid that is in acid rain.

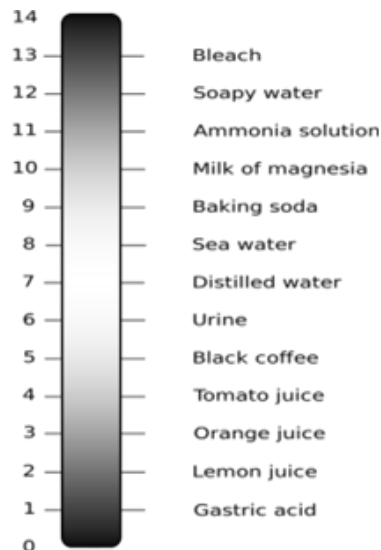
Household drain cleaners are also reactive due to the presence of lye, an extremely alkaline chemical. Obviously, these reactive chemicals are harmful to the human body and can cause damage to the skin, hair, and nails. Those chemicals that are neutral, such as pure water, have little if any negative impact.

The average hair, skin, and nails have a pH level of 5, generally falling between 4.5 and 6. However, this is not a true indicator of pH for these components of the Integumentary System due to a protective film of oily acidic secretion that coats and lubricates the surface of the skin and scalp. This combination of oils and water-soluble materials is referred to as our acid mantle. The acid mantle is produced by the skin and protects the hair, skin, and nails from outside elements and chemicals.

The pH level of the acid mantle in various parts of the body tells a great deal about the health of our Integumentary System and gives insight into the cosmetic procedures that would be helpful for a particular individual. For example, the average pH on the surface of the scalp is 4.8; yet, as we measure the pH on the hair at further distances from the scalp, the pH value increases. This shows that less of the acid mantle reaches the ends of longer hair, meaning the ends of the hair are less protected than hair closer to the roots. The scalp's oils keep the hair lubricated and shiny, while its acidity keeps the fiber compact and strong. This is why it is necessary to apply increased products to the ends of the hair, in order to maintain the shine and strength. For weak or damaged hair, it may be appropriate to use products with higher acidity and increased moisture. Finding products with a pH that is compatible with a person's natural biology is essential to proper cosmetic care.

Due to the bodies' natural chemistry, products with a pH of 4.5 to 5.5 are compatible with the natural biology of the skin and scalp, whereas higher pH levels are incompatible and can have a drying effect. These products maintain a mildly acidic environment that closely resembles the environment of our acid mantle. We call these products "acid balanced." This is important to note because when high pH (basic) products come in contact with the hair, the solution is absorbed through the cuticle layer into the cortex layer of the hair. This imbalance of pH causes the hair to swell, which forces the cuticle layers to be stretched. This puts the hair into an unnatural state and, more often than not, causes breakage. For example, washing a person's hair with baking soda may clean it thoroughly, but the high pH level (8.1) indicates it is very alkaline and will have a drying effect on the hair.

At the same time apple cider vinegar has a much more acidic pH, somewhere between 2.8 and 3.0, making it more potent in maintaining a healthy pH in the body by restoring alkaline acid balance. Therefore, it is often used as a conditioner for extremely dry, alkaline hair. The most effective cosmetic products (i.e., shampoos, conditioners, hair colors, tints, etc.) will have the right level of pH (4.5 to 5.5). Chemists have found that most ingredients work best at a specific pH balance. There are some chemical services used in cosmetology that require a high pH to work properly.



If you encounter a product that does not have the pH number listed on the label, you can use pH test paper or nitrazine paper to determine the correct pH. Just dip the paper into the solution you are testing. A product with 4.5 pH or below will not

change the paper from its original yellow shade. A higher pH will change the color to dark blue (4.6 to 7.4), and any product with a pH over 7.5 will turn the paper purple.

The Significance of pH

The acid mantle contains lactic acid and various amino acids from sweat, free fatty acids from sebum (an oily substance that makes the skin and hair waterproof and protects them from drying out) and amino acids (the building blocks of protein).

If the acid mantle becomes disrupted or damaged or loses its acidity, the skin becomes more prone to damage and infection. The surface pH of damaged skin has been shown to be increased over the average level, creating susceptibility to bacterial skin infections, fungal infections, or further skin damage and disease.

Washing skin with soaps or detergents can cause the loss of acid mantle. A single washing can shift pH to the alkaline region, which typically reverts back to normal within a few hours. However, repetitive washing can alter the natural pH level in of the skin, nails, and hair to the point where it is not able to recover for up to 14 hours. With an altered pH level, the skin, hair, and nails can become damaged; and by the time it takes to restore natural pH levels, it is generally time to wash again. This creates a cycle of damage that is hard to break without the proper treatments, and this is why using conditioners and treatments with higher acidity levels can help to protect and maintain the skin, hair, and nails. It is possible to buy pH balanced cosmetic products such as lotions and shampoos. These products have pH levels that are closest to the body's natural pH and effectively keep the skin, hair, and nails from either drying out or becoming too oily.

There are various skin conditions that can cause an increase in skin pH, including eczema, contact dermatitis, atopic dermatitis, and dry skin. Treatment for these conditions most often includes very acidic topical creams because individuals

with skin problems typically have skin pH values above 6. More alkaline environments also tend to support acne. Unfortunately for acne sufferers, most commercially available soaps are very alkaline, with pH values ranging from 9 to 11. This only compounds the problem, altering the skin's pH to a more alkaline value, and creating an environment even more conducive to acne. Acute eczema with erosion can also cause skin surface pH to shift from normal to 7.3 or 7.4 (this is a 1,000-fold increase in the pH shift; remember, pH is measure in logarithmic function). The entire skin surface pH is increased on skin of people with atopic dermatitis. Furthermore, an increased skin pH contributes to staphylococcus aureus colonization, which can play a role in the formation of atopic dermatitis, discoid eczema, and infective dermatitis.

Diseases that can cause an increase in skin surface pH include diabetes, chronic renal failure, and cerebrovascular disease. Studies show individuals with diabetes have a decreased level of skin lactic acid. An increase in skin surface pH encourages bacterial growth, making individuals with diabetes more prone to certain skin infections. Furthermore, the use of skin occlusive products, such as dressings and diapers, are known to raise skin pH and may be associated with skin infections.

Skin Conditions that Increase pH

- Eczema
- Contact Dermatitis
- Atopic Dermatitis
- Dry Skin
- Etc.

Diseases that Can Increase Skin pH

- Diabetes
- Chronic Renal Failure
- Cerebrovascular Disease
- Etc.

Maintaining healthy pH levels

Knowing which products to use - from cleansers to conditioners and other treatments - can help maintain healthy pH levels for your clients' skin, hair, and nails. Cosmetologists must receive appropriate training in the safe and effective use of each system for care of the skin, hair, and nails. In addition, all products should be used in accordance with the manufacturers' recommendations. Knowing your products will help you make the best decisions for the care of your clients.

For example, there are three main types of cleaning agents: soaps, synthetic detergents, and lipid-free cleansing agents. **Soaps typically make the skin more alkaline than synthetic detergents.** Acidic cleaners are less irritating than neutral or alkaline ones, and people prone to dry skin are typically advised to use acidic cleansers. Agents with slightly acidic or neutral pH (nonionic) may be preferable for individuals who are at increased risk for irritating skin reactions. You may recommend to individuals with skin conditions that they choose a mild cleaning

agent with a low pH. Even minor differences in the pH of skin cleaning preparations can cause irritation to the skin's surface. The United States carries very low-pH soaps and cleansers and formulas that have a neutral pH (called "syndet" – chemically, they are not soaps, but rather synthetic detergent in a bar form). Other countries have a pH of 9.5 to 10.5, which is inherent to a sodium soap composed of fatty acids.

Knowing about pH can also assist in regard to proper exfoliation techniques. One of the risks of exfoliant use is related to the pH of the product. pH values lower than 3.5 tend to strip the barrier function of the skin, removing protective lipids between the cells and leaving the skin dehydrated, red, and inflamed. In general, do not use products with a pH of less than 3.5. Learn to analyze the skin properly, and make sure the product is in the right base vehicle for the client's skin. Do not use more than one exfoliant product at a time on a client, and make sure the plan of treatment proceeds at a steady, slow pace

CHEMICALS AND THE BODY

How our body chemistry interacts with outside chemicals

Our environment and habits can also affect our chemical makeup. For example, although our skin naturally changes as we age, increasing time and exposure to sunlight can cause rapid aging and other damage to the hair, skin, and nails.

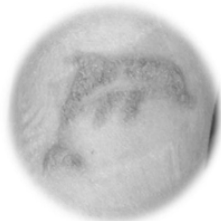
In addition, introducing chemicals through the form of smoking can also take a toll on the body and increase wrinkling of the skin after prolonged use. In the case of sun or smoke damaged skin, the Food and Drug Administration has only approved a few products that are proven to revitalize the skin. There are various products on the market today that can soothe dry skin and

reduce age spots. Learning more about these products can help you and your clients to combat the signs of aging.

Modifications that people make to their skin (such as piercings, tattoos, and permanent makeup) can also change the chemical makeup of the skin. **These changes can create health risks that a cosmetologist should be aware of, including allergic reactions, keloids (a type of scar that forms during healing), and infections (such as hepatitis).** Allergic reactions to the inks used in tattooing and permanent makeup can also cause skin problems, such as rashes, that were never present before. These reactions are often immediate but can occur even years

later. There have also been reports of itchy or inflamed skin surrounding tattoos during summer months after tattooed individuals have spent time in the sun. This irritation can be compounded when chemical products are introduced to that area, so cosmetologists must use caution when working with tattooed skin.

Henna and hair dyes can also be used to stain the skin temporarily. Tattoo ink, henna, and hair dye have not been approved by the FDA for injection or topical use on the skin, and some people have reported serious skin problems resulting from the use of both henna and black henna. **Some people will develop serious allergies to hair dyes and other chemical products, even if they have dyed their hair with no allergic reaction in the past.**



Dermatitis due to a temporary tattoo (dolphin) made with black henna.

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Furthermore, some people will attempt to remove tattoos using removal ointments and creams or do-it-yourself tattoo removal kits. These too can cause serious chemical damage to the skin resulting in skin rashes, burns, or scars. Anytime a cosmetologist works with the skin, it is important to survey the skin for any breaks or signs of allergic reactions or rashes. This can affect that client's ability to receive a skin treatment or other cosmetic services. Always be on the lookout for any sign of distress before beginning a treatment and stay on the lookout for any adverse reactions after using chemicals on your clients.

Due to an influx of permanent makeup tattooing, the FDA has begun laboratory research through the National Center for Toxicological Research to find out more about the chemical composition of tattoo inks, how they metabolize in the body, short-term and long-term safety effects, and more information on how the body interacts with the ink and light. These are the first systematic studies on the safety of tattoo inks to date and are teaching scientists more about how our bodies' chemistry reacts to ink and more about safe removal of tattoos using

Working safely with chemicals

Because maintaining a chemical balance in our bodies is so important, cosmetologists must also protect their clients (and themselves) from excessive chemical exposure. Working with chemicals in the salon requires special safety measures that vary according to the particular chemical or combination of chemicals. All substances are toxic, or poisonous, at a certain dose or exposure level. Protecting your client and your own body from contact with certain chemical substances or processes is absolutely necessary to maintain good health and safety in the workplace.

Chemicals are able to enter the body in three main ways:

- As inhaled vapors.
- Absorbed through the skin.
- Ingested (eaten).

Fortunately, blocking these routes lowers the risk of exposure to toxic chemicals. In the salon setting, all chemical products are required to come with product and hazard information on Safety Data Sheets. These provide warnings regarding chemicals and hazardous materials and information including possible routes of entry for each product, short-term (acute) and long-term (chronic) effects of overexposure, and warning signs or symptoms to be concerned about. These symptoms may include sleepiness or fatigue, headaches, nausea, nosebleeds, tingling of the extremities, scratchiness, or swelling, among other symptoms. Lower your risk of injury by knowing which products emit toxic fumes that are dangerous to breathe, or which should not come in contact with the skin. Wear gloves when mixing

laser light. In terms of removal, they are seeking to answer the question of what happens to the tattoo ink when exposed to laser lights. One theory supports that the body cells digest and destroy the ink, similar to the process of fighting bacterial and other infections. Some inks, such as Pigment Yellow 74, may actually be broken down by enzymes. It is thought that the body is able to metabolize small amounts of the tattoo ink, making it more water soluble, and excrete it out of the body.

Another theory suggests that sunlight can cause ink to break down, as many tattoos will fade out when repeatedly exposed to sunlight. The same pigment - Pigment Yellow 74 - thought to be broken down by enzymes, also breaks down in sunlight, decomposing into components that are colorless. This theory suggests that the components of the pigment break down but remain in the body, which could also raise concerns about the chemical composition of the body following a tattoo removal. Another possibility is that the skin cells containing the ink are killed by the removal process and the products resulting from the breakdown are then dispersed throughout the body. It has been proven that some of the pigment actually moves through the body and settles in the body's lymph nodes (fluid-carrying vessels in the body that filter out disease-causing organisms).

There are also internal chemical changes that can affect our bodies, skin, nails, and hair. **For example, as a woman's body progresses through puberty, pregnancy, and menopause, there are fluctuations in her bodies' chemistry that can affect the chemical composition of her hair, nails, and skin.** These physiological changes affect the woman in many different ways and should also affect the way that her hair, skin, and nails are treated in the salon. For example, during puberty, she may experience hypertrichosis, or an abnormal growth of hair in certain areas of her body. After this point, she may need additional waxing and/or other maintenance that she did not need prior to this phase in her life. A pregnant woman will need special consideration as well. During this period, she also experiences an influx of hormones. These changes can cause her skin to break out and her hair and nails to grow faster. At the same time, she must be protected from certain chemicals as well, such as those found in hair dye or other chemical treatments.

or preparing formulas, and when recommended by Safety Data Sheets.

In most cases, the dosage is the most critical factor determining whether a chemical will be an acute or a chronic toxicant. Almost all chemicals can be acute toxicants if taken in sufficiently large doses. The way the toxicity is expressed, as well as the organs it targets, is often different for acute and chronic toxicity.

The toxicity of a substance depends on many factors, including:

- Type and form of chemical.
- Dosage and length of time over which dosage occurred.
- Exposure route (type of exposure).
- Amount of absorption.
- Individual differences.
- Presence of other chemicals.

A range of toxic effects may occur, which are typically categorized according to the location or locations of the toxic effect. If it occurs in only one location, the site is referred to as the target organ. When toxic effects occur at multiple sites, it is referred to as systemic toxicity.

Systemic toxicities include:

- **Acute toxicity** occurs almost immediately (hours/days) after an exposure.
- **Subchronic toxicity** results from repeated exposure for several weeks or months.

- **Chronic toxicity** represents cumulative damage to specific organ systems and takes many months or years before the damage is recognized.
- **Carcinogenicity**, a complex multistage process of abnormal cell growth and differentiation that can lead to cancer.
- **Developmental toxicity** pertains to adverse toxic effects to the developing embryo or fetus (results from exposure to parent).
- **Genetic toxicity (somatic cells)** results from damage to DNA (known as mutagenesis).

Many salon chemicals are xenobiotics (chemicals foreign to the body), which can cause toxicity by multiple mechanisms. Some compounds are toxic on their own; others must be metabolized (changed chemically within the body) before they cause harm to the body. Many xenobiotics harm specific target organs. Other chemicals damage any tissue with which they come into contact. The target organs affected vary depending on dosage and type of exposure.

The form of a chemical is closely associated with its toxicity. Exposure route is also important in determining toxicity. Some chemicals are highly toxic by one route but not by another, varying due to differences in absorption and distribution throughout the body. Additionally, some chemicals are easily absorbed and others are not. A major factor determining whether a toxicant will damage cells is its degree of lipid solubility. Lipid-soluble chemicals easily penetrate cell membranes

Once toxicants enter the body, they may be stored in the body or distributed throughout the body through the circulatory system. Two types of metabolism (also known as "biotransformation"), called "detoxification" and "bioactivation," also influence toxicity. In detoxification, a xenobiotic is converted to a less toxic form, but may damage an organ in the process; in bioactivation, a xenobiotic is converted to a more toxic form. The location of the toxic chemicals and the process of metabolism determine where toxicity occurs in the body. Xenobiotics may target organs, blood, or other body tissues, damaging them and affecting their function.

The following chart provides several tips for keeping clients and staff safe from chemical exposure in the salon setting:

Keep product containers closed so they cannot release vapors into the air you're breathing.	Use covered wastebaskets or garbage cans and avoid mixing waste materials. Empty the waste container frequently.
Keep areas well ventilated and avoid inhaling dangerous fumes. Odors do not indicate degree of safety or danger of a vapor but can help alert you to the existence of a vapor. Hazardous chemicals do not always smell bad.	Dust masks are unable to protect against vapor molecules, which are many times smaller than dust particles. Some masks can protect against mists. Dust masks lose effectiveness with increased time used, and should be thrown away at the end of the day.
Eating and drinking in the workplace too often leads to the ingestion of salon chemicals. Drinks in cups easily attract dust and powdery substances. Hot liquids will even absorb vapors from the air. Always keep food and drinks away from salon products and wash hands between work periods and breaks.	Protect the eyes. Many common salon chemicals can cause severe and permanent eye damage. Wear safety glasses and provide them for your client when there is any possibility that a chemical may get in the eyes. Protect your client's eyes during facial treatments and scalp treatments.
Wearing contact lenses in a salon can be dangerous because vapors collect on the surface of soft contact lenses, which can injure the eye.	Spraying chemicals from aerosol containers produces a fine mist – tiny droplets of the chemical that evaporate into the air and can be inhaled. The longer mists stay in the air, the more likely they are to be hazardous. Pump sprayers produce larger droplets, which cannot be inhaled as easily.

VITAMIN SUPPLEMENTS FOR SKIN, HAIR, AND NAILS

Another way to help protect the skin, hair, and nails is to fortify them from the inside out. Today, taking vitamins or supplements to improve skin, hair, and nails has become very popular. There are many over-the-counter products that boast stronger and healthier skin, hair, and nails. These can be found as both ingestible products and as topical treatments. Many of these products contain varying levels of biotin, a vitamin that is found in small amounts in a variety of foods. Biotin, also known as Vitamin B7 or Vitamin H, is a component of our bodies' enzymes that metabolizes certain substances like fats and carbohydrates.

While we take in this vitamin naturally, it can be difficult to consume the level that is thought to be needed for healthy hair, skin, and nails, and the result is that many people are biotin deficient. This can affect a person's overall health and is often the result of or associated with pregnancy, long-term tube feeding, malnutrition, and rapid weight loss. Studies have even shown that consuming two or more uncooked egg whites daily for several months can also lead to biotin deficiency. Symptoms of biotin deficiency can include thinning or discolored hair, the presence of a red, scaly rash around the eyes, nose, and mouth, and even in some cases severe depression, hallucinations, listlessness, and tingling in the arms and legs. Some cases of

Conclusion

Working with the skin, hair, and nails requires careful observation skills and many contact hours with clients in need of cosmetic services. Therefore, knowing and understanding the chemical makeup of the body can help you to identify problems that

biotin deficiency have also been linked to cigarette smoking. There is currently no laboratory test to determine biotin deficiency, which is diagnosed based on its symptoms.

Biotin is also known to treat conditions of the skin, hair, and nails such as hair loss, brittle nails, seborrheic dermatitis (skin rash in infants), diabetes, and mild depression. Preliminary evidence shows that biotin can be effective for treating hair loss when taken orally along with zinc and a topical cream containing the chemical compound clobetasol propionate. In some cases where a diabetic patient has trouble controlling their blood sugar, biotin was shown to be effective in combination with chromium to lower blood sugar, balance good and bad cholesterols, and relieve diabetic nerve pain.

In addition, consuming the proper level of biotin has shown positive effects for some people in strengthening fingernails and toenails. For people with brittle nails, taking biotin supplements may increase the thickness of their nails, while also strengthening their hair against breakage. Additional studies are still needed to prove the efficacy of biotin. Biotin can interact with some medication; so, just as with any chemical or medication, always consult with a healthcare professional before using and recommend your clients do the same.

require product adjustment or even recommendations for doctor's care. If you have a concern, be sure to make your client aware and suggest that they seek qualified medical help prior to providing cosmetic services.

Chapter 3: An Overview of the Workers' Compensation System in Florida

(Satisfies Workers' Compensation Requirement)

Learning objectives

Given the course materials, the learner will be able to:

- ♦ Identify the primary responsibilities of the Florida Division of Workers' Compensation.
- ♦ Identify the departments of the Division of Workers' Compensation and their duties.
- ♦ Identify the Bureau tasked with the responsibility of assisting, educating, and informing injured workers.
- ♦ Discuss the benefit rights of the injured worker.
- ♦ Summarize the process of how to file a claim and how to resolve a dispute regarding a workers' compensation claim.

INTRODUCTION

Many people in the U.S. have heard the term "workers' comp," and many understand it's foundational principle: it protects the worker when injured or ill as a result of working on the job or being in their work environment. However, only some people understand what it truly is, what it does, and how the system works. Unless an individual has had previous experience with a claim or knows someone who has, little is known about the rights of workers within this system, the benefit delivery process, and the necessary time requirements when filing a claim. Workers' compensation (WC) sometimes referred to as "workman's compensation" or "workers' comp", is the name given to a system of laws meant to protect injured workers.

These WC laws are designed to ensure that employees who are injured or disabled on the job are provided with fixed

monetary awards, eliminating the need for litigation. These laws also provide benefits for dependents of those workers who are killed because of work-related accidents or illnesses. Some laws also protect employers and fellow workers by limiting the amount an injured employee can recover from an employer and by eliminating the liability of co-workers in most accidents. State statutes establish this framework for most employment. Federal statutes are limited to federal employees or those workers employed in some significant aspect of interstate commerce.

The WC system is administered on a state-by-state basis, with a state governing board overseeing varying public/private combinations of WC systems. The names of such governing boards, or "quasi-judicial agencies," vary from state to state, many being designated as "WC commissions."

FLORIDA'S WC

Each state legislature enacts statutes and laws to regulate the process, the employers, workers, health care providers, insurance agencies, and other stakeholders involved in WC. In Florida, the entity responsible is the Division of Workers' Compensation located in Tallahassee. The Division is accountable for the execution of the WC delivery system, educating all stakeholders of their rights and responsibilities, and analyzing data obtained to deliver timely services and benefits. The Florida Division of Workers' Compensation has a specific mission statement:

"To actively ensure the self-execution of the workers' compensation system through education and informing all stakeholders of their rights and responsibilities, leveraging data to deliver exceptional value to our customers and stakeholders, and holding parties accountable for meeting their obligations."

In order to effectively achieve this mission, the Division created six departments, each with their respective duties and obligations. These are categorized as follows:

- 1) **Bureau of Compliance** – investigates employers to determine civil compliance along with other responsibilities.
- 2) **Bureau of Data Quality and Collection** – collect and analyze data and reporting of medical data provided under WC; also establish and implement rules, requirements, and processes for electronic reporting of first report of injury, along with subsequent reports as well as other duties.
- 3) **Bureau of Employee Assistance and Ombudsman Office** – assist, educate and inform system participants, investigate disputes and facilitate resolutions. Reviews claims if injured workers benefits are denied or stopped; advises workers and provides re-employment services.
- 4) **Bureau of Financial Accountability** – accountable for WC assessment rate calculations, assessments collection unit, financial accountability section, among other tasks.
- 5) **Bureau of Monitoring and Audit** – regulate individual self-insurers to ensure financial resources are available to pay

employee's claims; monitor and audit carrier performance, benefit payment accuracy, assess penalties for late reporting benefit payments or medical payments; provide technical assistance to customers through telephone contacts, training, and audit workshops.

- 6) **Medical Services Section** – Expert Medical Advisor certification and database management; reimbursement dispute resolution; investigate and determine healthcare provider utilization patterns, billing practices, or violations of law or rules that may require penalties.

Later in the chapter, we will review the Employee Assistance and Ombudsmen Office responsibilities as they pertain to employees/workers. This bureau was created by the Florida legislature to inform and educate injured workers and help resolve any issues or disputes that may arise between any of the parties involved. For now, the big picture is needed to understand each of the parts of the complete WC delivery system model in Florida.

The WC law in Florida can be found in Chapter 440, Florida Statutes and the Workers' Compensation Rules in Florida's Administrative Code, under Department of Financial Services, Division 69L. Florida also provides a [Workers' Compensation Guide \(Guide\)](#) with guidelines and resources to assist workers, employers, healthcare providers, and insurance companies involved in the process of a claim. **Employers are required by law to report a worker's injury to the insurance company within 7 days of when the accident or injury was first reported.** The Florida statutes, laws, and resources protect all entities involved in the WC system. The goal of the Division of Worker's Compensation is to ensure that anyone interested or involved in the Florida WC system has the tools and resources needed to participate in the process, while following the rules and laws. The Division is not responsible for adjusting claims and/or reimbursement; they are a resource to help ensure the appropriate responsibilities are completed by each party.

Requirements to provide WC coverage

In Florida, any employer in an industry, other than construction, and who has four (4) or more employees, full-time or part-time, is required to carry WC coverage.

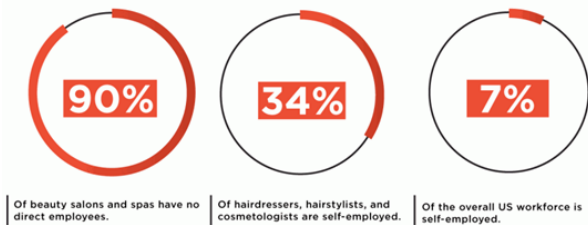
For the construction industry, if the employer has one or more employees, including themselves, they have to carry WC

coverage and if the employer is a state or local government, they are required to carry the coverage, also. Farmers have other requirements. An employee can find out if their employer has WC coverage by contact the Employee Assistance and Ombudsman Office or email wceo@myfloridafo.com.

CLASSIFICATION OF SALON WORKERS

In many businesses including the salon industry, there exist unscrupulous salon owners who will exploit workers in the cosmetology field by not classifying them correctly with the Internal Revenue Service (IRS). The worker may indeed be an employee, and fit the IRS definitions of an employee, but to save on WC costs, employee taxes, etc...., the owners categorize the worker as an independent contractor/booth renter. By classifying a worker this way, the worker is actually "self-employed" and responsible for their own taxes and insurance, relieving the salon owner of any WC expenditures. The IRS and many states have adopted common law principles to define an independent contractor. These rules focus primarily on the level of control an employer has over a service or product, meaning, whether or not the employer actually defines what is being done and how it will be accomplished.

MOST SALONS RELY ON INDEPENDENT CONTRACTORS, NOT DIRECT EMPLOYEES



Source: Professional Beauty Association

If any questions arise as to whether a worker is an employee or self-employed, go to the IRS webpage, Small Business and Self-Employed Individuals @ <https://www.irs.gov/Businesses/Small->

Businesses- &- Self-Employed/Independent-Contractor-Self-Employed-or-Employee. There is an abundance of information on the topic.

The Professional Beauty Association (PBA) states that most salon owners rely on independent contractors to work in their salon. Today, more than 90% of all salons have no direct employees, meaning they either have just one person cutting hair or rely completely on independent contractors. Meanwhile, more than a third of all hairdressers, stylists, and cosmetologists are self-employed, compared to just 7% of the overall workforce (thinkprogress.org).

It is Critical to understand the Classification of salon workers because much is based on this categorization. If an individual is an employee, they need to ensure their employer is paying their employment tax, as well as WC for the individual. At this time, this individual (employee) has little freedom to run his business as he wishes, but also has less financial costs. If the individual is a booth renter in a salon, they are self-employed and categorized as an independent contractor. The salon owner has very limited control over the worker, but does not have to pay employment tax, insurance, and WC. Many salon owners may have a lack of knowledge when it comes to employee labor laws, so it is the responsibility of the worker, as well as the salon owner to know their tax responsibilities. The independent contractor has quite a few freedoms but must be diligent in paying their own self-employment taxes, income tax, medical insurance, etc. The IRS provides information for both the owner and worker of a salon on how to classify a worker. This information is easy to understand, unlike the complicated tax forms. Go to IRS at <https://www.irs.gov/Individuals/Self-Employed>.

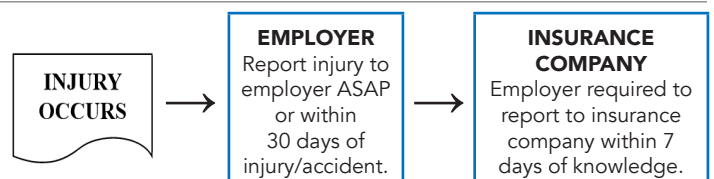
THE PROCESS OF A WC CLAIM IN FLORIDA

Understanding the process of how a claim is filed and what the injured worker's, employer's, medical doctor's, and insurance companies' responsibilities are empowers all stakeholders. Knowledge is power. The injured worker has certain duties to complete after an injury or occupational illness occurs. The first duty is to tell the employer as soon as possible about the injury. **The law requires the worker to report the accident or knowledge of a job-related injury within 30 days of their own knowledge of the accident or injury.**



The injured worker must ask the employer what doctor they can see. The doctor must be authorized by the employer or the insurance company. If the employer is not available, and the injury is an emergency, then the worker must be transported to the nearest emergency room and inform the employer as soon as possible.

The employer is required by law to report the injury to the insurance company within seven (7) days of when the report or accident was reported to them. They may tell the injured worker to call the insurance company handling the claim. If the employer does not give a phone number to the insurance company and does not report the injury to the insurance company, the worker needs to call the WC hotline for assistance at (800) 342-1741.



After the report is filed with the insurance company, most will have an insurance adjuster call the injured worker within 24 hours to explain the worker's rights and obligations.

If a message is left on voicemail, they will expect the injured worker to call as soon as possible so the injured worker knows where to go for medical treatment. Within 3-5 business days after the employer or the injured worker has reported the accident, an informational brochure is sent to the injured worker and a Notification Letter explaining the services provided by the Employee Assistance Office of the Division of Workers' Compensation. Some forms may be sent as well.

These forms may include the following:

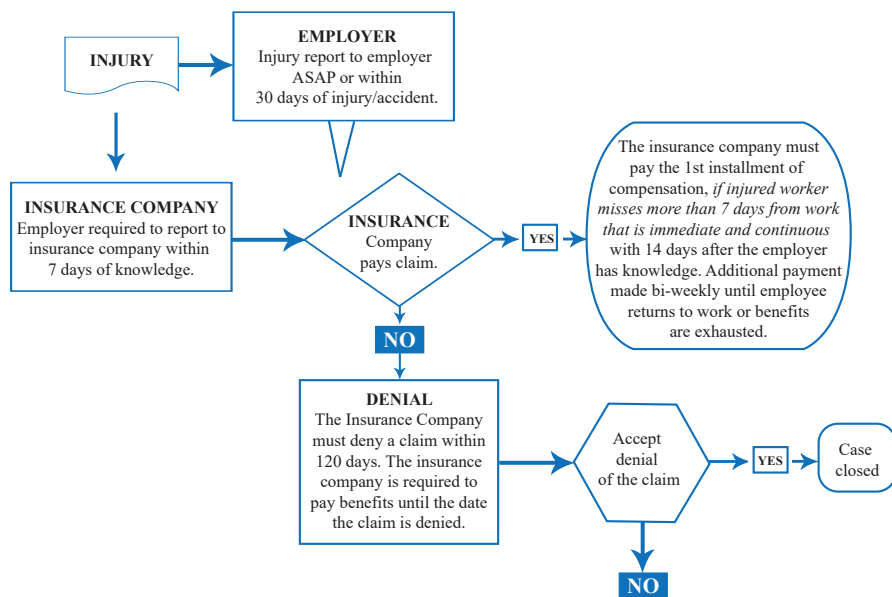
- Copy of the accident report or First Report of Injury or Illness.
- A fraud statement which must be read, signed, and returned so benefits are not withheld.
- Release of medical records for the injured worker to sign and return.
- Medical mileage reimbursement forms to complete after seeking medical treatment and send to the claims adjuster for reimbursement.

Once the injured worker has seen the medical doctor authorized to treat them, they will need to give the doctor's note to the employer to inform them of the worker's status.

At this time, the authorized doctor will be able to inform the worker if they can return to work, and if so, if they have a full release to return to original job responsibilities. If the release is limited, the employer will either find a job the injured worker is capable of performing or release the employee if they do not have another position available.

It is important that the injured worker contact the insurance company to let them know what the doctor said about the injury or illness and inform them of their work status. If the injured worker is unable to work for more than seven (7) days, they should receive money to partly replace what they were not able to earn after the accident. There are several types of disability benefits related to the status of the injured worker. The next section will discuss this further. The following graphic illustrates the claim process from the point of injury through acceptance or denial. The complete process will appear later in this chapter.

WORKER'S COMPENSATION BENEFIT RIGHTS



Employers are required to pay for medical treatment necessary to treat the condition related to the workplace injury or illness. This includes doctors' visits, physical therapy, hospital visits, prescription medication, and diagnostic tests.

The Florida WC law entitles the injured worker to receive certain benefits (money) to replace their lost time while recovering. These benefits usually do not reimburse the worker for lost wages; the amount received depends on past earnings and work restrictions placed on the worker by the physician authorized to treat them. Under Florida law, an injured worker is not paid for the first seven (7) days of the injury unless the injury results in a disability for more than 21 days.

In that case, the worker will be paid back for the first seven (7) days after the injury. The money (benefit) received is tax-free and a check is usually paid 21 days after the accident or injury.

Amount of money

The amount of money to be paid to the worker will be based on their average weekly wage. This is calculated by using the wages earned in the 13 weeks before the date of injury, not counting the week the worker was hurt. If a WC claim is allowed, the worker will be eligible for WC benefits. These benefits include medical benefits, compensation for lost wages, and compensation for permanent partial or total disability.

Total temporary disability benefits

If the authorized doctor places the injured worker on a "no work" status while they recover, the worker is entitled to a check for 66-2/3% of their weekly wage which is paid:

- 1) The worker reaches overall maximum medical improvement (MMI). The authorized doctor determines that there are no other treatment options that will improve the condition.
- 2) Under Florida law, the worker is entitled to a maximum of 104 weeks of temporary benefits; when the 104th week is reached, the benefits are cut off, regardless of the medical condition.

Temporary partial disability benefits

If the authorized doctor states the injured worker can return to work with some physical restrictions, the worker is entitled to receive temporary partial disability benefits (TPD). Restrictions may include not lifting more than 15 lbs., no prolonged standing or walking, etc. The amount of benefits received depends upon the work status of the employee. If an injured worker returns to work but earns less than 80% of their average weekly wage, they are entitled to receive benefits equal to 80% of the difference between 80% of their average weekly wage and the weekly salary they earn when going back to work.

Example: If you are on a restricted work status and your average weekly wage is \$500 and your employer has a job for you licking stamps that pays \$200 per week, your TPD would be calculated this way:

- \$400 (80% of \$500) - \$200 (amount earned licking stamps) = \$200
- 80% of \$200 = \$160
- Weekly TPD benefit = \$160

It is important to note that these benefits can be terminated from post-injury employment for misconduct or if found to be voluntarily limiting your income.

Permanent and partial disability benefits

Permanent partial disability benefits, also known as impairment income benefits (IBs), are based on the percentage of the injured worker's total body that is impaired, as determined by the authorized doctor. When their doctor determines that they have reached MMI, he will assign them a permanent impairment rating. This impairment rating is determined by using established medical guidelines. The injured worker will receive money benefits for a certain number of weeks based on the percentage of their impairment. In certain instances, the on-the-job injury may be so severe that the worker is unable to return to the work force. If this occurs, the worker is entitled to permanent total disability benefits. There are criteria to meet under Florida's WC law. These injuries are labeled catastrophic.

Medical treatment

With WC claims, the employer is responsible for providing medical treatment. The injured worker should not delay in getting a doctor's appointment from the employer or insurance company. The injured worker cannot just go to their private doctor or a doctor of their choice; instead, the insurance company must authorize the doctor who is to treat the injured worker.

The Employee Assistance and Ombudsman Office

The *Employee Assistance and Ombudsman Office (EAO)* will assist the injured worker, at no cost, with questions or concerns they may have about their WC claim. EAO relies on a team structure to successfully accomplish its mission. Each team focuses on a specific area of statutory responsibility in order to effectively assist injured workers. **The EAO distributes WC information; proactively contacts injured worker's to inform them of their rights and responsibilities and educates them about its services; and works to resolve disputes between injured workers and carriers to avoid unnecessary expenses, costly litigation or delay in the provision of benefits.**

The First Report of Injury Team identifies, and contacts injured workers with more than seven (7) days of work lost due to the job injury. This contact takes place within two (2) business days of the Division's receipt of a First Report of Injury. This team will advise the injured worker of their responsibilities and inform them of EAO's various services. The Ombudsman Team is responsible for assisting injured workers to resolve complex disputes. The team conducts fact finding reviews, analyzes claim files, researches case law, promotes open communication between

parties, and generally helps parties to understand their statutory responsibilities.

In the Fiscal Year of 2014-2015, the First Report of Injury Team contacted 29,116 injured workers by telephone and 3,511 employers/carriers when the team was unable to reach injured workers. In the same fiscal year, out of the 373 disputes received, 94% were resolved by the Team. During the same Fiscal Year 2014-2015, the Ombudsman Team was involved in resolving 91% of the 754 disputes received. The medical bill disputes totaled \$22,995 in previously unpaid medical bills. These statistics illustrate the commitment of the department to help injured workers and resolve disputes between parties. Several offices are located around the state and EAO's website is <http://www.myfloridacfo.com/division/WC/employee/default.htm>.

Re-Employment Assistance

If an injured worker on WC is unable to return to work because of permanent work restrictions resulting from on-the-job injury, they may obtain information or assistance from the Bureau of Employee Assistance and Ombudsman Office/Reemployment Services Section at the following website, by phone, or by email.

Bureau of Employee Assistance and Ombudsman Office/ Reemployment Services Section

Website: <http://www.myfloridacfo.com/division/WC/employee/reemployment.htm>

Telephone: (800) 342-1741 - option 4

Email: wcrest@myfloridacfo.com

For assistance on how benefits are calculated, call the WC hotline at 1-800-342-1741.

Disputes between parties

If a dispute arises with the insurance company it is wise to talk about the problem with the adjuster or their supervisor. If the dispute is not resolved, the WC hotline can be contacted. If the insurance company still will not agree to pay the benefits that the worker believes they are entitled to, they can file a *Petition for Benefits* with the Office of the Judges of

Compensation Claims. The injured worker may wish to hire an attorney to represent them in this action. The following graphic depicts the flow of a WC claim in Figure 1. The second flowchart describes the process of dispute resolution, Figure 2. These charts were both obtained from Florida's WC System Guide issued in July of 2014.

Figure 1: Flow of Workers' Compensation Claim

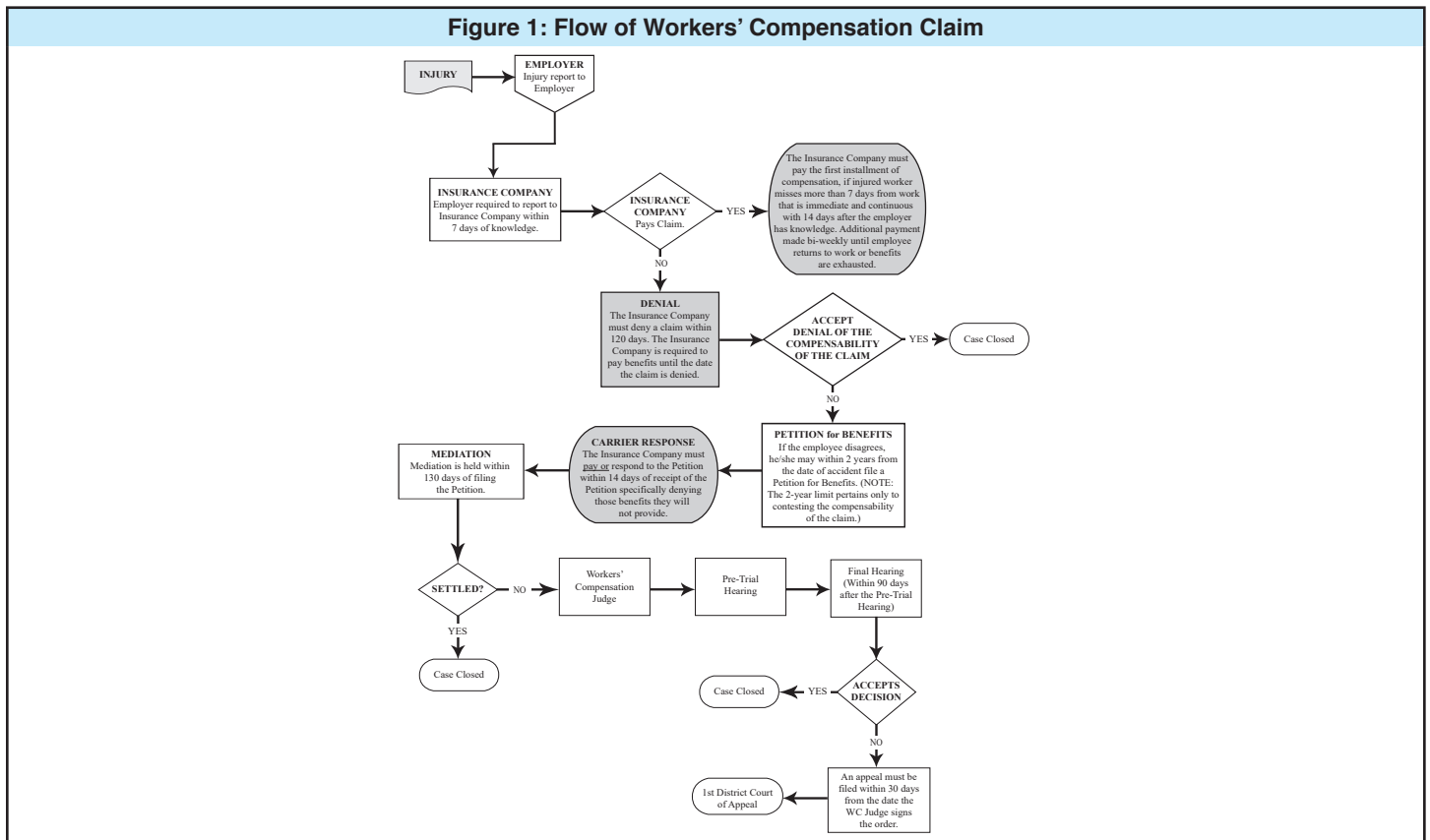
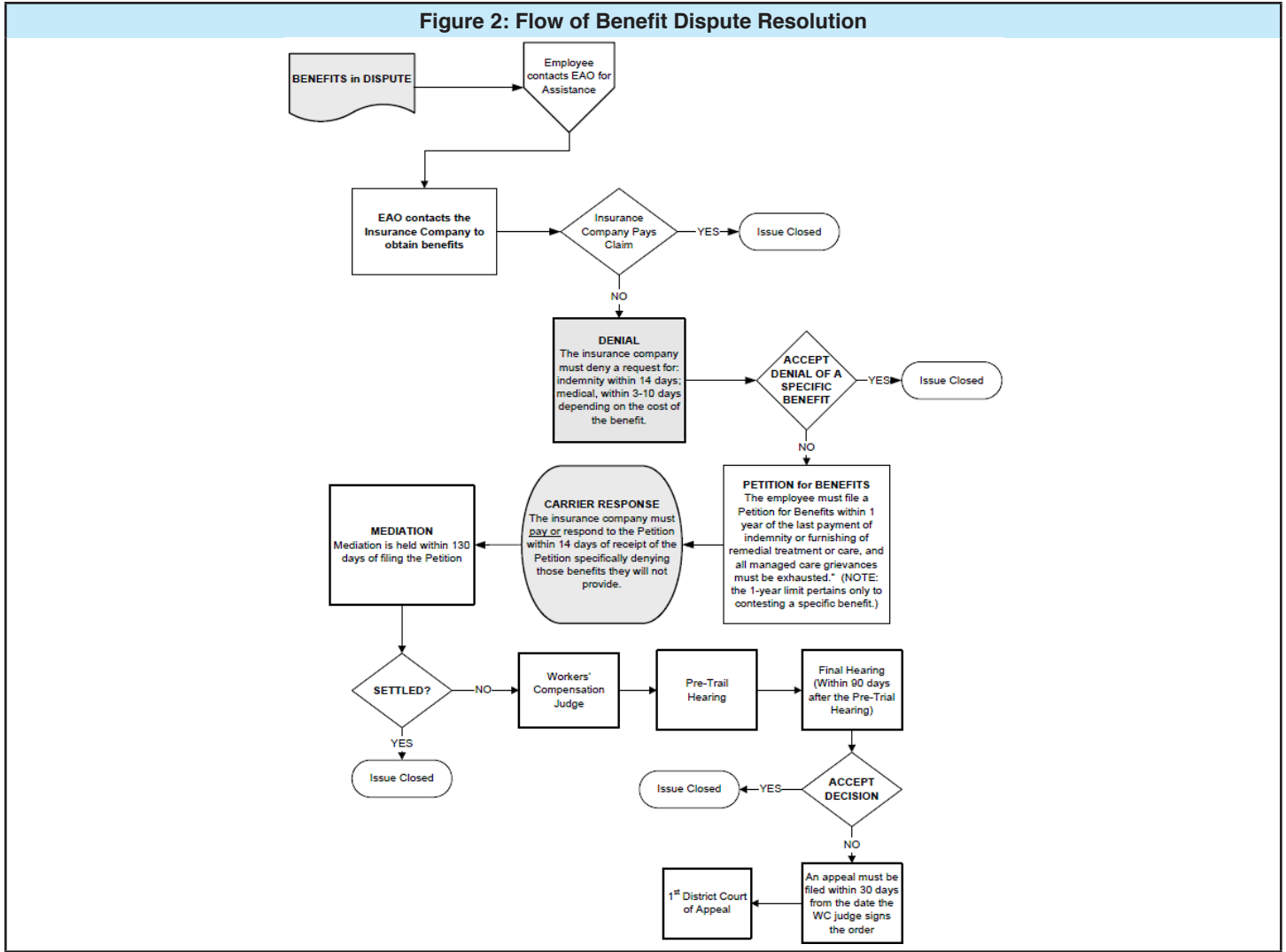


Figure 2: Flow of Benefit Dispute Resolution



Violations and fraud in Florida

The following are criminal violations of s. 440.105, Florida Statute (FS) that constitute a felony of the first, second, or third degree depending on the monetary value of the fraud as provided in s. 775.082, s. 775.083, and s. 775.084 F.S.

Filing a false claim of on-the-job injuries or exaggerating injuries

An injured employee or any party making a claim of an on-the-job injury will be required to provide his or her personal signature attesting that he or she has reviewed, understands, and acknowledges the following statement:

"Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information, commits insurance fraud, punishable as provided in s. 817.234."

If the injured employee or party refuses to sign the document, benefits or payments shall be suspended until such signature is obtained.

Conclusion

In the industry of cosmetology, accidents can and do happen in the workplace. Fortunately, WC laws are in place to protect both employees and employers in the event of these on-the-job injuries. It is of high importance for every worker and employer to familiarize themselves with their rights responsibilities in regard to WC. If you are injured on the job, contact Florida's Division of Workers' Compensation to find out more information.

There is much to be said regarding "fraud" and the WC system. The most recent news is below told by Insurancejournal.com and written by Amy O'Conner based on the Florida Office of Insurance Regulation's (OIR) 2015 Workers' Compensation Annual Report.

"WC fraud continued to plague the state, the report says, but the Bureau of Workers' Compensation Fraud, within the Division of Insurance Fraud made 540 workers' comp fraud-related arrests for fiscal year 2014-2015, an increase of 14%. In excess of \$4.3 million in restitution was requested as a result of the Bureau's investigations of shell companies, labor brokers and check cashing stores."

These numbers definitely express the prevalence of fraud in Florida originating from employees, employers, businesses, and labor brokers. When it comes to WC fraud, employees and employers both contribute to the problem. Employees file unsubstantiated claims and employers find avenues to reduce their WC payments and/or misrepresent themselves in order to pay lower WC rates.

Chapter 4: HIV/AIDS and Cosmetology: Protecting Your Clients and Yourself

(Satisfies HIV/AIDS Requirement)

Learning objectives

Given the course materials, the learner will be able to:

- Define and compare HIV and AIDS.
- Describe how HIV is transmitted.
- Recognize popular misconceptions and stigma surrounding HIV/AIDS.
- Identify standard precautions that can be taken to prevent spreading HIV/AIDS within your workplace.
- Recall rules and regulations regarding HIV/AIDS status disclosure relevant to cosmetology professionals and clients.
- Paraphrase protections afforded to HIV positive cosmetologists under the Americans with Disabilities Act (ADA).

INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are commonly recognized terms. However, while many have heard of these terms, **the stigmatization of HIV positive individuals paired with commonly believed myths and misconceptions surrounding the HIV/AIDS epidemic can influence behaviors when working with HIV positive persons.** Cosmetologist must be comfortable working around all types of people, and misinformation can interfere with their ability to provide quality, non-discriminatory services to all clients.

Receiving an HIV positive diagnosis can be devastating and hard to accept for anyone. Those who are able to best cope with the realities of the disease are those who are able to establish a strong support system within their families, friends, communities, and service providers. For anyone diagnosed with HIV, the need for compassion, sensitivity, and fair treatment is greatly needed. Yet too often the stigma associated with the disease can stand in the way of ensuring an HIV positive person is treated fairly and with respect. It can also create situations in which unnecessary steps are taken and exorbitant costs are expended when working with HIV positive clients. This has an impact not only on the client's comfortability, but also on the bottom line for the salon.

According to the World AIDS Campaign on Eliminating Stigma & Discrimination, "Stigma and discrimination are the top hindrances to effective HIV/AIDS prevention and care."

Due to the stigmatization of the disease, many HIV positive persons are not willing to inform others of their status. This can prevent them from seeking treatment, sustaining treatment programs, seeking support structures, and even informing sexual partners. As a result, HIV positive individuals often remain silent due to their fear of social isolation, judgement from their families, friends, and other peers, and other social constructs (such as religious groups, co-workers, and even service providers). The effects of stigmatization prevent them from becoming more informed, seeking out information, and sharing important information with others, making it increasing difficult to promote understanding and reduce discrimination.

Learning about HIV/AIDS and recognizing commonly believed myths and misconceptions about the disease is important to professional cosmetology and the salon industry, as business is built upon customer relationships and the provision of quality

and fair services to all customers. Acknowledging the stigma and arming themselves with facts about the HIV virus can assist cosmetology professionals in working with all clients in the salon setting and recognizing and implementing safety and precautionary measures to keep themselves and their clients protected. This course outlines the need-to-know information surrounding HIV/AIDS to keep cosmetology professionals and clients informed and protected in terms of identification, contraction, prevention, disclosure, and legal ramifications.

HIV

/,āCH,ī 'vē/

Human immunodeficiency virus, a retrovirus that causes AIDS. HIV is transmitted by sexual intercourse, through infected blood and blood products, and through the placenta.

H – Human: The HIV virus attacks human beings through their bloodstream. No other animals are susceptible to HIV.

I – Immunodeficiency: HIV weakens your immune system by destroying important cells that fight disease and infection.

V – Virus: HIV is a virus that hijacks cells in the body in order to replicate itself. There is no cure for the HIV virus.

AIDS

[eydz]

A disease of the immune system characterized by increased susceptibility to opportunistic infections, certain cancers, and neurological disorders; a condition, caused by the HIV virus resulting in loss of the body's ability to protect itself against disease.

A – Acquired: A person has to "catch" the HIV virus in order to develop AIDS. It doesn't just spontaneously occur.

I – "Immuno": AIDS is caused by the immune system being depleted of its cells by HIV.

D – Deficiency: Once enough white blood cells have been destroyed by HIV, the immune system becomes weak and is not capable of fighting off other bacteria and viruses easily.

S – Syndrome: AIDS is characterized by a group of symptoms including rapid weight loss; extreme fatigue; recurring fever; susceptibility to illness; sores of the mouth, anus, or genitals; pneumonia; blotches under the skin; memory loss, etc.

MYTHS AND MISCONCEPTIONS

First recognized as a new disease in 1981, today science has made great strides in research and trends that have changed the way we look at and work with HIV/AIDS. **Unfortunately, just as our knowledge of the disease has increased, the number of people living with HIV/AIDS has increased over the last decade, with over 1.2 million reported cases living in the United States (U.S.) alone.** In 2013 (most recent data

availability), an estimated 47,352 new cases of HIV infection and 26,688 cases of AIDS were diagnosed. It is estimated that almost one in seven (12.8%) of those living with the disease remain undiagnosed to date. While the numbers may be startling, they underscore the importance of obtaining and communicating factual information and prevention tips to slow the spreading and progression of HIV/AIDS.

Having accurate information is the key to understanding and preventing HIV transmission and working safely and respectfully with HIV positive clients. The following provides commonly

believed myths and misconceptions paired with the true facts about HIV/AIDS

Myth #1 - There is a cure for HIV/AIDS.

Despite advances in treatments, there is currently no cure readily available for HIV positive individuals today. There have been rare cases publicized through research findings and clinical trials in which extreme treatments have been thought to cure HIV. The most famous of these has been dubbed as the "Berlin Patient." In these cases, treatment included a bone marrow transplant resulting in a new immune system which eradicated the HIV virus. The infected patients had to be readied for their transplants with a modified protocol to ensure decreased intensity. This affords them the strength to maintain antiretroviral drug treatments. These treatments are generally too toxic for HIV positive cancer patients to tolerate.

To date, it appears that the patients' new immune systems have remained HIV-free, yet more study is necessary to ensure the bloodstream continues to remain free of any HIV genetic material throughout the duration of the patient's life. Scientists continue to monitor these patients to determine if the virus was in fact cured, rather than simply in a sustained remission. Nevertheless, this type of treatment is risky, expensive, and not

feasible for the millions of people currently living with the virus. An effective cure that could be made available to the public is still far in the horizon.

Fortunately, increased and ever evolving understanding of the virus and resulting illness has led to advances in medicine that are effectively treating the disease for those who take it regularly. When sustaining this type of treatment, an HIV positive person can reduce their viral load (or amount of HIV in the blood) to the point that it is undetectable, or unable to be seen in laboratory tests. Maintaining an undetectable viral load helps prevent the progression of the virus and prevent HIV from developing into AIDS and other infections. Currently, research is still being done to identify new treatments and improve existing regimens to further ease the burden for HIV carriers and their health providers. Every day, more is being learned to identify new ways of preventing HIV infection. Even without a cure, people can live full, happy, and healthy lives despite their HIV positive diagnosis.

Myth #2 - HIV and AIDS are the same thing.

HIV and AIDS are commonly mistaken as interchangeable terms for the same disease. However, in truth, they are distinct terms that are not transposable. HIV is a virus that attacks a person's immune system. If left untreated, it can evolve into AIDS. AIDS is an immunodeficiency syndrome. It is the third and most advanced stage of infection caused by HIV. **Most people who are living with HIV do not have AIDS and will never progress into the AIDS phase of the disease.** HIV progresses into AIDS

when a person's immune system is diminished to the point of not being able to combat certain kinds of infections and cancers. To determine the stage of infection caused by HIV, a lab test is conducted to identify the number of CDR cells a person has, otherwise known as their "viral load." A viral load under 200 in an HIV-infected person indicates an AIDS diagnosis. Without medication, it can take between two to 10 years or longer for an HIV-positive person to develop AIDS.

Myth #3 - HIV diagnosis is a death sentence.

Revolutions in medications and treatments make it possible for HIV carriers to live long, healthy lives. In the Western world, where resources are available for treatment, HIV has been downgraded from a fatal virus to a chronic life-threatening illness. The virus becomes life-threatening once it progresses to the third and most severe stage of HIV: AIDS. However, in many cases, individuals diagnosed with AIDS can be reverted to HIV status after starting anti-HIV drug "cocktails," regaining their health and returning to a normal life.

There are many treatments that can now help people with HIV, each attacking the virus in their own way. As a result, many HIV positive people are living much longer and healthier lives than ever before. Medicines today can slow the growth of the virus or stop it from making copies of itself. These

treatment therapies cannot fully eradicate the virus from the bloodstream, but are able to keep the amount of virus in the blood low or undetectable. Currently, there are many clinical and research trails that continue to bring insight into the virus and its treatments and the potential pathway to a cure.

Today's treatment and prevention interventions were made through scientific advances funded through federal and private investments in basic, biomedical, behavioral, and social science research. **All findings point to the fact that starting treatment for HIV early (as soon as possible after diagnosis) significantly improves the patient's health and reduces the risk of illness and death, decreasing the risk of onward transmission by 96%.**

Myth #4 - You can contract HIV through tears, sweat, feces, and urine.

HIV can only be contracted through specific bodily fluids. These include semen, vaginal fluid, rectal fluids, blood, and breast milk. A person can get infected from sexual contact with someone who is infected with HIV through vaginal, anal, or oral sex; however, unprotected sex with someone who is infected doesn't mean a person will automatically contract the disease. Using a latex condom or other latex barrier greatly reduces the risk. Furthermore, HIV is not spread by hugging or massage, dry kissing, or daily contact with someone who has HIV.

HIV can be transmitted from mother to her child, either in the womb, during vaginal childbirth, or through breastfeeding.

There are treatments today that can reduce the risk of this type of transmission, keeping the baby safe and virus free. They are most effective if started as soon as possible during the pregnancy. Even with treatment, breastfeeding is not recommended for HIV positive mothers.

Finally, people who inject drugs, hormones, steroids, or silicone can get HIV by sharing needles or syringes and other injection equipment. Anytime a needle penetrates a person's skin it is important that a new needle is used. Keeping the penetration area clean and unexposed can greatly reduce the risk of infection.

Myth #5 - You can tell someone has HIV by looking at them.

It is true that as the HIV virus progresses and begins affecting the immune system there can be physical symptoms of the disease. Also, when a person is taking HIV medicines, there may be changes in body shape and appearance, including fat accumulation (increased deposits of fat in the abdomen, neck,

shoulders, breasts, or face or fatty bumps on the body) and lipotrophy (loss of fat, particularly in the face, legs, or arms). However, all of these symptoms can also be linked to many other conditions as well, so it is never possible to tell if someone has HIV just by looking at them.

The HIV virus can actually live in the body asymptomatic for up to 10 years during the latency period. Yet, during this time, it is still possible to transmit the virus to others. This is why it is so important to use condoms correctly and every time. Doing so can reduce the risk of contracting or passing HIV by up to 80%.

In addition, thanks to new drug therapies, many people who are aware of their HIV positive status are living symptom free and have no outward sign of carrying the virus. Medications and treatments can keep them at a healthy body weight and prevent them from progressing to symptomatic stages of HIV.

As previously noted, many are able to maintain the status of undetectable, meaning that there are so few copies of the

Myth #6 - If someone is HIV positive, they will eventually develop AIDS.

When people get HIV and don't receive treatment, they will typically progress through three stages of disease, the last and most severe stage being AIDS. Yet, if properly treated, an HIV positive person may never acquire AIDS. Medicine to treat HIV, known as antiretroviral therapy (ART), helps at all stages of the

virus in their blood stream they can no longer be detected by a laboratory test. However, even if undetectable, there is still a possibility (though greatly diminished) of transmitting the disease.

The only way to know for sure whether a person has HIV is for them to get tested. Knowing your status is important because it helps you make healthy decisions to prevent contracting or transmitting HIV. To find places near you that offer confidential HIV testing, visit <https://gettested.cdc.gov/>, text your ZIP code to KNOW IT (566948), or call 1-800-CDC-INFO (1-800-232-4636). You can also use a home testing kit, available for purchase in most pharmacies and online.

disease if taken the right way, every day. This treatment can slow or prevent progression from one stage to the next. It can also dramatically reduce the chance of transmitting HIV to someone else.

STAGES OF HIV INFECTION

HIV is a virus spread through certain body fluids. It attacks the body's immune system, specifically the CD4 cells (white blood cells), often called T cells. These special cells help the immune system fight off infections. **Over time, if left untreated, HIV can destroy so many of these cells that the body can't fight off infections and disease, allowing opportunistic infection or cancers to take advantage of a very weak immune system.**

While no safe and effective cure currently exists, with proper medical care, HIV can be controlled. Developed in the 1990's, ART therapy can dramatically prolong the lives of many people infected with HIV and lower their chance of infecting others. Today, someone diagnosed with HIV and treated can have a nearly normal life expectancy. Without ART treatments, however, HIV will continue to duplicate itself within the body, moving through the three stages of HIV infection.

Stage 1: Acute HIV infection

Within 2 to 4 weeks after infection with HIV, people may experience a flu-like illness, which may last for a few weeks. This is the body's natural response to infection. During this time, the body produces an influx of white blood cells in an attempt to eradicate the virus. As the body is unable to eliminate the virus, it readjusts and proceeds into the second stage of the disease.

Stage 2: Clinical latency (HIV inactivity or dormancy)

This period is sometimes called asymptomatic HIV infection or chronic HIV infection. During this phase, HIV is still active but reproduces at very low levels. People may not have any symptoms or get sick during this time. For people who aren't taking medicine to treat HIV, this period can last a decade or longer, but some progress through this phase much faster. People who are taking medicine to treat HIV (ART) the right way, every day may be in this stage for several decades or throughout

their lifespan. It's important to remember that people can still transmit HIV to others during this phase, although people who are on ART and stay virally suppressed (having a very low level of virus in their blood) are much less likely to transmit HIV than those who are not virally suppressed. At the end of this phase, a person's viral load starts to go up and the CD4 cell count begins to go down. As this happens, the person may begin to have symptoms as the virus levels increase in the body and the person moves into Stage 3.

Stage 3: Acquired Immunodeficiency Syndrome (AIDS) – AIDS is the most severe phase of HIV infection

People with AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic illnesses. Without treatment, people with AIDS typically survive about 3 years. Common symptoms of AIDS include chills, fever, sweats, swollen lymph glands, weakness, skin lesions, and weight loss. People are diagnosed with AIDS when their CD4 cell count drops below 200 cells/mm or if they develop certain opportunistic illnesses. People with AIDS can have a high viral load and be very infectious. An estimated 658,507 people in the United States with an AIDS diagnosis have died since its discovery, with tens of thousands of deaths each year.

There are about 1.2 million reported cases of HIV in the United States (U.S.) alone.

1 in 6 people who have HIV in the United States are unaware they are infected.

WHO IS AT RISK?

Anyone that engages in behaviors that place them in contact with blood, semen, rectal fluids, vaginal fluids, and breast milk may be at risk for getting HIV. Even if you are in a long-term, monogamous relationship with one person, it is important to confirm your HIV status to be sure that you and your partner remain healthy and HIV negative. **According to the CDC, everyone aged 13 to 64 should include HIV testing as part of their health care routine, even if they do not feel they are at risk.**

The following are risk factors that can affect anyone, at any age or status in their life:

- Having sex with someone without being 100% sure of their HIV status. Remember, 1 in 6 people are unaware of their infection.

- Injecting drugs or sharing needles. This can include steroids, hormones, insulin, or even getting tattoos.
- Acquiring any sexually transmitted disease, hepatitis, or tuberculosis. HIV often travels with other infectious diseases, so if you have contracted another virus, there is a heightened chance you could have also contracted HIV.
- Having sex with someone who has any of the above risk factors. Don't forget, when you put yourself at risk, you put all of your future partners at risk as well.

High risk groups

In the US, HIV is most commonly spread through sexual intercourse, be it anal or vaginal, and by sharing drug-use equipment (or works) with someone who is carrying the virus. While these risks are the same for everyone, HIV continues to devastate some risk groups more than others. Certain populations are at greater risk based on the fact that there are higher rates of HIV infection existing within their communities or population groups. This means that with each sexual or drug use encounter, they are placing themselves at heightened risk of contracting the virus. Furthermore, the different demographic, social, and economic factors of each distinct community can further attribute to the level of risk. These factors can include income, education, geographic region, or even prevalence of stigma and discrimination.

High risk ethnic and racial groups:

African Americans

- At the end of 2016, an estimated 476,100 African Americans had HIV.
- In 2017, there were 7,053 deaths among adult and adolescent African Americans with diagnosed HIV in the US.
- In 2018, African Americans accounted for 13% of the US population but 42% of the 37,832 new HIV diagnoses in the United States and dependent areas.
- Of the 37,832 new HIV diagnoses in the US in 2018, 31% were African American men and 11% were African American women.

American Indians/Alaska Natives

- At the end of 2016, an estimated 1.1 million people had HIV. Of those, 3,600 were American Indian/Alaska Natives.

Hispanics/Latinos

- At the end of 2016, an estimated 254,600 Hispanic/Latinos had HIV.

- From 2010 - 2016, HIV diagnoses increased 6% among Hispanics/Latinos overall in 50 states and the District of Columbia.
- In 2017, adult and adolescent Hispanics/Latinos made up 26% of the new HIV diagnosis in the US and dependent areas.

Other HIV risk demographics

Gender

- At the end of 2016, 882,300 men had HIV.
- Of the 38,739 new HIV diagnoses in the US and dependent areas in 2017, 81% were men. Most (86%) new diagnoses among men were among gay and bisexual men.

Sexual preference

- Certain members of the Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) community are at the highest risk for contracting the HIV virus. **Gay, bisexual, and other men who have sex with men of all races and ethnicities remain the population most affected by HIV, accounting for 57% of all persons living with HIV.**

Injection drug users

- Of the 38,739 HIV diagnoses in the US and dependent areas in 2017, 1 in 10 were among people who inject drugs. The new HIV diagnoses among people who inject drugs consisted of 72% men and 28% women.

Despite the level of risk based on ethnicity, gender, and lifestyle, everyone can take precautions to help reduce their risk and maintain a HIV negative status. By learning about the prevention strategies and standard precautions, we can reduce the prevalence of HIV/AIDS and lessen the devastation resulting from the HIV/AIDS epidemic.

PREVENTION AND PRECAUTIONS

National HIV/AIDS strategy

As of July 2015, the Federal government has developed a National HIV/AIDS Strategy for the United States. Their vision is for the US to become a place free from new HIV infections, where all currently infected have free and equal access to high quality, life-extending care. In order to accomplish this goal, efforts must be taken in:

- Intensifying and expanding prevention efforts.
- Increasing education regarding risks, prevention, and transmission.
- Implementing systems to connect people with care providers immediately following diagnosis.
- Supporting comprehensive coordinated patient-centered care for people living with HIV.
- Reducing HIV-Related disparities and health inequities.

- Reducing stigma and eliminating discrimination associated with HIV status.
- Achieving a more coordinated national response to the HIV epidemic.

The strategy acknowledges that HIV is still an epidemic and major health issue in the US, despite the fact that most people can live long and healthy lives once diagnosed and treated. It recognizes that everyone across the nation deserves access to prevention tools and education and immediate access to treatment and care. It will require a collaborative national response to address the HIV/AIDS epidemic and achieve the strategic goals provided. This includes all health and human service providers, including cosmetology professionals. Fulfilling this national strategy starts with each individual, and should begin with you and your salon.

Protecting yourself in the workplace: HIV and salons

Salons have come under intense scrutiny in the past decade because of various outbreaks of infectious diseases that were traced to improperly cleaned equipment. State licensing boards have set strict rules for salon procedures and the exact steps for proper sanitation and sterilization of equipment to make sure disease transmission can't happen in salons. It is important that all licensed cosmetologists are familiar with and consistently practice these safety rules and guidelines. Among the most important is the simplest: workers must wash their hands frequently, between clients and sometimes more often, when there is a chance of any kind of disease transmission. Not only will this (and other mandated safety precautions) significantly reduce the likelihood of transmitting HIV/AIDS, it will also provide protection against the transmission of staph infection and other harmful bacteria and germs that are statistically much more likely to be transmitted within the salon setting.

Only 58 cases of confirmed occupational transmission of HIV to health care workers have been documented in the United States (while extremely rare, in a very few cases, HIV transmission has occurred in a household setting due to unprotected contact between infected blood and broken skin or mucous membranes). **To date, there are no documented cases of HIV transmission through blood contact that have occurred in a salon setting.** Therefore, while transmission of HIV in the salon is highly unlikely (and likely a direct result of the strict regulations in sanitization and operations), it is still essential that salon professionals stay up-to-date on HIV/AIDS specific prevention techniques and protocols to stop transmission.

Seasoned cosmetologists know that the presence of blood during various cosmetic procedures is not that usual. For example, it is not unheard of to draw blood during a manicure or pedicure, close shave, or facial procedure. When/if this happens, if the blood is infected with the HIV virus and comes in contact with a cut or an open wound, there is potential to transmit the virus. It is important to note that while risk of exposure due to direct splashes with body fluids is minimal,

there is increased danger if infected blood enters the body via a scratch or open wound. Nail clippers, acrylic nail drills, cuticle scissors, callus paring blades, and reusable razors and blades all have the potential to transmit infectious diseases if they are not properly sterilized. Following proper sanitation rules and standard precautions will greatly decrease the potential of HIV transmission and protect both professionals and clients from transmitting the disease.

Prevention and standard precautions

To prevent transmission of HIV in the workplace, cosmetologists and other health and human service providers must assume that blood and other body fluids from all patients are potentially infectious. To stay safe, when working

with any client, standard precautions must be taken to avoid contact with bodily fluids. The following table provides standard precautions that should be taken when providing cosmetic services:

Standard Precautions for Preventing HIV Transmission
If there is a possibility of contact with blood or other bodily fluids that could potentially contain visible blood (such as urine, feces, or vomit), always wear gloves and/or other protective equipment.
Cover cuts, sores, or breaks in the skin with bandages (for both clients and cosmetologist).
Anytime contact is made with blood or other bodily fluids, immediately wash hands and/or other body parts that have been in contact.
Carefully handle all sharp instruments and tools, taking caution during use and disposal.
Sanitize or dispose of any tools/materials that may have come into contact with blood or other bodily fluids, and properly clean and sanitize the surrounding workstation.
Avoid any practices that can increase the probability of contact with blood or bodily fluids (e.g., sharing razors, toothbrushes, or any equipment that could come in contact with the virus).

Research indicates that the use of standard precautions by healthcare and human service providers when dealing with HIV/AIDS positive clients is inconsistent. This impacts both stigmatization and the reporting of discriminatory practices. Therefore, it is important that standard precautions are employed universally with every client, not just those that have disclosed HIV positive status. For everyone's safety and health, human service providers must keep up to date on current research and findings surrounding transmission and stay knowledgeable regarding misconceptions around transmission

and assumptions about patient lifestyle and risk. It is also helpful to have a plan in place for post exposure management should direct contact with known HIV infected blood takes place.

The impact of HIV/AIDS on the workplace continues to grow as the population of those most affected by the disease (those aged 20-44) make up over 50% of the 143 million people employed in the United States. It is important that while taking precautions against the spreading and/or contraction of HIV/AIDS, licensed professionals in no way infringe upon a person's (be it a client, co-worker, or self) civil rights.

KNOW YOUR RIGHTS: PROTECTIONS

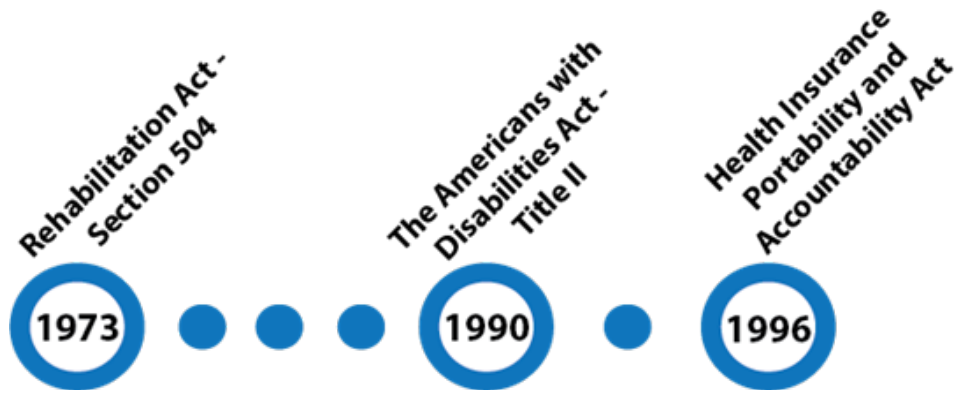
It is unlawful to prohibit a person living with HIV/AIDS from participating in services offered to others, and it is illegal to deny them a benefit because of their HIV status. Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, and the Health Insurance Portability and Accountability Act of 1996 (HIPA) protect those living with HIV/AIDS and their friends and family from this type of discrimination.

The Rehabilitation Act of 1973 ensures that every person is given equal opportunity to participate in and receive benefits from any program or activity that receives federal funding, and every person in the United States is afforded equal opportunity in employment under the Americans with Disabilities Act (ADA), despite disabilities (including positive HIV status). The ADA maintains that people with HIV, whether or not it is symptomatic, are physically impaired to the point that it substantially limits the life activities, and are therefore covered under the Act. In this, the ADA protects against discrimination against HIV-positive persons and specifically those who are denied an occupational license or admission to a school on the basis of their HIV status. Title II of the ADA prohibits both state licensing agencies and occupational training schools (including cosmetology schools) from discriminating against individuals with HIV or AIDS. A licensing entity, trade school, or training program cannot exclude a person with HIV/AIDS because of their status.

A person infected with HIV may be excluded, however, from activities or services of a private or public entity only if there is a health concern in which they pose a significant risk to the health or safety of others or a "direct threat" that cannot be eliminated or reduced to an acceptable level by reasonable modification. Evidence of the direct threat must be based on an individualized assessment of the person with the disability and based on current medical evidence. However, transmission of HIV will rarely raise a legitimate direct threat issue as HIV cannot be transmitted by casual contact. Therefore, circumstances do not exist for the transmission of HIV in a school or workplace setting, including those involving cosmetology. If a licensing entity or trade school requires an applicant to provide a doctor's certification that he or she is free of infectious, communicable, or contagious disease, this must exclude diseases, such as HIV, not transmitted through casual contact or usual practice of the occupation for which a license is required.

Furthermore, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates privacy and confidentiality restrictions to further protect those living with the disease. This Act maintains the confidentiality of health information and provides a person the right to not only review but make corrections to personal medical records.

Timeline of Protections



Rehabilitation Act of 1973 – Section 504	No qualified individual with a disability shall, by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance or under any program or activity conducted by any executive agency or by the United States Postal Service.
Americans with Disabilities Act of 1990 – Title II	No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity or be subjected to discrimination by any such entity.
Health Insurance Portability and Accountability Act of 1996	Mandates privacy and confidentiality restrictions to protect those living with the disease. This Act maintains the confidentiality of health information and provides a person the right to not only review but make corrections to personal medical records.

HIV and the right to obtain occupational training and state licensing service providers are not required to disclose personal HIV status in the workplace, as this is a personal choice that can have both a positive and/or negative impact.

Disclosing to co-workers can be of benefit in cultivating a support system amongst colleagues; or it can unnecessarily create stigma causing coworkers to behave differently. When making this decision, it is important to carefully consider which individuals to tell. Best practice would be to have a specific plan for disclosure which takes into consideration who to inform, how to inform them, expectations for third-party disclosure, etc. Many employers offer an Employee Assistance Program (EAP) which will help employees handle disclosure at work and navigate personal issues that may affect performance, health,

or well-being. Information share with EAPs is protected by confidentiality from your employer. Workplace discrimination based on HIV status is illegal and there are regulations in place to assist anyone experiencing discrimination after disclosing status.

Even though it is not required to disclose status in the workplace, those living with HIV/AIDS do have the responsibility to disclose their status to healthcare providers (doctors, clinical workers, dentists, etc.) and sex or needle-sharing partners under penalty of law. However, they are not obligated to disclose to all service providers, and therefore may keep this information private when securing cosmetology services. Again, all services should be provided using standard precautions, making disclosure from clients irrelevant to safety and prevention.

Conclusion

While tremendous progress has been made, we have yet to win the victory over the HIV/AIDS epidemic, evidenced by the fact that by 2012, 658,507 people with an AIDS diagnosis have died in the US, with an estimated 13,712 people dying that year. We must each play our part in increasing prevention efforts in order to save lives and improve the quality of life for those living with HIV. Despite the advances in treatment and therapies, today the world faces a heightened risk of contracting and transmitting HIV. To conquer the disease and reign in the next era of HIV prevention, we must be informed and consistent in our prevention and education efforts. At the same time, we must keep in mind that although this is a serious disease, it is also a preventable disease, and the extra care that we take in our lives and in our salons can be the difference between life and death – for not only our clients, but also yourself.

Chapter 5: Florida Laws and Rules (Satisfies Laws and Rules Requirement)

Learning objectives

Given the course materials, the learner will be able to:

- List and describe your legal responsibilities according to the Florida Cosmetology Practice Act and Florida Administrative Code.
- Define and recall your duties and responsibilities under Florida Statutes.

INTRODUCTION

Two primary areas of law pertaining to the practice of cosmetology in the State of Florida are:

- The Florida Cosmetology Practice Act: Chapter 477 of the Florida Statutes.
- Chapter 61G5 of the Florida Administrative Code.

The following pages simplify excerpts of these documents, clarifying the regulations that address you as a cosmetologist, and explaining your legal responsibilities and obligations.

Other sections or chapters of the Florida Statutes [FS] and Florida Administrative Code [FAC] that apply to the practice of cosmetology (such as Chapter 456: Health Professions and Occupations; or Chapter 120: Administrative Procedure Act; among others) are not addressed in this chapter.

Text in full for the Laws of Florida may be found at <http://www.leg.state.fl.us>. Please refer directly to the Laws of Florida to determine the effective date of a creating act or a particular amendment.

CHAPTER 477 COSMETOLOGY

477.11 Short title. This act shall be known and may be cited as the “Florida Cosmetology Act.”

477.12 Purpose. The Legislature deems it necessary in the interest of public health to regulate the practice of cosmetology in this state. However, restrictions shall be imposed only to the extent necessary to protect the public from significant and discernible danger to health and not in a manner which will unreasonably affect the competitive market. Further, consumer protection for both health and economic matters shall be afforded the public through legal remedies provided for in this act.

477.13 Definitions. As used in this chapter:

- (1) “Board” means the Board of Cosmetology.
- (2) “Department” means the Department of Business and Professional Regulation.
- (3) “Cosmetologist” means a person who is licensed to engage in the practice of cosmetology in this state under the authority of this chapter.
- (4) “Cosmetology” means the mechanical or chemical treatment of the head, face, and scalp for aesthetic rather than medical purposes, including, but not limited to, hair shampooing, hair cutting, hair arranging, hair coloring, permanent waving, and hair relaxing for compensation. This term also includes performing hair removal, including wax treatments, manicures, pedicures, and skin care services.
- (5) “Specialist” means any person holding a specialty registration in one or more of the specialties registered under this chapter.
- (6) “Specialty” means the practice of one or more of the following:
 - (a) Manicuring, or the cutting, polishing, tinting, coloring, cleansing, adding, or extending of the nails, and massaging of the hands. This term includes any procedure or process for the affixing of artificial nails, except those nails which may be applied solely by use of a simple adhesive.
 - (b) Pedicuring, or the shaping, polishing, tinting, or cleansing of the nails of the feet, and massaging or beautifying of the feet.
 - (c) Facials, or the massaging or treating of the face or scalp with oils, creams, lotions, or other preparations, and skin care services.
- (7) “Shampooing” means the washing of the hair with soap and water or with a special preparation, or applying hair tonics.
- (8) “Specialty salon” means any place of business wherein the practice of one or all of the specialties as defined in subsection (6) are engaged in or carried on.
- (9) “Hair braiding” means the weaving or interweaving of natural human hair or commercial hair, including the use of hair extensions or wefts, for compensation without cutting, coloring, permanent waving, relaxing, removing, or chemical treatment.
- (10) “Hair wrapping” means the wrapping of manufactured materials around a strand or strands of human hair, for compensation, without cutting, coloring, permanent waving, relaxing, removing,

weaving, chemically treating, braiding, using hair extensions, or performing any other service defined as cosmetology.

- (11) “Photography studio salon” means an establishment where the hair-arranging services and the application of cosmetic products are performed solely for the purpose of preparing the model or client for the photographic session without shampooing, cutting, coloring, permanent waving, relaxing, or removing of hair or performing any other service defined as cosmetology.
- (12) “Body wrapping” means a treatment program that uses herbal wraps for the purposes of cleansing and beautifying the skin of the body, but does not include:
 - (a) The application of oils, lotions, or other fluids to the body, except fluids contained in presoaked materials used in the wraps; or
 - (b) Manipulation of the body’s superficial tissue, other than that arising from compression emanating from the wrap materials.
- (13) “Skin care services” means the treatment of the skin of the body, other than the head, face, and scalp, by the use of a sponge, brush, cloth, or similar device to apply or remove a chemical preparation or other substance, except that chemical peels may be removed by peeling an applied preparation from the skin by hand. Skin care services must be performed by a licensed cosmetologist or facial specialist within a licensed cosmetology or specialty salon, and such services may not involve massage, as defined in s. 480.033(3), through manipulation of the superficial tissue.

477.0135 Exemptions.

- (1) This chapter does not apply to the following persons when practicing pursuant to their professional or occupational responsibilities and duties:
 - (a) Persons authorized under the laws of this state to practice medicine, surgery, osteopathic medicine, chiropractic medicine, massage, naturopathy, or podiatric medicine.
 - (b) Commissioned medical or surgical officers of the United States Armed Forces hospital services.
 - (c) Registered nurses under the laws of this state.
 - (d) Persons practicing barbering under the laws of this state.
 - (e) Persons employed in federal, state, or local institutions, hospitals, or military bases as cosmetologists whose practices are limited to the inmates, patients, or authorized military personnel of such institutions, hospitals, or bases.
 - (f) Persons whose practice is limited to the application of cosmetic products to another person in connection with the sale, or attempted sale, of such products at retail without compensation from such other person other than the regular retail price of such merchandise.
- (2) A license is not required of any person whose occupation or practice is confined solely to shampooing.

- (3) A license or registration is not required of any person whose occupation or practice is confined solely to cutting, trimming, polishing, or cleansing the fingernails of any person when said cutting, trimming, polishing, or cleansing is done in a barbershop licensed pursuant to chapter 476 which is carrying on a regular and customary business of barbering, and such individual has been practicing the activities set forth in this subsection prior to October 1, 1985.
- (4) A photography studio salon is exempt from the licensure provisions of this chapter. However, the hair-arranging services of such salon must be performed under the supervision of a licensed cosmetologist employed by the salon. The salon must use disposable hair-arranging implements or use a wet or dry sanitizing system approved by the federal Environmental Protection Agency.
- (5) A license is not required of any individual providing makeup, special effects, or cosmetology services to an actor, stunt person, musician, extra, or other talent during a production recognized by the Office of Film and Entertainment as a qualified production as defined in s. 288.1254(1). Such services are not required to be performed in a licensed salon. Individuals exempt under this subsection may not provide such services to the general public.
- (6) A license is not required of any individual providing makeup or special effects services in a theme park or entertainment complex to an actor, stunt person, musician, extra, or other talent, or providing makeup or special effects services to the general public. The term "theme park or entertainment complex" has the same meaning as in s. 509.013(9).
- (7) A license or registration is not required for a person whose occupation or practice is confined solely to hair braiding as defined in s. 477.013(9).
- (8) A license or registration is not required for a person whose occupation or practice is confined solely to hair wrapping as defined in s. 477.013(10).
- (9) A license or registration is not required for a person whose occupation or practice is confined solely to body wrapping as defined in s. 477.013(12).
- (10) A license or registration is not required for a person whose occupation or practice is confined solely to applying polish to fingernails and toenails.
- (11) A license or registration is not required for a person whose occupation or practice is confined solely to makeup application, which includes, but is not limited to, application of makeup primer, face paint, lipstick, eyeliner, eye shadow, foundation, rouge or cheek color, mascara, strip lashes, individual lashes, face powder, corrective stick, and makeup remover; but does not include manual or chemical exfoliation, semipermanent lash application, lash or brow tinting, permanent makeup application, microblading, or hair removal.

477.15 Board of Cosmetology.

- (1) There is created within the department the Board of Cosmetology consisting of seven members, who shall be appointed by the Governor, subject to confirmation by the Senate, and whose function it shall be to carry out the provisions of this act.
- (2) Five members of the board shall be licensed cosmetologists and shall have been engaged in the practice of cosmetology in this state for not less than 5 years. Two members of the board shall be laypersons. Each board member shall be a resident of this state and shall have been a resident of this state for not less than 5 continuous years.
- (3) The Governor may at any time fill vacancies on the board for the remainder of unexpired terms. Each member of the board shall hold over after the expiration of his or her term until a successor is duly appointed and qualified. No board member shall serve more than two consecutive terms, whether full or partial.
- (4) Before assuming his or her duties as a board member, each appointee shall take the constitutional oath of office and shall file it with the Department of State, which shall then issue to such member a certificate of his or her appointment.
- (5) The board shall, in the month of January, elect from its number a chair and a vicechair.
- (6) The board shall hold such meetings during the year as it may determine to be necessary, one of which shall be the annual meeting. The chair of the board shall have the authority to call

other meetings at his or her discretion. A quorum of the board shall consist of not less than four members.

- (7) Each member of the board shall receive \$50 for each day spent in the performance of official board business, with the total annual compensation per member not to exceed \$2,000. Additionally, board members shall receive per diem and mileage as provided in s. 112.061, from place of residence to place of meeting and return.
- (8) Each board member shall be held accountable to the Governor for the proper performance of all his or her duties and obligations. The Governor shall investigate any complaints or unfavorable reports received concerning the actions of the board, or its members, and shall take appropriate action thereon, which action may include removal of any board member. The Governor may remove from office any board member for neglect of duty, incompetence, or unprofessional or dishonorable conduct.

477.16 Rulemaking.

- (1) The board may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter conferring duties upon it.
- (2) The board may by rule adopt any restriction established by a regulation of the United States Food and Drug Administration related to the use of a cosmetic product or any substance used in the practice of cosmetology if the board finds that the product or substance poses a risk to the health, safety, and welfare of clients or persons providing cosmetology services.

477.18 Investigative services. The department shall provide all investigative services required by the board or the department in carrying out the provisions of this act.

477.19 Cosmetologists; qualifications; licensure; supervised practice; license renewal; endorsement; continuing education.

- (1) A person desiring to be licensed as a cosmetologist shall apply to the department for licensure.
- (2) An applicant shall be eligible for licensure by examination to practice cosmetology if the applicant:
 - (a) **Is at least 16 years of age or has received a high school diploma;**
 - (b) **Pays the required application fee**, which is not refundable, and the required examination fee, which is refundable if the applicant is determined to not be eligible for licensure for any reason other than failure to successfully complete the licensure examination; and
 - (c)
 1. Is authorized to practice cosmetology in another state or country, has been so authorized for at least 1 year, and does not qualify for licensure by endorsement as provided for in subsection (5); or
 2. **Has received a minimum of 1,200 hours of training** as established by the board, which shall include, but shall not be limited to, the equivalent of completion of services directly related to the practice of cosmetology at one of the following:
 - a. A school of cosmetology licensed pursuant to chapter 1005.
 - b. A cosmetology program within the public school system.
 - c. The Cosmetology Division of the Florida School for the Deaf and the Blind, provided the division meets the standards of this chapter.
 - d. A government-operated cosmetology program in this state.

The board shall establish by rule procedures whereby the school or program may certify that a person is qualified to take the required examination after the completion of a minimum of 1,000 actual school hours. If the person then passes the examination, he or she shall have satisfied this requirement; but if the person fails the examination, he or she shall not be qualified to take the examination again until the completion of the full requirements provided by this section.

- (3) Upon an applicant receiving a passing grade, as established by board rule, on the examination and paying the initial licensing fee, the department shall issue a license to practice cosmetology.
- (4) If an applicant passes all parts of the examination for licensure as a cosmetologist, he or she may practice in the time between passing the examination and receiving a physical copy of his or her

license if he or she practices under the supervision of a licensed cosmetologist in a licensed salon. An applicant who fails any part of the examination may not practice as a cosmetologist and may immediately apply for reexamination.

- (5) Renewal of license registration shall be accomplished pursuant to rules adopted by the board.
- (6) The board shall certify as qualified for licensure by endorsement as a cosmetologist in this state an applicant who holds a current active license to practice cosmetology in another state.
- (7) (a) The board shall prescribe by rule continuing education requirements intended to ensure protection of the public through updated training of licensees and registered specialists, not to exceed 10 hours biennially, as a condition for renewal of a license or registration as a specialist under this chapter. Continuing education courses shall include, but not be limited to, the following subjects as they relate to the practice of cosmetology: human immunodeficiency virus and acquired immune deficiency syndrome; Occupational Safety and Health Administration regulations; workers' compensation issues; state and federal laws and rules as they pertain to cosmetologists, cosmetology, salons, specialists, specialty salons, and booth renters; chemical makeup as it pertains to hair, skin, and nails; and environmental issues. Courses given at cosmetology conferences may be counted toward the number of continuing education hours required if approved by the board.
- (b) The board may, by rule, require any licensee in violation of a continuing education requirement to take a refresher course or refresher course and examination in addition to any other penalty. The number of hours for the refresher course may not exceed 48 hours.

477.0201 Specialty registration; qualifications; registration renewal; endorsement.

- (1) Any person is qualified for registration as a specialist in any specialty practice within the practice of cosmetology under this chapter who:
 - (a) Is at least 16 years of age or has received a high school diploma.
 - (b) Has received a certificate of completion for:
 1. One hundred and eighty hours of training, as established by the board, which shall focus primarily on sanitation and safety, to practice specialties as defined in s. 477.013(6)(a) and (b);
 2. Two hundred and twenty hours of training, as established by the board, which shall focus primarily on sanitation and safety, to practice the specialty as defined in s. 477.013(6)(c); or
 3. Four hundred hours of training or the number of hours of training required to maintain minimum Pell Grant requirements, as established by the board, which shall focus primarily on sanitation and safety, to practice the specialties as defined in s. 477.013(6)(a)-(c).
 - (c) The certificate of completion specified in paragraph (b) must be from one of the following:
 1. A school licensed pursuant to s. 477.023.
 2. A school licensed pursuant to chapter 1005 or the equivalent licensing authority of another state.
 3. A specialty program within the public school system.
 4. A specialty division within the Cosmetology Division of the Florida School for the Deaf and the Blind, provided the training programs comply with minimum curriculum requirements established by the board.
- (2) A person desiring to be registered as a specialist shall apply to the department in writing upon forms prepared and furnished by the department.
- (3) Upon paying the initial registration fee, the department shall register the applicant to practice one or more of the specialty practices within the practice of cosmetology.
- (4) Renewal of registration shall be accomplished pursuant to rules adopted by the board.
- (5) The board shall adopt rules specifying procedures for the registration of specialty practitioners desiring to be registered in this state who have been registered or licensed and are practicing in states which have registering or licensing standards substantially

similar to, equivalent to, or more stringent than the standards of this state.

- (6) Pending issuance of registration, a person is eligible to practice as a specialist upon submission of a registration application that includes proof of successful completion of the education requirements and payment of the applicable fees required by this chapter, provided such practice is under the supervision of a registered specialist in a licensed specialty or cosmetology salon.

477.0212 Inactive status.

- (1) A cosmetologist's license that has become inactive may be reactivated under s. 477.019 upon application to the department.
- (2) The board shall adopt rules relating to licenses that become inactive and for the renewal of inactive licenses. The rules may not require more than one renewal cycle of continuing education to reactivate a license. The board shall prescribe by rule a fee not to exceed \$50 for the reactivation of an inactive license and a fee not to exceed \$50 for the renewal of an inactive license.

477.023 Schools of cosmetology; licensure. No private school of cosmetology shall be permitted to operate without a license issued by the Commission for Independent Education pursuant to chapter 1005. However, nothing herein shall be construed to prevent certification by the Department of Education of cosmetology training programs within the public school system or to prevent government operation of any other program of cosmetology in this state.

477.25 Cosmetology salons; specialty salons; requisites; licensure; inspection; mobile cosmetology salons.

- (1) No cosmetology salon or specialty salon shall be permitted to operate without a license issued by the department except as provided in subsection (11).
- (2) The board shall adopt rules governing the licensure and operation of salons and specialty salons and their facilities, personnel, safety and sanitary requirements, and the license application and granting process.
- (3) Any person, firm, or corporation desiring to operate a cosmetology salon or specialty salon in the state shall submit to the department an application upon forms provided by the department and accompanied by any relevant information requested by the department and by an application fee.
- (4) Upon receiving the application, the department may cause an investigation to be made of the proposed cosmetology salon or specialty salon.
- (5) When an applicant fails to meet all the requirements provided herein, the department shall deny the application in writing and shall list the specific requirements not met. No applicant denied licensure because of failure to meet the requirements herein shall be precluded from reapplying for licensure.
- (6) When the department determines that the proposed cosmetology salon or specialty salon may reasonably be expected to meet the requirements set forth herein, the department shall grant the license upon such conditions as it shall deem proper under the circumstances and upon payment of the original licensing fee.
- (7) No license for operation of a cosmetology salon or specialty salon may be transferred from the name of the original licensee to another. It may be transferred from one location to another only upon approval by the department, which approval shall not be unreasonably withheld.
- (8) Renewal of license registration for cosmetology salons or specialty salons shall be accomplished pursuant to rules adopted by the board. The board is further authorized to adopt rules governing delinquent renewal of licenses and may impose penalty fees for delinquent renewal.
- (9) The board is authorized to adopt rules governing the periodic inspection of cosmetology salons and specialty salons licensed under this chapter.
- (10) (a) The board shall adopt rules governing the licensure, operation, and inspection of mobile cosmetology salons, including their facilities, personnel, and safety and sanitary requirements.
- (b) Each mobile salon must comply with all licensure and operating requirements specified in this chapter or chapter 455 or rules of the board or department that apply to cosmetology salons at fixed locations, except to the extent

that such requirements conflict with this subsection or rules adopted pursuant to this subsection.

- (c) A mobile cosmetology salon must maintain a permanent business address, located in the inspection area of the local department office, at which records of appointments, itineraries, license numbers of employees, and vehicle identification numbers of the license holder's mobile salon shall be kept and made available for verification purposes by department personnel, and at which correspondence from the department can be received.
 - (d) To facilitate periodic inspections of mobile cosmetology salons, prior to the beginning of each month each mobile salon license holder must file with the board a written monthly itinerary listing the locations where and the dates and hours when the mobile salon will be operating.
 - (e) The board shall establish fees for mobile cosmetology salons, not to exceed the fees for cosmetology salons at fixed locations.
 - (f) The operation of mobile cosmetology salons must be in compliance with all local laws and ordinances regulating business establishments, with all applicable requirements of the Americans with Disabilities Act relating to accommodations for persons with disabilities, and with all applicable OSHA requirements.
- (11) Facilities licensed under part II of chapter 400 or under part I of chapter 429 are exempt from this section, and a cosmetologist licensed pursuant to s. 477.019 may provide salon services exclusively for facility residents.

477.0263 Cosmetology services to be performed in licensed salon; exceptions.

- (1) Cosmetology services shall be performed only by licensed cosmetologists in licensed salons, except as otherwise provided in this section.
- (2) Pursuant to rules established by the board, cosmetology services may be performed by a licensed cosmetologist in a location other than a licensed salon, including, but not limited to, a nursing home, hospital, or residence, when a client for reasons of ill health is unable to go to a licensed salon. Arrangements for the performance of such cosmetology services in a location other than a licensed salon shall be made only through a licensed salon.
- (3) Any person who holds a valid cosmetology license in any state or who is authorized to practice cosmetology in any country, territory, or jurisdiction of the United States may perform cosmetology services in a location other than a licensed salon when such services are performed in connection with the motion picture, fashion photography, theatrical, or television industry; a photography studio salon; a manufacturer trade show demonstration; or an educational seminar.
- (4) Pursuant to rules adopted by the board, any cosmetology or specialty service may be performed in a location other than a licensed salon when the service is performed in connection with a special event and is performed by a person who holds the proper license or specialty registration.
- (5) Hair shampooing, hair cutting, hair arranging, nail polish removal, nail filing, nail buffing, and nail cleansing may be performed in a location other than a licensed salon when the service is performed by a person who holds the proper license.

477.0265 Prohibited acts.

- (1) It is unlawful for any person to:
 - (a) Engage in the practice of cosmetology or a specialty without an active license as a cosmetologist or registration as a specialist issued by the department pursuant to the provisions of this chapter.
 - (b) Own, operate, maintain, open, establish, conduct, or have charge of, either alone or with another person or persons, a cosmetology salon or specialty salon:
 - 1. Which is not licensed under the provisions of this chapter; or
 - 2. In which a person not licensed or registered as a cosmetologist or a specialist is permitted to perform cosmetology services or any specialty.
 - (c) Permit an employed person to engage in the practice of cosmetology or of a specialty unless such person holds a

valid, active license as a cosmetologist or registration as a specialist.

- (d) Obtain or attempt to obtain a license or registration for money, other than the required fee, or any other thing of value or by fraudulent misrepresentations.
 - (e) Use or attempt to use a license to practice cosmetology or a registration to practice a specialty, which license or registration is suspended or revoked.
 - (f) Advertise or imply that skin care services or body wrapping, as performed under this chapter, have any relationship to the practice of massage therapy as defined in s. 480.033(3), except those practices or activities defined in s. 477.013.
 - (g) In the practice of cosmetology, use or possess a cosmetic product containing a liquid nail monomer containing any trace of methyl methacrylate (MMA).
- (2) Any person who violates any provision of this section commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

477.28 Disciplinary proceedings.

- (1) The board shall have the power to revoke or suspend the license of a cosmetologist licensed under this chapter, or the registration of a specialist registered under this chapter, and to reprimand, censure, deny subsequent licensure or registration of, or otherwise discipline a cosmetologist or a specialist licensed or registered under this chapter in any of the following cases:
 - (a) Upon proof that a license or registration has been obtained by fraud or misrepresentation.
 - (b) Upon proof that the holder of a license or registration is guilty of fraud or deceit or of gross negligence, incompetency, or misconduct in the practice or instruction of cosmetology or a specialty.
 - (c) Upon proof that the holder of a license or registration is guilty of aiding, assisting, procuring, or advising any unlicensed person to practice as a cosmetologist.
- (2) The board shall have the power to revoke or suspend the license of a cosmetology salon or a specialty salon licensed under this chapter, to deny subsequent licensure of such salon, or to reprimand, censure, or otherwise discipline the owner of such salon in either of the following cases:
 - (a) Upon proof that a license has been obtained by fraud or misrepresentation.
 - (b) Upon proof that the holder of a license is guilty of fraud or deceit or of gross negligence, incompetency, or misconduct in the operation of the salon so licensed.
- (3) Disciplinary proceedings shall be conducted pursuant to the provisions of chapter 120.
- (4) The department shall not issue or renew a license or certificate of registration under this chapter to any person against whom or salon against which the board has assessed a fine, interest, or costs associated with investigation and prosecution until the person or salon has paid in full such fine, interest, or costs associated with investigation and prosecution or until the person or salon complies with or satisfies all terms and conditions of the final order.

477.29 Penalty.

- (1) It is unlawful for any person to:
 - (a) Hold himself or herself out as a cosmetologist or specialist unless duly licensed or registered, or otherwise authorized, as provided in this chapter.
 - (b) Operate any cosmetology salon unless it has been duly licensed as provided in this chapter.
 - (c) Permit an employed person to practice cosmetology or a specialty unless duly licensed or registered, or otherwise authorized, as provided in this chapter.
 - (d) Present as his or her own the license of another.
 - (e) Give false or forged evidence to the department in obtaining any license provided for in this chapter.
 - (f) Impersonate any other licenseholder of like or different name.
 - (g) Use or attempt to use a license that has been revoked.
 - (h) Violate any provision of s. 455.227(1), s. 477.0265, or s. 477.028.
 - (i) Violate or refuse to comply with any provision of this chapter or chapter 455 or a rule or final order of the board or the department.

- (2) Any person who violates the provisions of this section shall be subject to one or more of the following penalties, as determined by the board:
- Revocation or suspension of any license or registration issued pursuant to this chapter.
 - Issuance of a reprimand or censure.
 - Imposition of an administrative fine not to exceed \$500 for each count or separate offense.

- Placement on probation for a period of time and subject to such reasonable conditions as the board may specify.
- Refusal to certify to the department an applicant for licensure.

477.31 Civil proceedings. As cumulative of any other remedy or criminal prosecution, the department may file a proceeding in the name of the state seeking issuance of a restraining order, injunction, or writ of mandamus against any person who is or has been violating any of the provisions of this chapter or the lawful rules or orders of the department.

CHAPTER 61G5 COSMETOLOGIST

61G5-18.00015 Cosmetologist and Compensation Defined.

A cosmetologist is a person who is licensed to perform the mechanical or chemical treatment of the head, face, and scalp for aesthetic rather than medical purposes, including, but not limited to, hair shampooing, hair cutting, hair arranging, hair braiding, hair coloring, permanent waving, and hair relaxing, for compensation. A cosmetologist may also perform non-invasive hair removals, including wax treatments but not including electrolysis as that term is defined in Chapter 478, F.S.,

manicures, pedicures, and skin care services. For the purposes of this act "compensation" is defined as the payment of money or its equivalent, the receipt or delivery of property, or the performance of a service, or the receipt or delivery of anything of value in exchange for cosmetology services. For the purposes of this act "medical purposes" is defined as any form of bodily intrusion into the orifices, skin, muscles, or any other tissues of the body.

Chapter 61G5-20 Cosmetology Salons

61G5-20.001 Salon Defined.

Salon means any establishment or place of business wherein cosmetology as defined in Section 477.013(4), F.S., or any specialty as defined in Section 477.013(6), F.S., is practiced for compensation, however this does not prevent the practice of cosmetology in a licensed barbershop, or the practice of barbering in a licensed cosmetology salon, provided the salon employs a licensed cosmetologist. Except as provided in Rule 61G5-20.010, F.A.C., a salon must be at a fixed location.

- The following procedures shall be followed when performing cosmetology services outside of a licensed salon:
 - Information as to the name and contact information of the client and the address at which the services are to be performed shall be recorded in an appointment book.
 - For services required to be scheduled through a salon, the appointment book shall remain at the salon and be made available upon request to any investigator or inspector of the Department.
 - For services in subsection (4) that have been scheduled directly with the licensed cosmetologist or specialist, the appointment book shall remain with the provider.

61G5-20.0015 Performance of Cosmetology or Specialty Services Outside a Licensed Salon.

- "Special events" are weddings, fashion shows, and other organized public or private events with a duration of no more than three consecutive days, and where cosmetology services are essential to the event, and the cosmetologist does not provide services to the general public.
- Cosmetology or specialty services may be performed by a licensed cosmetologist or specialist in a location other than a licensed salon, including a hospital, nursing home, residence, or similar facility, when a client for reasons of ill health is unable to go to a licensed salon. Such services are not to be performed upon employees or person who do not reside in the facility, or any other non-qualified persons. Arrangements for the performance of cosmetology services pursuant to this subsection shall be made only through a licensed salon.
- Cosmetology services may only be performed in a photography studio salon subject to the following requirements:
 - Only hair-arranging services and the application of cosmetic products may be performed in a photography studio salon, and only for the purpose of preparing a model or client of the photography studio for a photographic session. Shampooing the hair, hair cutting, hair coloring, permanent waving of the hair, hair relaxing, hair removal, manicuring, pedicuring, and the performance of any other service defined as cosmetology may not be performed in a photography studio salon.
 - All hair-arranging services and applications of cosmetic products to be performed in the photography studio salon shall be performed by a licensed Florida cosmetologist or under the supervision of a licensed cosmetologist employed by the salon. "Under the supervision of a licensed cosmetologist" shall mean that an individual who then holds a current, active Florida license as a cosmetologist shall be physically present at the photography studio salon at all times when hair-arranging services or applications of cosmetic products are being performed.
 - When performing hair-arranging services, the photography studio salon shall use either disposable hair-arranging implements or shall use a wet or dry sanitizing system approved by the federal Environmental Protection Agency.
- Hair shampooing, hair cutting, hair arranging, nail polish removal, nail filing, nail buffing, and nail cleansing may be performed in a location other than a licensed salon when the service is performed by a person who holds the proper license.

61G5-20.002 Salon Requirements.

- Definitions: For the purposes of this rule, the following definitions apply:
 - "Clean" means the removal of visible debris from a surface such as washing with soap/water.
 - "Disinfect" means the use of a chemical to destroy potential pathogens.
 - "Sterilize" means the complete destruction of all microbial life, commonly achieved through the use of heat and/or pressure.
 - "Wet disinfection container" means a tub or jar with a lid, filled with disinfectant and large enough for all items to be completely immersed.
 - "Infection control" means the process for reducing the risk of spreading disease causing pathogens.
- Prior to opening a salon, the owner shall:
 - Submit an application on forms prescribed by the Department of Business and Professional Regulation; and,
 - Pay the required registration fee as outlined in the fee schedule in Rule 61G5-24.005, F.A.C.; and,
 - Meet the safety and sanitary requirements as listed below and these requirements shall continue in full force and effect for the life of the salon:
 - Ventilation and Cleanliness: Each salon shall be kept well ventilated. The walls, ceilings, furniture and equipment shall be kept clean and free from dust. Hair must not be allowed to accumulate on the floor of the salon. Hair must be deposited in a covered waste receptacle. Each salon which provides services for the extending or sculpturing of nails shall provide such services in a separate area which is adequately ventilated for the safe dispersion of all fumes resulting from the services.
 - Toilet and Lavatory Facilities: Each salon shall provide – on the premises or in the same building as, and within 300 feet of, the salon – adequate toilet and lavatory facilities. To be adequate, such facilities shall have at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning material, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle.

- Such facilities and all of the foregoing fixtures and components shall be kept clean, in good repair, well-lighted, and adequately ventilated to remove objectionable odors.
3. A salon, or specialty salon may be located at a place of residence. Salon facilities must be separated from the living quarters by a permanent wall construction. A separate entrance shall be provided to allow entry to the salon other than from the living quarters. Toilet and lavatory facilities shall comply with subparagraph (c)2. above and shall have an entrance from the salon other than the living quarters.
 4. Animals: No animals or pets shall be allowed in a salon, with the exception of service animals and fish kept in closed aquariums.
 5. Shampoo Bowls: Each salon shall have shampoo bowls equipped with hot and cold running water. The shampoo bowls shall be located in the area where cosmetology services are being performed. A specialty salon that exclusively provides specialty services, as defined in Section 477.013(6), F.S., need not have a shampoo bowl, but must have a sink or lavatory equipped with hot and cold running water on the premises of the salon.
- (d) Comply with all local building and fire codes. These requirements shall continue in full force and effect for the life of the salon.
3. Each salon shall comply with the following:
 - (a) Linens: Each salon shall keep clean linens in a closed, dustproof cabinet. All soiled linens must be kept in a closed receptacle. Soiled linens may be kept in open containers if entirely separated from the area in which cosmetology services are rendered to the public. A sanitary towel or neck strip shall be placed around the patron's neck to avoid direct contact of the shampoo cape with a patron's skin.
 - (b) Containers: Salons must use containers for waving lotions and other preparations of such type as will prevent contamination of the unused portion. All creams shall be removed from containers by spatulas.
 - (c) Disinfection: The use of a brush, comb or other article on more than one patron without being disinfected is prohibited. Each salon is required to have sufficient combs, brushes, and implements to allow for adequate disinfecting practices. Combs or other instruments shall not be carried in pockets.
 - (d) Disinfectants: All salons shall be equipped with and utilize disinfecting solutions with hospital level disinfectant or EPA approved disinfectant, sufficient to allow for disinfecting practices.
 1. A wet disinfection container is any receptacle containing a disinfectant solution and large enough to allow for a complete immersion of the articles. A cover shall be provided.
 2. Disinfecting methods which are effective and approved for salons: First, clean articles with soap and water, completely immerse in a chemical solution that is hospital level or EPA approved disinfectant as follows:
 - a. Combs and brushes, remove hair first and immerse in hospital level or EPA approved disinfectant;
 - b. Metallic instrument, immerse in hospital level for EPA approved disinfectant;
 - c. Instruments with cutting edge, wipe with a hospital level or EPA approved disinfectant; or
 - d. Implements may be immersed in a hospital level or EPA approved disinfectant solution.
 - e. Shampoo bowls, facial beds, and neck rests, clean and disinfect between each use.
 3. For purposes of this rule, a "hospital level disinfectant or EPA approved disinfectant" shall mean the following:
 - a. For all combs, brushes, metallic instruments, instruments with a cutting edge, and implements that have not come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a hospital grade bacterial, virucidal and fungicidal disinfectant;
 - b. For all combs, brushes, metallic instruments with a cutting edge, and implements that have come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a disinfectant, in accordance with 29 C.F.R.1910.1030.
 4. All disinfectants shall be mixed and used according to the manufacturer's directions.
- (e) **After cleaning and disinfecting, articles shall be stored in a clean, closed cabinet or container until used. Unsanitized articles such as pens, pencils, money, paper, mail, etc., shall not be kept in the same container or cabinet.** For the purpose of recharging, rechargeable clippers may be stored in an area other than in a closed cabinet or container, provided such area is clean and provided the cutting edges of such clippers have been disinfected.
- (f) Ultra Violet Irradiation may be used to store articles and instruments after they have been cleansed and disinfected.
- (g) Pedicure Equipment Disinfection: The following cleaning and disinfection procedures must be used for any pedicure equipment that holds water, including sinks, bowls, basins, pipe-less spas, and whirlpool spas:
1. After each client, all pedicure units must be cleaned with a low-foaming soap or detergent with water to remove all visible debris, then disinfected with an EPA registered hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant used according to manufacturers' instructions for at least ten (10) minutes. If the pipe-free foot spa has a foot plate, it should be removed and the area beneath it cleaned, rinsed, and wiped dry.
 2. At the end of each day of use, the following procedures shall be used:
 - a. All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be disinfected. All visible debris in the screen and the inlet must be removed and cleaned with a low-foaming soap or detergent and water. For pipe-free systems, the jet components or foot plate must be removed and cleaned and any debris removed. The screen, jet, or foot plate must be completely immersed in an EPA registered, hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant that is used according to manufacturer's instructions. The screen, jet, or foot plate must be replaced after disinfection is completed and the system is flushed with warm water and low-foaming soap for 5 minutes, rinsed, and drained.
 - b. After the above procedures are completed, the basin should be filled with clean water and the correct amount of EPA registered disinfectant. The solution must be circulated through foot spa system for 10 minutes and the unit then turned off. The solution should remain in the basin for at least 6 to 10 hours. Before using the equipment again, the basin system must be drained and flushed with clean water.
 3. **Once each week, subsequent to completing the required end-of-day cleaning procedures, the basin must be filled with a solution of water containing one teaspoon of 5.25% bleach for each gallon of water.** The solution must be circulated through the spa system for 5 to 10 minutes and then the solution must sit in the basin for at least 6 hours. Before use, the system must be drained and flushed.
 4. A record or log book containing the dates and times of all pedicure cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon and made available for review upon request by a consumer or a Department inspector.
- (3) No cosmetology or specialty salon shall be operated in the same licensed space allocation with any other business which adversely affects the sanitation of the salon, or in the same licensed space

- allocation with a school teaching cosmetology or a specialty licensed under Chapter 477, F.S., or in any other location, space, or environment which adversely affects the sanitation of the salon. In order to control the required space and maintain proper sanitation, where a salon adjoins such other business or school, or such other location, space or environment, there must be permanent walls separating the salon from the other business, school, location, space, or environment and there must be separate and distinctly marked entrances for each.
- (4) Evidence that the full or specialty salon contains a minimum of 100 square feet of floor space. No more than one (1) cosmetologist or specialist may be employed in a salon which has only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.
 - (5) Full and specialty salons, regardless of size and number of operators, shall meet all the sanitation requirements stated in this section.
 - (6) For purposes of this rule, "permanent wall" means a vertical continuous structure of wood, plaster, masonry, or other similar building material, which is physically connected to a salon's floor and ceiling, and which serves to delineate and protect the salon.

61G5-20.004 Display of Documents.

- (1) All holders of a cosmetology or specialty salon license shall display within their salons in a conspicuous place which is clearly visible to the general public upon entering the salon the following documents:
 - (a) The current salon license,
 - (b) A legible copy of the most recent inspection sheet for the salon.
- (2) All holders of a cosmetology or specialty salon license shall require and ensure that all individuals engaged in the practice of cosmetology or specialty display at the individual's work station their current license or registration at all times when the individual is performing cosmetology or a specialty. The license or registration certificate on display shall be current and shall have attached a 2" by 2" photograph taken within the previous two years of the individual whose name appears on the certificate. The certificate with photograph attached shall be permanently laminated.
- (3) All holders of a cosmetology or specialty salon license shall display at each footbath a copy of the Consumer Protection Notice regarding footbaths, sanitation, and safety. Copies of this notice, revised 10/15/07, and incorporated herein by reference, may be obtained from the Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, FL 32399-0790, and the Call Center by calling (850)487-1395, or at http://www.myfloridalicense.com/dbpr/pro/cosmo/documents/cosmo_consumer_protection_flier_thepriceofbeauty.pdf.

61G5-20.007 Communicable Disease.

- (1) No person engaged in the practice of cosmetology or a specialty in a salon shall proceed with any service to a person having a visible disease, pediculosis, or open sores suggesting a communicable disease, until such person furnishes a statement signed by a physician licensed to practice in the State of Florida stating that the disease or condition is not in an infectious, contagious or communicable stage.
- (2) No cosmetologist or person registered to practice any specialty in Florida, who has a visible disease, pediculosis, or open sores suggesting a communicable disease, shall engage in the practice of cosmetology or any specialty, until such cosmetologist or registrant obtains a statement signed by a physician licensed to practice in the State of Florida stating that the disease or condition is not in an infectious, contagious, or communicable stage.

61G5-20.008 Employment of Applicants for Licensure as a Cosmetologist Prior to Licensure; Employment of Applicants for Registration as a Specialist Prior to Registration.

- (1) Holders of a cosmetology salon license who wish to permit an applicant for licensure as a cosmetologist by examination to perform cosmetology services in their salon shall:
 - (a) Prior to permitting an applicant to perform cosmetology services in their salon, obtain from the applicant proof that they have passed all parts of the examination for licensure as a cosmetologist within the two years as provided by Rule 61G5-18.004, F.A.C.;

- (b) Display in a conspicuous place at the cosmetology salon in which the applicant performs cosmetology services a copy of the cosmetology examination passing certificate(s).
- (2) Holders of a cosmetology or specialty salon license who wish to permit an applicant for registration as a specialist to perform specialty services in their salon pursuant to Rule 61G5-29.004, F.A.C., shall:
 - (a) Prior to permitting an applicant to perform any specialty services in their salon, obtain from the applicant a copy of the completed application for registration that includes proof of successful completion of the education requirements and payment of the applicable fees submitted to the Department by the applicant;
 - (b) Upon learning or in any way becoming aware that an applicant who is performing specialty services in their salon pursuant to Rule 61G5-29.004, F.A.C., has been notified that his or her application is incomplete, or has been determined by the Board to be not qualified for registration as a specialist, shall immediately cease to permit the applicant to further perform specialty services;
 - (c) Display in a conspicuous place at the cosmetology or specialty salon in which the applicant performs specialty services pursuant to Rule 61G5-29.004, F.A.C., a copy of the completed application for registration as a specialist submitted to the Department by the applicant.

61G5-20.010 Mobile Salons.

- (1) The operation of all mobile cosmetology salons shall meet and at all times remain in compliance with all local laws and ordinances regulating business establishments in all areas in which the mobile salon operates, with all applicable requirements of the Americans with Disabilities Act relating to accommodations for persons with disabilities, and with all applicable OSHA requirements.
- (2) Each mobile salon shall meet and at all times remain in compliance with the requirements of this rule, all licensure and operating requirements specified in Chapters 455 and 477, F.S., and all other rules of the Board and the Department which apply to cosmetology salons at fixed locations except to the extent those rules of the Board conflict with this rule.
- (3) To facilitate inspections by the Department:
 - (a) Prior to the beginning of each month, each mobile salon license holder shall file with the Board a written monthly itinerary which lists the locations where and the dates and hours when the mobile salon will be operating.
 - (b) The salon name and salon license number shall be in lettering at least five inches in height and shall be visibly displayed and clearly legible on at least two exterior sides of each mobile salon.
 - (c) If a mobile salon is in a motor vehicle, the vehicle's identifications number shall be included on the mobile salon's application for licensure and shall also be listed on the mobile salon's monthly itinerary required in paragraph (a) of this subsection.
 - (d) Each mobile salon shall have a telephone or other means of telecommunication by which it can be contacted by the Department personnel. The salon's telephone number shall be included on the mobile salon's application for licensure and shall also be listed on the mobile salon's monthly itinerary required in paragraph (a) of this subsection.
 - (e) Each salon shall be operated only at the times and places specified in its monthly itinerary.
 - (f) Each mobile salon license holder shall maintain a permanent business address in the inspection area of the local district office at which records of appointments, itineraries, license numbers of employees, and vehicle identification numbers of the license holder's mobile salon shall be kept and made available for verification purposes by Department personnel, and at which correspondence from the Department can be received. Post Office box or private mailbox addresses may not be used for these purposes.
- (4) Due to the inherent problems of providing water and sewage service to mobile salons, the following requirements shall apply:
 - (a) Each mobile salon shall be equipped with a functional restroom which includes a self-contained, flush chemical toilet with a holding tank. The restroom, shall also be in substantial

- compliance with the toilet and lavatory requirements specified in Rule 61G5-20.002, F.A.C.
- (b) Each mobile salon shall have storage capacity for at least 35 gallons of clean water for each cosmetologist working in the mobile salon and a total storage capacity for waste water equal to or greater than the mobile salon's total capacity for clean water.
 - (c) Operation of a mobile salon shall promptly cease:
 1. When the mobile salon's clean water supply is depleted or so diminished that further cosmetology service cannot be completed;
 2. When the mobile salon's waste water storage capacity is reached;

- 3. When the mobile salon's restroom is in need of servicing.
- (d) No mobile salon shall operate or resume operation unless it has a sufficient amount of clean water as well as waste water capacity necessary for completing all cosmetology services undertaken and its restroom is functional.
- (e) In disposing of sewage and waste water, each mobile salon shall comply with applicable state and local environmental and sanitation regulations.
- (5) No cosmetology services shall be performed and no patrons shall remain within a mobile salon while it is in motion.
- (6) Applicants for licensure of a mobile salon shall be subject to and shall pay the same fees which licensed salons at fixed locations are subject to.

Chapter 61G5-25 Licensure Status and Notice of Address Change

61G5-25.001 Active Status.

- (1) The department shall renew an active cosmetology license or specialty registration upon timely receipt of the completed application for status, the biennial renewal fee, and certification that the licensee or registrant has demonstrated participation in the continuing education required by Rule 61G5-32.001, F.A.C.
- (2) The term "completed application" for purposes of active status or inactive status shall mean either a completed renewal notice or a written request from the licensee or registrant accompanied by a statement affirming compliance with the applicable requirements for renewal.

61G5-25.002 Inactive Status; Reactivation.

- (1) Any licensee or registrant may elect at the time of license renewal to place the license or registration into inactive status by filing with the Board a completed application for inactive status as defined by Rule 61G5-25.001(2), F.A.C., and by paying the inactive status fee.
- (2) An inactive status licensee or registrant may change to active status at any time provided the licensee or registrant meets the continuing education requirements of Rule 61G5-32.001, F.A.C., pays the reactivation fee, and if the request to change licensure status is made at any time other than at the beginning of a licensure cycle, pays the additional processing fee. However, a licensee or registrant whose license or registration has been in inactive status for more than two consecutive biennial licensure cycles shall be required to submit a statement affirming that the licensee or registrant has read within the last thirty (30) days and is familiar with the laws and rules for the practice of cosmetology in

the State of Florida before the license or registration can be placed into active status.

- (3) Any inactive licensee or registrant who elects active status is not eligible to elect to return to inactive status until the next licensure renewal period.
- (4) A cosmetologist or specialist may not work with an inactive or delinquent license or registration.

61G5-25.005 Notice to the Department of Mailing Address and Place of Practice of Licensee.

- (1) It shall be the duty of each licensee or registrant to provide written notification to the Department of the licensee's or registrant's current mailing address and place of practice. For purposes of this rule, "place of practice" means the address of the physical location where the licensee or registrant practices cosmetology or a specialty.
- (2) **Any time that the current mailing address or place of practice of any licensee or registrant changes, written notification of the change shall be provided to the Department within ninety (90) days of the change.** Written notice shall be sent to the following address: Florida Board of Cosmetology, Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, Florida 32399-0790.
- (3) It shall be a violation of this rule for a licensee or registrant to fail to advise the Department within ninety (90) days of a change of mailing address. It shall not be a violation of this rule to fail to advise the Department of a change of one's place of practice within ninety (90) days.

Chapter 61G5-29 Specialty Licensing

61G5-29.001 Definitions.

- (1) "Specialty Registration" means a registration to practice one or more of the following specialties: manicuring/pedicuring/ nail extension, facials (skin care and hair removal).
- (2) "Certificate of Completion" means a certificate from one of the following:
 - (a) A school licensed pursuant to Chapter 1005, F.S., or the equivalent licensing authority of another state.
 - (b) A specialty program within the public school system.
 - (c) A specialty division within the Cosmetology Division of the Florida School for the Deaf and the Blind, provided the training programs comply with minimum curriculum requirements established by the board.
- (3) "Facials" means:
 - (a) The massaging or treating of the face, neck or scalp with or without the use of mechanical devices using oils, creams, lotions or other cosmetic products which are used to cleanse and condition the skin, to prevent or correct problems or conditions of the face, neck, and scalp and to color and beautify the face, neck and scalp or enhance their features; and,
 - (b) Skin care services for the body as defined in Section 477.013(13), F.S.; and, Facials shall be performed only by individuals licensed pursuant to Sections 477.019 and 477.0201, F.S., and performed in schools licensed pursuant to Chapter 1005, F.S., or salons licensed pursuant to Section 477.025, F.S.; and,
 - (c) Facial and skin care services consistent with those permitted to be performed by cosmetologists and full and facial specialists by Chapter 477, F.S., and the rules adopted by the

board, and as further defined and set forth with specificity in Rule 61G5-18.00015, F.A.C

- (4) "Cosmetic Demonstration" means the application or removal of cosmetic products for the purposes of demonstration of the cosmetic products as part of a sales or promotion program rendered without compensation for the service from the individual or individuals who are the recipients or audience of the demonstration.
- (5) "Cosmetic products" means any external preparation which is intended to cleanse, tone, color or beautify the face or neck, including but not limited to skin cleansers, astringents, skin fresheners, lipstick, eyeliner, eye shadow, foundation, rouge or cheek color, mascara, face powder or corrective stick.
- (6) "Simple Adhesive" as used in Section 477.013(6)(a), F.S., means a substance by which artificial nails (such as "press on nails") can be attached to and then easily detached from a patron with slight pressure only, without the application of any nail primer or solvents of any kind, and without removing the natural oils from or roughing of such patron's nails.

61G5-29.004 Supervised Specialty Practice Exception.

- (1) Following the submission of a complete application for registration as a specialist which included proof of the successful completion of all educational requirements for the specialty applied for and the payment of all applicable application and registration fees, and pending the issuance by the Department of a registration as a specialist under Chapter 477, F.S., an applicant for registration as a specialist shall be eligible to perform specialty services in the specialty for which the applicant has applied for registration subject to the following conditions:

- (a) All specialty services to be performed by the applicant under this exception shall be performed under the supervision of a registered specialist. "Under the supervision of a registered specialist" shall mean that an individual who then holds a current, active Florida registration as a specialist in the same specialty for which the applicant has applied, or an individual who then holds a current, active Florida license as a cosmetologist shall be physically present at all times when the applicant is performing specialty services.
 - (b) All specialty services performed by the applicant under this exception shall be performed in a licensed cosmetology or specialty salon. All times during which the applicant is performing specialty services in the salon, the license for the cosmetology or specialty salon shall be in a current and active status.
- (2) Prior to beginning the performance of specialty services under this exception, all applicants shall provide to the cosmetology or specialty salon license holder or his or her representative a copy of the completed application for registration as a specialist submitted to the Department by the applicant.
- (3) Upon being notified by the Department that his or her application is incomplete, or that he or she has been determined to be not qualified for registration as a specialist, an applicant shall immediately inform the cosmetology or specialty salon license holder or his or her representative of the notification; and shall immediately cease performing specialty services under this

exception until the applicant shall have corrected any deficiencies in their earlier application as noted by the Department, or shall have submitted a new application which demonstrates that the applicant is qualified for registration as a specialist, and shall have paid all applicable application and registration fees.

61G5-29.013 Registration Renewal Procedures.

- (1) All specialty registrations shall be valid for a period of two years or until the end of the biennial licensure renewal cycle in which they are first issued, whichever occurs first. The biennial licensure renewal cycle for all specialty registrations shall coincide with the biennial licensure renewal cycle used for the renewal of cosmetology licenses.
- (2) At the time of registration renewal, all specialty registrants shall pay all applicable renewal fees and charges as provided in Chapter 61G5-24, F.A.C. Prior to the expiration of their specialty registration, all specialty registrants shall complete all continuing education requirements as set forth in Rule 61G5- 32.001, F.A.C., including a Board approved HIV/AIDS training course as provided in Section 455.2228, F.S. All HIV/AIDS training courses shall comply with the requirements as set forth in Rule 61G5-18.011, F.A.C.
- (3) Spouses of members of the Armed Forces of the United States are exempted from all registration renewal provisions, but only in cases of absence from the state because of their spouses' duties with the Armed Forces.

Chapter 61G5-30 Disciplinary Guidelines

61G5-30.001 Disciplinary Guidelines.

- (1) The Board shall act in accordance with the following guidelines when it finds the enumerated violations in disciplinary cases. The Board shall impose a penalty within the range of each applicable disciplinary violation set forth below unless the Board finds one or more aggravating or mitigating circumstances, in which case the Board may deviate from the guideline penalty. A penalty shall be

imposed for each separate violation and/or offense. The penalty range indicated is for a single offense. A second or subsequent offense refers to a violation in which prior action has been taken by the Department either in the form of a citation, as set forth in Section 455.224, F.S., and Rule 61G5-30.004, F.A.C., or as prior discipline before the Board. Refer to the statutory and rule citations for a full description of each violation.

(2) VIOLATION	PENALTY RANGE For first and subsequent offenses unless otherwise indicated.
<p>(a) A person without an active license or registration who engages in the practice of, or holds oneself out to practice, cosmetology or a specialty. (Section 477.0265(1)(a) or 477.029(1)(a), F.S.)</p>	<ol style="list-style-type: none"> 1. For a person who was never licensed or otherwise authorized to practice, or whose license or registration has been revoked, a fine of \$500. 2. For a licensee or registrant who fails to properly renew and continues to provide services, a fine of \$100 for every month or partial month during which the individual was delinquent, unlicensed, or unregistered, up to a maximum of \$500. A second delinquent offense shall include suspension for 60 days upon renewal, and a third offense shall include suspension for 90 days upon renewal, revocation, or denial of license. 3. For a person who provides services with a suspended license or registration, a fine of \$500. A second offense shall include a consecutive suspension for up to 90 days. A third offense shall include a consecutive suspension for up to one year and/or revocation.
<p>(b) Operating an unlicensed salon or a salon otherwise not duly licensed; salon operating without a license. (Section 477.0265(1)(b)1., 477.029(1)(b), or 477.025(1), F.S.)</p>	<ol style="list-style-type: none"> 1. For a salon that has never been licensed, or for which the salon license has been suspended or revoked, a fine of \$500. 2. For a salon in which the license which has become delinquent, a fine of \$100 for every month or partial month of delinquency during which the salon has operated, up to a maximum of \$500. 3. For a salon operating on a suspended license, a fine of \$500 and/or a consecutive suspension for up to 60 days. A second or subsequent violation shall include suspension for up to one year or revocation. 4. For a salon operating on a revoked license: A fine of \$500 and/or refusal to certify to the department an application for licensure.
<p>(c) A licensed salon or a person operating a salon that permits a person without a license or registration, unless exempt, to perform cosmetology or specialty services in the salon. (Section 477.0265(1)(b)2., F.S., or Rule 61G5-20.001, F.A.C.)</p>	<ol style="list-style-type: none"> 1. For a violation involving a person providing services who was never licensed or registered in Florida, or whose license or registration has been suspended or revoked, a fine of \$500. The second and subsequent offenses shall include salon suspension for up to 60 days or revocation. 2. For a violation involving a person providing services who failed to properly renew or whose exemption has terminated, a fine of \$100 for every month or partial month during which the violation took place, up to a maximum of \$500.

(2) VIOLATION	PENALTY RANGE For first and subsequent offenses unless otherwise indicated.
(d) A salon that permits an employee without a valid, active license or registration to practice cosmetology or a specialty. (Section 477.0265(1)(c) or 477.029(1)(c), F.S.)	<ol style="list-style-type: none"> 1. For employing a person who was never licensed or registered in Florida, whose license is suspended or revoked, or who is not exempt, a fine of \$500. A second offense shall include suspension for up to 60 days. A third offense shall include suspension for up to one year or revocation. 2. For employing a person who failed to properly renew or whose exemption has terminated, a fine of \$100 for every month or partial month during which the person was employed, up to a maximum of \$500. A second offense shall include suspension for up to 60 days. A third offense shall include suspension for up to one year or revocation.
(e) A person or salon who obtains or attempts to obtain a license or registration for money, other than the required fee, or any other thing of value or by fraud, fraudulent misrepresentation, or the use of false or forged information. (Section 477.0265(1)(d), 477.028(1), 477.028(2), or 477.029(1)(e), F.S.)	A fine of \$500 and revocation of, or refusal to certify to the department an application for, a salon or cosmetology license or specialty registration.
(f) A person who uses or attempts to use a suspended or revoked cosmetology license or specialty registration to practice cosmetology or a specialty. (Section 477.0265(1)(e) or 477.029(1)(g), F.S.)	<ol style="list-style-type: none"> 1. Suspended license: A fine of \$500 and/or a consecutive suspension for up to one additional year of a cosmetology license or specialty registration, and/or revocation for a third or subsequent offense. 2. Revoked license: A fine of \$500 and/or refusal to certify to the department an application for licensure to practice the same profession.
(g) A person who advertises or implies that skin care services are related to massage therapy, except as allowed by statute. (Section 477.0265(1)(f), F.S.)	A fine of \$250 for the first offense; a fine of \$500 for subsequent offenses.
(h) Use or possess a product containing a liquid nail monomer containing any trace of methyl methacrylate (MMA). (Section 477.0265(1)(g), F.S.)	<ol style="list-style-type: none"> 1. A fine of \$500 for the first salon offense and reinspection of the premises within two weeks of the issuance of the Final Order. For a second salon offenses, a fine of \$500 and suspension for up to 60 days with a reinspection of the premises prior to reinstatement of the license. For a third or subsequent salon offense, a fine of \$500 and suspension for up to 90 days with a reinspection of the premises prior to reinstatement of the license, and/or revocation. 2. A fine of \$500 for an individual offense.
(i) Violate or refuse to comply with an Order of the Board or the Department. (Section 477.029(1)(i), F.S.)	A fine of \$500 and compliance within 30 days or within a time set by the Board.
(j) A person or salon guilty of fraud, deceit, gross negligence, incompetency, or misconduct in the practice or instruction of cosmetology or a specialty, or in operation of the salon. (Section 477.028(1)(b) or 477.028(2)(b), F.S.)	<ol style="list-style-type: none"> 1. For Fraud or Deceit – A fine of \$500 and suspension for up to two years and/or revocation of the salon or cosmetology license or specialty registration, or refusal to certify to the department an application for licensure to practice the same profession. 2. For Gross Negligence – A fine of \$500 and suspension followed by supervised probation as determined by the Board, or revocation of the salon or cosmetology license, or specialty registration, or refusal to certify to the department an application for licensure to practice the same profession. 3. For Incompetency or Misconduct – For the first offense, a fine of \$250 to \$500 for the holder of a cosmetology license or specialty registration, and/or the owner of the salon, and the Board shall specify up to 6 hours of continuing education in addition to any other continuing education requirement. <p>For subsequent offenses, a fine of \$500 and suspension or revocation and/or refusal to certify to the department an application for licensure to practice the same profession.</p>
(k) A cosmetology or salon license or specialty registration holder is guilty of aiding, assisting, procuring, or advising any unlicensed person to practice as a cosmetologist. (Section 477.028(1)(c), F.S.)	A fine of \$500 for the first offense. A fine of \$500 and/or suspension for up to one year or revocation of salon license, cosmetology license, or specialty registration for a subsequent offense.
(l) Person who presents the license of another as his or her own license. (Section 477.029(1)(d), F.S.)	A fine of \$500 and a reprimand for the first offense. A fine of \$500 for subsequent offenses and/or suspension or revocation, or refusal to certify to the department an application for licensure.
(m) A person who impersonates any other licenseholder of like or different name. (Section 477.029(1)(f), F.S.)	A fine of \$500 and a six month suspension of any other license or registration held pursuant to Chapter 477, F.S., and/or refusal to certify to the department an application for licensure to practice the same profession.
(n) Failure to meet or maintain salon facility safety, sanitary, building code, or fire code requirements. (Paragraphs 61G5-20.002(2)(c), (d), F.A.C.)	A fine of \$100 to \$500 and compliance within 60 days with reinspection; suspension of salon license upon failure to timely comply with facility requirements.

(2) VIOLATION	PENALTY RANGE For first and subsequent offenses unless otherwise indicated.
(o) Failure to meet minimum salon requirements for cleanliness, disinfection procedures, and log book. (Subsections 61G5-20.002(3), (6) F.A.C.)	A fine of \$100 per violation for up to three violations. A fine of \$500 for four or more violations and suspension of the license pending successful reinspection prior to reinstatement of the license.
(p) Salon operated in the same licensed space allocation with any other business; lack of permanent wall separating salon. (Subsection 61G5-20.002(4), F.A.C.)	Suspension of salon license until compliant as evidenced by successful reinspection prior to reinstatement of the license.
(q) Failure of a full or specialty salon to provide adequate floor space for services. (Subsection 61G5-20.002(5), F.A.C.)	A fine of \$100 for each individual noncompliant service area up to a maximum of \$500 per inspection, with reinspection in two weeks; suspension until compliant after reinspection if not timely compliant.
(r) Person or salon violation of required display of licenses, inspection sheets, and/or consumer notices. (Rule 61G5-20.004, F.A.C.)	A fine of \$100 for each violation for the first offense; for subsequent offenses, a fine of \$250 for each violation up to a maximum of \$500.
(s) Practicing beyond the scope of a cosmetology license or specialty registration as set forth in Chapter 477, F.S. or the rules adopted thereto. (Section 455.227(1)(o), F.S.)	A fine of \$500 and/or suspension for up to six months for the first offense. For the second offense, a fine of \$500 and/or suspension for up to one year. For a third or subsequent offense, a fine of \$500 and suspension for one year and/or revocation of the license or registration under which the violation occurred.
(t) Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession. (Section 455.227(1)(c), F.S.)	A fine of \$500 and/or revocation for the first or second offense. For a subsequent offense, a fine of \$500 and/or suspension for up to six months of a salon or cosmetology license or specialist registration and/or revocation.
(u) Failing to report in writing to the board within 30 days after the licensee is convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction. (Section 455.227(1)(t), F.S.)	A fine of \$100 for the first offense. For a second failure to report, a fine of \$300. A fine of \$500 for each subsequent failure to report.
(v) Failing to report to the department any person who the licensee knows is in violation of the laws and rules of the department or the board. (Section 455.227(1)(i), F.S.)	A fine of \$500 for the first failure to report. For a second or subsequent failure to report, a fine of \$500 and/or suspension of a salon, cosmetology, or specialist license or registration for up to six months.
(w) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding. (Section 455.227(1)(r), F.S.)	A fine of \$500 and/or suspension for up to six months for the first or second offense. For subsequent offenses including up to revocation.
(x) Violate or refuse to comply with any provision of Chapter 455, F.S., except as otherwise provided herein. (Section 477.029(1)(i), F.S.)	A fine of \$500 and/or suspension, revocation, or refusal to certify to the department for licensure.
(y) Violate or refuse to comply with any provision of Chapter 477, F.S., or a rule of the Board except as otherwise provided herein. (Section 477.029(1)(i), F.S.)	A fine of \$300 for the first violation. A fine of \$500 and/or suspension for up to 30 days for any subsequent violation. A fine of \$500 and/or suspension or revocation of license or registration for a third or subsequent violation.

- (3) Based upon consideration of the following factors, the Board may impose disciplinary action other than the penalties recommended above:
- (a) The danger to the public;
 - (b) The length of time since date of violation;
 - (c) The number of complaints filed against the licensee;
 - (d) The length of time licensee or registrant has practiced;
 - (e) The actual damage, physical or otherwise, caused by the violation;
 - (f) The deterrent effect of the penalty imposed;
 - (g) The effect of the penalty upon the licensee's or registrant's livelihood;
 - (h) Any efforts for rehabilitation;
 - (i) The actual knowledge of the licensee or registrant pertaining to the violation;
 - (j) Attempts by licensee or registrant to correct or stop violations or refusal by licensee or registrant to correct or stop violations;

- (k) Related violations against a licensee or registrant in another state including findings of guilt or innocence, penalties imposed and penalties served;
 - (l) Actual negligence of the licensee or registrant pertaining to any violations;
 - (m) Penalties imposed for related offenses under subsection (1), above;
- (4) Penalties imposed by the Board pursuant to Rule 61G5-30.001, F.A.C., may be imposed in combination or individually but may not exceed the limitations enumerated below:
- (a) Issuance of a reprimand or censure.
 - (b) Imposition of an administrative fine not to exceed \$500 for each count or separate offense.
 - (c) Placement on probation for a period of time and subject to such reasonable conditions as the Board may specify.
 - (d) Revocation or suspension of any license or registration issued pursuant to Chapter 477, F.S.

- (e) Refusal to certify to the Department an applicant for licensure or registration.
- (5) The provisions of subsections (1) through (5), above, shall not be construed so as to prohibit civil action or criminal prosecution as provided for in Sections 477.0265(2) or 477.031, F.S., and the provisions of subsections (1) through (5), above, shall not be construed so as to limit the ability of the Board to enter into binding stipulations with accused parties as per Section 120.57(3), F.S.
- (6) In every case the Board imposes a monetary fine, it shall also suspend the Respondent's license(s). However, to enable the Respondent to pay the fine, the suspension shall be stayed for the time period specified in the Board's final order in accordance with Rule 61G5-17.016, F.A.C. If the fine is paid within that time period, the suspension shall not take effect; if the fine is not paid within that time period, then the stay shall expire and the suspension shall take effect. Thereafter, upon payment of the fine, the suspension shall be lifted.
- 61G5-30.004 Citations.**
- (1) Definitions. As used in this rule:
- (a) "Citation" means an instrument which meets the requirements set forth in Section 455.224, F.S., and which is served upon a subject for the purpose of assessing a penalty in an amount established by this rule;
- (b) "Subject" means the licensee, applicant, person, partnership, corporation, or other entity alleged to have committed a violation designated in this rule.
- (2) In lieu of the disciplinary procedures contained in Section 455.225, F.S., the Department is hereby authorized to dispose of any violation designated herein by issuing a citation to the subject within six months after the filing of the complaint which is the basis for the citation.
- (3) Citations shall be issued for the first offense violations only.
- (4) The Board hereby designates the following as citation violations, which shall result in a penalty of fifty dollars (\$50.00):
- (a) Except as otherwise provided herein, any violation of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C. – however, if it is an initial offense and there are no other violations, then the subject shall be given a Notice of Noncompliance;
- (b) Practicing cosmetology or a specialty with an inactive or expired license for one month or part of a month;
- (c) Operating a salon with a delinquent license for one month or part of a month;
- (d) Employing a person to practice cosmetology or a specialty with an inactive or expired license for one month or part of a month.
- (e) Unless otherwise permitted in Chapter 477, F.S., performing cosmetology services in a salon which does not have a license in violation of Section 477.0263(1), F.S.
- (5) The Board hereby designates the following as citation violations, which shall result in a penalty of one hundred dollars (\$100.00):
- (a) Transferring ownership or changing location of a salon without the approval of the Department pursuant to Rule 61G5-20.006, F.A.C., provided the transfer of ownership or change of location has not exceeded 90 days and the salon owner can provide proof that a completed application has been filed with the Department;
- (b) Practicing cosmetology or a specialty with an inactive or expired license for more than one month but not more than two months;
- (c) Operating a salon with a delinquent license for more than one month but not more than two months;
- (d) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than one month but not more than two months;
- (e) Two violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.
- (6) The Board hereby designates the following as citation violations, which shall result in a penalty of one hundred and fifty dollars (\$150.00):
- (a) Practicing cosmetology or a specialty with an inactive or expired license for more than two months but not more than three months;
- (b) Operating a salon with a delinquent license for more than two months but not more than three months;
- (c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than two months but not more than three months.
- (7) The Board hereby designates the following as citation violations, which shall result in a penalty of two hundred dollars (\$200.00):
- (a) Practicing cosmetology or a specialty with an inactive or expired license for more than three months but not more than four months;
- (b) Operating a salon with a delinquent license for more than three months but not more than four months;
- (c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than three months but not more than four months;
- (8) The Board hereby designates the following as citation violations, which shall result in a penalty of two hundred and fifty dollars (\$250.00):
- (a) Operating a salon without disinfecting solutions as required by paragraph 61G5-20.002(3)(d), F.A.C.;
- (b) Three violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.;
- (c) Practicing cosmetology or a specialty with an inactive or expired license for more than four months but not more than five months;
- (d) Operating a salon with a delinquent license for more than four months but not more than five months; and
- (e) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than four months but not more than five months.
- (9) The Board hereby designates the following as citation violations, which shall result in a penalty of three hundred dollars (\$300.00):
- (a) Practicing cosmetology or a specialty with an inactive or expired license for more than five months but not more than six months;
- (b) Operating a salon with a delinquent license for more than five months but not more than six months;
- (c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than five months but not more than six months; and
- (d) Four violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.
- (10) The Board hereby designates the following as citation violations, which shall result in a penalty of three hundred and fifty dollars (\$350.00):
- (a) Practicing cosmetology or a specialty with an inactive or expired license for more than six months but not more than seven months;
- (b) Operating a salon with a delinquent license for more than six months but not more than seven months; and
- (c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than six months but not more than seven months.
- (11) The Board hereby designates the following as citation violations, which shall result in a penalty of four hundred dollars (\$400.00):
- (a) Practicing cosmetology or a specialty with an inactive or expired license for more than seven months but not more than eight months;
- (b) Operating a salon with a delinquent license for more than seven months but not more than eight months; and
- (c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than seven months but not more than eight months.
- (12) The Board hereby designates the following as citation violations, which shall result in a penalty of four hundred and fifty dollars (\$450.00):
- (a) Practicing cosmetology or a specialty with an inactive or expired license for more than eight months but not more than nine months;
- (b) Operating a salon with a delinquent license for more than eight months but not more than nine months; and
- (c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than eight months but not more than nine months.

- (13) The Board hereby designates the following as citation violations, which shall result in a penalty of five hundred dollars (\$500.00):
- (a) Practicing cosmetology or a specialty without a license;
 - (b) Operating a salon without a license;
 - (c) Employing a person to practice cosmetology or a specialty without a license;
 - (d) Practicing cosmetology or a specialty with an inactive or expired license for more than nine months but not more than twelve months;
 - (e) Operating a salon with a delinquent license for more than nine months but not more than twelve months; and
 - (f) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than nine months but not more than twelve months.

61G5-30.005 Mediation.

- (1) "Mediation" means a process whereby a mediator appointed by the department acts to encourage and facilitate resolution of a legally sufficient complaint. It is an informal and non adversarial process with the objective of assisting the parties to reach a mutually acceptable agreement.
- (2) The Board finds that mediation is an acceptable method of dispute resolution for the following violations as they are economic in nature or can be remedied by the licensee:
 - (a) Failure of the licensee to timely pay any assessed administrative fines or costs;
 - (b) Failure of the licensee to timely respond to a continuing education audit;
 - (c) Failure to submit change of address for a salon; and
 - (d) Failure to timely notify the department of the licensee's or registrant's change of mailing address or place of practice.
- (3) A "mediator" means a person who is certified in mediation by the Florida Bar, the Florida Supreme Court, or the Division of Administrative Hearings.

61G5-30.006 Notice of Non Compliance.

- (1) In accordance with Section 455.225(3), F.S., when a complaint is received, the agency may provide a licensee with a notice of non compliance for an initial offense of a minor violation. Failure of a licensee to take action in correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings. "Minor violations" as used in Section 455.225(3), F.S., are defined as follows:
 - (a) Violations of Rule 61G5-20.004, F.A.C.
 - (b) Violations of subsection 61G5-18.011(1), F.A.C., in failing to maintain a copy of his or her certificate of course completion in instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
 - (c) Violations of paragraph 61G5-20.008(2)(a), F.A.C., in failing to retain copies of an employee's high school diploma or G.E.D. equivalency certificate and cosmetology school diploma or certificate of completion.
 - (d) An initial offense and no other violations of Rule 61G5-20.002, F.A.C.
- (2) In accordance with Section 120.695, F.S., the agency shall issue a notice of non compliance as first enforcement action against a licensee for a minor violation of a rule. Pursuant to Section 120.695(2)(b), F.S., the Board designates the following rules for which a violation would be a minor violation of a rule for which a notice of non compliance is issued:
 - (a) Violations of Rule 61G5-20.004, F.A.C.
 - (b) Violations of subsection 61G5-18.011(1), F.A.C., in failing to maintain a copy of his or her certificate of course completion in instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
 - (c) Violations of paragraph 61G5-20.008(2)(a), F.A.C., in failing to retain copies of an employee's high school diploma or GED equivalency certificate and cosmetology school diploma or certificate of completion.
 - (d) An initial offense and no other violations of Rule 61G5-20.002, F.A.C.

Chapter 6: Environmental Safety: Hazardous Chemicals in the Salon Setting

(Satisfies Environmental Issues Requirement)

Learning objectives

Given the course materials, the learner will be able to:

- Identify some of the more common hazardous chemicals found in common salon products and their hazardous effects.
- Locate information about the chemicals found in salon products and how to safely use them.
- Discuss best practices in chemical management with your coworkers.
- List three accident prevention strategies to reduce chemical exposure within the salon.
- Describe how to treat first-degree burns resulting from chemical exposure.

INTRODUCTION

In the salon industry, great efforts are often made to create an ambiance and environment that is pleasant, calming, and peaceful for clients. Many patrons visit salons just as much for the luxury of the “salon experience,” as they do for the actual services. These accommodations can include special lighting, music, and other aesthetics designed to enhance the environment within the salon and help clients relax and feel pampered. However, just as much effort, if not more, must also be placed on other environmental factors that are not just pleasing or displeasing to the client, but potentially dangerous for both the clients and the staff.

In the salon setting, one of the most important environmental factors is the presence of chemicals and hazardous materials.

Multiple chemicals can be found within the salon setting, from the everyday products that are used on clients to the cleaning supplies. For example, products that are used in nail salons can contain chemicals that expose salon workers and patrons

to harmful vapors, dusts, or mists. If improperly used, these products can get on the skin or splash into eyes, and potentially be transferred onto food or cigarettes that are later ingested. If any of this happens, it can affect the health and safety of everyone involved.

The environmental impact of the many different chemicals that salon workers are exposed to every day is compounded when several different products are used at the same time or multiple treatments and services are provided, which is the typical scenario for the majority of salons. When these products are used day after day, in sizeable quantities or when there is poor ventilation, everyone within the salon, and especially salon staff, is at risk of exposure and has the potential to become ill. As exposure increases with long working hours that are characteristic of the salon industry, workers have the potential to become very ill, either immediately or as time passes and the environmental threats accumulate.

CONTROLLING CHEMICAL EXPOSURES

Fortunately, it is possible to control the level of chemical exposures for both salon workers and their clients. In order to do so, it is important to first identify and learn about the possible chemical threats within your particular salon environment. Once the chemicals that are present in your salon are identified, it is

then possible to determine conceivable risks along with ways to reduce exposure.

For example, some of the more common hazardous chemicals found in common salon products and their hazardous effects can be seen in the following chart:

Common Hazardous Chemicals in the Salon	
Nail Polish or Glue Remover Acetone, acetonitrile, butyl acetate, isopropyl acetate, etc.	Can cause headaches, dizziness, and irritation to the eyes, skin, nose, and throat; breathing problems; nausea; vomiting; weakness; and exhaustion. High levels of Ethyl Acetate can cause fainting.
Nail Polish Butyl acetate, dibutyl phthalate (DBP), Ethyl acetate; formaldehyde; isopropyl acetate; methacrylic acid, toluene, etc.	Can cause headaches, irritation to eyes, skin, nose, mouth, throat, and stomach; nausea; difficulty breathing (coughing, asthma-like attacks, and wheezing); allergic reactions, skin burns; and numbness. High levels of Ethyl Acetate can cause fainting and long-term exposures to high concentrations of DBP can cause other serious effects. Formaldehyde can cause cancer, and toluene can cause damage to the liver and kidneys and harm to unborn children during pregnancy.
Chemical hair treatments Formaldehyde	Difficulty breathing, including coughing, asthma-like attacks, and wheezing; allergic reactions; irritated eyes, skin, and throat. Formaldehyde can cause cancer.
Disinfectants Quaternary ammonium compounds	Can cause asthma; irritation to the skin and nose.

More information about the chemicals found in salon products and how to safely use them is located on product information, packaging, or printed Safety Data Sheets that are provided when the products are purchased. It is your responsibility to be familiar with the chemicals you are using and the safety precautions that are required, for both your own protection as well as the protection of salon clients and visitors. Thanks to regulations set forth in OSHA's Hazard Communication

Standard, product manufacturers must provide salon owners with Safety Data Sheets for every product used in the salon that may contain a hazardous chemical at 1% or more (or at 0.1% or more for carcinogenic chemicals) or that could be released into the air above limits set by OSHA or the American Conference of Governmental Industrial Hygienists (ACGIH). Each Safety Data Sheet lists both the precautions and health risks for the relevant products including: hazardous ingredients; exposure

warnings; health and safety risks; precautions for use and storage; and emergency response information. As a licensed cosmetologist, you should read and become familiar with each Safety Data Sheet and be sure that you understand and retain the information included. For managing cosmetologists, it is also important to ensure that all workers have access to - and training on - the Safety Data Sheets, the potential hazards of each product, and proper and safe usage.

One of the most commonly used chemicals in the salon setting is formaldehyde (also called formalin or methylene glycol). **The same chemical that is used in embalming fluid, formaldehyde is a preservation fluid that is recognized by the National Cancer Institute as a cancer causing agent.** It is present in most of the products you use every day, and is the base ingredient in many beauty products, including nail polishes, glues, chemical hair treatments, lotions, shampoos, cosmetics, and more. The majority of salons use - and store - a multitude of products that contain formaldehyde. This poses serious threats to the environment and personal health of everyone at the salon. **Not only can Formaldehyde cause cancer, but recent studies show that many salon products, such as hair straightening products, contain enough of this chemical to be hazardous to workers who use the produce once or more daily.** Most salon workers handle products containing formaldehyde multiple times throughout the day and are in the presence of coworkers doing the same, compounding this threat.

Synonyms for Chemicals that "Act Like" Formaldehyde

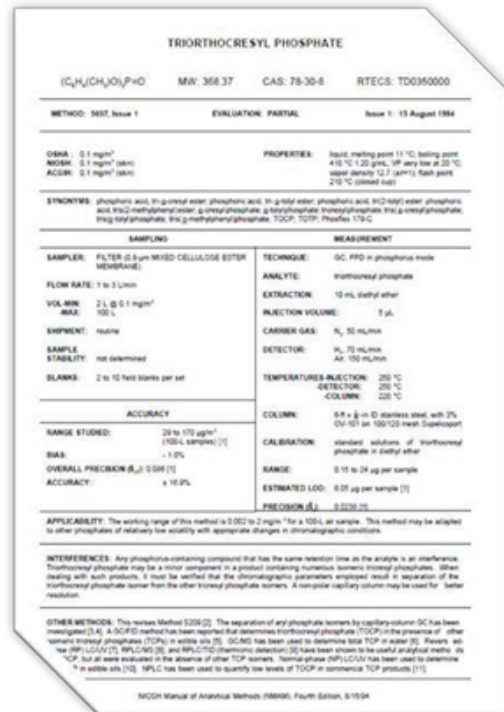
- Formalin
- Methanal
- Oxymethylene
- Urea
- 1,3-Dioxetane
- Quaternium 15
- Methylaldehyde
- Methylene Oxide
- Formic Aldehyde
- Oxomethane Formalin
- Phenol Formaldehyde

Despite the dangers, some products containing formaldehyde neglect to list the ingredient on their Safety Data Sheets and product labels or use synonyms for the chemical so as not to alarm consumers. The chart provided identifies synonyms for chemicals very similar in makeup to formaldehyde that don't call as much attention as the more popularly known name.

Another chemical that is frequently found in salons is Toluene. Toluene is a very common chemical found in many polishes and cosmetics. A petroleum-based by-product, it is a harmful neurotoxin which can cause dry or cracked skin; headaches, dizziness, and numbness. Not only can Toluene irritate the eyes, nose, throat, and lungs and cause damage to the liver and kidneys, but also can affect the function of the brain and central nervous system. It can also pose implications for the healthy development of children.

It is critical that every product in the salon is handled with care. Know what you are working with. If you are not sure about the chemical makeup and effects of any product, approach it with the utmost care, taking into consideration all of the safety and precaution tips and tools available to you.

Sample Safety Data Sheet



BEST PRACTICES IN CHEMICAL MANAGEMENT

The United States Environmental Protection Agency (EPA) influences laws and regulations and sets policy in regard to a variety of environmental issues, including the cleanup and disposal of chemical and hazardous waste. In the salon setting, there are many hazardous chemicals that cosmetologists and their clients come into contact with, so it is important to know not only how to handle and dispose of these materials, but also how to prevent chemical accidents. Chemical accidents can result in property damage, injuries and hospitalizations, and even death. Therefore, it is a priority and responsibility for the salon professional to know and follow all chemical accident prevention practices and protocols in order to keep themselves, their clients, and their businesses safe.

For organizations that house large quantities of chemicals, there are specific requirements that must be adhered to, including the following best practices in chemical management:

Best practices in chemical management

- Assessing worst-case scenarios in order to mitigate and prevent potential effects.

- Maintaining a five-year history of any accidents that have taken place onsite.
- Emergency planning response actions with local response agencies (i.e., hospitals, law enforcement, etc.).
- Development of and training on a written Risk Management Plan.

While the quantities of hazardous materials in a salon do not make these requirements, they are still considered best practices and whenever possible should be incorporated in any organization that works with chemicals and hazardous materials. Even if not formally developed, these are great discussion points to have within your salon that could help lessen the effects of accidents.

It is important to compile safety information about the chemicals and equipment used in your salon along with safe operating procedures. Ensure that all staff is fully trained on this information and any safety measures that could impact the work. Furthermore, anytime an accident does occur, all salon staff should be informed of the accident, the steps taken leading to the accident, and any lessons learned as a result.

ACCIDENT PREVENTION STRATEGIES

Response plans are important, but just as important are accident prevention strategies. To prevent exposure and protect staff and client health, employers and workers can take standard precautionary steps whenever they use hazardous products and chemicals.

Using safer product alternatives

Whenever feasible, use a safer product alternative instead of a product with known harmful chemical ingredients. You should not only be aware of the levels of hazardous chemicals in the products you use, but also make every attempt to use products with the least amount of hazardous chemicals in them. Today, there are many alternatives, such as “3-free” products: those products that do not use what is referred to as the “toxic trio” (toluene, formaldehyde, and dibutyl phthalate). It is also possible to buy “acid free” products, to ensure that there is no exposure to chemicals such as methacrylic acid. However, even when using products that claim to be less hazardous, be sure to read all manufacturers’ instructions and conduct adequate research on the safety and environmental impact of the product.

The United States Environmental Protection Agency has made strides in helping salons and other consumers easily find safer products. They have implemented Safer Choice labels to identify quality performance products with safer chemical ingredients. Previously known as Design for the Environment or “DfE” label, today more than 2,000 products qualify to carry the Safer Choice label. These products range from cleaners to colorants, fragrances, and more and incorporate the Safer Choice Standard and Safe Chemical Ingredients Criteria that address a broad range of potential toxicological effects. Whenever possible, using these products can help to lessen the potential effects of the chemicals that are used in the salon and provide a safer substitution for clients and professionals.

Ensuring proper ventilation

The best way to reduce the level of hazardous materials and chemicals in the air is to ensure proper ventilation. Without proper ventilation, pollutants can accumulate to levels that can pose health and comfort problems. Make sure your salon’s ventilation and exhaust system is always on. In the case that there is no exhaust system, be sure that the heating and air condition is on during all work hours and consider installing exhaust fans near open doors or windows to pull in fresh air and push out contaminated air. Ensure enough air is circulating to clear hazardous fumes from the air (six to ten fresh air changes

per hour), and whenever possible, let in fresh air through open doors and windows. For salons that use ventilated tables, it is important to ensure proper upkeep, such as changing out the charcoal filters once a month and cleaning the catch basins once a week. Ventilation can reduce exposure to hazardous chemicals by over 50%, so is well worth any extra effort, noise, or expense.

Identifying and labeling chemicals

Another accident prevention strategy to ensure environmental health within your salon is ensuring all chemicals are properly labeled and sealed. Even discarded products left in trash cans can evaporate and contaminate the air, so it is best to always use metal trash cans with tight, self-closing lids or place chemical-soiled products into a sealed bag before disposing them. Be sure to empty trash cans often and reduce waste by only using the amount of product you need to perform services.

When disposing of used chemicals, never pour them down the sink, toilet, or drains, or pour them onto cotton balls. Instead, follow the proper safety instructions for disposal. This will not only help keep everyone in the salon safe, but also reduces the risk for garbage and sanitation workers after the waste is removed from the salon.

Limiting chemical exposure

One of the most important accident prevention strategies when dealing with any chemical is to frequently wash your hands, especially before eating, drinking, applying cosmetics, and smoking, and never store food or drinks in your work area.

It is important to reduce contact between your hands and your skin and eyes whenever possible. In addition, wearing long-sleeved shirts and other protective clothing and equipment such as safety gloves and goggles can further reduce the risk of coming into contact with chemicals and hazardous materials. Immediately replace any damaged protective equipment and ensure that you cover and cuts, scrapes, or damaged skin. Any breaks or damage to the skin provides for quicker absorption of any chemicals or hazardous materials.

Limiting Chemical Exposure

- Use less toxic, safer, natural products.
- Use pumps instead of aerosol containers.
- Use products with low volatile organic compound content.
- Use non-toxic products for disinfecting and cleaning.

TREATING CHEMICAL BURNS

Despite the best accident prevention strategies, accidents still can and do occur. **In the salon setting, some of the most common accidents, or even skin allergies and sensitivities, can result in chemical burns.** Therefore, it is important to know the steps to take to treat them. It is important to administer first aid within the first few minutes following a chemical burn, as this can make a significant difference in the severity of the injury. Remove any clothing that is contaminated by the chemical. If the clothing adheres to the skin, cut or tear around the burned area. Also, be sure to remove any tight garments or jewelry in contact with the burned area, as these areas will begin to swell immediately and can make it harder to remove items as time passes. Pay close attention to the neck and throat if these areas are affected, as tight or constraining articles of clothing or jewelry can restrict the airways and hinder breathing.

Conclusion

Despite it being a relaxing and calming place, there are perils located in every salon. As a certified cosmetologist, it is your responsibility to educate yourself on these perils and techniques to mitigate dangers and respond appropriately when accidents occur. Your clients have the right to a safe and hazard-free salon environment, and your participation is required to ensure

that this right is fulfilled. Your clients depend on you for their cosmetic needs, be sure they can depend on you for their safety as well. You can play an active role in addressing the environmental issues and reducing environmental risk for both your clients and yourself.

Chapter 7: OSHA Responsibilities for the Salon

(Satisfies OSHA Requirement)

Learning objectives

Given the course materials, the learner will be able to:

- ♦ Summarize the OSH Act mandate and discuss the purpose of OSHA laws and regulations.
- ♦ Locate and review Code of Federal Regulations (29 CFR) referring to workplace safety and health.
- ♦ Identify ergonomic hazards found within your workplace.
- ♦ Describe employer responsibilities mandated by OSHA.
- ♦ Discuss the OSHA Hazard Communication Standard.

OSHA



The Occupational Safety and Health Administration (OSHA) sets laws and regulations to guide workplace health and safety standards. Their mission is to assure safe and healthful workplaces by setting and enforcing standards and providing training, outreach, education, and assistance.

All employers are required to comply with OSHA standards that are applicable to their industry and comply with the General Duty Clause of the Occupational Safety Health (OSH) Act. **The OSH Act mandates that employers must maintain a workplace that is free of serious recognized hazards.**

OSHA was created by Congress under the Occupational Safety and Health Act, signed by President Richard M. Nixon, on December 29, 1970. Since its establishment in 1971, workplace fatalities have been cut by 62%, and occupational injury and illness rates have declined 40%.

Importance of the OSH Act

According to OSHA, providing workers with a safe workplace is central to their ability to enjoy health, security, and the opportunity to achieve the American dream. Addressing safety and health issues in the workplace also saves the employer money and adds value to the business. Recent estimates place the business costs associated with occupational injuries at close to \$170 billion – expenditures that come straight out of company profits.

When workers stay whole and healthy, the direct-cost savings to businesses include:

- ✓ Lower workers' compensation insurance costs.
- ✓ Reduced medical expenditures.
- ✓ Smaller expenditures for return-to-work programs.
- ✓ Fewer faulty products.
- ✓ Lower costs for job accommodations for injured workers.
- ✓ Less money spent for overtime benefits.

Safety and health also make big reductions in indirect costs, due to:

- ✓ Increased productivity.
- ✓ Higher quality products.
- ✓ Increased morale.

- ✓ Better labor/management relations.
- ✓ Reduced turnover.
- ✓ Better use of human resources.

Over 95% of OSHA cases reported are preventable injuries.

However, the cost of non-compliance with OSHA regulations is immeasurable:

- 4,679 fatal, yet preventable work injuries were reported to the Census of Fatal Occupational Injuries in 2014. 793 of these were linked to falls, slips, and trips.
- From October 4, 2015 to March 3, 2016, 393 catastrophes resulted in death.
- In 2014 alone, there were nearly 3.0 million nonfatal workplace injuries and illnesses reported by private industry employers.

These numbers represent the tragedy associated with non-compliance to OSHA rules and regulations. While the data shows that reported injuries and illnesses in healthcare and social assistance have declined, this is still an alarming number and indicates the importance of OSHA compliance in every organization.

RECOGNIZED HAZARDS AND PENALTIES FOR THE SALON AND OTHER INDUSTRIES

An excess of 375,000 nail technicians work every day in salons across the nation and are exposed to multiple potential hazards in the workplace. These hazards can include chemical exposure from various salon products including glues, polishes, dyes, and chemical hair treatments, among others, and can result in a host of negative health effects, including respiratory illness, liver disease, reproductive dysfunction, skin disorders, and even cancer. However, there are other dangers that are present in the salon that can be just as serious and, in some cases, deadly. These include a high risk for infection from blood borne pathogens, communicable diseases from skin and nails, and bodily injury from repetitive motions, awkward positions, and slips and falls. Therefore, salon owners and managers must be diligent in their safety regulation. Fortunately, OSHA provides standards and responsibilities to help salon owners navigate through potential hazards and address them in a way that can prevent most injuries and illnesses.

In fact, OSHA employer responsibilities are important not only for managing cosmetologists, but for any salon worker. **OSH law edicts employers must provide a safe workplace and dictates employer responsibilities that are legally enforceable in Florida.** There are serious penalties for employers that do not maintain these OSHA standards. Aside being detrimental to an employee's safety and health, violations can be detrimental to any salon and can result in heavy fines and even salon closures. **Employers have a responsibility to provide a place of employment free from recognized hazards that are causing or are likely to cause death or serious physical harm.** There were multiple infractions in 2015 costing organizations penalties above \$40,000. While these serious Florida violations were fortunately not discovered within the salon setting, they do provide precautionary information that can indeed apply to your salon. For example:

- \$71,000 fined to the U.S. Postal Service in Pensacola for working conditions in which employees were exposed to excessive heat while delivering the mail.
- \$140,000 fined to Jasper Contractors, Inc. in Jacksonville for failing to provide eye and face protection.
- \$60,500 fined to Dollar Tree Stores, Inc. for issues with maintenance, safeguards, and operational features for exit routes; exposure to compressed gases; handling of materials, and other infractions.
- \$91,000 fined to Indianhead Exploration, LLC for infractions involving permit-required confined spaces, the control of hazardous energy, mechanical power-transmission, hazard communication, respiratory protection, and other general requirements.

Important OSHA Regulations for Salons

It is important for salon owners and managers to be familiar with OSHA regulations and standards. The following are some of the major OSHA Regulations (Standards – 29 CFR) essential for safety in the salon setting. Familiarize yourself with each of these standards (and others), which are available through OSHA and the [osha.gov](https://www.osha.gov) website.

https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=1&p_keyvalue=1910

Standard Number 1910

- Subpart D – Walking-Working Surfaces
- Subpart E – Means of Egress (Exit Routes, Emergency Action Plans, and Fire Prevention Plans)
- Subpart G – Occupational Health and Environmental Controls
 - 1910.94 – Ventilation
 - 1910.95 – Occupational noise exposure
- Subpart H – Hazardous Materials
 - 1910.106 – Flammable liquids
 - 1910.119 – Process safety management of highly hazardous chemicals
 - 1910.119 App A – List of Highly Hazardous Chemicals, Toxics, and Reactives)
- Subpart I – Personal Protective Equipment
- Subpart J – General Environmental Controls
- Subpart K – Medical and FirstAid
- Subpart L – Fire Protection
- Subpart N – Materials Handling and Storage
- Subpart O – Machinery and Machine Guarding
- Subpart P – Hand and Portable Powered Tools and Other Hand- Held Equipment
- Subpart Z – Toxic and Hazardous Substances

**SAFETY IS YOUR RESPONSIBILITY!
PROTECT YOURSELF AND YOUR SALON**

OSHA AND THE SALON

OSHA has not formulated any rules and regulations that deal specifically with the cosmetology industry. While no specific rules exist, cosmetologists are expected to abide by basic rules contained within the Code of Federal Regulations (29 CFR) which refer to workplace safety and health. These rules describe the responsibilities of employers and employees when handling hazardous chemicals, as well as the use of personal protective devices (PPE), proper ventilation, prevention from overexposure to dust, and overall health and safety plans. All regulations for general industry Standards – 29 CFR, can be found at the following web address:

https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=1&p_keyvalue=1910.

OSHA provides guidelines to help keep workers safe in various settings, including the salon. In many cases, they provide information on good work practices that should be used to protect workers and guests from chemical hazards, muscle

strains, and diseases. Often overlooked but very common in the salon setting are the hazards that can cause aches and pains that can eventually result in long-term damage. For instance, aches and pains can result from leaning over a worktable too long – a common concern for cosmetologists working in nail salons – or repetitive movements like cutting hair, applying cosmetics, and resting hands, wrists, and forearms and/or elbows against hard surfaces or sharp edges of worktables. **These types of hazards are referred to as ergonomic or musculoskeletal hazards, and they impact the functioning and health of muscles and bones.**

In order to reduce these risks, salon workers can practice ergonomics, or the science of fitting the task to the worker. This can make cosmetology techniques more comfortable and more efficient and can take the strain out of some procedures. By utilizing good ergonomic practices, you can reduce stress on your body and prevent ailments resulting from improper positioning of your body. Some good ergonomic practices are included in the following chart.

Good Ergonomic Practices for Reducing Hazards	
When Sitting...	When Standing...
Use an adjustable chair and pay attention to your posture at all times. Be sure to sit with your back supported and feet flat on the floor. If necessary, use a footrest to ensure your feet reach the floor.	Raise your guest to a level that is comfortable to reach so you do not place strain on your extremities or bend your back to reach them. If working with hands or feet, you can also use a cushion to raise their extremities and maintain proper posture.
If working at a table, place a towel or foam pad on the edge in order to cushion the impact to your wrists, elbows, and hands.	Adjust the lighting or use safety glasses with magnifying lenses so that you do not have to strain your eyes or bend over to reach your guest.
Never sit with the back of your knees flush to your chair. This will improve the blood flow to your legs.	Always wear comfortable shoes that provide arch support.

Discrimination

It is also extremely important to note that it is a direct violation of OSHA standards to discriminate in any way against employees who report concerns to OSHA. Every employee has the legal right to be protected from retaliation and free from adverse action when reporting concerns to OSHA. The OSH Act guarantees that employees who complain to their employer, OSHA, or other government agencies in regard to hazardous, unsafe, or unhealthy working conditions cannot be transferred, denied a raise, have hours reduced, be fired, or punished in any other way based on the fact that they exercised their OSHA rights. These protections are outlined under OSHA's Whistleblower Protection. Employees are able to file complaints regarding retaliation directly to OSHA by either visiting, calling/faxing, or filing online.

The OSH Act also allows for limited rights to refuse performing a job due to hazardous conditions. You have the right to refuse a job under the following circumstances:

- 1) You reasonably believe the act puts you at risk for death or serious injury because the act is clearly hazardous;
- 2) You have attempted (if possible) to have your employer rectify the hazardous condition and there is no alternative way to complete the job safely; and
- 3) The situation is urgent enough that there is no time allowed to prevent hazard through calling OSHA or other regulatory channels.

There are a number of laws that protect your rights against retaliation for reporting violations of environmental laws related to drinking water and/or pollution, toxic substances, air quality/pollution, disposing of solid waste, and more.

HAZARD COMMUNICATION STANDARD

Of extreme importance to the salon industry are OSHA's requirements and standards on Hazard Communication. Working with cosmetology presents multiple opportunities to come into contact with chemicals and hazardous materials, and the importance of communication regarding hazard can prevent serious injury and even death. **Information about the identities and hazards of all chemicals found within the workplace is required to be available and understandable to employees.** This is essential in ensuring chemical safety within the workplace and is a fully enforceable requirement. Violations of this requirement can result in extreme fines paired with required corrective action. OSHA's Hazard Communication Standard mandates that these informative materials are maintained and disseminated throughout every salon.

The manufacturers of chemicals used in the salon are required to include safety and hazard information with their products. Each product should come with a Safety Data Sheet. It is the responsibility of the salon to ensure that all employees understand this provided information and have access to it at all times. Never remove a label from any chemical product or store it in an unlabeled container. This can be extremely

hazardous to anyone who works in or visits the salon. **Salon managers must ensure all employees are trained in how to properly handle hazardous materials.** Never use chemicals or hazardous materials without first being trained on their safe use. If you are unsure, ask your salon manager and access the Safety Data Sheets and labels for more information on safe use and precautionary actions.

There have been recent, major changes to the Hazard Communication Standard that impact cosmetology professionals:

- **Hazard Classification:** Must provide specific criteria for classifying health and physical hazards and classification of mixtures.
- **Labels:** Labels from manufactures must include harmonized signal word, pictogram, and hazard statement as well as precautionary statements.
- **Safety Data Sheets:** Must have a specified 16-section format.
- **Information and Training:** Employees must be trained on the new label elements and safety data sheets to ensure awareness and understanding.

CONTACTING YOUR OSHA AREA OFFICE

Due to the extent and complexity of OSHA rules and regulations, it is important to know how to clarify any questions that you may have regarding compliance in your place of employment. In Florida, there are three OSHA Area Offices that

are available to you for any questions or concerns. The following chart provides the contact information for each of the three Florida OSHA Offices. Contact the office nearest you.

Fort Lauderdale	Jacksonville	Tampa
1000 South Pine Island Road Suite 100 Ft. Lauderdale, FL 33324 (954) 424-0242 (954) 424-3073 FAX	Ribault Building, Suite 227 1851 Executive Center Drive Jacksonville, FL 32207 (904) 232-2895 (904) 232-1294 FAX	5807 Breckenridge Parkway Suite A Tampa, FL 33610-4249 (813) 626-1177 (813) 626-7015 FAX
Toll-Free Numbers: 1-800-321-OSHA (6742); TTY 1-877-889-5627.		

Conclusion

OSHA laws and regulations are in place for a reason: to keep you safe. Staying on top of OSHA requirements and responsibilities is essential and cannot be taken lightly. In order to protect yourself and everyone in the salon and avoid penalties, always follow OSHA stipulated guidelines and protocols.

Chapter 8: A Matter of Life or Death: Sanitation and Sterilization in the Salon Industry

(Satisfies Sanitation and Sterilization Requirement)

Learning objectives

Given the course materials, the learner will be able to:

- Discuss the importance of sanitization and sterilization in the cosmetology industry.
- Describe recent events that require your knowledge of sanitation techniques.

- Describe the difference between “sanitation” and “sterilization” and the significance of those differences.
- Summarize the purpose of an autoclave and provide details on how to use it.

INTRODUCTION

Sanitation and sterilization is serious business

In the entertainment industry, characters that are obsessively clean are often portrayed as amusing. Adrian Monk (played by actor Tony Shaloub), the quirky detective in the television show “Monk,” maintains that germs are at the top of his list of 312 phobias. In addition to germs, Monk has an overpowering fear of door handles, anything dirty, and always carries sanitizing wipes with him wherever he goes.

Although we find these personalities in television and movies funny, germs and infections are serious concerns in the cosmetology industry and can be a matter of life or death.

Cosmetologists must approach the cleanliness of their salons with an obsessive ferocity - for the safety of both themselves and their clients.

What’s the worst that can happen?

Case histories are littered with “worst-case scenarios” and should be warnings to cosmetologists that bad things can – and will – happen if equipment and tools that are used daily on clients are not properly cleaned and maintained. Equally important are safety measures such as ventilation and proper training about chemical use and the appropriate use of personal protective equipment (PPE). Due to the sheer nature of people touching people in the salon atmosphere, killer organisms can occur in your facility if you are not informed and/or not following the proper procedures.

Before AIDS and hepatitis became household names, the cosmetology and barbering industry were under little scrutiny as risks for spreading infectious diseases. However, since the 1980’s, an epidemic of blood-borne diseases has forced a reexamination of the beauty industry.

Health risks and the beauty industry

The health risks associated with the beauty industry include viral infections such as HIV, hepatitis B and C, and herpes.

Bacterial infections, such as staphylococcus, streptococcus, and pseudomonas are also of great concern, as well as fungal infections (e.g., athlete’s foot, nail fungus, and yeast). Reactions to nail, hair, and facial products can cause devastating effects such as chemical burns, loss of hair or nails, eyelid dermatitis, and eczema. Furthermore, toxicity from acrylic, lacquer, and hair product fumes and the misuse of chemical peeling solutions can cause a whole host of respiratory problems and diseases.

Hepatitis B & C

Among the diseases that have the potential to be transmitted at a hair or nail salon, hepatitis B and C pose the biggest threat to public health.

One out of every three people worldwide has been infected with hepatitis B. 240 million people have become chronically infected; in other words, they are not able to get rid of the virus. In the United States, over 12 million people have hepatitis B and it is estimated that 40,000 people become infected each year.

Unlike hepatitis B, there is no vaccination for hepatitis C. It currently affects an estimated 3.5 million people in the United States. Approximately 75-85% of people who become infected with hepatitis C develop a chronic infection. hepatitis B can be infectious for at least a week on surfaces commonplace to salons, such as headrests, chairs, and tools or instruments. Prior to 1990, hepatitis C was commonly transmitted through blood transfusions; there is now evidence that it can be transmitted through personal care items that may have come in contact with another person’s blood, such as razors, nail files, and barber’s scissors, among other items commonplace in a salon.

Among the diseases that have the potential to be transmitted at a hair or nail salon, hepatitis B and C pose the biggest threat to public health.

Unlike hepatitis B, there is no vaccination for hepatitis C.

Herpes

A woman in Colorado was awarded \$3.1 million dollars after it was found that she contracted herpes from a manicure. Kristina Preston had her first professional manicure in 1998 at a salon in Aurora, Colorado. Preston reported to ABC News that after she had left the salon, the cuticles of her thumbs felt like they were burning. “Two days later they were swollen and tender,” Preston said. “I knew something was wrong. I started developing blisters, which spread to all 10 fingers.”

Blood tests showed that she had herpes and bacterial infections. A second test confirmed these results. Preston also reported that she started suffering with chronic fatigue, ear infections, and strep throat among other ailments following her manicure.

This is just one example of why it is so important to properly sanitize and sterilize within the salon. “Since there is an inherent risk that customers may accidentally be cut during a routine hair or nail appointment, it makes sense to use sterile instruments,” says Dr. Shelley A. Sekula-Gibbs, MD, a dermatologist practicing in Houston, Texas. “Nail clippers, acrylic nail drills, cuticle scissors, callus paring blades, and reusable razors and blades all have the potential to transmit infectious disease if they are not properly sterilized. “Unfortunately,” continues Sekula-Gibbs, “we are finding that not all salons are following this simple rule of thumb. As more and more consumers frequent hair and nail salons each year, the risk of becoming infected with hepatitis, HIV, and other transmittable diseases increases as well.”

A similar case was reported in a New York salon. Attorney Bruce Egert recounted his client’s experience which resulted in an occurrence of herpes transmission. The client, who visited the salon for an eyebrow waxing, maintained that the attendant applied the wax with “a terribly infected stick.” Egert explained to the *New York Post* that the stick had been previously “used on somebody else in a rather delicate part of her body.” According to the *Post*, an ophthalmologist found that the client was suffering from herpetic keratoconjunctivitis in her eyes.

Northern California bacterial outbreak

In optimal conditions, certain bacteria can thrive and divide every twenty minutes. Optimal conditions include moisture, oxygen, and warm temperatures. These "perfect storm" environmental factors created the ideal setting for an outbreak of mycobacterial furunculosis in a California nail salon's footbaths.

In the fall of 2000, a physician in Northern California reported a group of female patients who reported developing boils on their lower legs. Over one hundred customers reported pustules that were slow to respond to antibiotics and which left the victims scarred. The patients reported small bumps that turned into purple pus-filled boils that "erupted discharge, seemed to heal, then formed again and spread to other areas."

Strong antibiotics were prescribed and patients were required to continue the treatments for six months. The treatment was "no picnic" said Betsy McCarty, Chief of Public Health for the Santa Cruz County Health Department. The antibiotics resulted in yeast infections, diarrhea, and nausea for the patients.

Upon investigation of the nail salon, large amounts of skin debris and hair were found inside the inlet suction screens of every whirlpool footbath examined. "A bacterial soup was back there behind the screens," said McCarty. "There was enough hair to make a toupee." In response to the claims, the salon owner reported that the areas behind the screens were never cleaned. Cultures from all ten footbaths at this particular nail salon produced *fortuitum*. In addition, *m. mucogenicum*, *m. smegmatis*, unidentified mycobacteria, and nocardia organisms were also found in at least five of the footbaths.

Unfortunately, this is more common than one might think. California investigators reported they found similar bacteria at 16-18 salons they checked. Investigators from 20/20, a prime-time news program, also went with inspectors to salons in Dallas, Boston, Houston, and Phoenix, and almost all of the salons tested positive for potentially harmful bacteria.

Deaths in California

Evidence suggests that an infection contracted from a pedicure may have caused the death of Gerry Ann Schabarum, wife of former California State Assemblyman and longtime Los Angeles County Supervisor, Pete Schabarum. According to Pasadena Weekly, Schabarum had been battling a staphylococcus infection for over a year. She suffered from rheumatoid arthritis, and because of a weakened immune system, the bacteria were able to take hold in her body.

"It is tragic that another life may have been lost because of an unsanitary salon," said Senator Leland Yee (D-San Francisco/San Mateo), the author of legislation signed into law to help clean up dirty salons. "While progress has been made," Yee continued, "clearly more needs to be done to protect the health of nail salon consumers."

In addition, a Sunnyvale, California woman died in June of 2006. Jessica Mears was 43 years old. Her mother, Diana Mears, filed a wrongful death lawsuit in Santa Clara County Superior Court against Top Hair and Nails Salon in Mountain View. The suit claims Jessica Mears contracted a bacterial infection during a 2004 pedicure at the salon that left a large lesion on her left calf. Jessica Mears had lupus - a chronic disease that compromises the immune system. "The lesion never healed," said Robert Bohn, Jr., the San Jose attorney representing Diana Mears. The end result was the loss of Mears' life.

A Death in Texas

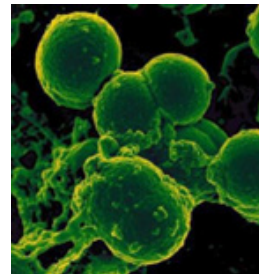
Kimberly Jackson of Fort Worth, Texas, died in February of 2006. Jackson was a paraplegic and couldn't feel the massages and the bubbling water on her feet, but she loved the bright pink nail polish. Her heel was cut with a pumice stone during a pedicure. Several days later she sought out medical help for an infection in her foot and was treated with repeated rounds of antibiotics. Shortly after, the 46-year-old died of a heart attack triggered by the staph infection, according to family's attorney, Steven C. Laird. "She was afraid she was going to lose her foot," said

David Lee Jackson, her ex-husband. "Who would've thought this would take her life?"

MRSA Outbreak in the Netherlands

In September 2005, a medical microbiologist from a regional medical microbiology laboratory in the Netherlands reported to the municipal health department of a recurring MRSA – methicillin-resistant *Staphylococcus aureus* – infection in a stylist. From December 2004 onward, the woman had recurrent infections on the legs, buttocks and groin, resulting in incision and drainage of lesions. When an abscess developed in the genital area in July 2005, MRSA was cultured from a wound swab. In December 2005, the stylist was declared to be MRSA-free after antimicrobial treatment. Yet, in March 2006 the woman was tested again for MRSA colonization; test results showed that she had been re-infected, or that the therapy had failed.

The stylist had eczema. Because of the "hands on" nature of her work, she was advised to temporarily stop providing services to customers. The municipal health department conducted a risk assessment of the woman's contacts within her household and in the beauty salon.



In April 2006, a salon customer was hospitalized with an abscess of the breast caused by MRSA; in July 2006, another customer who had had boils since February 2006 was found to be MRSA positive. Both customers had been given wax treatments by the stylist during the period in which she had an infected hair follicle in her armpit.

Concern arose about the risk for infection to customers through instruments, materials (wax), or contact with other employees. The index patient and the other six employees of the salon regularly provided services to each other. In response, all working procedures and protocols in the salon were investigated, and the salon was advised to clean and disinfect instruments and procedure rooms. A total waxing procedure was observed and ten swabs were taken from used wax, wax implements, and the treatment room. All six employees were screened and informed about MRSA and the current situation. Arrangements were also made to test 22 regular customers who had received wax treatments by the index patient in the previous two months.

In the following weeks, these customers were screened at the municipal health office and informed about the MRSA. Of the 22 regular customers, 21 completed a questionnaire and 19 were actually screened for MRSA by culturing samples from the pairs of openings of the nasal cavity, as well as the throats. Fortunately, all employees and the 19 selected regular customers were negative for MRSA colonization. All environmental swabs were also negative for MRSA.

It became apparent that after performing waxing treatments, the stylist would touch the waxed skin of customers with ungloved hands to check for remaining hairs. She did not wash her hands. Ultimately, a total of 45 persons who had been in direct or indirect contact with the stylist were screened for MRSA: three family members, three roommates, 11 other persons (including secondary contacts), six beauty salon employees, and 22 customers (including regular customers). Fifteen persons had skin infections and ten were colonized with MRSA (stylist, family member, roommate, ex-partner of the roommate, customers and partners of the customers). Although skin infections never developed in the stylist's family members, tests did show MRSA colonization in one of them. While the MRSA infections were treated, the damage to the salon was unrepairable.

Although the prevalence of MRSA is low, local microbiologic laboratories should report outbreaks to the local municipal

health department for further investigation when they are detected. More research is necessary to better understand the risk factors involved in these outbreaks.

Other recent salon incidents

- ✓ An unnamed woman nearly died after getting a bikini wax and then contracting a life-threatening bacteria: *Streptococcus pyogenes*.
- ✓ Entertainer Paula Abdul's injury made worldwide news, and she nearly lost her thumb because of a fungal infection following a manicure. She testified in front of the California State Business and Professions Committee to lobby for legislation that would establish safety standards for manicure and pedicure equipment. "Being a professional dancer, I'm no stranger to pain," Abdul said. "But this time, the pain was so excruciating that even my hair touching my thumb caused me to scream."
- ✓ Reba Burgess, of Kansas City, Missouri was forced to amputate her finger after getting her nails done, reported

GermS are everywhere

Bacteria and viruses can live virtually anywhere. We expect some surfaces – such as toilets and surfaces in bathrooms – to harbor germs. Some of the most contaminated surfaces in business, however, are a little more unexpected.

In Kimberly Clark Professional's "The Healthy Workplace Project," over 5000 swabs from different samples were collected to determine the levels of bacteria. The most contaminated area (75% of surfaces tested) was the sink faucet tap handle, followed closely by microwave door handles (48%). Light switches are also highly contaminated.

In salons, handling money can be a major source of transmission of bacteria and viruses. Scientists have found that the dollar bill carries about 3000 types of bacteria on its surface. Most bacteria are harmless; and some bacteria are even beneficial. Yet, according to a 2014 National Public Radio report, money may have a "smudge" of anthrax or diphtheria. The very nature of money makes it a possible way that antibiotic resistant genes move around cities, as reported by biologist Jane Carlton, who is leading the Dirty Money Project at New York University. "We're not trying to be fear mongers," says Carlton, "or suggest that everyone goes out and microwave their money. But I must admit that some of the one-dollar bills in NYC are really nasty."

...money may have a "smudge" of anthrax or diphtheria.

Trendy and dirty

Beards have recently become trendy among a certain demographic of men. Simmons National Consumer Study estimates 17% of all men and 35% of young men ages 18-24 have facial hair today, an increase from past studies. **Barbers and stylists need to be aware of just how dirty beards can be when men present themselves for grooming.**

Beard swab tests were performed by reporters at Action 7 news in Albuquerque, New Mexico. Quest Diagnostics discovered that men's facial hair can contain bacteria usually found in the intestines and fecal matter. "I'm usually not surprised," said Quest Diagnostic microbiologist, John Golobic, "and I was surprised by this." Some beards tested were comparable to toilets. Bacteria found could lead to skin infections and to the spread of bugs, such as staphylococcus. Because of a beard's

Modes of contamination

Always assume your clients, co-workers, and the salon environment are contaminated. Diseases are communicable or contagious when they move from one individual to another. Working with the public means encountering potentially dangerous pathogens and opportunistic organisms. **Always assume your clients, co-workers, and environment could be carrying illness, and use proper infection control procedures, or standard precautions, every day.**

Kansas City television station KMBC. "Then they filed again. Then they drilled. Then they filed, drilled, picked..." said Burgess of the nail technician's attempts to remove her acrylic nails. The process took almost four hours. Burgess left the salon with a new set of acrylic nails, but five days later she visited the hospital and was told she had to stay. "I was shocked because I never thought going and getting your nails done, to have them polished, would end up with a finger gone." Burgess continues, "I cry a lot. I hide my hand a lot. I'll never wear fingernail polish again. I'll never wear nails again."

- ✓ Mary Reddish, Athens, Georgia, was awarded \$150,000 after a visit to a salon left her mostly bald. Reddish said she was left nearly bald as result of a chemical reaction from the hair relaxing product and the dye used to bleach her hair blonde. The damage to Reddish's follicles was bad enough to cause her premature hair loss, according to her attorney.

location, organisms found in it can easily make their way to a man's mouth.

Violations

Former WFAA reporter, Brad Watson, performed several undercover salon investigations in 2007. He found that while improvements had been made, many salons continued unsanitary practices. After his reports, Texas Department of Licensing and Regulation (TDLR) went to look for themselves. "Well, we found a lot of lax sanitation practices," said Patrick Shaughnessy, a spokesperson for TDLR. "They were not paying attention to the things they need to look at."

Watson's investigations showed evidence of salon professionals not washing hands between customers, illegal blades, improper cleaning and disinfecting of spa chairs, the potential cross-contamination of creams/lotions, and reuse of buffing blocks, which expose a customer to the previous customer's nail and skin tissue.

Simple solutions

Although each of these risks poses considerable health problems for consumers, there are simple ways beauty establishments can modify their current practices and reduce the potential transmission of infectious diseases. Dr. Sekula-Gibbs explains that using disposable instruments whenever possible, properly sterilizing instruments, employing proper hand washing practices, and teaching the Centers for Disease Control's (CDC) "standard precautions" in cosmetology and barber schools would virtually eliminate the risks of contracting viral, bacterial, and fungal infection.

Your responsibilities

As a salon professional, you have responsibilities to the State and to your profession. **Learning appropriate precautionary measures and cleaning procedures will help protect you and your clients.** These measures will also reduce the incidence of bacterial, viral, and fungal infections and will prevent the spread of disease. You, your instruments, and your workstation must be kept as clean as possible. This means no shortcuts or omissions of any precautionary measures discussed in this course. Violations can result in penalization by the state of Florida, removal from your salon, and hazardous infection to both you and your clients.

Humans have some level of immunity against infection, but our level of protection varies with age, health, and a range of other factors. Skin is our first line of defense. When there are no cuts or scrapes, skin is excellent protection against pathogens. In the vast majority of cases, bacteria, fungi, and viruses enter the body through the portals of the nose and mouth, small tears or openings in the skin, and to a lesser extent, the eyes and ears.

Once inside the body, the pathogen reproduces rapidly at a rate that can overwhelm the immune system, resulting in disease.

Transmission may occur through "direct" or "indirect" contact. For example, indirectly inhaling contaminated droplets in the air (airborne transmission) or touching a contaminated surface and then touching one's nose, eyes, or mucous membranes is an easy way for transmitting germs. Try to avoid touching your face during the day, and always wash your hands between clients.

Always assume your clients, co-workers and environment could be carrying illness, and use proper infection control procedures every day.

On the other hand, yeast, scabies, lice, and many other skin infections do not require an open sore or mucosal surface to infect. For example, athlete's foot contaminates through indirect transmission. When someone with athlete's foot walks barefoot on a wet bathroom floor, the person leaves behind spores that will stick to the foot of anyone else walking barefoot on that floor, infecting the individual even if he or she has no cuts or openings on the feet. Fungi, like athlete's foot, will survive for some time on a damp or wet floor. Spa shower stalls and soaking baths that retain small amounts of water must be thoroughly cleaned and disinfected with the appropriate disinfectant.

The primary modes of travel for common contagions are:

- Unclean hands.
- Unclean implements.
- Open sores.
- Pus.
- Mouth and nose discharge.
- Shared cups or towels.
- Coughing or sneezing.
- Spitting.

Microbes can also exist on seemingly unlikely products, like bars of soap.

Pathogenic bacteria can also enter the body through:

- A break in the skin, including pimples, scratches, or cuts.
- The nose and the mouth during breathing.
- The mouth during eating and drinking.

Humans are excellent sources of contamination because we are constantly leaving organic particles behind wherever we go; a mixture of dead skin cells with viral, bacterial, and fungal particles, along with other microorganisms that consume skin cells or use us to travel to an appropriate host. Every time you touch something, you deposit some of this organic matter on another surface. Simple actions - such as touching a client's hair, brushing some of your hair out of your eyes with your hand, or touching a spray bottle - can move

Decontaminating your environment

You have a responsibility to control exposure to pathogens by decontaminating your environment and tools. Remember that pathogens collect any time an object or surface is exposed to air. Doorknobs, handles, telephones, money, light switches, cash registers - all are surfaces touched by co-workers and clients that may harbor harmful pathogens, so all must be decontaminated to some degree.

Cleaning is only the first step of the process. The following sections review the meaning of sanitation, sterilization, and disinfection - terms that are commonly used interchangeably, but have very different meanings and results and require different procedures.

Sanitation

Sanitation is the lowest level of decontamination. Sanitation will reduce some germs on a surface but will not kill all organisms. Sanitation provides a minimum level of cleanliness, protecting public health by preventing the spread of some, but not all, bacteria and fungi. It is important to note that instruments that are sanitized are not sterile.

microorganisms from one item to another: from you to your client or from your client to you.

Individuals who are susceptible to infection (due to a compromised protection system or some failure in their ability to resist invasion) are also the targets of opportunistic microorganisms. In contrast to pathogens, opportunistic organisms do not cause initial illness but will infect an individual once pathogenic organisms have already weakened the immune system. These opportunistic organisms cling to the skin and the hair and exist in the bodies of healthy people.

Microbes also contaminate ventilation systems. Germs in a ventilation system easily spread throughout a salon - landing on people, surfaces, and implements - whenever the blowers or fans turn on. Germs not only float through the air, settling constantly on salon surfaces such as sinks and countertops, but they can also "hitchhike" on human skin, hair, and clothing, contaminating anything with which they come into contact. To discourage their growth, vents, filters, humidifiers, and dehumidifiers should be cleaned and maintained regularly. Investigate any mildew or musty odors, which are a good indication of microbe growth.

Pathogenic and opportunistic microorganisms are able to thrive in a salon's warm, moist places, like shampoo sink drains, footbaths, and hot and cold-water handles and taps. Implements such as scissors, files, brushes, or nippers can be major sources of contamination because they often contain organic matter, an optimum growth environment for pathogenic and opportunistic microorganisms.

Some of the most dangerous areas in salons are the places contaminated manicuring tools or equipment are kept, including the manicure table and the trashcans in which dirty implements are deposited. **Microbes can even exist on seemingly unlikely products, like bars of soap.** Because germs and other microorganisms have been shown to thrive on bar soap, many salons prefer to use liquid soap that can be dispensed from a container for each customer. In addition, soaking solutions, lotions, and creams that initially are uncontaminated may lose preservatives that keep them safe from pathogenic or opportunistic microbes growing in them. Changes in color, texture, appearance, or odor can be signs of contamination.

Fighting infection may be a matter of staying home when you are sick. Just as you should avoid working with contagious clients, you should not go to work if you have an infection, such as a bad cold or flu. Cover your mouth and nose to control pathogens escaping through sneezes and coughs. Another way to fight infection is to take care when interacting with others. For example, avoid causing wounds when working with dry or fragile skin, as tears and breaks can occur easily, even when filing nails. Always use abrasive instruments with care and a gentle touch, especially around the nail bed.

Countertops and workstations should also be sanitized by wiping them down with soap and water; this process should not be confused with (and does not replace) disinfection, which requires an appropriate disinfectant cleaner. Remember that soap and water will kill most of the bacteria on your hands, workstation, or chair, but will not kill all bacteria or fungal spores.

The term "sanitation" is most often used in reference to cleaning the hands. Hand washing is absolutely essential to controlling bacteria and the most effective way to prevent the spread of infectious agents from one person to another. Hands cannot be sterilized, because it is impossible to remove all microorganisms from the surface of the skin. Water and soap, in fact, are not sterile and can introduce new bacteria and infectious agents.

Sanitation will reduce germs on a surface but will not kill all organisms.

Your hands are populated by both resident and transient organisms. Resident organisms are a normal part of your skin's environment - their natural habitat. They grow and multiply in an oxygenated environment and rarely cause infection or harm the individual who is their host. These organisms cannot be removed easily by hand washing.

Sanitation controls minimize exposure to transient organisms. These organisms, like E. coli and salmonella, cause dangerous infections in humans. In contrast to resident organisms, transient organisms cannot live long on the surface of our skin. They function poorly in an oxygen environment, usually surviving less than 24 hours. Fortunately, these organisms can be removed easily through the process of hand washing, using friction, soap and water.

Wash your hands



Hand washing is like a “do-it-yourself” vaccine. It’s the best way to prevent infection and illness.

It involves five simple and effective steps: Wet, lather, scrub, rinse, and dry. Regular handwashing, particularly before and after certain activities, is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others.

(<http://www.cdc.gov/handwashing/>)

Clean hands prevent infections, and keeping hands clean prevents illness at home, at school, and at work. Hand hygiene practices are key prevention tools in healthcare and human services settings, in daycare facilities, in schools and public institutions, and for the safety of our food. In health care settings, hand washing can prevent potentially fatal infections from spreading from patient to patient, from patient to health care worker, and vice-versa. The basic rule in the hospital is to cleanse hands before and after each patient contact by either washing hands or using an alcohol-based hand rub. The same is true for salons, cosmetologists, and their clients.

Wash your hands, the right way!

When washing hands with soap and water:

- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to produce lather and scrub all surfaces.
- Continue rubbing hands for 15-20 seconds. Need a timer? Imagine singing “Happy Birthday” twice through to a friend.
- Rinse hands well under running water.
- Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.
- Always use soap and water if your hands are visibly dirty.
- If soap and clean water are not available, use an alcohol-based hand rub to clean your hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast-acting.

When using an alcohol-based hand sanitizer:

- Apply product to the palm of one hand.
- Rub hands together briskly.
- Rub the product over all surfaces of hands and fingers until hands are dry.



(<http://www.health.state.mn.us/handhygiene/wash/fsgermbuster.html>)

Hand washing: The beginning of infection control

Over 16 years ago, Ignaz Semmelweis, a Hungarian physician, first demonstrated that hand hygiene can prevent the spread of disease. Hand hygiene, as a practice, includes performing hand washing using antiseptic hand wash or alcohol-based hand rub and/or surgical hand hygiene/antiseptis.

Dr. Semmelweis worked in a hospital in Vienna whose maternity patients were dying at such an alarming rate of puerperal fever (or childbed fever) that they begged to be sent home. Most of those dying had been treated by student physicians who worked on corpses during an anatomy class before beginning their rounds in the maternity ward. Hand washing was an unrecognized hygienic practice at the time. Because the students did not wash their hands effectively between touching the dead and the living, pathogenic bacteria (Semmelweis called them “cadaverous particles” or little pieces of the corpse) from the dead bodies were regularly transmitted to the mothers via the students’ hands. The result was a death rate five times higher for mothers who delivered in the clinic attended by the students than for mothers who delivered at another clinic.

In an experiment considered quaint at best by his colleagues, Dr. Semmelweis insisted that his students wash their hands before treating the mothers – and deaths on the maternity ward fell fivefold. **Unquestioned today as the most important tool in the health care worker’s arsenal for preventing infection**, hand washing was not readily accepted in Dr. Semmelweis’s era. His pleas to make hand washing a routine practice throughout the hospital were largely met with derision. Another 50 years would pass before the importance of hand washing as a preventive measure would be widely accepted by the medical profession. Sanitation is now a standard and thousands of lives have been saved because of Dr. Semmelweis’s discovery.

Cleaning agents for the hands

Cleaning agents assist in the process of removing substances from surfaces. Soaps and detergents are two common cleaning agents that are often confused for one another, but are composed of very different ingredients, with different cleaning properties. Soaps are the product of a chemical reaction. They can be formed by vegetable oil reacting with lye or chemicals. These chemicals, such as glycerin, add a desirable smell or quality to the soap and make it milder. While soap does not kill microorganisms, soap and water will help remove them from surfaces.

On the other hand, detergents are manufactured for the express purpose of cleaning specific substances off specific items and are created using chemicals that can be very harsh to skin. In contrast to detergents that do not leave a residue or require rinsing, soaps leave a coating or residue on the body, typically one designed to make skin smoother or more attractive. Soaps also remove less fat from the skin than detergents. Removing fat from the skin has a drying quality and may strip the skin, therefore the use of detergents can dry skin out.

Be sure to use the appropriate cleaning agent for the job. Different cleaning and disinfecting agents have many different

properties. Always read the ingredients, instructions, and recommendations for use on the item's label.

Sterilization and disinfection

"Sterile" means free from all germs; sterilization is the most effective level of decontamination, involving the removal of all bacterial life from a surface. This is the level of decontamination required for tools and surfaces in hospital surgeries. For sterilization, hospitals use steam autoclaves to heat instruments to a very high temperature. Today, many salons are investing in autoclaves to reassure clients that their safety is the number one priority.

"Disinfection" is the process of killing specific microorganisms, bacteria, or germs using physical or chemical processes. Disinfectants are chemical agents that destroy organisms on contaminated instruments or surfaces. They can be dangerous and must be used with caution. Disinfectants are used to destroy bacteria on equipment and implements, but they should not be used on the skin. In a salon atmosphere, disinfectants must be able to kill viruses, fungus, and dangerous bacteria.

"Sterile" means free from all germs; sterilization is the most effective level of decontamination, involving the removal of all bacterial life from a surface.

Disinfectants

Controlling bacteria in a salon requires a degree of effort, vigilance, and good sense. In choosing a disinfectant, always look for the EPA registration number (awarded by the Environmental Protection Agency) to ensure you are using an approved disinfectant. This number indicates a level of safety for specific kinds of disinfection. To be registered by the EPA, disinfection must be effective in killing bacteria, including *Staphylococcus aureus*, salmonella, and pseudomonas. Cosmetology salons must use not only EPA-approved disinfectants, but also those with an EPA rating of hospital-level (tuberculocidal) quality. These disinfectants are especially effective for salon use and are capable of killing viruses, dangerous bacterium, and fungi.

Disinfectants can be hazardous if prepared incorrectly.

Consult the manufacturer's Safety Data Sheets (SDS) for information on preparing and using the solution. Always check the listing of chemicals in the disinfectant and if/how they can pose safety hazards. Be certain to follow manufacturers' instructions and all written directions for the preparation and use of a specific disinfectant. Remember to follow all directions when using this type of disinfectant or any other disinfectant.

To ensure safety, use an appropriate ratio of concentration in the solution, and clean only approved items according to label instructions. Wear gloves and safety glasses whenever mixing and using solutions. Do not confuse disinfectants, which destroy harmful microorganisms, with antiseptics: products designed to slow the growth of microorganisms. Antiseptics do not kill microorganisms and should not be confused with disinfectants or used for salon disinfection.

Household disinfectants commonly used to clean offices and homes may be used to clean floors, doorknobs, and walls, etc., as directed on the container label, but should not be used in place of a hospital-grade salon disinfectant, which is required

Introduction to the Autoclave

According to Merriam-Webster dictionary, the definition of "autoclave" is: an apparatus (as for sterilizing) using steam under high pressure. The autoclave was invented by French microbiologist, Charles Chamberland, in 1879. Autoclaves are used in industries where sterilization is a necessity. They sterilize equipment and supplies by subjecting the equipment to high-pressure saturated steam at 270 degrees Fahrenheit for 15-20 minutes, depending on the size of the load and the contents.

to sterilize instruments. Bleach can be used as an effective disinfectant, but it is not a cleaning agent and should only be applied to clean surfaces. Bleach must be used with caution because it can release toxic fumes when mixed with certain substances. Bleach is far too harsh for day-to-day disinfection and will damage instruments. It may be used for washing towels and other salon laundry.

What are efficacy tests?

The tests used to measure the effectiveness of disinfectants on various pathogenic (disease-causing) organisms are called efficacy tests. The EPA must pre-approve all "efficacy test methods" used to measure the effectiveness of disinfectants against specific microorganisms. The most common efficacy test prescribed by EPA is the Association of Official Analytical Chemist (AOAC) test.

Currently, for a disinfectant cleaner to be registered by EPA as hospital strength, it must be effective at its recommended dilution in killing target pathogens in the presence of 400 ppm hard water and 5 percent organic serum and must kill 100 percent of the target test organisms.

It is a good idea to verify manufacturer and/or distributor efficacy data of a disinfectant or disinfectant-cleaner before selecting it for use in your salon.

What factors affect how well a disinfectant works?

There are six main factors:

- **Concentration** – This is dilution rate. Proper dilution is very important. Read label for complete dilution directions.
- **Contact time** – For disinfectants, such as bleach, contact time is very critical.
- **pH** – Certain disinfectants work best under acidic conditions (bleach), and others work best under alkaline conditions.
- **Temperature** – Certain disinfectants work best in cold water (bleach).
- **Soil load** – Disinfectants do not know the difference between soil and bacteria. That is why heavy soil should be removed before disinfecting. See explanation above for more details.
- **Organism type** – Not all disinfectants work on all types of organisms. When in doubt, read the product label for a complete list.

How can you calculate active parts per million (ppm) of the disinfectant you are using?

To calculate active ppm, you'll need three things: the active ingredient list from the disinfectant label, dilution rate of the product, and a calculator. The following is an example of how this would be done using Neutral Germicidal Cleaner:

- **Step 1**
Add together active ingredient percentages from the label:
For example, 5.07 percent + 3.38 percent = 8.45 percent total active ingredients.
- **Step 2**
Multiply by 10,000: $8.45 \times 10,000 = 84,500$
- **Step 3**
Divide the result of Step 2 by the dilution rate (128 in this example): $84,500 / 128 = 660$ ppm

Parts per million (ppm) is a ratio figure that represents the amount of one substance that is in one million parts of another substance.

While autoclaves are not required in Florida, many salons are purchasing them anyway. They provide salons with an increased layer of safety; and stressing use of an autoclave is a good way to market your salon to clients. This section will give you the basics of autoclave procedures.

The autoclave that uses saturated steam under pressure is one of the most dependable methods available for the inactivation of all forms of microbial life. To ensure safety and quality control, all biohazardous materials and items contaminated with potentially

infectious agents should be decontaminated before use or disposal. Such items include, but are not limited to, toenail clippers, cuticle nippers, and metal cuticle pushers. Steam sterilization is not recommended for anhydrous substances, flammable materials, electrical equipment, or any item that may be damaged in the autoclaving process.

How the autoclave works

The most common steam sterilizer found is the gravity displacement type. Saturated steam enters the top of the changer by a steam pressure-control valve. As the steam enters, it pushes the air out through a trap in the drain line. Once all the air is evacuated, the trap closes. Steam continues to fill the autoclave 270 degrees Fahrenheit and 15 pounds per square inch gauge (psig) pressure.

The sterilization procedure consists of three phases:

1. The autoclave heat-up time.
2. The contact time.
3. The cool-down time.

The autoclave, which uses steam under pressure, is one of the most dependable methods available for the inactivation of all forms of microbial life.

Once the temperature has come to equilibrium, a minimum of 20 minutes contact time for all surfaces that require sterilization is necessary to insure complete biological inactivation. Usually the heat-up time section of the sterilization procedure is the time given for the autoclave chamber to heat up to the prescribed temperature; therefore, the run time used must be long enough for the entire package to equilibrate at 270 degrees and still give the load 20 minutes contact time.

Steps in Cleaning Your Instruments in an Autoclave

• Step 1

In a sink, put instruments in warm water and detergent; then, hold the instruments under the water and scrub them with a clean brush, paying attention to crevices and grooves.

Rinse clean instruments in warm water and dry using a lint-free disposable towel.

• Step 2

Open or unlock all jointed instruments and other items, such as cuticle nippers and nail clippers, and disassemble those with sliding or multiple parts. This allows steam to reach all surfaces of the item. Avoid arranging the instruments and other items together tightly because this prevents steam from reaching all surfaces.

• Step 3

If instruments and other items are to be wrapped before steam sterilization, use two layers of paper, newsprint, cotton, or muslin fabric (do not use canvas). Instruments and other items should not be placed in a closed container.

• Step 4

Arrange your instruments according to operator so they do not get mixed up.

If you have multiple sets of instruments and operators in your salon, you may want to invest in an autoclave that has trays. This way each tray can be assigned to an operator, and instruments will be easily identified. You could also invest in autoclave bags so that each set of instruments belonging to an individual operator can have its own bag. This will reduce arguments over whose instruments belong to whom.

• Step 5

Because there are many types of autoclaves in use around the world, it is difficult to provide guidance on the specific instructions on operation. Follow the manufacturer's instructions whenever possible. In general, sterilize items for 20 minutes at 121 degrees C (270 degrees F) and 106 kPa (15 lb/in²) pressure. (Do not begin timing until the autoclave reaches the desired temperature and pressure.)

Note: The units of pressure marked on an autoclave's pressure gauge may vary from one autoclave to another. The following amounts of pressure (which are approximately equivalent) are the desired pressures for autoclaving:

- 15 lb/in² (15 pounds per square inch).
- 106 kPa (106 kilopascals).
- 1 atm (1 atmosphere).
- 1 kgf/cm² (1 kilogram of force per square centimeter)
- 776 torr.
- 776 mm Hg (776 millimeters of mercury).

• Step 6

If the autoclave is automatic, the heat will shut off and the pressure will begin to fall once the sterilization cycle is complete. If the autoclave is not automatic, manually turn off the heat or remove the autoclave from the heat source after 20 minutes if items are unwrapped. Wait until the pressure gauge reads "zero" to open the autoclave. Open the lid or door to allow the remaining steam to escape. Leave instruments or items in the autoclave until they dry.

• Step 7

Remove the instruments, trays, or unwrapped items from the autoclave using sterile pickups. To prevent condensation after removing the items from the autoclave, place them on a surface padded with sterile paper or fabric until they are cool.

Wait until the instruments, trays, or items reach room temperature (which may take up to several hours) before storing.

If using autoclave bags, check the indicator color on the bag to be sure the items in the bag have been sterilized long enough. Store the sealed dry autoclave bag in a clean, dry, protected area. Mark the bag with the date of autoclaving for future reference.

• Step 8

If you are not using autoclave bags, store items in a clean, closed container.

While the autoclave is extremely efficient in sterilizing instruments, the process requires much more time than chemical disinfection. Therefore, it is highly recommended that you have several sets of instruments. Never shorten the length of time instruments are in the autoclave or open the autoclave before it has completed sterilizing. Opening an autoclave in the middle of a cleaning can result in severe burns.

Cleaning your autoclave

Every autoclave, even the one at your salon, needs cleaning.

Experts believe about 25 to 35 percent of repairs could be avoided if autoclaves were cleaned on a regular basis.

These cleaning tips are for a chamber autoclave, but no matter what type of autoclave you purchase, follow the manufacturer's instructions on cleaning:

1. Unplug your autoclave.
2. Move your autoclave to a sink.
3. Remove trays or racks. Sometimes trays can be somewhat difficult to remove, so call your service representative or manufacturer if you need help. TIP: It may help to have a slightly warm chamber for the cleaning process.
4. Pick up the unit and empty the sterilizer chamber.
5. Replace the unit back on the counter top and pour some cleaner into the chamber. (You may purchase a cleaner from the manufacturer or from your hardware store. If you must use a manufacturer's cleaning solution to maintain a warranty, by all means do so.)
6. Let the cleaning solution soak in for a few minutes.
7. Scrub with a scouring pad.
8. Pour out the solution.
9. Rinse with water.
10. Now, pour a small amount of solution in the reservoir with water, run two to three cycles, and cancel drying cycles.

- After completion, drain the reservoir and refill with distilled water and run another cycle.
- Drain one more time and refill.

- Wipe the door gasket weekly with a wet damp towel and clean the cabinet gasket as well.
- Your autoclave is now ready for use.

Repeat this cleaning about every 10 days or so.

COMMON AREAS AND THREATS

Cleaning the salon computers and reception areas

Almost all modern salons now work with computers and computer appointment books. These computer appointment books are generally at the reception desk and are also found in break areas for salon workers to view their schedules. Few people think about the germ havens these areas have become. Yes, experts say the computer keyboard, phone, and desk areas of salons are major germ areas that must be sanitized.

To combat the problem, salons should assign cleaning duties to staff. First, you should remove the screws on the underside of the keyboard and separate the two parts. Brush the debris

Disease and infestation

Salons and schools should never knowingly permit a person afflicted with an infection or parasitic infestation capable of being transmitted to a patron to serve patrons or train in the establishment or school. In addition, salons and schools should not knowingly require or permit a licensee or student to work upon a person with an infection or parasitic infestation capable of being transmitted to the licensee or student.

Infections or parasitic infestation capable of being transmitted between licensee or student and patron include, but are not limited to, the following:

- **Cold, influenza or other respiratory illness accompanied by a fever**, until 24 hours after resolution of the fever.
- **Streptococcal pharyngitis** ("strep throat"), until 24 hours after treatment has been initiated, and 24 hours after resolution of symptoms.

Conclusion

The cosmetology industry is booming, and safety of clients is one of the main factors that has a chance to harm your industry. Therefore, making safe sanitation techniques a part of your daily routine and encouraging co-workers to do the same is essential. Sanitation issues have a direct impact on the health and welfare

of clients and the livelihood of the salon professional. Following proper sanitation guidelines will greatly reduce the potential risks to you, your clients, and co-workers. The importance of maintaining proper sanitation procedures cannot be overstated; it can literally be a matter of life or death.

away and then wipe with a sanitizing cloth. Once you put it back together, spray the entire keyboard with a disinfectant spray. Do this lightly so as not to ruin the electronics. You can also use sanitation wipes commonly found in drug stores.

Staff should clean phones daily with a disinfectant spray and more often when someone is known to be sick or feels sick. Also, remember to disinfect your workstation daily. Often stylists forget to perform this important step, yet they routinely place combs, scissors, and other items on top of the workstation.

- **Purulent conjunctivitis** ("pink eye"), until examined by a physician and approved for return to work.
- **Pertussis** ("whooping cough"), until five days of antibiotic therapy has been completed.
- **Varicella** ("chicken pox"), until the sixth day after onset of rash, or sooner if all lesion shave dried and crusted.
- **Mumps**, until nine days after onset of parotid gland swelling.
- **Tuberculosis**, until a physician or local health department authority states that the individual is noninfectious.
- **Impetigo** (bacterial skin infection), until 24 hours after treatment has begun.
- **Pediculosis** (head lice), until the morning after first treatment.
- **Scabies**, until after treatment has been completed. No person working or training in an establishment or school should massage any person upon a surface of the skin or scalp where such skin is inflamed, broken (e.g., abraded, cut), or where a skin infection or eruption is present.

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10 HOUR CE UPDATE FOR NAIL SPECIALIST

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 52, or complete your test online at EliteLearning.com/Book

- A new client should complete a _____ evaluation sheet:
 - SPA.
 - Manicure.
 - Health.
 - Pedicure.
- Type 2 diabetes is more _____ than Type 1.
 - Common.
 - Dependent.
 - Microvascular.
 - Adequate.
- It is against the law in every state for a non-medical professional to _____ or treat a pathological condition.
 - Diagnose.
 - Regulate.
 - Massage.
 - Laminate.
- Anemia is a low red blood cell count, which decreases _____ delivery to every tissue in the body.
 - Propensity.
 - Oxygen.
 - Protective.
 - Infection.
- Persons with _____ problems cannot be soaked nor have massage on their legs.
 - Auditory.
 - Sensory.
 - Lymph.
 - Circulatory.
- Employers are required by law to report a worker's injury to the insurance company within 10 days of when the accident or injury was first reported.
 - True.
 - False.
- In Florida, any employer in an industry, other than construction, and who has four (4) or more employees, full-time or part-time, is required to carry workers' compensation coverage.
 - True.
 - False.
- All findings point to the fact that starting treatment for HIV early (as soon as possible after diagnosis) significantly improves the patient's health and reduces the risk of illness and death, decreasing the risk of onward transmission by 96%.
 - True.
 - False.
- AIDS is the fifth and most severe phase of HIV infection.
 - True.
 - False.
- To prevent transmission of HIV in the workplace, cosmetologists and other health and human service providers must assume that blood and other body fluids from all patients are potentially infectious.
 - True.
 - False.
- Service providers are required to disclose personal HIV status in the workplace.
 - True.
 - False.
- An applicant shall be eligible for licensure by examination to practice cosmetology if the applicant is at least 16 years of age or has received a high school diploma, pays the required application fee, and has received a minimum of 1,200 hours of training.
 - True.
 - False.
- A licensee must notify the Florida Board of Cosmetology, DBPR in writing within 90 days of any change to the current mailing address or place of practice.
 - True.
 - False.
- Undisinfected articles such as pens, pencils, money, paper, mail, etc. should be kept in the same container or cabinet as articles that have been cleaned and disinfected.
 - True.
 - False.
- When disinfecting pedicure equipment that holds water, once each week, the basin must be filled with a solution of water containing four cups of bleach for each gallon of water.
 - True.
 - False.
- It is impossible to control the level of chemical exposures for both salon workers and their clients.
 - True.
 - False.
- Formalin and Methanal are both synonymous with Formaldehyde.
 - True.
 - False.
- The OSH Act mandates that employers must maintain a workplace that is free of serious recognized hazards.
 - True.
 - False.
- OSHA has not formulated a specific set of rules and regulations that deal with the cosmetology industry.
 - True.
 - False.
- Ergonomic or musculoskeletal hazards impact the functioning and health of muscles and bones.
 - True.
 - False.
- Unlike hepatitis B, there is no vaccination for hepatitis C.
 - True.
 - False.
- Sanitation is the highest level of decontamination. Sanitation will completely eliminate all bacteria and will kill all organisms.
 - True.
 - False.
- Microbes can also exist on seemingly unlikely products, like bars of soap, for example.
 - True.
 - False.
- "Sterile" means free from all germs; sterilization is the most effective level of decontamination, involving the removal of all bacterial life from a surface.
 - True.
 - False.

Book Code: NTFL1024

Elite
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Questions? Call us toll-free at 1-855-769-9888

10 Hour CE Update for
Nail Specialist - 2024

Final Examination Answer Sheet

Using the spaces provided below, please **PRINT** the information below in **CAPITAL LETTERS**. All information below must be filled in completely to ensure the state of Florida receives your completion data correctly. The cost of our test is \$22.95. Upon completion, please return this sheet, along with payment and mail to the address above. If paying by check or Money Order, please make payable to **Elite**. For faster service, we offer this test online with instant grading and certificate issuance. Please visit [EliteLearning.com/Book](https://www.elitelearning.com/Book) to complete your test online.

Please **PRINT NEATLY** in the areas below using black or blue pen only:

First Name M.I. Last Name

--	--	--

Mailing Address

--

Suite / Floor / Apartment Number City (do not abbreviate) State

--	--	--

Zip Code Telephone Number Florida License #
(Please include area code) (starts with two letters: CL, FV, FB, FS - not AC#)

--	--	--	--	--	--	--	--	--

Use the spaces to the right to note any additional Florida Cosmetology license number(s): _____

E-Mail address (include to receive processing confirmation and instant certificate access)

--

Payment Method

- Check / M.O. Enclosed for \$22.95
- Visa / Mastercard / AMEX / Discover

Cardholder Name: _____
 Visa / Mastercard / AMEX / Discover number

Credit Card Expiration Date

--	--	--	--

Promo Code & Price:

_____ \$ _____

Cardholder Signature: _____

Shade circles like this: ●
 Not like this: ⊗ ⊘

Final Exam questions are located on page 51.
 Unanswered questions will be scored as incorrect.

A B C D	A B	A B	A B
1 ○ ○ ○ ○	6 ○ ○	11 ○ ○	16 ○ ○
2 ○ ○ ○ ○	7 ○ ○	12 ○ ○	17 ○ ○
3 ○ ○ ○ ○	8 ○ ○	13 ○ ○	18 ○ ○
4 ○ ○ ○ ○	9 ○ ○	14 ○ ○	19 ○ ○
5 ○ ○ ○ ○	10 ○ ○	15 ○ ○	20 ○ ○
			21 ○ ○
			22 ○ ○
			23 ○ ○
			24 ○ ○

For Internal Use Only - Do Not Mark In This Area

NTFL1024

9766489896

Test Expiration date: 12/31/2025

COURSE EVALUATION

We value your opinion! Please take a moment to fill out this evaluation form so that we can better serve you in the future. Any comments would be greatly appreciated.

Fill in the circles below the numbers with 0 being the worst and 10 being the best.

	EXCELLENT										POOR											
How likely is it that you would recommend Elite Learning	10	9	8	7	6	5	4	3	2	1	0	10	9	8	7	6	5	4	3	2	1	0
	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
The course material was presented in a clear, concise and well-organized format	10	9	8	7	6	5	4	3	2	1	0	10	9	8	7	6	5	4	3	2	1	0
	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I would rate this course	10	9	8	7	6	5	4	3	2	1	0	10	9	8	7	6	5	4	3	2	1	0
	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
The content of this course met my expectations	10	9	8	7	6	5	4	3	2	1	0	10	9	8	7	6	5	4	3	2	1	0
	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Please circle yes or no for the following questions.

The material presented met the course's stated objectives	YES	NO
I found this course a good value for my money	YES	NO

Please list any recommendations that you may have for this course: _____

Please list any course subjects you would like to see in the future: _____

Comments: _____

I agree to allow Elite Learning to use my above comments.

Did you remember:

- 1) To clearly print your name and address on the answer sheet?
- 2) To fill out your license number on the answer sheet?
- 3) To include your payment or credit card information?
- 4) A \$25.00 fee will be added for all checks that are returned for insufficient funds.



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