FLORIDA COSMETOLOGY

16-HOUR
Florida Cosmetology License Renewal Course

INSTRUCTIONS INSIDE!
Take Your Test Online at FloridaOnlineCosmetology.com/Renew
Thank you for choosing the printed version of the American Safety Council’s 16-Hour Cosmetology Continuing Education Online Course. Please follow the instructions below to complete the course:

- **Step 1:** Read the course materials.
- **Step 2:** Register for your course and take the module quizzes.
  - **Take the Test Online** – Simply visit FloridaOnlineCosmetology.com/Renew and select the online test version.
  - **Take the Printed Test** – Complete the required payment and student information on the enclosed form and then enter your answers to the questions below.

Then, fax your test answers to 855-899-4183 or send them by mail to:
American Safety Council – Cosmetology Division
225 E Robinson st, Suite 570 Orlando, FL 32801

**If you have any questions, please call 1-877-216-8779.**

## True/False Quiz Questions

### Module 1
1. HIV and AIDS are curable diseases.
2. AIDS can be transferred through blood.
3. The only way for a person to know if they have HIV is to be tested.
4. Tuberculosis is spread through the air.
5. The American with Disabilities Act (ADA) prohibits discrimination in the workplace.
6. Barrier protection is NOT a way to protect you from the spread of HIV, AIDS, or any other communicable disease.
7. Hand-washing is one of the most effective ways to prevent the spread of germs.
8. Alcohol, iodine, and hydrogen peroxide are examples of antiseptics.
10. HIV-positive patients will receive three tests at their initial appointment with a healthcare provider.

### Module 2
1. Bacteria can be prevented by properly washing hands.
2. Both antiseptics and disinfectants can be used on human skin.
3. Engineering practices are designed to isolate exposure to bacteria.
4. Foot spas and air-jet basins should only be cleaned once a month.

### Module 3
1. There are no outside resources available to you regarding safety and health in the workplace.
2. OSHA stands for “Occupational Safety and Health Administration.”
3. The OSH Act gives you 30 days to report discrimination in the workplace.

### Module 4
1. “Accident” encompasses any injury sustained on the job.
2. There are four major categories of disability.
3. The statewide average weekly wage is determined by the Department of Economic Opportunity.

### Module 5
1. The Board of Cosmetology in the state of Florida has the right to regulate and restrict any cosmetic product or substance used in cosmetology practices.
2. The FD&C Act stands for “Florida Drug and Cosmetics Act.”
3. Chapter 477 of Title 32 in the Florida Statutes is also known as the Florida Cosmetology Act.
4. Five out of seven members of the Board of Cosmetology must have been licensed cosmetologists for at least five years.
5. The Board of Cosmetology must be approved by the House of Representatives.
6. Self-evaluation is NOT a part of management involvement.
7. Engineering controls can be utilized as one element of hazard control.

### Module 6
1. Hair and nails are made up of a protein called keratin.
2. There are four distinct stages of hair growth.
3. The nail matrix is the part of the nail located under the skin.
4. Beau’s lines are a type of nail abnormality that is caused by aging.

### Module 7
1. A cosmetologist does not have to worry about flammable products in the salon.
2. The FCIAA regulates smoking in the workplace.
3. A copy of the MSDS should be kept in the salon, ready for use at any time.
Course Introduction

Welcome to the 16-Hour Cosmetology Continuing Education Course for Cosmetology Licensure!

Throughout the next 16 hours, you will encounter various topics regarding cosmetology and its practices. At the end of each of these topics, you will be required to take a quiz regarding the information that has been covered. You must pass each quiz with at least a 75% in order to advance to the next section.

The topics that we will cover throughout this course include:

- HIV/AIDS (2 hours)
- Federal and State Laws (3 hours)
- Workers’ Compensation and Florida Law (2 hours)
- OSHA Regulations and Standards (2 hours)
- Environmental Issues in Cosmetology (2 hours)
- Chemical Make-up of Hair, Skin, and Nails (2 hours)
- Sanitation and Sterilization (3 hours)

Let’s begin our course with a discussion on HIV and AIDS as it pertains to cosmetologists and their establishments.

HIV & AIDS

The objective for this section of the course is to instruct and inform cosmetologists regarding the subject of HIV and AIDS, as well as any other communicable diseases that they may potentially encounter in their work environment.

Overview of HIV & AIDS

You are probably familiar with the terms HIV and AIDS. These pandemics have affected people throughout the entire world and have received substantial coverage by the media in the past, and continue to do so in the present.

In 2006, the Centers for Disease Control (or CDC) estimated that about 56,000 people in the United States had contracted HIV. Additionally, in 2007, 35,962 cases of AIDS were diagnosed and 14,110 deaths among those living with HIV were reported.

While research has uncovered a lot of information, many individuals may still have misconceptions about HIV and AIDS. The general population, cosmetologists included, likely encounter people or will potentially encounter people in the future...
Basic Facts & General History

HIV stands for Human Immunodeficiency Virus. This is the virus that leads to AIDS. HIV damages a person's body by destroying a type of blood cells called CD4+ T cells, which are necessary for the body to fight diseases.

AIDS stands for Acquired Immune Deficiency Syndrome. This is the last stage of HIV infection when a person's immune system is damaged to the point where it cannot fight diseases and certain types of cancers.

At this time, there is no cure for HIV infection. However, people can live much longer with these diseases if they receive proper medication. It is important for cosmetologists, as well as any other individual, to understand that every day contact with an HIV-infected person does not expose you to HIV. We will discuss later on in this section the methods by which HIV and AIDS are contracted.

On the job site, the possibility of infection is generally very low, especially if you follow universal precautions. We will detail these specific precautions later on in the course. For now, however, we will discuss the history of both HIV and AIDS.

According to the CDC, the earliest known case of infection with HIV in a human was collected from the blood sample of a man from Kinshasa, Democratic Republic of the Congo in 1959.

While the source of his infection is still not known, in 1999 an international team of researchers determined that the source of the predominant strain of the HIV that he had was also found in a subspecies of chimpanzees that were native to west equatorial Africa. These researchers believed that this particular strain of HIV was introduced into the human population when hunters came into contact with and became exposed to the infected blood of the animal.

In the United States, the HIV virus has been affecting people since the 1970s. In 1979 doctors in New York and Los Angeles began reporting patients who had rare types of pneumonia, cancer and other illnesses. What was a common factor among these patients? A number of these patients were people who were sexually active.

Since we have discussed a bit of history regarding HIV, we will now discuss the history of AIDS. In 1982, the term AIDS was used in order to describe the occurrence of rare types of pneumonia, cancer and other illnesses occurring in people who had previously appeared normal and healthy. It was in this year that the formal tracking of the AIDS virus in the United States began.

In 1983, the virus that caused AIDS was discovered. At first, scientists called this virus HTLV-III/LAV. (This is short for human T-cell lymphotropic virus-type III/lymphadenopathy-associated virus). Later, the name of the virus was changed to HIV, which, as you learned at the beginning of this section, is short for Human Immunodeficiency Virus.

At that point during the early 1980s, people who developed HIV could also develop AIDS very quickly. But by the 1990s, highly effective combinations of medication were introduced that allowed people to live much longer. Today, people who detect HIV early and receive proper treatment can live for decades before they develop AIDS. As was stated earlier, however, there is still sadly no permanent cure for this disease.

Transmission

Now that we have briefly covered the history of both HIV and AIDS, we will discuss how HIV is transmitted in humans. HIV is a disease that is transmitted through body fluids. The specific fluids that have been shown to contain dangerous concentrations of HIV are:

- Blood
• Semen
• Pre-seminal fluid
• Vaginal fluid
• Breast milk

Outside of the body, HIV does not survive well though. The CDC states that “no one has been identified as infected with HIV due to contact with an environmental surface.” So then how is the virus passed from one person to another? HIV is most commonly transmitted by the following:

• Unprotected sex
  o Either partner in this case can be infected

• Injecting drugs with contaminated needles
  o This can occur by either coming into contact with contaminated blood or a contaminated needle, or both.

• Mother to child
  o A mother with HIV can transmit the virus to her baby during pregnancy, delivery or breastfeeding. This is called perinatal transmission.
    – However, if the mother is tested and treated early enough, the possibility of the baby becoming infected decreases dramatically

  o According to the CDC, about 100-200 infants in the U.S. are infected with HIV annually. The majority of these infants become infected because their mothers were not tested early enough, and/or did not receive prevention treatments.

  o Early detection and prevention programs in the U.S. have become so successful that they are now being used in other countries as well.

  o According to the CDC, if a woman is tested early and antiretroviral therapy is administered to the mother during pregnancy, labor and delivery and then to the newborn (along with an elective cesarean section) this can potentially reduce the rate of perinatal HIV transmission to 2% or less.

  o If medication is started during labor and delivery, the rate of perinatal transmission can still be decreased to less than 10%.

Now that we have listed the most common methods of transmission, we will include some other less common methods in our discussion. Examples of more uncommon ways that a HIV may spread from person to person include:

• Blood transfusions
  o Before blood was screened for HIV, the spread of the virus through blood transfusions was possible.
    – Now, however, donated blood is screened for HIV and heat treated to destroy any possible traces of the virus.

  o Presently, there is little risk of becoming infected with HIV via blood transfusion.

  o Based on 2007-2008 data the CDC states that “the risk for acquiring HIV infection through blood transfusion today is estimated conservatively to be one in 1.5 million.”

• Kissing
  o Although scientists have detected HIV in the saliva of infected people, there is no evidence that the virus is spread by contact with saliva alone.

  o In fact, studies have shown that saliva has natural properties that can actually reduce the infective capabilities of HIV. Additionally, the concentration of HIV in saliva is relatively low.

  o According to the CDC, the risk of getting HIV through kissing depends on the type of kiss:

    • Dry kissing and kissing on the cheek is considered safe

    • Open-mouth kissing is considered to be a very low risk activity

    • However, prolonged kissing that could damage the mouth or lips could allow HIV to pass from an infected person to their partner through cuts or sores

    • The CDC recommends against open-mouth kissing with an infected partner because of this risk
Now that we have discussed the ways in which a person may be potentially infected by HIV, we will discuss how they cannot be infected. Remember that as we stated earlier in this lesson, outside of the body, HIV does not survive well. So this means that you cannot be infected by any of the following:

- Urine
- Feces
- Sweat
- Tears
- Mosquitoes or bedbugs
- Casual contact, including shared use of:
  - Swimming pools
  - Phones
  - Toilet seats
  - Bedding or towels
  - Food utensils

Before we go over the symptoms of HIV, it is important to understand that the only foolproof way to know if a person is infected is to be tested for the HIV infection. This is especially important because many people who are infected will not have any symptoms for 10 years or more.

According to the CDC, the following may be warning signs of advanced HIV infection:

- Rapid weight loss
- Dry cough
- Recurring fever or profuse night sweats
- Profound and unexplained fatigue

The Difference Between HIV & AIDS

Now that we have discussed the symptoms of HIV, we will discuss the differences between HIV and AIDS. First of all it is important to reiterate that HIV is the virus that causes the disease AIDS.

- HIV infects the CD4 cells or helper T cells that are an important part of the immune system.
- A person can be infected with HIV for several years before AIDS develops.
- AIDS is diagnosed when a person’s cell count goes below 200. For a person who also has certain diseases, it can potentially be diagnosed when their cell count is higher than that.
- People go through various stages of HIV infection before they develop AIDS. In general, the stages of infection that a person may go through before the AIDS disease develops are:
  - Infection – In this stage, HIV infects cells and copies itself before the immune system can respond.
    - Flu-like symptoms may occur at this time.
  - Response – While during this stage a person may not feel any different, the body is actually trying to fight off the virus by producing antibodies. This is the stage in which a person will go from HIV negative to positive.
  - No symptoms – This particular stage, where a person displays no evident symptoms of HIV, is called asymptomatic infection. The
infected person does still have HIV, but the infection is currently causing damage within their body that can’t be felt.

- Symptoms – This particular stage is where symptoms such as certain infections like Pneumocystis carinii pneumonia (PCP) develop.

- AIDS – This is the diagnosis of a person who exhibits a variety of symptoms, infections and specific test results.

One of the many dangers of AIDS is that people with this disease are constantly at risk of certain infections that would not typically harm a healthy person. This is because their immune system is weakened and damaged by the disease and therefore cannot fight infections off like a healthy person can. There is a specific name for these infections – opportunistic infections. They are called this because they are infections that provide diseases with the opportunity to develop within a person’s body. This is a reason why it is important for those who may have HIV or AIDS to be tested early enough – with the right medication, they will be able to combat these diseases better. Most of these infections develop within an HIV or AIDS patient without them even knowing, because these individuals are unwittingly exposed to germs on a daily basis. A variety of infections actually have the potential to be harmful to AIDS patients, and these include – but are not limited to – such infections as:

- PCP – Pneumocystis carinii pneumonia
- MAC – Mycobacterium avium complex
- CMV – Cytomegalovirus
- TB – Tuberculosis
- Toxo – Toxoplasmosis
- Crypto – Cryptosporidiosis
- Hep C – Hepatitis C
- HPV – Human papilloma virus

There are a variety of symptoms that may present themselves in the infections that we listed above. Some of these prominent symptoms may include things like:

- Breathing problems
- Mouth problems
  - i.e. thrush (white spots), sores, taste changes, dryness, trouble swallowing, loose teeth
- Fever that lasts more than two days
- Weight loss
- Changes in vision or “floaters” (meaning that there are moving lines or spots in your vision)
- Diarrhea
- Skin rashes or itching

Individuals should consult their doctors immediately if they encounter the symptoms listed above. And, because of their lowered immune system and inability for the body to ward off infections, AIDS patients also sadly have the potential to run a higher risk of developing cancers. People with AIDS may be at more risk to certain types of cancer, especially ones that are the direct result of viruses. These types of cancers include:

- Kaposi’s sarcoma
- Cervical cancer
- Lymphomas

So how are patients with AIDS treated for their cancer symptoms? Well, while doctors can use radiation, chemotherapy or medical injections to help patients who suffer from both AIDS and cancer simultaneously, the cancer in their bodies is unfortunately usually aggressive and therefore is difficult to treat.

As we have discussed earlier, there is currently no cure for HIV or AIDS. However, if a person is tested early enough, the disease can be treated and the individual may be able to live much longer than they would have if they had not been tested and treated.

Here are some specific methods listed by the CDC that may contribute to the amount of time that an individual goes from an HIV infection to AIDS disease:

Individuals may have a shorter time period between acquiring HIV and developing AIDS if:

- They are older in age
- The infection has more than one type of HIV
- They do not practice good nutrition
Chapter #1
Florida Cosmetology

• They are under severe stress

On the other hand, patients with HIV may find that their infection does not develop into AIDS disease as quickly if:

• They closely follow the orders of their doctor or health care provider
• They eat healthy foods
• They take care of themselves

HIV Testing

Now that we have covered the modes of transmission and symptoms of HIV and AIDS, we will continue our discussion about them by discussing testing. What should you do if you think that you may have HIV? Remember that the only way for a person to know for certain if they have HIV is to be tested. There are many places that a person can go to in order to be tested. These places include: the local health department, a private doctor's office or hospital, or a site that performs anonymous testing.

So what do HIV tests really do? HIV tests actually detect the antibodies produced by the body that are used to fight off infections. As a consequence of this, there may be a period of a few weeks to a few months right after a person is infected where there are not enough antibodies to be detected. The average period that it takes for there to be a detectable infection is 25 days. Most people, though, will develop the antibodies in 2-8 weeks. In rare cases, this can actually take up to 6 months. So for this reason, the CDC recommends that a person, who has an HIV test result that is negative within 3 months of the possible exposure, takes another test when more than 3 months have passed. All positive test results must be followed up by another test to confirm the positive result.

Now we will discuss the various methods by which a person can be tested for HIV. The major types of tests that are performed are as follows:

• Blood test
  • The enzyme immunoassay (EIA) blood test is the most commonly used test for detecting the presence of HIV antibodies
  • For this test, blood is drawn from a vein or finger stick
  • A positive EIA must be used in conjunction with a follow-up blood test such as the Western blot to confirm diagnosis
  • This test typically takes a few days for results

• Urine test
  • A urine test may be sought by a person who is not comfortable with having blood drawn
  • Urine testing is not as sensitive or precise as blood testing
  • A follow-up confirmatory Western blot test is required using the same urine sample
  • This type of test typically takes a few days in order to gather results

• Oral-fluid test
  • An oral test may be sought by a person who is not comfortable with having blood drawn
  • The oral test is performed by collecting oral fluid (not saliva) from the mouth using a special device
  • A follow-up confirmatory Western blot test is required using the same oral fluid sample
  • As with the tests mentioned above, this test also typically takes a few days for results

• Rapid HIV test
  • A rapid test can provide results in approximately 20 minutes
  • This test uses blood from a vein or finger stick, or oral fluid to detect HIV antibodies
  • A positive test must be followed-up by a confirmatory test before diagnosis is made
• Home test kits
  o While many home tests for HIV are advertised on the Internet, the only home test kit that is approved by the FDA is the Home Access HIV-1 Test System
  o This particular test can be found at most drug stores
  o People should not be fooled by the name “home test kit,” however. This test kit is not truly a home test in the same way that the other previous tests were. Rather, this is a home collection kit which requires the user to:
    – Prick their finger with a special device
    – Place drops of blood on a specially treated card
    – Mail the card in to be tested at a licensed laboratory
  o Once the user completes the above steps, he or she is given an identification number that they will use when calling in for results
  o Users may also have the option to speak to a counselor: before taking the test, while waiting for results or when the results are given
  o If the user receives a positive result, a referral for a follow-up confirmatory test is provided, along with information about support services for those with HIV.

• RNA Test
  o RNA tests are utilized in order to search for genetic material of the virus
  o These types of tests are used in order to screen the blood supply and to detect very early infection cases where other tests are unable to detect antibodies to HIV

Negative Test Results

Now that we have discussed the methods that a person may use to test themselves, we'll discuss the two different results that a person may have to the HIV test, beginning with negative test results. As stated earlier, a person who has an HIV test result of negative within 3 months of the possible exposure should take another test when more than 3 months have passed.

If a person tests negative, it is important to remember that this does not indicate the HIV status of a sexual partner. For this reason, a person should ask their sexual partner if he or she has been tested for HIV and if they presently or have ever engaged in risky behaviors.

Positive Test Results

On the other hand, if a person tests positive for HIV, early medical treatment and practice of a healthy lifestyle will optimize their life quality significantly. Early care of HIV can delay the onset of AIDS, as well. There are certain measures that a person who is HIV-positive should take. Steps that an HIV-positive person should take immediately include:

• Seeing a licensed health care provider, even if they do not feel sick.
  o This provider should have experience in treating HIV and be aware of the variety of medications used to manage the illness.

• Getting a tuberculosis (TB) test.
  o TB can be treated if caught early, but can cause serious illness if not addressed.

• Avoiding, or seeking a program to help quit the use of cigarettes, excessive alcohol or illegal drugs because these behaviors and habits can weaken a person’s immune system further.

• Getting screened for other sexually transmitted diseases and practice safe sex to avoid getting an STD. STDs can cause serious illness if not addressed.

Again, not having sex is one of the most effective ways to prevent the spread of HIV between individuals. If a person chooses to be sexually active, they should use a latex condom to protect against HIV and other sexually transmitted diseases.
So now that we have discussed what a person should do if they test positive for HIV, we will briefly cover the treatment outlined by the CDC for those who have tested HIV-positive. The recommended treatment for HIV is called antiretroviral therapy (or ART). What exactly does this therapy entail? ART involves taking a regimen of at least three anti-HIV medications on a daily basis. This combination therapy actually inhibits the HIV virus from multiplying within the body and destroying CD4 cells, which are the cells that help to ward off infections in the body. Taking this regimen of medications will actually help support those cells, whose primary purpose is to protect the rest of the body. As noted in our previous sections, HIV and AIDS patients are susceptible to infections and to certain forms of cancer if they do not have these CD4 cells functioning properly.

Obviously, before beginning any regimen of medicine, you will need to consult your health care provider in order to obtain these medications. What should you look for in a health care provider? First, you will need to find someone who has significant experience dealing with and treating HIV and AIDS. You should always ensure that you feel comfortable with your health care provider since the two of you will be working together. It is also important that you ask your healthcare provider any questions that you may have regarding treatment. Possible topics that you may want to discuss, according to the CDC, include:

- The benefits and risks of HIV treatment
- How HIV treatment may affect your lifestyle
- Lab tests that are used in order to monitor HIV
- What to do in order to avoid getting other infections
- How to avoid transmitting the disease to others

At your appointment with your healthcare provider, you will receive three tests:

- **CD4 Count**
  - This measures the CD4 cells (the good, disease-combating cells in your body)
  - This is key in order to determine how many cells have been destroyed by HIV and helps health care professionals know what medicine to administer

- **Viral load test**
  - This test measures the amount of HIV that is present in a sample of blood
  - The ultimate goal of HIV treatment is that a person’s viral load is kept so low that the virus itself cannot be detected by this test

- **Drug-resistance testing**
  - This form of testing helps to identify which anti-HIV medications will be the most useful in treating a particular strain of HIV
  - Not every HIV-positive individual will require the exact same medication

Note that even though an individual may have been diagnosed as HIV-positive, this does not necessarily mean that they will need to start treatments for the infection immediately. That is why it is of significant importance that a person follows the directions of their health care provider and works closely with them during all stages of this infection. The point in time in which an individual begins their regimen may further depend on such things as:

- Overall health of the person
- CD4 count
- Viral load
- Whether or not you are pregnant
- Ability to commit to life-long treatment

If you or someone you know currently has HIV or AIDS, and you would like more information regarding the treatment of this pandemic, including – but not limited to – FDA-approved drugs, regimens, etc. you may find a PDF that the National Institutes of Health compiled that

**Recommended HIV Treatment Regimens**

As we discussed previously, antiretroviral therapy (ART) is the recommended method used to treat HIV. Anti-HIV medications can actually be classified
into six different drug classes. The drugs in these particular classes are organized by how they fight HIV. Listed below are the six different classes that drugs will fall into:

- Non-nucleoside reverse transcriptase inhibitors (NNRTIs)
- Nucleoside reverse transcriptase inhibitors (NRTIs)
- Protease inhibitors (PIs)
- Fusion inhibitors
- CCR5 antagonists
- Integrase inhibitors

Recommended regimens to treat HIV include at least three, if not more, of drugs from at least two different drug categories listed above. This is actually the most effective way to combat HIV – by taking drugs from different classes. Some medications are even available in combinations. This means that two or more medications will be in one pill. There is actually a name for this type of recommendation – HAART, which stands for highly active antiretroviral therapy. As we discussed before, it is recommended that HIV be treated through a combination of medicines. HAART is the specific name for the combination of three or more medicines in a treatment.

All anti-HIV medication must be approved by the United States Food and Drug Administration (FDA) before it is sold on the market. But in addition to understanding what kinds of medications are available on the market for those who are HIV-positive, it is also important to know which type of medications an individual should take. Remember: not every person who has HIV will take exactly the same regimen. This is why it is pertinent that an individual discuss their medication thoroughly with their healthcare provider. There are some general factors that may influence what medication you will take, however. Such factors may include:

- Any other diseases or conditions in addition to HIV that you have
- Your allergic reactions to the ingredients in potential anti-HIV medications
- Potential drug-to-drug interactions (between any medications that you may be currently taking and the anti-HIV medication)
- Your personal drug-resistance test results

After you have expressed concerns and discussed them with your healthcare provider, he or she may provide you with one of the three following regimens:

- **Atripla**
  - This regimen is combination of three different anti-HIV medications, conveniently in only one pill

- **Reyataz + Norvir + Truvada**
  - Truvada is actually a combination of two different anti-HIV medications, conveniently in one pill

- **Prezista + Norvir + Truvada**
- **Isentress + Truvada**

It is important to note that HIV-positive women who are in their first trimester of pregnancy – or any woman who is planning on becoming pregnant – should not use the medications Atripla or Sustiva. These medications can actually harm the child. As always, it is important for any HIV-positive patient to discuss their options with their healthcare provider before beginning a medicine regimen.

It is also important to note that – as with any medication – anti-HIV medications will produce side effects within an individual. Like we stated earlier though, since each patient will have a regimen specifically based on their needs, people who are taking the same medication may not always have the same side effects. That is why it...
is important to discuss any potential side effects of the medications you will be taking with your pharmacist or healthcare provider. Most of these side effects will be minor, but it is still important to report any side effect or anything that makes you feel unusual or uncomfortable with your healthcare provider. The side effect may seem minor, but may actually indicate more serious problems. Side effects such as the ones listed below, fall into this category and seem essentially harmless but may actually indicate more serious problems:

- Fever
- Nausea
- Fatigue
- Rash
- Etc.

As always, talk to your healthcare provider should you develop any harmful side effect. This is the most important tool in ensuring your health and progression as you deal with HIV. Remember again that side effects will not be the same between all HIV patients, even those who are prescribed the same medication. Because of this, your healthcare provider will design a regimen that is specifically designed to fit your needs, symptoms, and to successfully combat the HIV within your body.

Treatment Adherence

Now that we have talked about a variety of medications that individuals may encounter if they are HIV-positive, we will focus on the treatment itself. What exactly is treatment adherence? Quite simply, this means that an individual adheres to, or follows, their regimen. This includes taking the correct medication at the correct time in the correct dosage prescribed. Adherence to medication is a key element in treating HIV fully.

Why exactly is treatment adherence important to the HIV-positive individual though? The National Institutes of Health details two specific reasons for this:

- Properly adhering to an HIV treatment regimen will help the anti-HIV medications work effectively in order to reduce the amount of HIV within the body.
  - This means that if you skip medications – even just on occasion – you give the HIV virus the opportunity to multiply within your body quite quickly.
  - The simple and best way to prevent the virus from multiplying, then, is to take medications as instructed.
- Not only does good adherence to your regimen prevent the HIV virus from multiplying within the body, but it also assists in preventing drug-resistance.
  - Drug resistance occurs when the HIV virus mutates within your body. It soon actually can become resistant to certain medications that you may be taking. As a result, the anti-HIV medications that you are taking can become ineffective.
  - Skipping medications makes drug-resistance possible in the body. Also, drug-resistant strains of HIV can then be transmitted to others. So it is integral for this reason that patients always adhere to their regimen.

Now that we have covered the importance of adhering to a treatment regimen, we will discuss some difficulties that a patient may have in keeping with their current regimen. There can be many reasons as to why adhering with this may be difficult because most of your regimens – as we discussed earlier – require a patient to take multiple pills per day. Other reasons that a person may find it difficult to adhere to this are:

- Difficulty in taking medications
  - Swallowing pills, etc.
- Side effects from medications
  - Fatigue, diarrhea, etc.
- Issues with scheduling medication daily
  - Traveling away from home, unstable work schedules, etc.
- Emotional or physical illness
  - Depression, colds, flus, etc.
- Substance abuse
  - Alcohol or drugs
We've already discussed why it is of integral importance for an individual to adhere to their medication regimen if they are HIV-positive. But how can someone practically ensure that they adhere to that regimen? Before a patient starts taking their medication, they must be certain that they are able to follow it. Anti-HIV medication regimens are a lifetime commitment, and patients must make sure that they are willing and able to continue with the medication for the long haul. Discussions with a healthcare provider should cover these issues, in regards to treatment adherence:

• Any possible side effect from the anti-HIV medications
• How anti-HIV medications have the potential to interact with any other drugs in an individual's system
• Work and home schedules
• Personal issues, such as substance abuse or depression
• Medical insurance coverage

In discussing these issues with a healthcare provider, a patient will be able to ensure that they correctly follow their prescribed regimen in the present, and will be able to continue to do so in the future.

Following Treatment Regimens

We have already discussed what treatment regimens are and why it is necessary for an HIV-positive individual to adhere to their particular regimen in order to prevent relapses or spreading the infection to others. Now we will discuss some practical ways in which a person may follow their HIV treatment regimen.

Before you begin your regimen, you should keep an open line of communication with your healthcare provider. The following topics should be discussed between you and your healthcare provider before you begin your treatment regimen:

• Identify each of the individual anti-HIV medications that are in your regimen
• Identify the dose of the medication—
• How many pills are in the dose?
• When must the patient take the medication?

Now that we have identified the common questions that should be addressed to a healthcare provider, we will discuss some practical ways in which an individual may choose to manage their regimen. Remember: proper adherence to a regimen of anti-HIV medication is a key in maintaining health, so it is important that a patient do whatever is necessary in order to make that possible. The following are some suggestions in order to make this possible:

• Use a 7-day pill box
  o Once a week, fill this box with all the necessary medications that you will need throughout the week

• Take the medication at the same time every day
  o This will help to establish a routine for your regimen that will be easier to follow

• Use a timer, alarm clock, or cell phone to remind you to take the medication
  o Again: scheduling your medication into your daily routine will help establish consistency and will make it less likely to forget medications

• Ask family, friends, or co-workers to remind you
  o It is always a good idea to have extra accountability for your
So what happens if you **should** forget to take your medication? If this happens, you should take the medication as soon as you remember that you have missed it. However, if it is almost time for you to take the next dose of medicine, do not take the skipped dose. You should never take a double dose of medication in order to “make up” for missed ones. Just continue to follow your scheduled regimen as you usually would. If for some reason you are having difficulty keeping on track with your scheduled regimen, you should contact your healthcare provider. This will aid you in discovering why you may be having difficulty and also providing a workable solution to fit your needs.

### Is The Regimen Working?

One of the most important questions that an individual who is on anti-HIV medication may ask themselves is this: is the regimen actually working? In order to decipher whether or not your particular medication regimen is effective, your healthcare provider will perform two important tests that we covered briefly earlier in this lesson: a CD4 count and a viral load test.

As previously discussed, a CD4 count is used in order to measure the infection-fighting CD4 cells within your body. Since HIV destroys these particular cells, it is important that HIV-positive individuals be tested for these cells. A healthy individual will have a CD4 count of anywhere between 500 and 1,200 cells per millimeters cubed (mm$^3$). An HIV-positive individual who has a CD4 count of less than 500 cells/mm$^3$ will need to begin anti-HIV medications. Any CD4 count that is less than 200 cells/mm$^3$ is diagnosed with AIDS. Once an individual begins an anti-HIV treatment regimen, they will have a CD4 count once every 3 to 4 months. It is always a good sign if an individual’s CD4 count increases. If treatment is working, a person should only need to have a CD4 count once every 6 to 12 months.

We discussed earlier what a viral load test is, as well. This is the best test to determine whether or not a treatment is actually working in an individual. This particular test actively measures the amount of HIV within a person’s blood. It is important to note, however, that an undetectable viral load does not mean that an individual has actually been cured of HIV. It simply means that their viral load count is so low that it cannot be detected by the test itself. So, once a patient begins their treatment regimen, they will have a viral load test within 2 to 8 weeks after that date. They will continue to need to have viral load tests done every 4 to 8 weeks after that, or until the viral load cannot be detected anymore. After the viral load is undetectable, a person will only need to have their viral load tested every 3 or 4 months. Should an individual have an undetectable viral load...
for at least 2 or 3 years, their healthcare provider may recommend that the individual be tested once every 6 months instead.

Now that we have covered what successful testing looks like, we will discuss why particular regimens may actually fail. The major reason that this may occur is if the anti-HIV medications cannot properly control the virus, or protect the immune system from failing. A lot of times, the reason that medications may fail is due to uncontrollable circumstances, such as side effects and drug interactions. If this occurs, a healthcare provider may switch an individual’s medication in order to properly deal with these issues. A healthcare provider will most likely consider the following factors, though, before they decide to switch an individual’s regimen:

• How closely the regimen was adhered to
• Side effects that were experienced on that particular regimen
• How well the body absorbed medications in the regimen
• Drug-resistance test results

If a healthcare provider does decide to switch an individual’s medication regimen, they will first review a variety of factors before prescribing a new medication that also include:

• The patient’s medical history
• Any past side effects from the medications
• Results of the drug-resistance tests

As we mentioned earlier in the section regarding anti-HIV medication, all medication available is approved by the FDA before use. However, a healthcare provider may actually recommend a new medication that is currently being studied if an individual has already taken many of the FDA-approved medicines. Patients may also have the potential to be eligible for a clinical trial – a type of research study that tests how well medical treatments work – using this new medication.

Again, as mentioned earlier, it is always a patient’s responsibility to properly adhere to their treatment regimen. If they do not do so, they run the risk of allowing themselves to relapse.

For a downloadable copy of the information that has been provided throughout this section, the National Institutes of Health has constructed downloadable fact sheets regarding HIV and its treatment. The fact sheets titled “HIV and Its Treatments” can be located here.
an HIV-positive or person with AIDS to find support within the community. The CDC lists some of these in their brochure: “Living with HIV/AIDS” and this includes:

- Contacting a local AIDS service organization.
  - The best way to do this may be to look under “AIDS” or “Social Service Organizations” in the yellow pages of a phone book.
- Contacting a local hospital, church, or chapter of the American Red Cross for any referrals.
- Read HIV newsletters or magazines for information
- Join support groups
  - In this day and age, it may also be a good idea to join Internet forums dedicated for those who are struggling with HIV and AIDS.
- Become an HIV educator
  - A great way to practice this is to: speak at events, hold informational gatherings, work on newsletters, organize benefits, etc.
- Attend social events designed to meet and socialize with others who have HIV or AIDS

The truth of the matter is that many people throughout the world are struggling with either HIV or AIDS, and most of them have the ability to lead normal, productive lives in society. If an individual follows the regimens that their healthcare provider prescribes, they will have a better quality of life.

Additionally, a person may contact the CDC at 1-800-232-4636 for more information if they are struggling with this pandemic and do not know what to do.

Now that we have discussed various aspects regarding HIV and AIDS, we will take the time to discuss the behavior of individuals among those who have this pandemic, including some negative stigmas and possible attitudes that one may have. Thanks to medical research and HIV/AIDS-awareness movements, more people are getting tested, treated and living longer despite their HIV-positive status. As a result, more people who are infected are returning to the workforce. Unfortunately, there is still a negative stigma felt by many people living with HIV.

It is a natural human response to feel anxious about others who might have a communicable disease, such as HIV. However, being educated about HIV/AIDS, understanding what it is, how it spread, how it is not spread and how it affects an individual who is infected should help put your mind at ease.

Sadly, not everyone is educated about HIV. Since the illness first gained national attention, many employers and service providers have discriminated against people with HIV/AIDS. In response, the U.S. has passed laws that protect the rights of people with HIV/AIDS.

Throughout the next few sections, we will discuss various acts and laws that protect those living with HIV and AIDS.

### Behavior Around Those With HIV & AIDS

On September 16, 1994, Sidney Abbot went to her dental appointment. When she arrived, she disclosed that she was HIV-positive, but asymptomatic – meaning that she was infected but experienced no symptoms. The dentist examined Abbot; but when he found a cavity, he refused to treat her because of her HIV status.

Abbot filed a lawsuit in federal court arguing that she had been discriminated against, which is a violation of the Americans with Disabilities Act (ADA). The ADA defines a disability as “a physical or
mental impairment that substantially limits a major life activity." The case, Bragdon v. Abbot, went all the way to the Supreme Court. On June 25, 1998, the Court ruled that an individual who is HIV positive but asymptomatic, has a disability within the meaning of the ADA and should be protected under this law.

In 2008, Congress amended the ADA to make it easier for people with HIV/AIDS to demonstrate their eligibility for disability status. Their reasoning was that people with HIV/AIDS can be classified as disabled because their immune systems would be substantially limited if they were to stop taking medication.

So what exactly does the ADA do for those living with HIV and AIDS? The ADA:

- Protects the equal opportunity to work for people with HIV/AIDS who want to work and are qualified to work
- Prohibits employers from discriminating against people with HIV/AIDS when:
  - Hiring
  - Firing
  - Training
- Determines pay, promotions, benefits and leave
- Prohibits an employee from being harassed because of their HIV/AIDS status
- Protects the right of a person with HIV/AIDS to request a reasonable work accommodation to address their HIV/AIDS—such as requesting time off for treatment
- Prohibits an employer from firing or disciplining an employee with HIV/AIDS who asserts their rights under the ADA
- Prohibits businesses and non-profit service providers that serve the public from excluding, segregating or treating people with HIV/AIDS unequally
- Prohibits the denial of an occupational license or admission to school on the basis of a rumor or assumption that a person has HIV/AIDS

Family Medical Leave Act (FMLA)

Now that we have discussed the American with Disabilities Act (ADA), we will discuss another act: the Family Medical Leave act of 1993. The

Family Medical Leave Act of 1993 protects employees in the private sector who work for an organization with 50 or more employees within 75 miles of the work site. Eligible employees are entitled to:

- Take leave for a serious medical condition
- Take leave to care for an immediate family member with a serious medical condition
- Use up to 12 weeks (in a 12 month period) of unpaid medical leave without fear of losing their job

Affordable Care Act of 2010

In the past, people living with HIV/AIDS have had a hard time getting private health insurance and have been subject to insurance industry abuse. People with HIV/AIDS also had trouble getting quality care from qualified providers. In 2010 the Affordable Care Act was signed. Currently, this Act:

- Prohibits insurers from denying coverage to children living with HIV/AIDS
- Prohibits insurers from cancelling coverage to adults or children unless they can show evidence of fraud in an application
- Prevents insurers from imposing a lifetime limit on insurance benefits

By 2014, this Act will:

- Prohibit insurers from denying coverage to anyone or impose annual limits on coverage
- Entitle people with low and middle incomes to be eligible for tax subsidies that will help them buy insurance
Chapter #1

Florida Cosmetology

- Broaden Medicaid eligibility to classify more individuals as low-income individuals so that a person living with HIV who meets requirements will no longer have to wait for an AIDS diagnosis to become eligible for Medicaid

Health Insurance Portability & Accountability Act (HIPPA)

The Health Insurance Portability and Accountability Act of 1996 protects the privacy of people with HIV/AIDS by:

- Requiring the information doctors, nurses and other health care providers put in medical records to be private
- Requiring conversations with health care providers about care and treatment to be private
- Requiring any billing information stored at a health clinic to be private
- Requiring insurers to keep any health-related information about their customers private
- Giving people the right to review and make corrections to their medical records

Conclusion of Laws and Acts

While the laws we just went over cover people nation-wide, many states have set their own rules regarding HIV/AIDS. In Florida, the Omnibus AIDS Act requires the following:

- HIV tests can only be performed on a person if they have given documented and informed consent

Anxieties About HIV/AIDS

As we learned at the beginning of this module, it is a natural human response to feel anxious about others who might have a communicable disease, such as HIV. Unfortunately, for many there is still a stigma attached to having a communicable disease such as HIV/AIDS.

However, as educated individuals, it is our responsibility to set an example for others by demonstrating appropriate attitude when interacting with someone with HIV in the workplace.

Let’s start by identifying some of the anxieties people might feel about others with HIV/AIDS in the workplace:

Anxiety #1: Worrying about coming in contact with certain body fluids

Remember:

- HIV is spread through unprotected sexual intercourse, sharing needles or from infant to mother
- Casual, everyday contact with an HIV-infected person does not expose workers to HIV
- According to the CDC, scientists estimate that the risk of infection from a needle-stick is less than 1%, a figure based on the findings of several studies
of health care workers who received punctures from HIV-contaminated needles or were otherwise exposed to HIV-contaminated blood.

Anxiety #2: Wondering how to protect themselves without offending others

Remember:

- Every workplace where there is risk of contamination should have a standard precautions policy which include the procedures for sterilization of equipment to prevent contact with blood or other potentially infectious materials.

Anxiety #3: Wondering if you should tell your supervisor after discovering or suspecting someone in the workplace is HIV positive

Remember:

- Keep in mind that it takes courage for a person living with HIV to tell a co-worker or workplace friend that he or she has HIV.
- It is not your responsibility to disclose this information to anyone.
- Disclosure/protection of health status to employers is determined on a state-by-state level.

The following are some guidelines that you may follow in order to develop a proper attitude when encountering those who have HIV or AIDS:

- If you discover someone has HIV/AIDS be supportive, but allow the person to function normally without being singled out.
- Include the person in the same work and social activities as always, whenever possible.
- Let the person decide whom to tell about their HIV/AIDS.
- Do not spread rumors or gossip about someone with HIV/AIDS.
- If a coworker is absent from work due to treatment, encourage others to plan and restructure work flows until he/she returns to work.
- A co-worker may have a family member or life partner with HIV/AIDS. Be supportive.
- Respect the person’s privacy. Their medical information is confidential, as is yours.

As an educated individual, you can help others by doing the following:

- Encourage your family and friends to learn about HIV prevention.
- Promote HIV/AIDS education.
- Demonstrate consideration and compassion for people affected by HIV.
- Continue to treat coworkers and friends affected by HIV just as you always have. Get involved by starting or volunteering with an organization whose focus is HIV/AIDS.
- Know your HIV status. Remember, early intervention reduces risk of transmission to others and increases the length and quality of life for someone with HIV.

Conclusion of HIV & AIDS

By now, we have now discussed quite a bit of information regarding HIV and AIDS within this section of our lesson. At this point, you should:

- Be able to explain the history of both HIV and AIDS.
- Be able to understand how HIV is and isn’t transmitted.
- Know the differences between HIV and AIDS, and how HIV develops into AIDS.
- Recognize the importance of early intervention for HIV-positive persons.
- Know proper guidelines for preventing the spread of HIV and AIDS between individuals.
- Acknowledge the various methods for testing this pandemic.
- Recognize methods for treating HIV and AIDS.

HIV and AIDS are not the only infections and diseases that a cosmetologist has the potential to encounter within their...
Communicable Diseases

So, now that we have spent a significant amount of time in our discussion on HIV and AIDS, we will also spend some time covering other possible communicable diseases. First, we will define what a communicable disease actually is.

A communicable disease is a contagious illness that is a result of: the infection of a virus, bacteria, fungi, protozoa or parasites. There are several kinds of infectious diseases that affect people across the world. In addition to HIV, there are some communicable diseases that you, as a cosmetologist, may encounter both in and outside of the workplace. In this section of our discussion, we will cover the following communicable illnesses that are relevant to the field of cosmetology:

- Ringworm
- Head Lice
- Tuberculosis
- Viral Hepatitis

Ringworm

The first communicable disease that we will cover is ringworm. Ringworm is a disease that is caused by the tinea fungus (and not an actual worm as the name might suggest). This disease is one that affects the scalp and other parts of the skin. On the scalp, ringworm may appear as bald patch of scaly skin. On other parts of the skin, it can appear as a ring-shaped rash. This rash is often red and may possibly be itchy. Ringworm is spread through direct contact with an infected person or an infected person’s personal items. While ringworm is common and can affect anyone, it occurs mostly in children.

Ringworm thrives in warm, moist areas. It is more likely to occur when you are wet from sweating or when you have a minor injury on your scalp, skin or nails.

So now that we have briefly discussed what ringworm is and who it primarily affects, we will discuss the means by which this disease is typically transmitted. Ringworm can be transmitted from one person to another by:

- Touching someone who has the infection
- Contact with items contaminated by the fungus including grooming tools, unwashed clothing and shower or pool surfaces

Symptoms of this disease include:

- Itchy, raised, red and scaly patches that may blister and ooze
- Patches appear in the shape of a ring with sharply-defined, red edges and normal colored skin towards the center
- Bald patches on the scalp
- Thick, discolored or crumbly finger/toenails

So how is ringworm diagnosed? A healthcare provider can make a diagnosis by examining the skin. Sometimes a blue light, also called a Wood’s lamp, is used in a dark room in order to detect the ringworm. If the fungus is present, it will glow under the light. Ringworm can be treated by applying an over-the-counter antifungal or drying powder or lotion for four weeks. Antifungal pills may be prescribed for severe cases, or cases that occur in a person's hair. Additionally, a doctor may prescribe antibiotic pills to treat a skin infection or staph that was caused due to scratching the affected area.

Cosmetologists work with clients and their hair, typically, so it is important for all cosmetologists to be aware of the symptoms of this disease in order to best protect themselves and their clients. There are certain ways that an individual or cosmetologist may prevent the spread of ringworm within the workplace. These types of precautions include:

- Keeping skin and feet clean and dry
- Shampooing regularly, especially after haircuts
- Do not share clothing, towels, headgear or personal care items
- Personal care items should be thoroughly cleaned and dried after use

Head Lice

Now that we have discussed one type of communicable disease, we will discuss another common disease that...
cosmetologists have the potential to encounter in their work environment: head lice. Adult head lice infest the head, eyebrows, eyelashes and neck of an individual and are most commonly found on the scalp behind the ears and near the neckline at the back of the head. These lice attach their eggs to base of the hair shaft. Though they can be found in anyone, head lice are most commonly found among school children. This type of lice does not spread disease, but can cause itching that may result in a secondary skin infection.

So how exactly are head lice transmitted from person to person? Transmission usually occurs from head-to-head contact with an already infected individual. Occasionally, head lice are spread by sharing clothing or articles worn or used on the head, such as hats, hair brushes and barrettes. That is why it is always a requirement for cosmetologists to properly sterilize their combs, brushes, and any other tools that may come in contact with a client’s hair before they are used on another client.

What are some symptoms of head lice? Various symptoms of this disease may include things such as:

- A tickling feeling of something moving in the hair
- Itching caused by an allergic reaction to the bites of the head lice
- Irritability and difficulty sleeping as head lice are most active in the dark
- Sores on the head caused by scratching

Head lice can usually be discovered by using a magnifying glass and fine toothed comb to find live adult lice on the scalp or hair. If live lice cannot be found, finding eggs attached within ¼ inch of the hair base strongly suggests that a person should be treated. If no live larvae or lice can be seen, and only eggs are found, it typically indicates that the infestation is old and does not need to be treated.

Treatment for head lice is recommended for anyone who has an active infestation, and also recommended for anyone who shares a bed with someone with an active infestation. The way that these lice are killed is through application of a lice medicine called a pediculicide. This should be used as directed by the instructions which accompany the medication. This medication may be over-the-counter or may also be a prescription drug called malathion.

According to the CDC, infestations of lice can be prevented utilizing the following methods:

- Avoid head-to-head and hair-to-hair contact
- Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons or barrettes

Remember that head lice have a hard time attaching to smooth surfaces and cannot live long without a human host. For this reason it is not useful to use fumigant sprays or toxic fogs in an attempt to eliminate the lice.

Body Lice

Now that we have discussed head lice and what they are, we will discuss another type of lice that cosmetologists may encounter – body lice. Adult body lice are between 2.3 and 3.6 millimeters long (about the size of a sesame seed). They are usually tan to grayish white in color and live and lay eggs on clothing and bedding, but move to the skin to feed. The eggs are usually observed on the seams of clothing or on bedding. Body lice are most commonly found among people who live under conditions of crowding and poor hygiene. According to the CDC, in the United States actual infestation of body lice tends to occur only in people who do not have access to regular (at least weekly) bathing and changes of clean clothes. These individuals may include such people as the homeless and the transient. Unfortunately, body lice are known to spread disease.

In order to prevent the spread of body lice, the best method of doing so is to practice good hygiene.
The laundry cycle should use hot water and the drying cycle should use high heat.

• Clothing and items that cannot be washed should be dry-cleaned or sealed in a plastic bag and stored for two weeks.

In order to treat body lice, individuals are usually encouraged to improve their personal hygiene, including taking at least weekly showers and changing into clean clothes and bedding. Sometimes a person will additionally need to be treated with a pediculicide. However, this form of treatment is not always necessary.

### Tuberculosis

We will now continue our discussion on communicable diseases by discussing one of the most prevalent diseases – tuberculosis. According to the CDC, tuberculosis (more commonly known as TB) is one of the world’s deadliest diseases. One third of the world’s population is infected and each year over 9 million people around the world become sick with TB disease. In the United States, a total of 11,545 TB cases (a rate of 3.8 cases per 100,000 people) were reported in 2009.

So what exactly is tuberculosis? TB is a contagious disease that is caused by the bacterium, *Mycobacterium tuberculosis*. This disease primarily attacks a person’s lungs, but can also affect the kidney, spine and/or brain. When left untreated, TB can be fatal.

Now that we know what tuberculosis is, we will discuss exactly how the disease is spread. TB is spread from one person to another through the air. This means that when a person with active TB coughs, sneezes, speaks or sings, the bacteria can be released into the air and then inhaled by someone else nearby. TB cannot be spread, however, by:

- kissing
- sharing a toothbrush
- sharing bed linens
- sharing toilet seats
- sharing food/drink
- by shaking someone’s hand.

While TB is a contagious disease, it’s important to know that not everyone who becomes infected with TB will get sick. When this occurs, it is called a latent TB infection. Here are some general facts that you should know in regards to TB infections:

• The only way to detect a latent TB infection is to do a TB skin test or special TB blood test

• A person with a latent TB infection does not feel sick or have symptoms

• A person with a latent TB infection is not contagious

• Many people with a latent TB infection will never actually develop the TB disease

How can body lice be spread, then? Body lice are spread through:

- Direct physical contact with a person who has body lice
- Contact with clothing, bedding or towels used by someone who has body lice

Unlike head lice, which are harmless and only cause irritation to an individual, body lice can actually carry and spread infections. These lice can spread diseases such as:

- Epidemic typhus
- Trench fever
- Louse-borne relapsing fever

Although these diseases are not widespread, outbreaks can occur where people live together in unsanitary conditions. You cannot get body lice from pets. The lice must feed on human blood. If the lice fall off a person, they will die within 5-7 days at room temperature.

Symptoms of body lice may include:

- Intense itching which can lead to sores on the body
- Rash caused by an allergic reaction to the lice bites
- Thickened and discolored areas of skin in a person’s midsection due to prolonged infestation

How might a person be diagnosed if they have body lice? Diagnosis is made by finding eggs and crawling lice on the seams of clothing. Although the lice are large enough to be seen with the eyes, a magnifying glass is often used to detect the eggs.

If someone is indeed infected by body lice, it is recommended that you:

- Do not share clothing, bedding and towels used by the infested person
- Machine wash and dry clothing, bed linens and other items worn or used by an infested person.

In order to treat body lice, individuals are usually encouraged to improve their personal hygiene, including taking at least weekly showers and changing into clean clothes and bedding. Sometimes a person will additionally need to be treated with a pediculicide. However, this form of treatment is not always necessary.
Chapter #1
Florida Cosmetology

- A person may find themselves to be sick and contagious if the TB bacteria become active and then multiply in the body.

- A person who has a latent TB infection must be treated in order to prevent their infection from becoming active TB disease.

Now that we have discussed the non-harmful form of TB, we will discuss TB disease. **TB disease**, unlike TB infection, occurs when the TB bacteria become active. This happens when a person’s immune system cannot stop the TB bacteria from growing. Some people get sick quickly because their immune system could not fight off the bacteria, while others may get sick years later, when their immune system becomes weakened due to other reasons. Here are some facts to be aware of in regards to TB disease:

- TB disease will make a person sick

- A person with TB disease is contagious

- A person with HIV is more at risk of developing TB because they have a weakened immune system

Who is at risk for developing this disease, though? According to the CDC those who are at high risk for developing TB disease include:

- People with HIV

- People who became infected with TB bacteria in the last two years

- Babies and young children

- People who inject illegal drugs

- People who are sick with other diseases that weaken the immune system

- Elderly people

- People who were not treated correctly for TB in the past

We have already discussed what TB is and how a person may contract it. Now we will discuss the symptoms of TB disease, in particular. A person with TB disease may exhibit any of the following symptoms:

- A bad cough that lasts 3 weeks or longer

- Chest pain

- Coughing up blood or sputum

- Weakness or fatigue

- Weight loss

- Loss of appetite

- Fever

(For an additional visual depiction of the differences between latent TB infection and TB disease, you may consult the chart below for assistance. This chart helps to outline the differences between the two, as they may be commonly confused).

<table>
<thead>
<tr>
<th></th>
<th>Latent TB Infection</th>
<th>TB Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Contagious</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Can it be detected by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin test</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Blood test</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X-ray</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Sputum smear</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Requires treatment</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Tuberculosis, continued**

We will now continue our discussion about tuberculosis by discussing the methods for testing. TB testing can be performed by a doctor or local health department. There are two different types of TB tests: a skin test and a blood test. A positive result for these tests only indicates that the person has been infected with the TB bacteria; it does not indicate whether the person has a latent TB infection or the TB disease. If a person does test positive, a chest x-ray and sputum (phlegm) sample are then required in order to see if the person has the TB disease.

According to the CDC, a person should be tested for tuberculosis if:

- They have spent time with a person known or suspected to have active TB disease

- They have HIV or another condition that weakens the immune system

- They have symptoms of active TB disease
Chapter #1

Florida Cosmetology

- They are from another country where active TB disease is very common
  - Most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe and Russia are more likely to have active TB than others
- They live somewhere in the U.S. where active TB disease is common
  - Places where this disease is common may include: homeless shelter, migrant farm camp, prison, jail, nursing homes, etc.
- They inject illegal drugs into their system

Both the latent TB infection and TB disease require treatment. People with the latent TB infection may have the potential to develop TB in the future. For this reason, these people should be treated with a drug called isoniazid (INH). The purpose of this particular drug is to kill the TB bacteria in the body. INH is usually taken for nine months, however, children and people with HIV may be required to take the drug for a longer period of time. People with TB disease, on the other hand, should be treated with several drugs for anywhere between 6 and 12 months. If a person with TB disease stops taking the drugs too soon, the bacteria can become resistant and this will, in turn, make the disease harder to treat.

The most important way to stop the spread of TB is for an infected person to cover their mouth and nose when they cough. It is also important for a person who is being treated for TB to take all of their medication(s) as directed by their healthcare provider. Some strains of TB have the potential to become stronger if they are not completely killed by medication.

According to the CDC, TB is one of the leading causes of death among people infected with HIV, and this is because, as we stated earlier in the lesson, people with HIV are more likely to get infections and diseases because of their weakened immune systems. However, a person with HIV who either has the latent TB infection or active TB disease can be treated to prevent damage to the body. The following are some facts about TB and HIV:

- Without treatment, HIV and TB can cause damage together and shorten the life of an infected person
- A person with both latent TB infection and HIV is more likely to develop TB disease than someone without HIV
- Living with both HIV and TB disease together is an AIDS-defining condition

Introduction to Viral Hepatitis

Later on in the course, we will discuss Hepatitis B more in depth as it relates to the field of cosmetology. However, for now, we will now discuss it briefly along with two other forms of Hepatitis.

According to the CDC, viral hepatitis is the leading cause of liver cancer and the prime reason that a person will need to obtain a liver transplant. About 80,000 new infections of viral hepatitis occur in the United States each year. An estimated 4.4 million people in the United States are living with chronic hepatitis and the worst part is that most of these individuals do not know that they are infected.

So what exactly is hepatitis? Hepatitis means “inflammation of the liver.” While heavy alcohol use, toxins and some medications and medical conditions can cause hepatitis, it can also be caused by viral infections. There are several types of viral hepatitis. The most common types of hepatitis are:

- Hepatitis A
- Hepatitis B
- Hepatitis C

Symptoms of Hepatitis

Each strain of viral hepatitis that we will discuss shortly may vary slightly in regards to their particular symptoms. However, the following symptoms listed are general symptoms that an individual may initially experience if they acquire this disease:

- Fatigue
- Headache
- Tenderness in the upper right abdomen
- Sore muscles and joints
- Loss of appetite
- Changes in sense of taste and smell
- Nausea
- Vomiting
- Diarrhea
- Low-grade fever
- Malaise

As this disease progresses, however, an individual's
Hepatitis C

Hepatitis C is caused by the hepatitis C virus. This type of infection can last as briefly as a few weeks, but more often than not, Hepatitis C will develop into a chronic disease. Once it develops into a chronic disease, it has the potential to lead to cirrhosis of the liver (scarring of the liver tissue) as well as liver cancer. In fact, the CDC estimates that approximately 75%-85% of people who become infected with the Hepatitis C virus will actually end up developing a chronic infection.

So now that we have discussed what Hepatitis C is, we will discuss the modes of transmission that this strain of disease can take. According to the CDC, Hepatitis C:

- Spread is most likely a result of direct, through-the-skin exposure to blood with an infected person,
  - This type of spread occurs mostly by means of injecting drugs into the system
- Has the potential to survive outside of the body at room temperature, on environmental surfaces, for at least 16 hours. The virus will be able to survive outside of the body no longer than 4 days, however.
- Transmission of Hepatitis C is possible when poor infection-control practices are used during tattooing or piercing
- Risk of transmission from unprotected sexual contact is believed to be low

Now that we have discussed what Hepatitis C is, we will discuss the modes of transmission that this strain of disease can take. According to the CDC, Hepatitis C:

- Spread is most likely a result of direct, through-the-skin exposure to blood with an infected person,
  - This type of spread occurs mostly by means of injecting drugs into the system
- Has the potential to survive outside of the body at room temperature, on environmental surfaces, for at least 16 hours. The virus will be able to survive outside of the body no longer than 4 days, however.
- Transmission of Hepatitis C is possible when poor infection-control practices are used during tattooing or piercing
- Risk of transmission from unprotected sexual contact is believed to be low

Now that we have talked about the means by which this strain of viral hepatitis can be spread, we will cover ways in which hepatitis cannot be spread from person to person. Hepatitis C is NOT spread by any of the following methods:

- Sharing eating utensils
- Breastfeeding
- Hugging
- Kissing
- Holding hands
- Coughing
- Sneezing
- Shared food or water
Currently there is no vaccine that is available for Hepatitis C. A person who has this particular infection should be monitored regularly for signs of liver disease. Treatment for this particular strain of viral hepatitis typically includes a combination of the two medicines interferon and ribavirin. However, it is important to note that not every person who has chronic Hepatitis C will react in the same way to the medications.

An additional precaution that people with this strain of the disease should take is to avoid the consumption of alcohol. They will also need to check with their healthcare provider before taking prescription pills, over-the-counter medications, and supplements. While approximately 75% to 85% of individuals who become infected with Hepatitis C virus will develop a chronic infection, approximately 15% to 25% of people who are affected by the disease will actually manage to clear the virus from their bodies without the use of treatments. This may seem like an astonishing fact, and it is! According to the CDC, experts are still not sure as to why this can occur in patients.

Additionally, according to the CDC, approximately anywhere from 8,000 to 10,000 people die every year from Hepatitis C and liver diseases related to the strain. It is important to remember that many people who are infected with Hepatitis C will not actually visibly display any symptoms of the disease. In many cases, no symptoms of the disease will manifest themselves until liver problems also begin to occur. Even if a person with Hepatitis C has no symptoms, it is important to also remember that they are not Hepatitis-free. Therefore, he or she still has the potential to spread the virus to others around them.

We previously discussed how Hepatitis C can be spread, and will now take a brief moment to reiterate how the disease is transmitted between individuals. Hepatitis C is spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. Therefore, the best way to prevent the spread of this virus is to avoid sharing needles or other personal items that may be contaminated with blood with any other individual, whether you suspect that they have Hepatitis or not. As earlier stated, it is never a good idea to share needles or personal items with others to control the spread of HIV, AIDS, and other diseases.

According to CDC recommendations, a person living with Hepatitis C should not be excluded from work, school, play, child care or other settings simply because they have the disease. There is currently no evidence to suggest that individuals can get Hepatitis C from food handlers, teachers or other service providers simply by coming into contact with them. As stated above, the only way that Hepatitis C can be spread is through blood-to-blood contact. As we learned with HIV and AIDS, it is important that everyone be educated on the spread of these diseases, not only to prevent them from spreading, but also to prevent discrimination in the workplace and elsewhere.

If you happen to be within a work environment where a blood spill occurs, the CDC recommends cleaning the spill using a dilution of one part household bleach to 10 parts water. The same holds true for anywhere that there is a dried blood. Dried blood may not seem as dangerous to workers, but the truth is that it also has the potential to spread disease. Gloves should always be worn when dealing with any potentially harmful chemical, and this includes cleaning up the spill of blood.

Our discussion above regarding Hepatitis C was seemingly based on the pretenses that the person who contracted the disease was healthy to begin with. But what happens when someone who is already infected with a disease, such as HIV, for example, contracts Hepatitis as well? A Hepatitis C infection in someone who has HIV is obviously much more serious because it leads can lead to more rapid liver damage.

Here are some other facts about infections of Hepatitis C and HIV:

- A co-infection of Hepatitis C and HIV is more common in people who inject drugs
- It is estimated that between 50 and 90% of HIV-positive people who use injection drugs are infected with the Hepatitis C virus as well
- Co-infections may affect treatment of HIV
- Chronic Hepatitis C can actually be treated successfully in an HIV-positive person
We have outlined some practices above that will help to aid in preventing the spread of disease within the workplace. But now we will discuss a law that also emphasizes this. Did you know that for cosmetologists in Florida, staying home when you are sick and declining service to clients who are visible ill is not only good hygiene? It’s the law!

According to Florida Administrative Code, 61G5-20.007: “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. 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.”

So, as you can see, proper hygiene within the workplace is integral to any practice. This is especially true in the practice of cosmetology, where cosmetologists are in close proximity with their clients. Since we have briefly outlined some of the methods for practicing good hygiene in the work environment, we will now discuss some of these methods in depth, beginning with proper hand-washing.

Conclusion on Communicable Diseases

In addition to learning about the history of HIV and AIDS, we have spent a significant amount of time in this course discussing various communicable diseases that a cosmetologist (or truly any individual) may encounter within their work establishment. Specifically, we have covered:

- The definition of a communicable disease
- Ringworm
  - How it is spread, who can contract it, symptoms, treatments, and means of prevention
- Head lice
  - How it is spread, who can contract it, symptoms, treatments, and means of prevention
- Body lice
  - How it is spread, who can contract it, symptoms, treatments, and means of prevention

By now, you should be quite familiar with the various types of infections and diseases that have the potential to be spread throughout a work environment from person to person. But what can be done to prevent these infections and diseases from spreading in your salon or cosmetology establishment? This is what we will cover in our final section of the HIV & AIDS course.

Practicing Standard Precautions

Throughout the entirety of this course, we have gone over various communicable diseases, and listed these infections and diseases at the conclusion of our previous section. As we have learned already, each of these diseases can have potential serious health consequences. Throughout the course of our discussions, we have also learned that many people who have these diseases may show no signs of infection or any indication that they may be carrying a disease whatsoever. And this is good news if the individual has a latent infection or disease that cannot be commonly spread to another person. Thanks to advances in medical treatment, many of these people are able to live and work longer in normal environments.

But in addition to these diseases, it is important...
to prevent the spread of common illnesses such as colds and the flu that will inevitably occur in the workplace. So how exactly do you protect yourself and others in from these illnesses? The simplest answer to this is by practicing standard precautions.

Standard precautions are the techniques that are used in the workplace to protect workers themselves and their clients from infections that are caused by the spread of blood or any other body fluid.

There are three main types of precaution you, as a cosmetologist, can use in order to protect yourself and others against infections. They are:

- **Barrier protection**
  - This type of protection includes the use of a physical shield, such as gloves

- **Personal hygiene**
  - This type of preventative measure includes proper hand-washing, as well as keeping your work station clean

- **Disinfection**
  - This category refers to the removal of infectious agents from your tools and work station

### Personal Hygiene

Now that we have discussed barriers that a cosmetologist may enlist in order to help prevent the spread of germs and communicable diseases within the workplace, we will briefly discuss personal hygiene as it pertains to the cosmetologist and their work establishment. Because cosmetologists typically work in close proximity of their clients and other employees, it is also important to practice proper personal hygiene. This proper hygiene can include any or all of the following:

- Do not go to work if you have symptoms of an illness such as a cold, the flu, a stomach virus or strep throat

- Make it a policy to politely decline service to clients who show symptoms of a contagious illness such as the ones listed above. You may then offer to reschedule their appointment for a time when they are feeling better

- Avoid direct contact with clients and any equipment that may be potentially contaminated if you have open lesions, dermatitis or another skin rash on the surface of your skin.

- Wash your hands:
  - Before you come in contact with a client
  - After you come in contact with a client
  - After you come in contact with a source of possible contamination
  - After you remove gloves

- Use the inside of your arm to cover your mouth when you cough or sneeze, not the palm of your hand so that you may prevent the spread of germs.

- Avoid touching your eyes, nose or mouth in the workplace

- Keep your work station clean

According to the CDC, proper hand washing is one of the most effective ways to prevent the spread of many types of infections and illnesses. That is why it is important to wash your hands at home, at work, and everywhere else.
When and how to wash your hands may seem obvious, but it’s important to know the proper technique because clean hands prevent germs from spreading from one person to another, and throughout an entire community or work environment. Hands should always be lathered with antibacterial soap, before being washed thoroughly with soap and water. Not only hands however should be washed – cosmetologists should also wash any exposed part of their arms. We will discuss this more in depth shortly.

Hand-Washing

It may seem elementary to discuss hand-washing, which most people learn when they are children in elementary school. However, we have already learned that a vast array of communicable diseases exists, and a majority of them can be prevented simply by returning to the basics of hygiene. In our case, this begins with a discussion on hand-washing. Additionally, we will cover more about hand-washing again in our section on sterilization and sanitation. And though it may seem to be an absurdly simple concept or one that should be common sense knowledge, the truth is that proper hand-washing literally can save your life.

According to the CDC, hand washing is one of the most effective ways to prevent the spread of many types of infections and illnesses. That is why it is important to ensure that you take your proper hand-washing techniques everywhere with you – to work, to the grocery store, to an amusement park, etc. When and how to wash your hands may seem obvious, but it’s important to know the proper technique to do so, because clean hands prevent germs from spreading from one person to another.

We have already gone over some examples of when cosmetologists should wash their hands, such as before and after working with a client and after wearing gloves. Here are some additional circumstances when it is important to wash your hands:

- Before, during and after preparing food
- Before eating food
- After using the restroom

The CDC recommends that everyone wash their hands with soap and water. A cosmetologist’s work establishment is required to have both soap and water readily available to use. If, for some reason, soap and water are not available, the CDC recommends that a cosmetologist (or any other individual) use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Now that we have discussed why hand-washing is an important habit to have within the work environment, we will discuss the steps that you will need to take in washing your hands. The steps to proper hand washing are as follows:

- Wet your hands with clean running water (warm or cold) and apply soap
- Rub your hands together to make lather and scrub them well. Be sure to scrub the backs of your hands, between your fingers, and under your nails
- Continue rubbing your hands for at least 20 seconds
- Rinse your hands well under running water
- Dry your hands using a clean towel or air dry

Disinfection

Now that we have talked about why it is important to properly wash your hands, we will cover other methods that you may keep your cosmetology establishment clean and sanitary for both yourself and your customers. Our next topic of consideration is regarding disinfection. Disinfection refers to the removal of infectious agents from surfaces including the skin, your tools and your work station. There are actually three levels of disinfection:
Florida Cosmetology

Sterilization

What exactly are disinfectants and antiseptics? An antiseptic is the weakest out of the three methods of disinfection that we have listed above. The purpose of antiseptics is to control the growth of bacteria and germs. It is important to note, however, that antiseptics do not kill bacteria. These are not recommended for disinfecting equipment (tools such as clippers, scissors, etc.), but are gentle enough to be used on the skin. Various examples of an antiseptic include:

- Alcohol – A 50% to 60% solution can be used on the skin
- Iodine – A tincture of iodine, 2% U.S.P. can be used on the skin
- Hydrogen Peroxide – A 3% to 5% solution can be used for minor wounds

So what are disinfectants, then? Disinfectants are actually stronger than antiseptics. They have the ability to destroy germs and prevent them from multiplying. Disinfectants can kill a variety of: viruses, fungi, and dangerous bacteria. In the workplace it is recommended that a hospital-level disinfectant approved by the EPA is used to clean equipment, work areas and spills of blood or other body fluids. Some examples of a disinfectant include:

- Lysol
  - Lysol can be used out of the container to wipe surfaces and floors
- Quats (Quaternary ammonium compound)
  - This type of disinfectant can be used to disinfect tools by soaking them in it for anywhere between 10 and 15 minutes.
  - This type of disinfectant can also be used to clean surfaces and work areas.

Sterilization

We have previously discussed methods of practicing standard precautions that were beneficial to the work environment. We will now discuss the most powerful type of disinfectant that cosmetologists can utilize – sterilization.

Sterilization is the strongest level of disinfection because it is the process of destroying all bacteria, whether it is harmful to people or not. Now we will discuss some typical methods of sterilization that can be utilized within the cosmetology environment. Common methods of sterilization used in the workplace may include any of the following:

- **Boiling**
  - Towels, linens and heat/water resistant instruments can be submerged in water that is heated to 212°F

- **Steaming**
  - Special equipment can be used to steam-sterilize equipment. The manufacturer’s instructions should be followed for this method in order for it to be effective.

- **Irradiation**
  - Instruments can be sterilized by ultra-violet light rays in an enclosed cabinet. However, approval of this method differs from state to state.

- **Chemical solutions**
  - A hospital-level disinfectant can be used to sterilize equipment. To sterilize, the solution should be mixed according to sterilization instructions on the container, and the instruments should be immersed for an instructed length of time (typically 10 minutes).

In a later section regarding sanitation and sterilization, we will reiterate some of the principles that you have just learned. However, since sterilization and sanitation are integral parts of the cosmetologist’s work environment, we will now discuss various methods for sterilizing and sanitizing specific tools within your workplace.

For now, we will just discuss the general guidelines for sterilizing specific tools. It is important to know that in Florida, all salons must be equipped with and utilize wet sanitizers. These sanitizers must contain either hospital level disinfectant or EPA approved disinfectant that is sufficient for disinfecting practices. A wet sanitizer is any receptacle that contains a disinfectant solution and is large enough to allow for a complete immersion of the articles. A cover for the wet sanitizer must be provided. For complete details about Florida salon sanitation requirements, see Florida Administrative Code, 61G5-20.002.
Now, we will spend the next few minutes briefly discussing the sterilization and sanitation practices of specific tools in the workplace, including:

- Combs and brushes
- Metal tools
- Electric tools
- Manicure tools
- Pedicure equipment

Sterilizing Combs and Brushes

First, let’s discuss the sterilization of combs and brushes. Both of these items are of significant importance in the field of cosmetology and have specific guidelines governing their sterilization practices. In Florida for example, the use of a brush, comb or other article on more than one patron without being disinfected is prohibited. Here are a few steps that are necessary in order to properly clean these tools:

- Remove hair from combs and brushes
- Fill a clean, sterilized container with a solution of hospital-level disinfectant as directed by the product’s instructions
- Immerse combs and brushes in the solution for a minimum of 20 minutes or as otherwise instructed
- Remove combs and brushes and rinse in clean water
- Dry thoroughly with a clean towel
- Store in a dust-free place

Sterilizing Metal Tools

Now that we have discussed the sterilization of important implements such as combs and brushes, we will now cover some other important tools within the work environment – metal tools. Metal tools such as scissors, razors, etc. have specific guidelines in regards to cleaning. The process of sterilizing these tools includes the following steps:

- Fill a clean, sterilized container with a solution of hospital-level disinfectant as directed by the product’s instructions
- Immerse non-electric metal tools, such as shears and tweezers, in the solution for a minimum of 10 minutes or as otherwise instructed
- Remove tools and rinse in clean water
- Dry thoroughly with a clean towel
- Store dry, sterilized tools in a sterile place or in individual clean containers until they are ready for use

Sterilizing Electric Tools

Since we have now spent some time discussing non-electric tools within the workplace, it is important that we also discuss electric tools and their sterilization as well. Cosmetologists also utilize electric tools quite frequently within their workplace, especially in regards to manicures, pedicures, and specific hair tools (like clippers or curling irons, for instance). These tools have specific guidelines, and cosmetologists should follow the guidelines below:

- Clean electric tools such as curling irons and electric clippers as instructed by the manufacturer
- Typically, a cotton pad dipped in a solution of 70% alcohol can be used to clean the surfaces of unplugged electric tools
- Store dry, sterilized tools in a sterile place or in individual clean containers until they are ready for use

Sterilizing Manicure and Pedicure Tools

Cosmetologists, in addition to dealing with tools for hair, also encounter tools that are used for manicures and pedicures on a daily basis. These tools and devices (such as nail files,
foot basins, etc.) each have specific guidelines in order to maintain the health and safety of both the cosmetologist and the client that they are being used on. Below are some general guidelines that cosmetologists should follow in regards to manicure tools:

- Nail files should be scrubbed to remove debris before being immersed in a hospital-level disinfectant that is used according to the product's instructions
- Emery boards, cotton balls and orange wood sticks cannot be sterilized. Throw away these items after each manicure.

In our lesson regarding sterilization and sanitation, we will discuss the cleaning of foot spas and air-jet basins again, but it is important to remember to follow these specific guidelines. As we discussed earlier in our lesson, diseases can be spread through a variety of means and it is important for the cosmetologist to take all necessary precautions possible in order to prevent themselves and their clients from being infected. The following rules apply to any pedicure equipment that holds water, including sinks, bowls, basins, pipeless spas and whirlpool spas.

**After each client:**

- Clean with a low-foaming soap or detergent with water to remove all visible debris
- Disinfected with an EPA registered hospital level disinfectant used according to manufacturer’s instructions for at least 10 minutes
- Foot plates on a pipeless spas, it must be removed so the area beneath it can be cleaned, rinsed and wiped dry

**At the end of each day:**

- All filter screens in whirlpool pedicure spas or basins must be sanitized
- All visible debris in the screen and inlet must be removed and cleaned with a low-foaming soap or detergent and water
- Jet components or foot plates on pipeless systems must be removed and cleaned and any debris removed
- Screens, jets or foot plates must be completely immersed in an EPA registered, hospital level disinfectant, used according to manufacturer’s instructions
- After replacing screens, jets or foot plates, the system must be flushed with warm water and low-foaming soap for 5 minutes, then rinsed and drained

**Once a week:**

- Basin must be filled with a solution of water containing one teaspoon of 5.25% bleach for each gallon of water
- Solution must be circulated through the spa system for 5-10 minutes and then sit in the basin for at least 6 hours
- System must be drained and flushed before use

A log book must record the dates and times of all pedicure equipment cleaning. This book must be kept in the pedicure area of a salon and be available for review upon request by a client or Department of Health inspector.

**Additional Salon Guidelines**

We have outlined a variety of ways to keep you healthy and safe within the workplace. Additionally, here are some more guidelines to maintain a good work environment:

- To prevent accidents, the workplace should be well lit
- The air should be well ventilated to prevent the concentration of potentially toxic chemicals
- Floors should be kept clean by:
  - Sweeping away hair and other waste from the floor often
  - Store waste in a closed container
- Do not use objects dropped on the floor until they are sterilized
- Do not place tools such as combs or hairpins in your mouth
- Do not store combs or other tools in your pocket
- Keep premises free of vermin such as rodents and flies
- No animals are allowed in salon, except fish in closed aquariums and animals specifically trained to assist someone with a disability
- Do not eat at your work station
Conclusion

Now that you have completed this lesson, you should have more knowledge of HIV and AIDS. We have learned how HIV and AIDS are contracted, how they are transmitted, and how they can be prevented. We have discussed what happens to an HIV-positive patient, including: what types of treatment regimens they may be given, what tests they will encounter, and how to adhere to a treatment regimen. We’ve also discussed proper attitudes regarding those who have these diseases, and what HIV and AIDS patients can do in order to live functional and productive daily lives. Additionally, we have also discussed what other kinds of communicable diseases may be found in the workplace. Finally, we concluded our discussion on HIV and AIDS by also discussing how a cosmetologist may properly protect both him or herself and their client from being infected by any disease or illness in the workplace. We covered methods by which a cosmetologist may protect him or herself and also how he or she should properly sterilize and sanitize the variety of tools and equipment that they encounter on a daily basis.
Sanitation and Sterilization

Next, we will discuss universal sanitation and sterilization precautions, how to distinguish between disinfectants and antiseptics, and how to sanitize hands and disinfect tools used in the practice of cosmetology.

In general practice, all places where cosmetology or any other sort of work is practiced must adhere to certain standards of cleanliness. Throughout this lesson, we will:

- Briefly discuss bacteria as it pertains to the workplace, including various ways that it may be spread, as well as ways in which the spread of bacteria can be controlled.
- Discuss sanitation and sterilization as it pertains to cosmetology establishments.
- Focus on some general standards of cleanliness that are necessary for establishments and employees in a workplace.
- Define what a disinfectant is, and what an antiseptic is, as well as the guidelines for use regarding both.
- Additionally, we will focus on blood borne pathogens in the workplace, including general housekeeping preventions, a brief discussion regarding Hepatitis B, as well as a discussion regarding an exposure control plan.
- Finally, we will discuss some specific requirements for cleanliness as outlined by the United States Environmental Protection Agency.

Overview of Safety Guidelines and Services

Florida Cosmetology

The Board of Barbering and Cosmetology is part of the Department of Business and Professional Regulation. The Board regulates the professions of barbering, cosmetology (including skin and nail care), and electrology as well as the establishments (salons, shops, studios, spas, etc.) where these services are performed.

Anyone who provides the following services to consumers for a fee must be licensed by the Board:

- Hairdressing and styling
- Haircutting, shaving
- Manicuring
- Removing unwanted hair
- Skin care
- Application of cosmetics.

In order to be licensed, individuals must complete an approved number of hours of coursework and practical training, and pass a written and practical (hands-on) test.

The Board licenses the salons and barbershops where these services are provided, and also regulates health and safety and coursework issues in approved barber, cosmetology, and electrology schools. The Board handles the following consumer complaints:

- Gross negligence and/or incompetence
- Unsanitary conditions in salons, barbershops, and schools of barbering, cosmetology, and electrology
- The unlicensed practice of barbering, cosmetology, and electrology;
- The operation of unlicensed salons or barbershops;
- Misrepresentation or false advertising of services.

The board's safety and health guidelines are important to know, and will be listed later.
Client Focused

It is important, as a cosmetologist, to always keep a focus on the clients that are being served. In thinking about such individuals, it is important to know what exactly clients are looking for in a salon or shop, and how the cosmetologists will be able to satisfy their – often unspoken – requirements. Cosmetologists should keep in mind the following items. When customers choose a cosmetology establishment, they will generally be looking out for specific health and safety guidelines. These guidelines will often determine whether or not a customer returns to the establishment, whether they tell their friends and co-workers about their experience, etc. These individuals will usually be looking out for the following:

- Is the overall appearance of the shop clean?
  - Are the sinks dirty?
  - Are the trash cans overflowing?

- Are the establishment license and Health and Safety poster displayed in clear view in the reception area?
  - Is the establishment license current?

- Are current operator licenses posted in plain view at individual work stations?
  - Photocopies of these licenses are not acceptable

- Are the operators performing only those services for which they are licensed?
  - For example, manicurists and estheticians cannot provide hair services, and Barbering and Cosmetology licensees are not allowed to perform certain procedures, such as laser hair removal, which is considered a medical procedure.

- Are the operators properly disinfecting their instruments between clients?
  - Does the cosmetologist/operator properly disinfect the tools as they are being used from client to client?
    - The instructions for properly disinfecting the instruments are as follows: Instruments must be cleaned with soap and water and then totally immersed in an EPA-registered disinfectant that has demonstrated bactericidal, fungicidal, and virucidal activity.
    - The disinfectant container must be covered. The disinfectant itself must be properly used according to the manufacturer’s guidelines.

- Does the basin of the foot spa look clean?
  - It is perfectly acceptable for a client to ask the operator if he or she has removed the jets and screen during cleaning. Make certain that this has been done in between clients.

  - If the establishment contains electrology equipment, a client may wonder if the electrology equipment was sterilized properly (by a steam or dry heat sterilizer registered with the FDA) before being used.

  - Clients may ask if disposable needles or probes are available, in which case the operator must be prepared to answer.

- Are items that cannot be disinfected, such as emery boards, cotton pads, nail files, nail buffers, etc., immediately thrown away after use on clients?
  - Note: Some nail files may actually be able to be disinfected and will not need to be thrown away. It is important to know, however, that this will likely not be the case for the majority of files.

- Are clean items stored separately from soiled ones at the cosmetologist/operator’s work station?
  - Are these particular items labeled in order to identify whether they are clean or dirty?
Are all combs and brushes clean (regardless of if they are in use or not)?

Are any instruments used for manicures stored in a clean place and not hanging on the side of a cup or jar?
  - Clients may make mental notes as to where you place the items that were just used on them. Did the cosmetologist/operator place the dirtied items back with the clean ones?

Are clean towels stored in a closed, clean cabinet?
  - Are any soiled towels put in a separate covered receptacle?

Does the cosmetologist/operator provide each client with a fresh, clean towel?

Did the cosmetologist/operator wash his or her hands before beginning services on the client? As we will discuss later on in this lesson, hand-washing is an integral part of maintaining a healthy work environment.

Are the cosmetologists or operators using prohibited instruments such as Credo blades, cheese grater-type metal scrapers, and lancets?
  - Cosmetologist and operators should be aware that these are prohibited instruments and should not be used on their clients.

Clients may be on the look-out for aesthetics of a salon or shop, but they will also be concerned with the cleanliness and service provided to them within the establishment. It is important for cosmetologists and operators to recognize this, because clients should never be provided with anything less than exceptional service. Before a client will even step foot into an establishment, they likely will have some knowledge of what a salon or shop should be. That is why, before accepting any barbering, cosmetology, or electrology services, clients will likely examine to see if the salon or barbershop and the operator are in compliance with the following guidelines:

- The establishment and all operators must have licenses issued by the Board of Barbering and Cosmetology.
  - All operators must display their licenses in plain view at their work stations.
  - The salon license and the Health and Safety Poster must be displayed in the reception area.

- The establishment must have clean, working equipment and a clean work area.
  - Regulations require licensees to wash and disinfect all tools and instruments, including whirlpool foot spas, before they can be used on customers.

- An operator should never use the same tools on a client that were just used on someone else without first disinfecting them.

- If an item cannot be disinfected (such as a nail buffer block or an emery board), a cosmetologist or operator must throw it away immediately after use.

- If a clean set of tools is not available for a cosmetologist or operator to use on the client, he or she should not perform that particular service.
  - Improper disinfection of tools and implements can spread disease and bacteria from one person to another. For example, the nail fungus may be spread from one client to another if the operator does not properly disinfect their tools.

- NOTE: A potential client has every right to ask the cosmetologist, operator, or owner of the salon to explain the disinfection procedures before they begin any service at the establishment. As we will discuss later on in the course, many viruses can be transmitted through the use of dirty instruments. These types of viruses include things such as HIV and Hepatitis B. Clients should never have to risk their health in a salon or an establishment. This is why it is extremely important for cosmetologists to follow safety and health guidelines. A client has every right to walk away.
Before beginning nail care services, operators should also ask their clients to wash their hands.

- Customers will be in communication with the cosmetologist/operator regarding the desired results of their appointment. Clients will be honest with their cosmetologist or operator – as they should be.
  - If a client already has color or other chemicals in their hair, they will most likely communicate this to their cosmetologist or operator.
  - If you have had problems in the past with artificial nails, tell the manicurist.
  - Tell the operator if you are taking any medications, since this could affect the outcome of the service.
  - When you pay for the service, be sure to insist on a receipt. If something goes wrong and you must file a complaint, the receipt will help you prove that the service actually took place and may help identify the operator who performed it. (If the operator accepts payment by check or credit card, also keep your cancelled check or credit card slip.)

Barbering and cosmetology services should never be painful for your clients, and it should be noted that they have the right to report any side effects or unpleasant experiences associated with a service to both you, as cosmetologist or operator, and additionally to the board if necessary.

It needs to be reasserted that all beauty and barber services must be provided in licensed salons or barbershops by licensed individuals who have received state-required training and have passed a state test in their specialty. It should be noted that there are specific requirements for barbers, cosmetologists, and electrologists.

- Barbers can provide hair and limited skin care services.
- Cosmetologists can provide hair, skin, and nail care services.
- Manicurists can only provide nail care services.
Chapter #2
Florida Cosmetology

Barbering

What exactly is barbering, then? Barbering is the practice of shaving or trimming the beard or cutting the hair and giving facial and scalp massages with oils, creams, lotions, or other preparations. This is done either by hand or through the use of mechanical appliances. Barbers are also trained in singeing, shampooing, arranging, dressing, curling, waving, chemical waving, hair relaxing, or dyeing the hair or applying hair tonics. Additionally, barbers also apply cosmetic preparations, antiseptics, powders, oils, clays, or lotions to the scalp, face, or neck. Also, barbers are trained in the styling of all textures of hair. For the most establishments, barbering services may be legally performed only by state-licensed barbers in state-licensed salons or barbershops.

State-licensed cosmetologists and barbers may perform some common services; however, some services such as shaving can only be performed by barbers. Barbershops are most easily identified by the traditional symbol known as the barber pole. Therefore, it is an unfair business practice for barbershops or salons to display the barber pole if a barber is not employed at that location.

Now that we have discussed what a barber shop is, we will briefly discuss the common tools within a barber shop. These are important to note, even though most cosmetologists themselves may not ever come into contact with them. A common tool that individuals will see in most barbershops is electric clippers. Like all other tools or equipment used on a client, these must be disinfected prior to each use with an Environmental Protection Agency (EPA)-registered disinfectant that has demonstrated bactericidal, fungicidal, and virucidal activity. As with any disinfectant that is used (whether in a salon or barber shop), the disinfectant container must be covered, and the disinfectant must be used according to manufacturer’s instructions. It should also be noted that many clippers have a detachable blade. It is not uncommon to see a barber disinfect electric clippers by removing the blade, cleaning away any foreign matter, then spraying the blade with an approved disinfectant.

Cosmetology

Now that we have discussed the practices of barbering, we will discuss the various services that cosmetologists will offer in their establishments, and the proper ways that these should be performed. First off, let us define cosmetology. The practice of cosmetology is all or any combination of the following: Arranging, dressing, curling, waving, machineless permanent waving, permanent waving, cleansing, cutting, shampooing, relaxing, singeing, bleaching, tinting, coloring, straightening, dyeing, brushing, applying hair tonics, beautifying, or otherwise treating by any means the hair of any person. Cosmetology services may be legally performed only by state-licensed cosmetologists in state-licensed salons or barbershops. In addition, however, licensed cosmetologists may also perform manicuring and esthetics as described in the following sections.

Now let’s talk about what manicuring entails. Manicuring is defined as the practice of cutting, trimming, polishing, coloring, tinting, or cleansing the nails, or massaging, cleansing, treating, or beautifying the hands or feet of any person. Manicuring and pedicuring services may be legally performed only by state-licensed manicurists and cosmetologists in state-licensed salons or barbershops. A lot of clients may come in with – or request to get – artificial nails, so it is important to realize certain sanitary hazards that cosmetologists have the potential to encounter regarding these. Sometimes, the artificial nail begins to lift around the edges, allowing moisture to get trapped under it. Left untreated, mold or fungus (causing a green or brown discoloration) may begin to grow. If this occurs, manicurists or cosmetologists should remove the artificial nails immediately and refer a client to their

• Estheticians can only provide skin care services.
• Electrologists can remove unwanted body/facial hair using electric needles or probes.

All licensees are required to display their licenses at their primary work stations. It should also be noted that clients have every right to ask to see a license if none is visible in the salon or establishment. The various licensed barbering and cosmetology services are described below, along with special requirements and consumer precautions regarding each.
Health Issues

Now that we have discussed the process of manicuring and pedicures within a cosmetology establishment, we will discuss some unpleasant consequences of improper sanitation and sterilization within the work environment. In October 2000, health officials received complaints about a large outbreak of skin boils from consumers who had received pedicures. It was determined that the boils were caused by contaminated whirlpool foot spas that were not being properly cleaned and disinfected after each client. A foot spa, for those who are not aware of the term, is a single piece of equipment that a consumer sits in, then places her or his feet in a built-in tub. These foot spas often come with vibrating and heating pads built into the chair. The skin boils usually start out looking like a spider bite that gradually grows in size and eventually produces pus. These particular infections are caused by *Mycobacterium fortuitum* and other related mycobacteria. We actually come into contact with this type of bacteria every day, because it is normally found in water and soil. But such infections are relatively rare.

Therefore, if a salon’s whirlpool foot spas are cleaned and disinfected properly and in accordance with the new regulations adopted by the board, the risk of these infections is very small. Thankfully, these types of infections can be treated with antibiotics.

If a client does happen to notice a skin infection occurring after using a foot spa at a salon, it is recommended that they go to their doctor immediately and tell him/her that they have had their legs in a whirlpool foot spa. The doctor will then be able to take a small biopsy of a boil to test for mycobacterial culture. This is why it is of integral importance for every manicurist and...
Additionally, it is perfectly acceptable for a client to ask the cosmetologist or other operator to do the proper test on the hair before performing the service. For permanent wave services, a preliminary test curl may be done. This type of test will help determine how the hair will react to a permanent. It is usually done on tinted, bleached, or overporous hair, or on hair that shows signs of damage. A test curl also indicates actual processing time and curl results based on rod size and the product used.

For color services, the operator may perform a strand test. This pretest is given before the treatment to determine development time, color result, and the ability of the hair to withstand the effects of chemicals. If cosmetologists encounter a new client, they may ask for a strand test to ensure the quality of service and the desired result. If the product is an aniline derivative (which includes all permanent haircoloring), the FDA requires a predisposition test (also known as a “patch test”) before use.

So what exactly is a predisposition test? A predisposition test involves applying a small amount of the product to your skin to determine if you may be sensitive to the chemicals. Nearly all manufacturers of chemical products recommend that a predisposition test be performed 24 hours before the desired chemical service to determine whether or not the client could be

Client Precautions

There are a few client precautions that cosmetologists and others practicing within this industry should be aware of, and may even want to make their clients aware of, if they do not know so already.

• Clients should never receive a pedicure if they have any open sores or cuts on their feet or legs.
  o This will actually help prevent the contraction of any bacteria. It is perfectly acceptable for clients to ask whether or not the foot spa they are using has been cleaned and disinfected in between customers. The mycobacterium fortuitum leaves permanent scars and can be very painful, and thus both clients and cosmetologists should take every precaution necessary to prevent the spread of such bacteria.

• Clients may not know what certain terms mean within an establishment. For example, esthetics is the practice of performing facials, applying makeup, giving skin care, or beautifying the face, neck, arms, or upper part of the human body by use of cosmetic preparations, antiseptics, tonics, lotions, or creams. It also includes applying eyelashes or removing hair by tweezing, depilatories, or waxing. (It is illegal for estheticians to pierce the skin during any service or to administer any medications for pain control.)
  o NOTE: People who only demonstrate, recommend, or sell cosmetics are not required to be licensed by the board and may not receive (or expect) any compensation from clients for product application.

• It is important to know that chemical services such as permanent waving, straightening, and hair lightening or coloring all cause permanent changes to the hair. When done correctly, these services can make clients look terrific. When done incorrectly, these same services can make an individual look and feel terrible. Chemical hair care services, then, may be legally performed only by state-licensed cosmetologists and barbers in state-licensed salons or barbershops.
  o We will discuss more regarding hair and hair dyes in our section regarding the chemical makeup of hair, skin, and nails.

Client Precautions
Chapter #2
Florida Cosmetology

For all chemical services, a towel and/or other sanitary neck strip must be used to keep the full-length protective covering (i.e., shampoo cape, drape, smock, etc.) from coming in direct contact with a client’s skin. The towel will also protect the client from solution that may drip during the service. (The operator may also spread petroleum jelly on the skin to help protect it.) The towel must be changed frequently. If it is too wet, it cannot absorb more liquids. If it has absorbed chemical drips, prolonged exposure to it can burn the skin. The chemical solution must be removed from the skin immediately on contact. A cosmetologist should make certain that they don’t drip any chemicals on their clients.

Although some chemicals may have strong odors, salons and barbershops should have adequate ventilation in order to keep the odors from lingering within the environment. If the chemical odor causes the client any discomfort, they will likely immediately inform the operator. Because the chemical application causes a change to the client’s hair, it is imperative that the hair be allowed to adjust before it is shampooed by the cosmetologist.

Clients should always heed cosmetologist’s or barber’s advice to wait so many days (or hours) before shampooing or using any hot implements on the hair. Otherwise, the hair could be severely damaged.

Clients may also not be aware of such terms as chemical exfoliation. Chemical exfoliation (also known as “skin peels”) is a process by which layers of facial skin are removed with commercially available products. Various acids are applied to the face for a few minutes a day over several days. The skin reddens as if sunburned, then darkens and peels away, revealing a layer of sensitive, new skin.

If skin peels are practiced, cosmetologists should advise their clients that recovery time varies from days to weeks or even longer, depending upon the depth of the peel.

Chemical exfoliation is done to smooth wrinkles, reduce scars and blotchy areas, and improve the overall appearance of normal skin.

Chemical exfoliation services may be legally performed only by state-licensed cosmetologists and estheticians in state-licensed salons and barbershops, or by plastic surgeons and dermatologists in medical offices.

NOTE: The chemicals used by physicians are usually stronger than those used in salons and penetrate deeper layers of the skin. Any skin peel product with a strength greater than 40% by volume should be used only by medical professionals.

It should be noted that chemical exfoliation is not the same as “deep cleaning” facials, also known as masks or facial packs. Deep cleaning facials simply clean the pores and slough off dead surface cells, leaving the skin in a softer condition. Board licensees are restricted by law to the use of commercially available (prepackaged) products designed for removing only the uppermost (dead) layers of the skin. Any service requiring greater skin penetration must be done by a medical practitioner. Cosmetologists and estheticians are prohibited by law from mixing or combining skin removal products, unless specifically required by the manufacturer’s directions on the commercially available (prepackaged) product.

Now let’s discuss a little more about chemical exfoliation. When performed properly by a well-trained practitioner, chemical exfoliation is usually safe. However, a significant potential for harm does exist. The chemicals used for the exfoliation procedure usually consist of one or more active ingredients, such as: resorcinol, phenol, alpha and beta hydroxy acids, lactic acid, and salicylic acid. These acids act by destroying skin tissue. Even a fairly mild acid left in contact with the skin for a prolonged period may do considerable damage.

Because of the potential for skin damage, especially
if exfoliation is done improperly, it is essential that anyone who practices chemical exfoliation is licensed to do so. Before a client agrees to a chemical exfoliation, they may ask you, as the cosmetologist, the following sets of questions:

- Ask for names of satisfied customers who have received this procedure.
- Ask what changes will occur in the skin during each phase of the procedure and how it will feel.
- Ask to be shown actual photographs (not just advertising brochures) of the clients during the various phases of the exfoliation service.
- Thoroughly discuss all aspects of the procedure with you, the client may ask questions especially regarding safety issues, hazards, skin types, and any conditions that may increase risks. If the client has any reservations regarding the procedure, you may advise them that it is okay to not go through with it.
- Clients should let you as the cosmetologist know of any medications that they are currently taking, particularly Accutane(r), Retin A(r), or any other acne medications.
- Ask you to see the product to be used, and if it is a commercially prepared product.
- Ask if you will be mixing any chemicals before they are applied to the skin.
  o If in doubt, they may ask to see a copy of the product manufacturer’s instructions.

It is recommended for the clients to call their doctor immediately after the procedure if they experience any symptoms that are more severe than those explained to them by you, as the cosmetologist. That is why it is extremely important for you to inform your clients of possible reactions to the treatment. If a client has to seek medical attention, they may take photos of the affected area as proof in case it turns out they have been harmed.

Electronic Muscle Stimulator

Now we will discuss another type of procedure that cosmetologists have the potential to encounter in their workplace. Electronic muscle stimulator (EMS) devices supply electrical energy to the body surface through plates, pads, or other attachments and cause contraction of the muscles. Cosmetologists, estheticians, and barbers may use electrical equipment to give facials or to help creams or lotions penetrate into the skin, but they must be set so that they promote muscle stimulation, not muscle contraction. Only licensed medical practitioners may use EMS devices to stimulate and contract the muscles to relax a muscle spasm, prevent tissue atrophy, increase local blood circulation, or for other purposes.

Use of these devices by cosmetologists, estheticians, or other nonmedical persons for body toning, muscle firming or tightening, passive exercise, reducing or eliminating “cellulite,” girth reduction, and similar applications is considered unsafe and fraudulent by the FDA. EMS devices have a great potential for harm if used improperly. Why is this so? Well, excessive electrical stimulation can aggravate existing medical conditions such as cancer, heart and circulatory diseases, and epilepsy and may produce adverse reactions requiring immediate medical assistance. If a cosmetologist or esthetician uses electrical devices while performing a service their client, it is the cosmetologist’s responsibility to ensure that all safety precautions necessary for the protection of the client are in place. Application of any electric equipment to a client’s skin should never be performed if they have a cardiac condition or metal implants, unless they have the consent of their physician.

NOTE TO LICENSEES: To find out if a device is intended to contract the muscles, ask the manufacturer or representative and check the manufacturer’s brochure. Beware of devices that advertise “passive exercise,” “slimming,” “cellulite removal,” etc. These are services, by their very nature and title that would require muscle contraction to produce the advertised result. Ask the representative to demonstrate the device for you. A muscle contraction can be seen with the naked eye—the muscle “jumps” when the current causes it to visibly shorten and thicken.
Illegal Chemicals and Items

It is important for cosmetologists and other operators to know what appropriate and inappropriate items exist within their work environment. Licensees, for example, are prohibited from using needle-like instruments, such as lancets, to extract skin blemishes or to perform similar procedures. It is illegal for these instruments to even be in a salon or barbershop. Such acts, and any other services that affect the structure or function of living tissue of the face or body, are considered invasive procedures and should be performed only by medical professionals or by the clients themselves outside the licensed salon or barbershop.

Some manicurists and cosmetologists who perform artificial nail services may use a product known as liquid methyl methacrylate monomer (LMMM/MMA). The FDA actually discourages the use of this chemical in fingernail products. LMMM/MMA is difficult to detect because it is not visually distinguishable from other regular nail acrylic products. There are, however, warning signs that a something may contain LMMM/MMA, which include:

- A very strong and strange odor different from regular acrylic nail products
- Very hard nails that may be difficult to file
- Artificial nails that will not easily soak off in solvents

Cosmetologists should be aware of these products, because the majority of ones that contain LMMM/MMA can cause severe allergic reactions in clients. When LMMM/MMA is used, the acrylic nail adheres so strongly to the natural nail that it may cause the natural nail to be removed from the nail bed under extreme pressure. The board recommends that you, as a cosmetologist, do not allow this chemical to be used in your establishment.

Licensees cannot legally give injections or apply any topical prescription medications to a client, as well. It is also important to note that only licensed cosmetologists and estheticians may perform waxing on the client. Manicurists cannot perform waxing. Cosmetologists and estheticians should ensure that all wax is kept in sanitary conditions before use on any client. An example of unsanitary operation on the cosmetologist’s part is re-dipping the instrument (stick) into one big wax container and then applying that wax onto a client’s skin. Anything that cannot be disinfected before it comes into direct contact with a person needs to be disposed of in a waste receptacle immediately after use. This includes the wax and the instrument(s) used to apply the wax.

Brief Overview of Bacteria

Now that we have discussed some general guidelines for sanitation, and before we begin our thorough discussion on sterilization within the workplace, it is important that we understand exactly what we are fighting against in these environments—bacteria. Bacteria are one-celled microorganisms that are present everywhere in the world. Under microscopes, they actually look like balls, rods, orspirals. However, less than one percent of bacteria are actually harmful to humans. Most bacteria are beneficial in some way—they help digest food, destroy disease-causing cells, and provide the body with necessary vitamins. Bacteria are actually present in foods like yogurts and cheese.

But certain bacteria can cause illness. These bacteria can often reproduce quickly within the body and give off toxins. These toxins have the potential to damage tissue and organs of humans. Some examples of harmful bacteria that can typically infect the human body include things like E. coli and Streptococcus.

In order to control the spread of bacteria within the workplace, it is important to follow specific guidelines which include, but are not limited to:

- Properly washing hands
  - This should be done before working with a customer (especially if you have just completed working on a previous
In combating the spread of bacteria, it is important for cosmetologists to know how bacteria can grow and form in a workplace. Here are a few factors that can promote the growth of bacteria:

- **Moisture**
  - Bacteria need enough moisture to grow in an environment, which is why bacteria usually grow quickly on foods.

- **Temperature**
  - There are two distinct types of bacteria whose growth is relative to temperature:
    - **Psychrophiles**
      - These bacteria need low temperatures (less than 20 degrees Celsius) to form.
    - **Thermophiles**
      - These bacteria need high temperatures (greater than 45 degrees Celsius) to form.
    - **Mesophiles**
      - These are the most common bacteria, and they thrive in warmer environments, usually between 5 and 63 degrees Celsius.

- **Time**
  - In an ideal condition—for bacteria, this is around 37 degrees Celsius—bacteria can grow and multiply by dividing itself into two every 20 minutes. This means that after a mere 6 hours, one bacterial cell can become **131,072** bacteria!

- **Aerobe bacteria**
  - These bacteria require oxygen to form.

- **Anaerobe bacteria**
  - These bacteria do not require oxygen.

Additionally, you can find any other information regarding bacteria or microbes at the National Institute of Allergy and Infectious Disease's website. In 2009, they published an easy-to-understand guide that can be located here: [http://www.niaid.nih.gov/topics/microbes/documents/microbesbook.pdf](http://www.niaid.nih.gov/topics/microbes/documents/microbesbook.pdf)

- **Covering coughs or sneezes**
  - Especially since cosmetologists are working in close proximity with customers and other cosmetologists, it is important that a person cover his or her mouth after coughing or sneezing to prevent the spread of germs.

- **Keeping up to date with proper immunizations**
  - We will discuss later on the importance of such immunizations as Hepatitis B, but immunizing against the common flu is also a good way for cosmetologists to keep themselves healthy.

- **Using gloves and masks**

- **Having tissues readily available**
  - Again, if a cosmetologist should use a tissue to sneeze or cough into, they should always wash their hands before continuing work.

- **Avoid touching the eyes, nose, and mouth**
  - This will not only help to aid in preventing the spread of bacteria, but will also aid in protecting the cosmetologist from unintentionally transferring cosmetology chemicals or other harmful substances in their eyes, noses, or mouths.
Infection Outbreak Reports

Now that we have discussed what caused the reported outbreaks, we will discuss the outbreak histories themselves.

The first reported bacterial outbreak linked to improperly cleaned and disinfected foot spas was in Watsonville, CA in 2000. This outbreak infected at least 110 people with Mycobacterium fortuitum. The outbreak itself was linked to only one high-volume nail salon.

If we fast-forward to four years later, in San Jose, CA in 2004, we learn that another outbreak occurred. This time more than 140 clients of nail salons were infected. However, on this occasion, they were infected with Mycobacterium chelonae (a microbial cousin to M. fortuitum) from 34 different salons. Three nail salons were linked to the majority of infections. Nearby, in Contra Costa County, a smaller outbreak affecting at least six clients occurred.

Can these types of infections of bacteria actually cause death, though? The following cases that are listed have not been conclusively determined (meaning that it is not completely certain whether or not the death was due to the infection from the salon only), but are nevertheless examples of the harm that infections can cause in the salon environment:

In 2006 in Fort Worth, Texas, Kimberly Jackson - a 46-year-old paraplegic - died of a heart attack from a blood infection caused by a staphylococcal infection on her foot. Jackson had reportedly received this infection after being cut on her heel with a pumice stone during a pedicure.

In 2006, in San Jose, California, Jessica Mears, a 43-year-old woman died after suffering from a mycobacterial infection for more than a year. It is important to note, however, that Mears also had Lupus, which is an autoimmune disease that affects various parts of the body, including the skin, joints, heart, lungs, blood, kidneys and brain. Mears apparently received a pedicure at one of the salons linked to an infection outbreak in San Jose in 2004.

In 2007 in Indian Wells, California, Gerry Ann Schabarum who was 70 years old and the wife of former California Assemblyman and longtime Los Angeles County Supervisor Pete Schabarum, died after fighting a staphylococcus infection for more than a year. It was reported that a pedicure “may have been responsible” for the death of Schabarum,
who also suffered from rheumatoid arthritis.

One commonality among the deaths that were reportedly caused by infections from nail salon pedicure services was the health condition of the clients. It is important to note that all of the clients who died had pre-existing medical conditions that made it more difficult to fight off an infection.

Now that we have discussed bacterial infections, we will discuss one more skin infection: methicillin-resistant staphylococcus aureus, or MRSA. MRSA causes similar harmful skin infections but is usually more difficult to treat. Public health officials have found MRSA in locker rooms, jails, fitness centers and anywhere else skin-to-skin contact or common supplies such as towels are used.

Additionally, MRSA may also be potentially transmitted in the salon setting if practitioners do not follow required health, safety and infection control standards. So what is a good way of preventing the spread of MRSA? Simple precautions such as thorough hand washing (which is a state requirement of practitioners between each client) help prevent such infections from occurring. We will discuss proper hand-washing techniques later on in this course.

General Standards

Now that we have briefly discussed what bacteria are and how we can prevent the spread of them, we will discuss further some more general standards of cleanliness for a workplace. In a cosmetology establishment, employees should ensure that all work surface areas are kept free from excessive dust, dirt, or debris. Walls, woodwork, ceilings, furniture, and fixtures should also be kept in good repair. Additionally, all equipment used must be in safe and working order and also be kept clean. According to the EPA, it is important to always remember to keep the shop clean in order to prevent the spread of bacteria, fungi, and other viruses that can be passed from person to person through hair and nail tools, other implements, and even towels.

As a general rule for cosmetology establishments, no establishment should accumulate excessive waste. Employees must be sure to properly dispose of all waste in the proper waste receptacles. In addition to standards regarding the workings of the establishment, employers and employees must always adhere to their building’s specific standards and codes.

One standard that establishments should follow is to not allow smoking within their establishment.

Places where cosmetology is practiced often contain many chemicals, hair and nail products, and other products that have the potential to be highly flammable.

In regards to chemicals within the workplace, no workplace in general, whether practicing cosmetology or not, should contain any product that includes hazardous materials banned by the U.S. Food and Drug Administration. So, for cosmetology, this prohibits the use of any such cosmetic products that fit those descriptions.

Now that we have discussed what a proper, clean establishment may look like, we will focus even further within the establishment to the employer and employees. What does an employee with good hygiene and standards look like? Before we discuss this, we will answer what types of precautions employees must take in order to maintain proper standards in the workplace.

There are three types of precaution you can use, as a cosmetologist, to protect yourself and others against infections. They are:

- **Barrier protection**
  - This is the use of a physical shield, such as gloves

- **Personal hygiene**
  - This includes washing your hands, and keeping your work station clean

- **Disinfection**
  - This refers to the removal of infectious agents from your tools and work station

Communicable Diseases and Florida Law

For cosmetologists in Florida, staying home when you are sick and declining service to clients who are visible ill is not only good hygiene, it’s the law!
not only sanitize hands, but also any portion of the arm that may be exposed to a client. Hand-washing is an effective way to not only prevent chemicals from being passed onto individuals, but also to prevent the spread of diseases and bacteria, such as the common cold or flu from being spread in a workplace.

Hand Hygiene, continued

We have briefly covered some of the basics regarding hand-washing and proper hand hygiene among cosmetologists. Clean hands are the single most important factor in preventing the spread of pathogens and antibiotic resistance in healthcare settings. Additionally, here are some more facts and information regarding hand-washing:

- More widespread use of hand hygiene products that improve adherence to recommended hand hygiene practices will promote patient safety and prevent infections.

- There is substantial evidence that hand hygiene reduces the incidence of infections.

- In more recent studies, infection rates were lower when antiseptic handwashing was performed by personnel and went down when adherence to recommended hand hygiene practices improved.
  - Several factors that may negatively impact the adherence with recommended practices, including:
    - Handwashing agents cause irritation and dryness
    - Sinks are inconveniently located
    - Lack of soap and paper towels
  
- Because of this, it is important that salons always keep hand-washing agents (including plenty of soap and paper towels) in convenient and easily accessible areas both for themselves and for the clients as well.

- Lack of knowledge of guidelines/protocols, forgetfulness, and disagreement with the recommendations may also factor into poor hand hygiene.

- Hand hygiene is a general term that applies to handwashing, antiseptic handwash, or alcohol-based handrub. Handwashing, specifically, refers to washing hands with plain soap and water.
Handwashing with soap and water remains a sensible strategy for hand hygiene in non-healthcare settings and is recommended by CDC and other experts.

- Antiseptic handwash refers to washing hands with water and soap or other detergents containing an antiseptic agent.
- Alcohol-based handrub refers to the alcohol-containing preparation applied to the hands to reduce the number of viable microorganisms.

- As we stated above, easy access to hand hygiene supplies is essential for acceptance and use of such products.
  - Dispenser systems should always function properly and should also deliver an appropriate volume of product.
  - Soap should not be added to a partially empty soap dispenser because of the potential for bacterial contamination of the soap.
    - Plain soap is good at reducing bacterial counts but antimicrobial soap is better, and alcohol-based handrubs are the best.
  - Alcohol-based handrubs are actually less damaging to the skin than soap and water are.
  - Alcohol-based handrubs may be a better option than traditional handwashing (which includes soap and water) because they require less time, act faster, and irritate hands less frequently.

- When decontaminating hands with an alcohol-based handrub, one should apply product to the palm of one hand and rub the hands together, covering all surfaces of hands and fingers, until the hands are completely dry.

- When washing hands with soap and water, the first step is to wet the hands with water. Then, apply the amount of soap recommended by the manufacturer, and rub hands together for at least 15 seconds, being certain to cover all surfaces of the hands and fingers. Rinse hands with water, dry thoroughly with a disposable towel, and use the towel (not your hands) to turn off the faucet.

- Additionally, it is okay for workers to be supplied with hand lotions or creams in order to minimize the occurrence of irritant contact dermatitis associated with handwashing. However, hand lotions and creams are not substitutes for handwashing itself.

- Information should be obtained from manufacturers regarding the effect that hand lotions, creams, or alcohol-based handrubs have on the effectiveness of antimicrobial soaps.

- Nail length is important because even after careful handwashing, the nails can often harbor substantial numbers of potential pathogens in the spaces.
  - Numerous studies have documented that subungual areas of the hand harbor high concentrations of bacteria. The most common bacteria include:
    - Coagulase-negative staphylococci
    - Gram-negative rods (including Pseudomonas spp.)
    - Corynebacteria
    - Yeasts
  - It is important for cosmetologists to keep their natural nail tips at a proper length in order to prevent these bacteria from spreading to clients or from affecting the cosmetologists themselves. Nails tips then should be kept to ¼ inch in length.

- A growing amount of evidence suggests that wearing artificial nails may actually contribute to the transmission of certain pathogens.

- Alcohol-based handrubs should always be stored away from high temperatures or flames, because the chemicals in these products are highly flammable. Additionally, we will later discuss what other chemicals in the salon should be kept away from heat and direct sunlight.
  - After a cosmetologist applies alcohol-based handrubs, they
Chapter #2
Florida Cosmetology

Antiseptics vs. Disinfectants

Antiseptics and disinfectants are similar in that they are both used to kill, or at least control, the growth of microbes. Chemicals that can be used to sanitize the workplace fall into one of these two categories—Antiseptics and Disinfectants. However, we will now highlight the differences between antiseptics and disinfectants, as both must be utilized on separate occasions:

**Antiseptics**

- Antiseptics are agents that are used on living tissue. This includes the tissue that can be found in humans.
  - For alcohol, a 50-60% solution can be used on the skin.
  - For iodine, a 2% U.S.P can be used on the skin.
  - For hydrogen peroxide, a 3-5% solution can be used for minor wounds.

**Disinfectants**

- Disinfectants are chemicals that are used on non-living things.
- You would use these to clean the floors, countertops, or equipment in an establishment.
- Usually too toxic or even potent to be used on living tissue.
- Some examples of disinfectants, then, would include bleach or Lysol.

While different in regards to when they are used, disinfectants and antiseptics are similar in how

Gloves

It is the duty of the employees to ensure that their establishment is kept a safe, disease and infestation-free environment for his or her customers. Additionally, in order for the cosmetologist to keep him or herself safe, they should follow these other practical guidelines, outlined by the Environmental Protection Agency, or EPA.

- Cosmetologists should wear disposable gloves when handling certain products and replace these gloves if there are noticeable holes, rips, or tears in them.
- The same pair of gloves should not be worn for the care of more than one customer.
- Gloves should not be washed or reused.
- Employees should always wear appropriate clothing that is not too loose, so that this way they might avoid accidental spills.
- Cosmetologists should also refrain from using excessive amounts of product in their work environments. Once they are finished using it, any product that an employee has used should be re-stored in a safe, tightly closed container.

Above, we have discussed certain plans and procedures that may be implemented in order to keep a work environment safe for both the employees of an establishment as well as the customers. We have briefly touched on how certain chemicals may be harmful to individuals, and how those types of chemicals may be prevented. Next, we are going to discuss the ways in which an establishment may be kept clean by defining the differences between antiseptics and disinfectants.
they function. The way that both antiseptics and disinfectants work is that they interfere with a cell wall, and thus cause the cells themselves from reproducing. So, it is highly recommended that when a cosmetologist works with a disinfectant (such as bleach or Lysol) that may be potentially damaging to the skin, they wear the proper personal protective equipment.

It is also always recommended that cosmetologists refrain from directly inhaling any fumes from either antiseptics or disinfectants, as they can be harmful to humans. Both antiseptics and disinfectants should be properly labeled at all times, so they will not be confused for one another.

We briefly discussed personal protective equipment (also known as PPE) above. So what exactly does personal protective equipment look like for disinfectants within the cosmetology setting?

- For nail salons in particular, the EPA recommends the use of nitrile gloves, rather than latex or vinyl ones (which may be used in other occasions), because certain chemicals present in these establishments may be able to permeate latex or vinyl.

- However, if an employee is uncertain of what protective equipment they should wear, they should always refer to a Material Safety Data Sheet (or MSDS) that should be located within their establishment for proper guidance.
  - The MSDS is a document that will contain all of the known properties of a chemical.
  - Each chemical in the workplace must have its own MSDS.
  - An MSDS must be readily available for any worker to use.
  - For more information regarding MSDSs, feel free to visit the Occupational Safety & Health Administration’s (OSHA) website: http://www.osha.gov/dsg/hazcom/msdsformat.html


A Clean Workplace

A sanitary workplace is vital to the prevention and protection of employees to hazardous materials. Therefore, employers must ensure that the worksite is maintained in a clean and sanitary condition.

In order to do this, the employer must determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present and tasks or procedures being performed in the area.

Sterilization in the Work Environment

Since we have discussed the requirements for establishments, employers, and employees, we will now discuss the sterilization and sanitation of the work environments.

Sterilization
Sterilization is the strongest level of disinfection because it is the process of destroying all bacteria whether it is harmful or not. Common methods of sterilization used in the workplace include:

- **Boiling** – Towels, linens and heat/water resistant instruments can be submerged in water that is heated to 212°F.
- **Steaming** – Special equipment can be used to steam-sterilize equipment. The manufacturer's instructions should be followed for this method to be effective.
- **Irradiation** – Instruments can be sterilized by ultra-violet light rays in an enclosed cabinet. However, approval of this method differs from state to state.
- **Chemical solutions** – A hospital-level disinfectant can be used to sterilize equipment. To sterilize, the solution should be mixed according to sterilization instructions on the container, and the instruments should be immersed for an instructed length of time (typically 10 minutes).

Each establishment may vary slightly regarding certain procedures; however, the following are universal standards regarding sanitary equipment that should be included in establishments:

- Contaminated work surfaces must be decontaminated with an appropriate disinfectant, as noted above.
  - This should be done after the completion of appointments.

(Immediately or as soon as feasible when surfaces are overtly contaminated), or at the end of the work shift if the surface may have become contaminated since the last cleaning.

- All bins, pails, cans, and similar receptacles intended for reuse which could potentially become contaminated with any infectious material must be inspected and decontaminated on a regularly scheduled basis.
  - These should also be cleaned and decontaminated immediately or as soon as possible upon recognizing if they are noticeably contaminated.

- Accidents do occur in the workplace, so if broken glassware is present, it must not be picked up directly with the hands. It must, instead, be cleaned up using mechanical means, such as a brush and dust pan, tongs or forceps.

### Regulations Regarding Sterilization

Since we have just discussed some of the items required in an establishment for sanitary purposes, we will now discuss some regulations regarding the sanitation and sterilization of tools that are used by cosmetologists.

In cosmetology, many tools are implemented daily, and each of these must be sterilized by either disinfectants or antiseptics. Any item that has not been properly cleansed and disinfected may not be utilized, and any item that has been soiled or used by an employee must be disposed of in a proper waste receptacle.

And, to re-emphasize, employers and all employees must make sure that their hands are properly cleaned before serving any client.

### Sterilizing Tools

Next, we will discuss the general guidelines for sterilizing specific tools. It is important to know that in Florida, all salons must be equipped with and utilize wet sanitizers with hospital level disinfectant or EPA approved disinfectant, sufficient for disinfecting practices. A wet sanitizer is any receptacle containing a disinfectant solution and large enough to allow for a complete immersion of the articles. A cover for the wet sanitizer must be provided. For complete details about Florida salon sanitation requirements, see Florida Administrative Regulations Regarding Sterilization.
Florida Cosmetology

Chapter #2

There are some minimum requirements for the sanitation and sterilization of tools and equipment in cosmetology establishments. Cosmetology establishments should include, at the very least:

- One covered waste receptacle that is used to dispose hair only.
  - They should also include an additional closed receptacle that can be used for any soiled towels, gowns, or sheets.
- Closed and clean cabinets that are designed to only hold fresh towels.
- Containers used to only store disinfectant solutions for instruments and equipment.
  - Additionally, each of the containers of disinfecting solution must be large and deep enough to fully submerge all necessary tools and instruments.

Sterilizing for Non-Electrical Tools

Now we will discuss the proper sterilization techniques for non-electrical tools.

- In general for cosmetology, any tools that are non-electrical must be cleaned with soap, detergent, and water and then completely immersed in an EPA-registered disinfectant for at least ten minutes before use, per the manufacturer’s instructions.
  - These disinfected instruments must then be kept in a safe, clean, covered place and labeled as such.
- The disinfectant solutions themselves must also be covered at all times, and changed at least once a week, or whenever they appear to be dirty or cloudy.
- If an item is a single-use item and cannot be disinfected, but this item has come in contact with a client (for example: cotton balls, sponges, emery boards, etc.), the item must be properly discarded in a waste receptacle after use.

Sterilizing Combs and Brushes

- Remove hair from combs and brushes
- Fill a clean, sterilized container with a solution of hospital-level disinfectant as directed by the product’s instructions
- Immerse combs and brushes in the solution for a minimum of 20 minutes or as otherwise instructed
- Remove combs and brushes and rinse in clean water
- Dry thoroughly with a clean towel
- Store in a dust-free place

Sterilizing Metal Tools

- Fill a clean, sterilized container with a solution of hospital-level disinfectant as directed by the product’s instructions
- Immerse non-electric metal tools, such as shears and tweezers, in the solution for a minimum of 10 minutes or as otherwise instructed
- Remove tools and rinse in clean water
- Dry thoroughly with a clean towel
- Store sterilized tools in a sterile location or in individual clean containers until they are ready for use
- If the tools could be damaged from immersing in a solution, wipe cutting blades and/or other areas of contact with a hospital-level disinfectant
- Never reuse needles used for tattoos or piercing. Discard these items in a puncture resistant sharps container designed specifically for this purpose.

Sterilizing Manicure Tools

- Nail files should be scrubbed to remove debris before being immersed in a hospital-level disinfectant that is used
According to public health officials investigating the northern California outbreaks, improperly cleaned and disinfected foot spas set the stage for the multiple infections. Here is why: improperly cleaned and disinfected foot spas in these establishments allowed biofilm such as skin, hair, oils, lotions and other residues to build up. The biofilm, in turn, acted as an effective breeding ground for the mycobacteria, which grew to high concentrations by gaining a foothold in the biofilm. Infection cases in Oregon, as well as many other states across the nation, support the idea that mycobacteria can be a potential problem in any environment where proper and required health, safety and infection control steps aren’t adhered to.

So what can you, as a cosmetologist, do to prevent this? Nail salon practitioners can most effectively prevent the build-up of biofilm in foot spas by using surfactant or enzymatic soaps or detergents before disinfection of the foot spas. These types of cleaners break down biofilm much better than other types of cleaners and, thus, improve the effectiveness of disinfectants.

With high concentrations of mycobacteria growing in biofilm and circulating through foot spas, clients with breaks or cuts in their skin are the most likely customers to be infected by such bacteria. Breaks or cuts in the protective layers of the skin already provide an easy opportunity for the mycobacteria to enter the body. Another route that bacteria may enter is through shaving. Yes, you have read that correctly. It has been found that hair removal may create smaller, even microscopic, breaks or cuts in the skin that are not readily visible but that are still large enough for even smaller mycobacteria to gain entry.

So what does evidence of this bacteria look like? According to the industry trade publication *Nails*, mycobacterial infections appear initially as “pimply bumps that turn purplish, then seep and spread” into “ugly, pus-filled sores.” These sores on the lower leg...
usually do not heal very well, which can additionally cause scarring in the future. The sores themselves may appear as thick, knotted areas that resemble a spider or insect bite.

A skin infection lasting at least two weeks may be considered to be a mycobacterial infection if it includes at least one of the following features:

- Negative routine bacterial culture (taken by a physician or other appropriate medical professional)
- Failure to respond to antibiotic treatment
- The physician’s suspicion of a mycobacterial infection

It is very rare to see outbreaks of these types of infections within cosmetology establishments, however. If salon whirlpool footbaths are cleaned and disinfected properly and in accordance with board instructions that are given during the time of inspection, the risk of these infections occurring in a salon setting is very small.

So now that we have discussed what types of bacteria may present themselves if a foot spa is not properly cleaned, it seems appropriate to discuss the rules and guidelines that a cosmetologist should follow in order to prevent any outbreaks within their establishment. Now, we will discuss some general rules for cleaning foot spas and air-jet basins.

- For establishments with whirlpool foot spas, all water must be first drained from the basins after each customer uses the spa.

- Next, the inside wall of the basin must be scrubbed and cleaned.
  - The employee must make sure that all previous residue is gone. This cleaning should be performed with a clean brush and liquid soap, in addition to water.

- The basin will then be rinsed and re-filled with clean water.

- Next, the employee must insert the correct amount of EPA-registered hospital liquid disinfectant and let it circulate, per manufacturer instructions.

- Foot plates on a pipeless spas, it must be removed so the area beneath it can be cleaned, rinsed and wiped dry.

- The disinfectant should soak in the basin for at least ten minutes before it is drained, rinsed, and then wiped dry with a paper towel by the employee.

Cleaning at the End of the Day

Now that we have discussed how a cosmetologist needs to clean the foot spa basin in between clients, we will discuss how the basin must be disinfected at the end of each work day. After the last client has left for the day:

- Employees in these particular establishments must remove any screen or other removable parts from the spas and basins.

- The employee needs to then scrub any and all residue from the screens, walls, and other parts of the basin.
  - This must be done using a clean brush, liquid soap, and water.

- The screens (and any other parts that have just been removed and cleaned) must then be reinserted before the basin is to be re-filled with warm water and detergent.
  - The employee must let this mixture circulate for at least ten minutes before it is drained and the basin is rinsed again.

- The basin will then be re-filled once more with the correct amount of EPA-registered hospital liquid disinfectant.
  - Once this mixture has circulated for at least ten minutes, the basin may be drained, rinsed, and wiped by a clean paper towel.

- The bowl must then dry completely.

Weekly Cleanings

Employees not only should clean foot spas and air-jet basins on a customer-by-customer or daily basis, but also weekly.

Once a week, an employee will perform the steps as mentioned above, except that the foot spa or air-jet basin will not be drained
of disinfectant solution. Instead, the spa will be turned off so that the solution can soak for anywhere between 6 and 10 hours.

After the mixture has sat for the proper amount of time, the basin may be drained and rinsed with clean water. The basin will then need to be re-filled and flushed by the employee before use by a customer.

Additional Salon Guidelines

- To prevent accidents, the workplace should be well lit
- The air should be well ventilated to prevent the concentration of potentially toxic chemicals
- Floors should be kept clean by:
  - Sweeping away hair and other waste from the floor often
  - Store waste in a closed container
- Do not use objects dropped on the floor until they are sterilized
- Do not place tools such as combs or hairpins in your mouth
- Do not store combs or other tools in your pocket
- Keep premises free of vermin such as rodents and flies
- No animals are allowed in salon, except fish in closed aquariums and animals specifically trained to assist someone with a disability
- Do not eat at your work station

Exposure Control Plans

Now that we have discussed some general housekeeping guidelines for establishments, including those that practice cosmetology, we will briefly discuss exposure control plans – what they are, why they are implemented, and how they benefit employees.

An exposure control plan is a plan that is outlined by the employer and explains what he or she will do in order to minimize exposure to blood borne pathogens. The plan will describe how the employer will:

- annually review exposure determination
- utilize work practice controls
- handle exposure incidents
- provide training
- maintain exposure incidents
- use signs, labels, and personal protective equipment

This plan (also called an ECP) will be updated annually, which will ensure that any recent changes are reflected. It will also need to be updated in order to reflect any other changes in technology, employee positions, job duties, etc.

When we talk about “occupational exposure,” we may not often automatically think about cosmetologists. However, occupational exposure can be defined as any employee duty that could potentially cause exposure to blood or other potentially infectious material. Certainly, cosmetologists are potentially exposed to these as they work in close proximity with their clients and other employees on a daily basis, and can come into contact with blood or potentially other bodily fluids.

Additionally, cosmetologists also work around tools that may fit this description. They often use sharp instruments which have the potential to transmit such pathogens. Certain employees may have more exposure to these kinds of pathogens than others. Some employees may work with equipment that can transmit these pathogens, while others may not. In either case, it is important for all employees to be aware of such hazards.

In order to be aware of such precautions, it is important to re-emphasize that everything in the work environment that could have potentially infectious materials must be labeled accordingly.

- If there are any materials that are infectious and can be considered biohazards (for example, any item that comes in contact with blood or body fluid), these must be discarded into a biohazard box only. This box will have a fluorescent orange or red-orange label with lettering and symbols in a contrasting color.
Hepatitis B

Now that we have discussed biohazards, we will briefly cover Hepatitis B – HBV – in the workplace.

Any workplace that has a potential to exposure to blood or other bodily fluids can be susceptible to HBV. Cosmetologists fall into this category, as they encounter other individuals on a daily basis who may be known or unknown carriers of this disease.

Though, like we stated above, cosmetologists and salons are often not immediately associated with blood borne pathogens, this does not mean that they do not have a risk of being infected by them. Thus, it is recommended that every cosmetologist gets an HBV vaccine to absolve the risk of being infected, and that they receive this vaccination prior to attending cosmetology school.

The vaccination itself is not mandatory, but a majority of individuals have already been assimilated to the vaccine as children (the HBV vaccine is now becoming more integrated into the childhood vaccine schedule).

However, it is recommended by the CDC that adults who have not completed the vaccine series get a universal HBV vaccine if they are in environments where they are susceptible to HBV.

Since employees are not required to obtain an HBV vaccine, they will likely have to sign a declination form, if they decline the vaccine. This will be evidence that they know about the vaccine, but have chosen not to have it administered.

Methods of Controlling Hazards

Since we have discussed blood borne pathogens throughout this section, we will conclude our discussion by discussing methods of controlling them in the workplace. There are a few methods of control for bloodborne pathogens:

• Universal precautions, which we discussed earlier

Florida Statues

So far there has been a lot of information provided for cosmetologists regarding the sanitation and sterilization of their workplaces. Additionally though, any employees working in cosmetology in the state of Florida may refer to Title 32 chapter 477 of the Florida Statues for more rules or guidelines.

How to File/Resolve a Complaint

If you are injured by any licensee of the Board, discuss what happened with the operator and salon or barbershop owner. Take photographs of the injury and have another professional look at it to provide independent confirmation. Seek medical
attention if necessary, and always file a complaint with the state board.

Board representatives will review your complaint and determine the appropriate course of action to resolve the issue and/or obtain salon/barbershop/operator compliance with the laws and regulations. You may also file a complaint to report unlicensed activity, false advertising, or fraud.

**Conclusion**

Throughout this lesson, we have discussed what it means to work in a properly sanitized and sterilized work environment. We have outlined proper standards of cleanliness for all establishments, including – but not limited to:

- Discussion of bacteria, including: what it is, how it grows, and how it can be controlled within the workplace
- Standards of cleanliness for establishments, employers, and employees
- Defined the differences between disinfectants and antiseptics
- Proper precautions when dealing with these chemicals.
- Focus on blood borne pathogens in the workplace, housekeeping standards, Hepatitis B, and exposure control plans
- Discussed the proper sterilization techniques of common tools and equipment that may be found in cosmetology workplaces
Before looking at specific safety and health issues pertaining to a variety of workplace hazards, it is important to understand and be familiar with OSHA and how OSHA works. In particular, this lesson consists of the following sections:

1. The importance of OSHA including OSHA’s history and mission – In this section we will be looking at the history of OSHA and how it came to be, including OSHA’s mission and the importance of understanding OSHA.

2. What rights do you have under OSHA – In this section, we will cover the rights you have under OSHA such as, your right to a safe and healthful workplace and the right to file a complaint with OSHA. We will also look at worker/employee responsibilities.

3. Employer responsibilities under OSHA – Here, we will study the responsibilities employers have in providing a workplace that is free from hazards and is in compliance with OSHA.

4. OSHA Standards – In this section, we will look at the types of standards and how OSHA organizes standards.

5. How OSHA inspections are conducted – This section will cover inspection priorities including the stages of an inspection, citations and penalties, and the appeals process.

6. Lastly we will look at where you can go for help. – This section covers the resources available both inside and outside of the workplace/worksite. In addition we will look at how to file a complaint with OSHA.

Once you have completed this lesson you will be able to explain the importance of OSHA in providing a safe and healthful workplace to workers covered by OSHA.
OSHA's Weekly Fatality/Catastrophe Report. These reports provide weekly summaries of fatalities and catastrophes resulting in the hospitalization of three or more workers. The fatalities listed are only those that initially appear to be work-related, but exclude fatalities that do not appear to be work-related, such as an apparent heart attack of a sedentary worker. It is important to emphasize that this report represents only one week of worker fatalities reported to OSHA.

**Remember:** Hazard prevention is OSHA's priority. If workers know their rights, and employers meet their responsibilities, lives and limbs can be saved. This is why training such as this is very important, it is the primary way to train workers in the basics of occupational safety and health issues to reduce workplace fatalities, injuries and illnesses.

The Weekly Fatality/Catastrophe Reports can be obtained through OSHA's website: [www.osha.gov/dep/fatcat/dep_fatcat.html](http://www.osha.gov/dep/fatcat/dep_fatcat.html)

### History of OSHA

OSHA stands for the Occupational Safety and Health Administration, an agency of the U.S. Department of Labor. OSHA's responsibility is worker safety and health protection. The U.S. Congress created OSHA under the Occupational Safety and Health Act of 1970 - the OSH Act. Some events that led to the creation of the OSHA law include:

- **The 1911 Triangle Shirtwaist Company fire in New York City which killed 146 of 500 employees in one of the worst work-related disasters in our country’s history. Factory workers, mainly young, female immigrants working long hours for low wages, died because doors were locked and there were no fire escapes. This tragedy outraged the public, who called for safety and health reform. Frances Perkins, who later became the first Secretary of Labor, investigated the Triangle fire and tried to find ways to prevent future occurrences.**

- **Production for World War I caused a crisis in workplace safety and health conditions too. The government created a Working Conditions Service to help states inspect plants and reduce hazards.**

- **In the 1930’s, as part of President Roosevelt’s New Deal, additional laws increased the federal government’s role in job safety and health. But the federal role was mainly to provide service and information to state governments. By the late 1950’s, the Federal-State partnership could**
The OSH Act

Many thought that the only solution was a Federal law with the same rules and enforcement for everyone. On December 29, 1970, President Nixon signed the OSH Act. This Act created OSHA, which formally came into being on April 28, 1971. With the creation of OSHA, for the first time all employers in the United States had the legal responsibility to provide a safe and healthful workplace for employees. Now, there were uniform regulations that applied to all workplaces.

The OSH Act is also known as Public Law 91-596. It covers all private sector employers and their workers in the 50 states and all territories and jurisdictions under federal authority. Employers and workers in many fields, including but not limited to: manufacturing, construction, longshoring, agriculture, law, medicine, charity and disaster relief, are covered by OSHA. Religious groups are covered if they employ workers for secular purposes, such as maintenance or gardening.

The OSH Act covers Federal workers by conducting inspections in response to complaints, but OSHA cannot propose monetary fines against federal agencies. In addition, the following groups do not come under OSHA:

- The self-employed
- Immediate members of farming families not employing outside workers
- Mine workers, certain truckers and transportation workers, and atomic energy workers who are covered by other federal agencies

OSHA’s Mission

Now that you are familiar with how OSHA was created, let’s take a look at OSHA’s mission. Employers are responsible for providing a safe and healthful workplace for their employees. OSHA’s role is to assure the safety and health of America’s workers by:

- setting and enforcing standards
- providing training, outreach, and education
- establishing partnerships
- encouraging continual process improvements in workplace safety and health

To achieve this, federal and state governments work together with more than 100 million working men and women and eight million employers. To carry out its mission, OSHA:

- Develops job safety and health standards which are enforced through worksite inspections
- Maintains a reporting and recordkeeping system to keep track of job-related injuries and illnesses
- Provides training programs to increase knowledge about occupational safety and health.

OSHA also assists individual states in their efforts to assure safe and healthful working conditions through OSHA-approved job safety and health programs. State plans are OSHA-approved job safety and
Even though OSHA has had an impact on worker safety and health, significant hazards and unsafe conditions still exist in U.S. workplaces. Each year:

- On average, 15 workers die every day from job injuries
- Over 5,600 Americans die from workplace injuries annually
- Over 4 million non-fatal workplace injuries and illnesses were reported

Note: These figures are from the AFL-CIO Report, *Death on the Job: The Toll of Neglect, April, 2009.*

The estimated cost of occupational injuries and illnesses are from $145 billion to $290 billion a year for direct and indirect costs. OSHA is a small agency, with approximately 1,000 federal inspectors and 1,400 state inspectors to cover about eight million workplaces.

OSHA cannot be everywhere. That is why it is important for you to know your rights and for employers to be aware of their responsibilities under OSHA. This training will help you know whether your employer is complying with OSHA standards, what rights you have related to job safety and health, and where you can go if you need help. Training and
employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”

A safe and healthful workplace means that hazards are removed and workers are trained. If a hazard cannot be removed completely, protection such as respirators or earplugs must be provided. In addition, section 5(a)(2) requires employers to “comply with occupational safety and health standards promulgated under this Act”.

Some examples of a safe and healthful workplace include:

- Training is provided and required on job sites.
- Noise levels are controlled. When levels are still high, workers are given hearing tests and are provided training and hearing protection.
- Protection from chemical hazards is provided, including an evaluation of chemicals used, a written program, Material Safety Data Sheets, worker protection such as protective gloves, and information and training.

The creation of OSHA provided workers the right to a safe and healthful workplace. Section 5(a)(1) of the OSH Act also known as the general duty clause, states: “Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”
that includes information on:

- Container labeling
- Material Safety Data Sheets (MSDSs)
- Worker training
  - The training must include the physical and health hazards of the chemicals and how workers can protect themselves, including specific procedures the employer has implemented to protect workers, such as work practices, emergency procedures, and personal protective equipment.

The hazard communication program must also include a list of the hazardous chemicals in each work area and the means the employer uses to inform workers of the hazards of non-routine tasks. In addition, the program must explain how the employer will inform other employers of hazards to which their workers may be exposed, for example, contract workers.

OSHA’s Hazard Communication Standard (HCS) specifies certain information that must be included on MSDSs, but does not require that any particular format be followed in presenting this information. In order to promote consistent presentation of information, OSHA recommends that MSDSs follow the 16-section format established by the American National Standards Institute (ANSI) standard for preparation of MSDSs (Z400.1).

By following this recommended format, the information of greatest concern to workers is featured at the beginning of the data sheet, including information on chemical composition and first aid measures. More technical information that addresses topics such as the physical and chemical properties of the material and toxicological data appears later in the document. While some of this information (such as ecological information) is not required by the Hazard Communication Standard, the 16-section MSDS is becoming the international norm. The MSDS must be provided to commercial customers prior to or with the initial shipment of the hazardous chemical and with the first shipment after the sheet has been updated.

Remember: MSDSs provide important information to workers about hazardous chemicals in the workplace and how to safely handle and work with them. Every chemical within your workplace should have a MSDS.

Section 1 - Product and Company Information

Now, let’s take a look at the 16 sections of the MSDS. Section 1 - Product and Company Information. This section links the MSDS to the chemicals label and identifies the details of the manufacturer or responsible party where more information can be obtained. It also includes the Hazardous Material Information System that uses a numbering system to indicate the health, flammability, reactivity hazards associated with the chemical and whether protection should be used.

Section 2 - Composition/Information on Ingredients

This section lists the hazardous ingredients and may include OSHA Permissible Exposure Limits (PELs) - either a time weighted average limit for an 8-hour day or a maximum concentration exposure limit for the items on the OSHA list. It may also include ACGIH (American Conference of Governmental Industrial Hygienists) Threshold Limit Values (TLVs) which is the maximum exposure limits.
Chapter 3 - Hazards Identification

This section covers the health effects you may encounter when exposed, such as, emergency overview and primary route of entry.

Section 7 - Handling and Storage

This section discusses the safe use and storage of the material.

Section 8 - Exposure Controls/Personal Protection

This section covers engineering controls, work practices and personal protective equipment that help to reduce exposure.

Section 9 - Physical and Chemical Properties

This section covers information about the physical and chemical properties of the material. Physical information such as, physical state, appearance and odor and chemical information, such as, boiling point, melting point, vapor pressure, specific gravity, solubility in water, and evaporation rate are covered.

Section 10 - Stability and Reactivity

This section discusses the stability of
the material, what causes instability, incompatibilities, if hazardous decomposition products are possible and the conditions to avoid.

Section 16 – Other Information

This section covers any other important information pertaining to the material, such as, label text, hazard ratings, preparation and revision information or a key that explains the abbreviations used in the MSDS. Remember: MSDSs provide important information to workers about hazardous chemicals in the workplace and how to safely handle and work with them. Every chemical within your workplace must have a MSDS. Click the button to download the MSDS discussed here.

Right to Information about Illnesses and Injuries

OSHA’s Recordkeeping rule requires most employers with more than 10 workers to keep a log of injuries and illnesses. The log, which is also called the OSHA 300, must contain all work-related injuries and illnesses resulting in lost workdays, restricted work or transfer to another job, as well as any incident requiring more
Chapter #3
Florida Cosmetology

Hazard Communication (Right to Know) standard. Other required training includes anything that may specifically pertain to your job or workplace.

Right to Hazardous Exposure Records and Medical Records

Under OSHA standard 1910.1020, you have the right to examine and copy exposure and medical records, including records of workplace monitoring or measuring of a toxic substance. This is important if you have been exposed to toxic substances or harmful physical agents in the workplace, as this regulation may help you detect, prevent, and treat occupational disease.

Examples of toxic substances and harmful physical agents that may be found in a workplace are:

- Metals and dusts, such as, lead, cadmium, and silica.
- Biological agents, such as bacteria, viruses, and fungi.
- Physical stress, such as noise, heat, cold, vibration, repetitive motion, and ionizing and non-ionizing radiation.

OSHA standards require employers to measure exposure to harmful substances, and workers or their representatives have the right to observe the testing and examine the results. If the exposure levels are above the limit set by the standard, the employer must tell workers what will be done to reduce their exposure.

Right to Complain or Request Hazard Correction

Workers may bring up safety and health concerns in the workplace to their employers without fear of discharge or discrimination, as long as the complaint is made in good faith. OSHA regulations 29CFR 1977.9(c) protect workers who complain to their employer about unsafe or unhealthful conditions in the workplace. You cannot be transferred, denied a raise, have your hours reduced, be fired, or punished in any other way because you have exercised any right afforded to you under the OSH Act.

Specifically, 29CFR 1977.9(c) states “the salutary principles of the Act would be seriously undermined if employees were discouraged from lodging complaints about occupational safety and health matters with their employers. Such complaints to employers, if made in good faith, therefore would be related to the Act, and an employee would be protected against discharge or discrimination caused by a complaint to the employer.”

Since employees are often closest to potential safety and health hazards, they have a vested interest in reporting problems so that the employer gets them fixed. If a hazard is not getting corrected, you should then contact OSHA.

Right to Training

You have a right to get training from your employer on a variety of health and safety hazards and standards that your employer must follow. We’ve already discussed the training required under OSHA’s
You may file a complaint with OSHA if you believe a violation of a safety or health standard, or an imminent danger situation exists in your workplace and you may request that your name not be revealed to your employer. You can file a complaint on OSHA’s Web site, in writing or by telephone to the nearest OSHA office. You may also call the office and speak with an OSHA compliance officer about a hazard, violation, or the process for filing a complaint. If you file a complaint, you have the right to find out OSHA’s action on the complaint and request a review if an inspection is not made. We will cover the specifics of filing a complaint later in this lesson.

Right to Participate in an OSHA Inspection

If an OSHA inspection is conducted in your workplace, you have the right to have your representative accompany the inspector on the inspection. You also have the right to talk to the inspector privately. You may point out hazards, describe injuries, illnesses or near misses that resulted from those hazards and describe any concern you have about a safety or health issue. You also have the right to find out about inspection results and abatement measures, and get involved in any meetings or hearings related to the inspection. You may also object to the date set for the violation to be corrected and be notified if the employer files a contest. If an employer disagrees with the results of the OSHA inspection, they may submit a written objection to OSHA called a Notice of Contest.

Workers have a right to seek safety and health on the job without fear of punishment. This right is spelled out in Section 11(c) of the OSH Act. The employer will not punish or discriminate against employees for exercising such rights as complaining to the employer, union, OSHA, or any other government agency about job safety and health hazards.

These rights include:

- complaining to OSHA and seeking an OSHA inspection
- participating in an OSHA inspection
- participating or testifying in any proceeding related to an OSHA inspection

OSHA has developed a Fact Sheet that summarizes your rights as a whistleblower. This fact sheet covers the laws enforced by OSHA, unfavorable personnel actions, the process of filing a complaint, how OSHA determines whether retaliation took place and applicable whistleblower protections. This fact sheet can be obtained through OSHA’s website in English or Spanish.

Workers also have the right to refuse to do a job if they believe in good faith that they are exposed to an imminent danger. “Good faith” means that even if an imminent danger is not found to exist, the worker had reasonable grounds to believe that it did exist. Since the conditions necessary to justify a work refusal are very stringent, refusing work should be an action taken as a last resort.

If time permits, the condition should be reported to OSHA or the appropriate government agency. If you believe you have been punished for exercising your safety and health rights, you must contact OSHA within 30 days.
Refusing to Work Because Conditions Are Dangerous

The United States Supreme Court issued the landmark in the Whirlpool case ruling which more clearly defined a worker's right to refuse work where an employee has reasonable apprehension that death or serious injury or illness might occur as a result of performing the work. However, as a general rule, you do not have the right to walk off the job because of unsafe conditions.

Your right to refuse to do a task is protected if ALL of the following conditions are met:

• Where possible, you have asked the employer to eliminate the danger, and the employer failed to do so.

• You refused to work in “good faith.” This means that you must genuinely believe that an imminent danger exists. Your refusal cannot be a disguised attempt to harass your employer or disrupt business.

• A reasonable person would agree that there is a real danger of death or serious injury; and

• There isn’t enough time, due to the urgency of the hazard, to get it corrected through regular enforcement channels, such as requesting an OSHA inspection.

When all of these conditions are met, you need to do the following:

• Ask your employer to correct the hazard

• Ask your employer for other work

• Tell your employer that you won’t perform the work unless and until the hazard is corrected

• Remain at the worksite until ordered to leave by your employer.

Here are some if/then scenarios that you should follow:

• If you believe working conditions are unsafe or unhealthful, then call your employer’s attention to the problem.

• If your employer does not correct the hazard or

OSHA holds employers responsible for the safety and health conditions in the workplace and does not cite workers for violations. However, Section 5(b) of the OSH Act – last section of the general duty clause, states that “each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to the Act which are applicable to his own actions and conduct.” This means that workers should follow all appropriate safety and health rules.
hazards and comply with OSHA standards. Establishing a safe and healthful workplace requires every employer to make safety and health a priority. In general, OSHA requires employers to:

- Maintain conditions and adopt practices reasonably necessary to protect workers on the job. The first and best strategy is to control the hazard at its source. Engineering controls do this; unlike other controls that generally focus on the worker who is exposed to the hazard. The basic concept behind engineering controls is that, to the extent feasible, the work environment and the job itself should be designed to eliminate hazards or reduce exposure to hazards.

- Be familiar with the standards that apply to their workplaces and comply with these standards.

- Ensure that workers are provided with, and use, personal protective equipment, when needed. When exposure to hazards cannot be engineered completely out of normal operations or maintenance work, and when safe work practices and other forms of administrative controls cannot provide sufficient additional protection, an additional method of control is the use of protective clothing or equipment. This is collectively called personal protective equipment, or PPE. PPE may also be appropriate for controlling hazards while engineering and work practice controls are being installed; and lastly, OSHA requires employers to:

- Comply with the OSH Act’s “General Duty Clause” where no specific standards apply. As previously discussed, the general duty clause, Section 5(a)(1) of the OSHA Act requires each employer to “furnish a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to employees.”

Employer Training Responsibilities

The second responsibility employers have is to provide the necessary training required by OSHA standards to employees. Many OSHA standards specifically require the employer to train workers in the safety and health aspects of their jobs. Other OSHA standards make it the employer’s responsibility to limit certain job assignments to those who are “certified,” “competent,” or “qualified”—meaning that they have had special previous training, in or out of the workplace.

OSHA believes that training is an essential part of protecting workers from injuries and illnesses. For example, OSHA construction standards include a general training requirement, which states “The employer shall instruct each employee in the recognition and avoidance of unsafe conditions and the regulations applicable to his work environment to control or eliminate any hazards or other exposure to illness or injury.”

Personal Protective Equipment

OSHA requires the use of personal protective equipment (PPE) to reduce employee exposure to hazards when engineering and administrative controls are not feasible or effective in reducing exposures to acceptable levels. Employers are required to determine if PPE should be used to protect their workers. If PPE is to be used, a PPE program should be implemented. This program should address the hazards present; the selection, maintenance, and use of PPE; the training of employees; and how the program will be monitored to ensure its ongoing effectiveness. 1910.132(f), which is applicable to General Industry workplaces, contains detailed training requirements for workers who must wear or use PPE.

Recordkeeping

Employers are also responsible for keeping records of injuries and illnesses which includes:

- Setting up and maintaining a reporting system
- Provide copies of logs upon request
- Post the annual summary
- Report within 8 hours any accident resulting in a
Recordkeeping is an important part of an employer’s responsibilities. Keeping records allows OSHA to collect survey material, helps OSHA identify high-hazard industries, and informs you, the worker, about the injuries and illnesses in your workplace.

About 1.5 million employers with 11 or more employees must keep records of work-related injuries and illnesses. Workplaces in low-hazard industries such as retail, service, finance, insurance, and real estate are exempt from recordkeeping requirements.

**Note:** Employers that are exempt from recordkeeping requirements must still report fatalities and the hospitalization of 3 or more employees to OSHA.

Employers must:

- Report each worker death
- Report each incident that hospitalizes 3 or more workers
- Maintain injury & illness records
- Inform workers how to report an injury or illness to the employer
- Make records available to workers
- Allow OSHA access to records
- Post annual summary of injuries & illnesses


Part 1904 and the subparts contained within, require employers to keep and maintain the following forms:

- **The Log of Work-Related Injuries and Illnesses (OSHA 300 Log)**
  - Used to list injuries and illnesses and track days away from work, restricted, or transferred.

- **The Injury and Illness Report, Form 301**
  - Used to record more information about each case.

  However, employers can use a workers’ compensation or insurance form, if it contains the same information

OSHA 300 Log

A completed OSHA 300 Log form provides the following information about the workplace:

- How many workers are getting injured or ill
- The types of injuries and illnesses reported
- The jobs and departments where the most severe injuries or illnesses are occurring

The following information can be located on the OSHA-300 form:

- Employee’s name: Column (B) – Note that employers cannot remove names. This where you would enter “privacy case”.
- Job Title: Column (C) – Can show the most dangerous jobs.
- Where the event occurred: Column (E) – Can show the most hazardous departments.
- Describe the injury or illness, parts of

OSHA Form 300A

- Summary showing the totals for the year in each category.
- A company executive must certify that he or she has examined the OSHA Log and believes that the annual summary is correct and complete.
- Summary must be posted from February 1 to April 30 of each year in a place where notices to workers are usually posted, such as an employee bulletin board.

All the OSHA Recordkeeping forms can be downloaded through OSHA’s website. Forms 300, 300A and 301 will download together with instructions on how to fill out each form.
body affected, and object/substance that directly injured or made person ill: Column (F) – Can show the types of injuries/illnesses and how people are getting sick or hurt.

- Page totals for Columns (G), (H), (I), & (J) – Shows the total number of injuries and illnesses occurring.

Remember: It is important that OSHA injury and illness records be correctly maintained. As an employee, you have the right to see the OSHA 300 Log and the posted OSHA 300A Summary.

Medical Exams

Another employer responsibility is to provide medical exams when required by OSHA standards and provide workers access to their exposure and medical records. We briefly covered access to medical records earlier in the lesson when we covered worker rights. When you are working with chemicals or other hazardous substances, your employer may be required to conduct monitoring or provide medical examinations that involve you. If you request them, your employer must give you copies of your medical or exposure records.

Discrimination

It is also the employer’s responsibility to not discriminate against workers who exercise their rights under section 11(c) of the OSH Act. Section 11(c) of the Act prohibits employers from discharging or in any manner retaliating against you or any worker for exercising your rights under the Act.

Depending upon the circumstances of the case, “discrimination” can include:

- firing or laying off
- demoting
- denying overtime or promotion
- disciplining
- reducing pay or hours

If you believe your employer has discriminated against you because you exercised your safety and health rights, contact your local OSHA Office right away. The OSH act gives you only 30 days to report discrimination.

OSHA Citations and Abatement Verification Notices

Employers have the responsibility to post OSHA citations and abatement verification notices. An OSHA citation informs the employer and workers of:

- the standards violated
- the length of time set for correction
- proposed penalties resulting from an OSHA inspection

Your employer must post a copy of each citation at or near places where the violations occurred for 3 days, or until the violation is fixed - whichever is longer.

Employers also have to inform workers:

- of what they have done to fix the violation
We will now talk briefly about the OSHA standards. OSHA standards fall into four categories:

- General Industry
- Construction
- Maritime
- Agriculture

OSHA issues standards for a wide variety of workplace hazards, including:

- Toxic substances
- Electrical hazards
- Fall hazards
- Hazardous waste
- Machine hazards
- Infectious diseases
- Fire and explosion hazards
- Dangerous atmospheres

Where there are no specific OSHA standards, employers must comply with the OSH Act’s “general duty clause.” As discussed, the General Duty Clause requires that each employer “furnish ... a place of employment which [is] free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”

Now that we are familiar with the different types of standards, we will look at how these standards are organized.

OSHA standards appear in the Code of Federal Regulations (CFR). The OSHA standards are broken down into Parts. Part 1910 is known as the General Industry Standards. Some of the types of industries covered by the General Industry standards are manufacturing, the service sector, and health care. Part 1926 covers the Construction industry. Parts 1915, 1917 and 1918 are Maritime Industry standards. Important points about how standards are organized include:

- Employers have the responsibility to provide and pay for personal protective equipment – PPE. OSHA requires the use of PPE to reduce employee exposure to hazards when engineering and administrative controls are not feasible or effective in reducing exposures to acceptable levels.

Employers have the following responsibilities regarding PPE:

- Performing a “hazard assessment” of the workplace to identify and control physical and health hazards.
- Identify and provide appropriate PPE for employees.
- Train employees in the use and care of the PPE.
- Maintain PPE, including replacing worn or damaged PPE.
- Periodically review, update and evaluate the effectiveness of the PPE program.

Workers should:

- Properly wear PPE.
- Attend training sessions on PPE.
- Care for, clean and maintain PPE.
- Inform a supervisor of the need to repair or replace PPE.

Note: Even when a worker provides his or her own PPE, the employer must ensure that the equipment is adequate to protect the worker from hazards at the workplace.
Chapter #3

Florida Cosmetology

- The CFR is divided into Titles. OSHA standards are in Title 29.
- Under each Part, major blocks of information are broken into subparts.
  - For example, Subpart C is named General Safety and Health Provisions.
  - Subpart C contains sections 1926.20 through 1926.35.
- All OSHA standards are available on OSHA’s website. You can look them up by the standard number or do a search by topic at www.OSHA.gov.

Reading OSHA Standards

In order to understand where to look and what you are looking at, you need to be familiar with how to read OSHA Standards. Under Title 29, Chapter XVII, the OSHA regulations are broken down into Parts: each part contains blocks of information that are broken down into subparts. Each subpart is further broken down into sections.

Lastly, it is important to know how to read the standards.

For example, Standard: 29 CFR 1926.152(i)(1)(i)(C) - Tanks built of materials other than steel shall be designed to specifications embodying principles recognized as good engineering design for the material used.

So what does this mean?
- 29 refers to the title
- CFR is the Code of Federal Regulations
- 1926 refers to the Part which is Construction
- .152 is the section which is Flammable and combustible liquids
- (i) is the lower case alpha

Note: For standards promulgated after 1979, capital/upper case letter is used in the fourth set of parentheses. Prior to 1979, the fourth set of parentheses is italicized.

How OSHA Inspections are Conducted

Now we will be looking at how OSHA inspections are conducted, particularly:

- Inspection priorities
- Stages of an inspection
- Citations and penalties
- Appeals process

Now, let's take a look at Inspection priorities. The OSH Act authorizes OSHA compliance safety and health officers (CSHOs) to conduct workplace inspections at reasonable times. OSHA conducts inspections without advance notice, except in rare circumstances. In fact, anyone who tells an employer about an OSHA inspection in advance can receive fines and a jail term.

Inspection Priorities

Since not all eight million worksites covered by OSHA can be inspected, the agency has a system of inspection priorities. Imminent Danger has top priority. This is a condition where there is reasonable certainty a danger exists that can be expected to cause death or serious physical harm immediately; or before the danger can be removed through normal enforcement. In such cases, OSHA may contact the employer and try to have workers removed from the danger right away. In any case, a CSHO will make an inspection, no later than one day after the report was received.

Fatalities and Catastrophes are next in priority. As we learned earlier, employers must report to OSHA any worker fatality or the hospitalization of three or more employees. OSHA starts these investigations as soon as possible after getting the report. CSHOs gather evidence and interview the employer, workers, and
The second stage of an OSHA inspection is the opening conference. The CSHO finds out if workers are represented and, if so, makes sure that the worker representative participates in all phases of the inspection. If the employer or worker representative objects to a joint conference, separate conferences are held. The opening conference is generally brief so that the CSHO may quickly start the walkaround.

In the opening conference, the CSHO:

- Explains why OSHA selected the worksite for inspection;
- Obtains information about the company, including a copy of the hazard assessment to see what personal protective equipment is necessary;
- Explains the purpose of the visit, the scope of the inspection, walkaround procedures, worker representation, private worker interviews, and the closing conference; and
- Determines whether the facility falls under any inspection exemption through a voluntary compliance program. For example, if an OSHA-funded consultation visit is in progress.

At the start of the inspection, the CSHO checks the injury and illness records. They will also check that the OSHA poster is displayed and that the OSHA Summary of Injuries and Illnesses is posted from February 1 to April 30 each year. Other records related to safety and health issues may be requested.

The third stage of an OSHA inspection is the walkaround. Following the opening conference, the CSHO, along with the employer and worker representatives, proceed through the workplace, inspecting work areas for potentially hazardous working conditions. Apparent violations are brought to the attention of employer and worker representatives as the CSHO observes and documents them. The CSHO may also interview workers, take photographs or video, and monitor worker exposure to others to determine the causes of the event and whether violations occurred.

Complaints and Referrals are OSHA’s third priority. A worker or worker representative can file a complaint about a safety or health hazard in the workplace. Generally, it is necessary for the complaint to be written and signed for OSHA to conduct an inspection. In other cases, OSHA may contact the employer by phone, email or fax. Referrals usually are from a government agency, such as NIOSH or a local health department and are handled the same way as complaints.

Programmed Inspections are the fourth priority. These inspections cover industries and employers with high injury and illness rates, specific hazards, or other exposures. There may also be special emphasis programs in just one OSHA region or certain area offices, based on knowledge of local industry hazards. States with OSHA approved occupational safety and health programs may use somewhat different systems to identify high-hazard industries for inspection within their states.

OSHA also conducts Follow-up and Monitoring Inspections. These inspections are made as needed, and take priority over Programmed Inspections. A follow-up is made to see if violations cited on an earlier inspection were fixed. Monitoring inspections are made to make sure hazards are being corrected and workers are protected whenever a long period of time is needed for a hazard to be fixed.

OSHA’s priority system for conducting inspections is designed to distribute available OSHA resources as effectively as possible to protect the working men and women of this country.

Stages of an Inspection

There are four major stages of an OSHA inspection, they are:

- Presenting Credentials;
- The Opening Conference;
- The Walkaround; and
- The Closing Conference.

Let’s start with presenting credentials. When arriving at the workplace, the compliance safety and health officer (CSHO) finds out who is in charge and presents his or her credentials. An employer can require OSHA to get a warrant before an inspection is made.
noise, air contaminants, or other substances. The CSHO will conduct all worker interviews in private, although workers may request that a union representative be present.

The last part of an OSHA inspection is the closing conference. After the walkaround, the CSHO holds a closing conference with the employer and the worker representatives, either jointly or separately. When the employer does not want to have a joint conference, the CSHO will normally hold the conference with the worker representative first, so that worker input is received before employers are informed of proposed citations.

During the closing conference, apparent violations that have been observed on the walkaround and estimated times for correction are discussed. Employers are informed of their rights and responsibilities related to the inspection. Both employer and worker representatives are told of their rights to take part in any future meetings and their contest rights. No citations are given out at this time. They are sent in the mail at a later date (no later than 6 months after the inspection).

Citations and Penalties

Once the CSHO has completed the closing conference, they take their findings back to the office and write up a report. The Area Director reviews it and makes the final decision about any citations and penalties. Citations inform the employer and workers of:

• Regulations and standards the employer allegedly violated
• Any hazardous working conditions covered by the OSH Act’s General Duty Clause
• The proposed length of time set for abatement of hazards

Citations are sent by certified mail to the facility. The employer must post a copy of each citation at or near the place the violation occurred for 3 days or until it is fixed. Employers must also inform workers and their representatives of the corrections they make.

Penalties are based on violation type. OSHA may cite the following violations and propose the following penalties:

• A willful violation is where the employer intentionally and knowingly commits or a violation that the employer commits with plain indifference to the law. OSHA may propose penalties of up to $70,000 for each willful violation, with a minimum penalty of $5,000 for each willful violation.

• Criminal Willful violations, which involve the death of a worker, may have a penalty of up to $250,000 for an individual and $500,000 for an organization, or by up to 6 months in jail.

• A serious violation is where there is substantial probability that death or serious physical harm could result and that the employer knew, or should have known, of the hazard. There is a mandatory penalty for serious violations which may be up to $7,000. An example of a serious violation would be not providing guarding or fall protection for workers on a 25 foot scaffold. The resulting fall would most likely result in death, broken bones and/or other serious injuries.

• An other-than-serious violation is a violation that has a direct relationship to safety and health, but probably would not cause death or serious physical harm. OSHA may propose a penalty of up to $7,000 for each other-than-serious violation. An example of this type of violation could be an area with poor housekeeping, creating a tripping hazard. The most likely result would be abrasions or bruises. However, this would only be the case if there were no sharp objects, broken glass, etc. in the area.

• A repeated violation is a violation that is the same or similar to a previous violation. OSHA may propose a penalty of up to $7,000 for each repeated violation.

In addition to these strict penalties, OSHA may also
assess penalties to employers for the following:

- **Failure to Abate**
  - OSHA may propose an additional penalty of up to $7,000 for each day an employer fails to correct a previously cited violation beyond the required date.

- **Falsifying Information**
  - Under the OSH Act, an employer providing false information to OSHA can receive a fine of up to $10,000 or up to 6 months in jail, or both.

- **Violation of Posting**
  - The employer has to post citations and abatement verification for three days or until the hazard is corrected. The posting has to be near the violation or at a central location. Failure to follow these instructions can result in a penalty of up to $7,000 for each violation.

OSHA may adjust a penalty downward depending on the gravity of the violation, the employer’s good faith (efforts to comply with the Act), history of previous violations, and size of business

### Appeals Process

The last part of how OSHA inspections are conducted will look at the appeals process. Employers and workers each have rights to disagree with or appeal parts of an OSHA citation. Workers and their representatives may request an informal conference with OSHA to discuss the inspection, citations, penalties or a notice of contest (if filed by the employer). Workers may also contest the abatement time for any violation and an employer’s petition for modification of abatement (PMA), but they cannot contest citations or penalties. If you, as a worker, plan to contest an abatement time, you should provide information to support your position.

Employers have the right to request an extension of time for an abatement date if they cannot meet the time stated on the citation for a cited item. If a violation or abatement date is contested by the employer, the situation does not have to be fixed until there is a final legal order. If only the penalty is contested, the violation must be fixed by the date in the citation.

With regard to citations, employers have more rights than workers. Employers may request an informal conference with OSHA to discuss the case. They can also reach a settlement agreement with OSHA that adjusts citations and penalties in order to avoid prolonged legal disputes. If an employer decides to contest the citation, the abatement date, and/or the proposed penalty, this must be done in writing within the 15-working day contest period. The area director forwards the notice of contest to the Occupational Safety and Health Review Commission (OSHRC) where an administrative law judge decides the case. Both workers and the employer have the right to participate in the hearing and request a further review of the judge’s decision by the commission.

### Sources Available to You

The last section within this lesson covers the various sources available to you should you require further assistance and how to file a complaint with OSHA. There are many resources available to you in your workplace if you want to find out more information about a safety and health issue. Some of these sources are:

- **Employer or supervisor, co-workers and union representatives**
  - OSHA encourages workers and employers to work together to reduce hazards. If possible, you should discuss safety and health problems with your employer. You can also talk over your concerns with other workers or if there is a union, your union representatives.

- **Material Safety Data Sheet (MSDS)**
  - Earlier, we talked about the MSDS and what information it supplies. If you are working with a
If you have Internet access, you will find that the OSHA website at [www.osha.gov](http://www.osha.gov) has a lot of safety and health information and links to resources that can help you. For example, from the Home Page, you can:

- Find information in Spanish from the OSHA en Español page
- Locate Fact Sheets and QuickCards by going to the Publications page.
  - OSHA Fact Sheets provide basic background information on safety and health hazards, and
  - QuickCards are small, laminated cards that provide brief, plain language safety and health information for workers.
- You can contact OSHA by calling or visiting your local area or regional office for safety and health information or to discuss filing a complaint. Compliance Assistance Specialists in the area offices conduct many training sessions and have training materials and information that can be useful.

If you need to find publications to use as a reference for a particular safety and health topic, click the Publications link on the home page and it will transfer you to the publications page. From here, you can choose the publications you want to view. If you want to view a Fact Sheet, select the Fact Sheets link where you will be provided with a range of Fact Sheets on a variety of safety and health topics. Upon arriving at the fact sheets page, select the Fact Sheets you would like to view and it will download in PDF format where you can print or save for future reference.

From OSHA's home page you can directly access important information quickly. Near the top of the page you will find useful links for: Workers, Regulations, Enforcement, Data and Statistics, Training and Publications. If you want to view regulations, just select the regulations tab. Once on the regulations page you can choose the regulations you want to look at by industry or Part.

**NIOSH Website**

NIOSH's website: [www.cdc.gov/niosh](http://www.cdc.gov/niosh) is OSHA's sister agency and can be a great resource for workers as it focuses on research and training. NIOSH also conducts Health Hazard Evaluations (HHEs) of workplaces in cases where workers are getting sick from an unknown cause or are exposed to an agent or working condition that is not regulated by OSHA.
A worker can request an HHE if he or she is currently an employee at the workplace of concern and has the signatures of two other workers.

Additional Resources

Other resources outside the workplace that can help you get information on safety and health concerns include:

• OSHA Training Institute Education Centers (OTIEC) and other University occupational and environmental health programs
  o The OTIECs offer the most popular OSHA courses and a variety of safety and health programs including community outreach efforts, Spanish-language courses, and youth initiatives.

• Doctors, nurses, and other health care providers
  o They can be a resource on the health effects of toxic substances, proper medical and first aid treatment, and other health-related issues.
  o If you are discussing a health concern with your health care provider, try to provide them with as much information about the chemical or substance as possible.

• Public libraries have books, journals and magazines, the Internet

Other local, community-based resources, such as the National Council for Occupational Safety and Health (COSH) and local COSH groups in California, New England, the Northeast, the Midwest and the South, can be a valuable resource. COSH organizations around the U.S. are committed to promoting worker health and safety through training, education, and advocacy. For more information on COSH groups, visit www.coshnetwork.org

Filing a Complaint with OSHA

If you, your co-workers and/or union representative believe that an OSHA inspection is needed to get workplace hazards corrected, you have several options:

• Download the complaint form from OSHA’s website, complete it and mail or fax it to OSHA
  o A written, signed complaint submitted to the OSHA area or State Plan office is most likely to result in an onsite inspection.

• File a complaint online
  o Most online complaints are handled by OSHA’s phone/fax system, which means they are resolved informally over the phone.

• Telephone or visit your local regional or area office to discuss your concerns
  o After the discussion, OSHA staff can give or send you a complaint form if you wish to file. The complaint will be evaluated by OSHA to determine if an inspection will be conducted. For OSHA to conduct an inspection there must be reasonable grounds to believe that a violation of the OSH Act or an OSHA standard exists.

Note: If a hazard is life-threatening, call the Regional or local office or 1-800-321-OSHA immediately.

Identifying Safety and Health Problems in the Workplace

Before we explain how to complete an OSHA complaint form, first we will look at how to identify safety and health problems in the workplace. To determine if there are health and safety problems that need to be addressed in your workplace, use these questions:

• Do you or your co-workers have injuries or health complaints? If so, what types?
Chapter #3
Florida Cosmetology

Now that you have completed this lesson, you should be able to:

• Explain the importance of OSHA to workers
• Explain worker rights under OSHA
• Discuss employer responsibilities under OSHA
• Discuss the use and importance of OSHA standards
• Explain how OSHA inspections are conducted
• Explain the worker safety and health resources available

Completing an OSHA Complaint Form

Here are the instructions and things to remember when completing the complaint form:

• Open the form and complete the front page as accurately and completely as possible
• Describe each hazard you think exists in as much detail as you can
  o If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite.
• If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description
• If you need more space than is provided on the form, continue on any other sheet of paper
• After you have completed the form, return it to your local OSHA office
Workers’ Compensation and Florida Law

In this lesson, we will discuss issues of workers’ compensation as they pertain to Florida law. The Federal Employees’ Compensation Act provides workers’ compensation to those with employment-related injuries and occupational diseases across the world. However, such resources within the act are only available to workers who are employed by federal employers or agencies. Workers employed privately or by state or local government agencies are not covered under the Division of Federal Employees’ Compensation.

The Florida Division of Workers’ Compensation is instituted in order to provide compensation for disabilities. Chapter 440 of Title 31 in the 2011 Florida Statutes details this in its Workers’ Compensation Law. Throughout this lesson, we will discuss what constitutes workers’ compensation, and when employers are and are not required to pay for compensation. Additionally, we will discuss what compensation looks like in the workplace, as well as what you need to know if you have been injured on the job.

**Definition of an “Accident”**

Workers’ compensation will be granted in cases of accidents. By definition in the Workers’ Compensation Law 440.02, an accident only includes an unexpected or unusual event that occurs suddenly.

**FLORIDA COSMETOLOGY**

**Chapter #4**

**Accidents do NOT include:**

- Death that is due to the accidental acceleration or aggravation of a disease
  - This includes diseases that are:
    - Venereal, due to abuse of controlled substances, or manifested due to fear or handicap.
  
- Additionally, if an injury arises in the workplace due to exposure to a toxic substance, such as mold or fungus, this is not considered to be an accident
  - It will only be classified as an accident if it can be proven that exposure to that substance – at those levels – could have caused injury or death to the employee.

**Employee Coverage**

Employees are required to have workers’ compensation coverage in the following circumstances:

- If employed in an industry, other than construction, and has four (4) or more employees, full-time or part-time, the employer is required to carry workers’ compensation coverage (an exempted corporate officer does not count as an employee).

- If employed in the construction industry, and has one (1) or more employees (including him/herself), the employer is required to carry workers’ compensation coverage (an exempted corporate officer or member of a limited liability company does not count as an employee).

- If employed in a state or local government, your employer is required to carry workers’ compensation coverage.

- If employed as a farmer, and has more than
Florida Cosmetology

Chapter #4

Verify if your employer has workers’ compensation coverage by contacting the Employee Assistance and Ombudsman Office at 800-342-1741 or by e-mail at wceao@myfloridacfo.com. You can also access the Division of Workers’ Compensation’s Proof of Coverage Database to see if your employer has coverage by visiting https://secure.fldfs.com/WCAPPS/Compliance_poc/wPages/query.asp.

Employer Responsibilities

So we have discussed what an accident looks like, and what does not constitute an accident. Now that we have briefly covered what will incur compensation, we will discuss some employer responsibilities regarding compensation.

Every employer is liable for compensation, as long as they are within the provisions outlined in section 440.10 of the Worker’s Compensation Law. Employers will be required to pay for compensation or award benefits to their employees if the employee suffers an accidental injury or death (as defined in 440.02).

• This injury or death must directly arise from work performed on the job site.

• This injury must be based solely on objective medical assessments.

• The accidental injury must be proven to be the major contributing cause of any other injuries.

• For cases of exposure to toxins, both causation and significant exposure must also be able to be proven through objective medical assessments.

Note: “Objective” medical assessments mean that the findings of a physical exam or some diagnostic tests must confirm the claims of the employee.

Pain and Other Complaints

Any pain or subjective complaints without subsequent medical findings cannot be considered for compensation.

Furthermore, as identified earlier, any pre-existing injury cannot be considered for workers’ compensation benefits by the employer unless evidence is presented that can prove that the original injury is more than 50 percent responsible for the subsequent injury.

• The only acceptable form of evidence for this is medical evidence.

Compensation will not be provided if the employee had a willful intention to injure or kill him or herself or anyone else, nor will they be compensated if the injury was acquired while the employee was under any intoxication (alcohol, drugs, etc.) not prescribed by a physician.

If a judge, court, or jury determines any of the above, an employee may not be granted compensation. Additionally, should an employee receive compensation for a worker injury and then be found to have acquired the injury by failing to comply with safety rules or use any safety appliances, any compensation they have received will be reduced by 25 percent.

Mental or Nervous Injuries

According to section 440.093, no mental injury –
Chapter #4
Florida
Cosmetology

In our discussion above, we outlined the general principles governing monetary compensation for worker injuries. Now we will more thoroughly discuss the various forms of disability that a worker might experience. There are a few major categories of disability that a worker could fall under:

- permanent total disability
- temporary total disability
- permanent impairment
- temporary partial disability

We will also discuss additional injuries that do not fall into any of the categories listed above.

In the cases of permanent total disability, 66 2/3 percent of a worker’s average weekly wages will be paid to them. A worker is defined as permanently and totally disabled:

- If they have a spinal cord injury that involves severe paralysis of an arm, a leg, or the trunk
- If their hand, arm, foot, or leg has been amputated
- If they have severe brain injury or closed-head injury
  - Severe brain or closed-head injury is also determined by the following severe characteristics:
    - sensory or motor disturbances
    - communication disturbances
    - cerebral function disturbances
    - neurological disorders, etc.
- Second or third degree burns that cover at least 25 percent or more of the body or third degree burns that cover at least 5 percent or more of the face and hands

However, if a mental or nervous energy occurs that is due to an accidental physical injury (“accident” being defined in the first section of this lesson), clearly objective medical assessments must be provided in order to prove such an injury.

- This medical assessment needs to be provided by a licensed psychiatrist.
- Must meet criteria that are established in the latest edition for the diagnostic and statistical manual of mental disorders provided by the American Psychiatric Association.

Again, any physical injury must be identified as the major contributing cause to any mental or nervous condition. No medical compensation may be awarded to any conditions deriving from depression due to loss of employment or being out of work either.

Monetary Compensation

Since we have discussed when a worker may not be awarded compensation for injury, we will now discuss how a worker might be monetarily compensated for injury. Compensation to an injured worker will be as follows:

- No less than $20 per week, unless the employee makes less than $20 per week, at which point, they will receive their full weekly wages.
- If an employee’s wages exceed $20 per week, their compensation will be equal to 100 percent of the statewide weekly average for the year in which the injury occurred, and adjusted to the nearest dollar.

The statewide average weekly wage is determined by the Department of Economic Opportunity.

FLORIDA
Cosmetology

Categories of Disability

In our discussion above, we outlined the general principles governing monetary compensation for worker injuries. Now we will more thoroughly discuss the various forms of disability that a worker might experience. There are a few major categories of disability that a worker could fall under:

- permanent total disability
- temporary total disability
- permanent impairment
- temporary partial disability

We will also discuss additional injuries that do not fall into any of the categories listed above.

In the cases of permanent total disability, 66 2/3 percent of a worker’s average weekly wages will be paid to them. A worker is defined as permanently and totally disabled:

- If they have a spinal cord injury that involves severe paralysis of an arm, a leg, or the trunk
- If their hand, arm, foot, or leg has been amputated
- If they have severe brain injury or closed-head injury
  - Severe brain or closed-head injury is also determined by the following severe characteristics:
    - sensory or motor disturbances
    - communication disturbances
    - cerebral function disturbances
    - neurological disorders, etc.
- Second or third degree burns that cover at least 25 or more percent of the body or third degree burns that cover at least 5 percent or more of the face and hands
Permanent Impairment Benefits

Benefits for permanent total disability will halt once an employee reaches 75 years of age, unless they are also ineligible for social security benefits because their injury has prevented them from such.

Now we will begin our discussion on temporary total disability. For temporary total disability, 66 2/3 percent of a worker’s average weekly wages will be paid to them for the duration of the injury but not exceeding 104 weeks. Once the employee reaches the allowed maximum weeks, OR proves to have medically improved (whichever occurs first), these benefits will cease and permanent impairment for the injured worker will be examined.

Providing the requirements above have been met, any worker will be granted temporary total disability of 80 percent of his or her average weekly wages if they:

• lose an arm
• leg
• hand
• foot
• have been determined to be a:
  • paraplegic
  • paraparetic
  • quadriplegic
  • quadriparetic
• have lost sight in both of their eyes

This compensation may not, however, extend beyond 6 months from the date of the accident and will not be payable if the employee is also collecting any permanent total disability benefits. The maximum weekly compensation rate is $700 for these cases.

Temporary partial disability is another category of disability that is eligible for compensation. Compensation for this employee will be equal to 80 percent of the difference between 80 percent of the employee’s average weekly wage, as well as the salary, wages, and any other compensation the employee can earn post injury. However, weekly temporary partial benefits cannot be greater than 66 2/3 percent of a worker’s average weekly wages at the time of the accident.

Within five days of when the employee leaves for restricted work, the employer or carrier must send an informational letter detailing possible eligibility for benefits.

Payment for temporary partial benefits will be paid biweekly and no later than the 7th day following the last day of each biweekly work week.

• These benefits must also not exceed a period of 104 weeks.
• At the end of 104 weeks, benefit payments will cease and the employee will be reevaluated to determine permanent impairment.

Total or industrial blindness.

Benefits for permanent total disability benefits, on the other hand, are:

• based on physical impairments only
• must be paid by the employer or carrier within 14 days of knowledge of the impairment.

A three-member panel will establish a universal permanent impairment rating schedule, which is both based on medically and/or scientific findings, as well as any criteria set forth in the American Medical Association’s Guides to the Evaluation of Permanent Impairment.

75 percent of the employee’s average weekly wages will be paid to them on a biweekly basis, but the benefits will be reduced by 50 percent each week that the employee has earned income equal to or greater than their average weekly wage.
Other Subsequent Forms of Injury

Now that we have discussed the various categories of disability, we will talk about injuries that do not fall into any of the above. For any subsequent injury that occurs in the workplace and does not result in any disability, workers will be evaluated to determine whether or not their injury was preexisting.

If an employee's current injury aggravated or accelerated a previous disability or impairment, they will not be automatically disqualified from benefits. No benefits, however, will be awarded to a worker if he or she falsely represents their injury or disability. If a current injury or disability merges with a preexisting one, the only compensable injury or disability is the current one (not the pre-existing disability or injury).

Categories for Compensation

There are a few other categories that employees may fall under regarding compensation.

Should an employee refuse employment, that employee will not be entitled to any form of compensation.

If an injured employee leaves their place of employment when they are receiving compensation for temporary partial disability, this employee – once they have secured employment elsewhere – will give their former employer an affidavit. This will contain:

- the name of the employee’s new employer
- place of employment
- wages that are being received at the new place of employment.

Partial disability compensation will cease until the employee gives the affidavit to their former employer.

If an employee should, for any reason, become an inmate of a public institution, no compensation will be awarded to that employee unless they have

Guide to the Workers’ Compensation System

To wrap up some of our discussion regarding the workers’ compensation system in the state of Florida, the Department of Financial Services will educate anyone who desires to be educated regarding these issues (any employer or employee alike). They do so by publishing a comprehensive and easy-to-understand guide to the workers’ compensation system. This guide will outline benefits that are to be provided, as well as any information that the department deems necessary.


What to Expect if You Are Injured

So what can you expect if you are injured in the workplace? If you are injured on the job, it is important to know what to expect. First, the Division of Workers’ Compensation Employee Assistance and Ombudsman Office (EAO) is available to assist you at no cost with any questions you may have concerning
Florida Cosmetology

Chapter #4

your workers’ compensation claim. The EAO advocates on your behalf to resolve issues with your Workers’ Compensation Claim and offices are located around the state to assist you.

Note the following ways to contact the Division of Workers’ Compensation Employee Assistance and Ombudsman Office (EAO):

- Toll-free telephone: 1-800-342-1741
- Web site: www.myfloridacfo.com/wc
- E-mail: wceao@myfloridacfo.com

Many injured workers ask questions like:

- "What do I need to do?"
- "Will my medical care be covered?"
- "Will I be paid any monetary benefits when I am off work?"
- "If so, how much and how often?"
- "What suggestions can help me with my claim?"

Employee Responsibilities

When you are injured on the job, you have the following responsibilities:

- You must tell your employer you have been injured as soon as possible. However, you must advise your employer of the injury within 30 days after the date of your injury or its initial manifestation. If you fail to advise within 30 days, you may be unable to claim benefits.
- Except for emergency treatment, you must specifically request initial treatment or care. The employer or insurance carrier must be given a reasonable time period within which to provide it.
- You must sign and return the “fraud statement” provided by the insurance carrier/adjuster.
- You are required to obtain a copy of your accident report/first notice of injury from your employer. Make sure to ask your insurance carrier/adjuster for your claim number.
- Discuss with the doctor if your condition is work related.

Insurance Carrier Responsibilities

If you are injured on the job, the insurance carrier has the following responsibilities:

- The insurance carrier must adjust your claim without harassment, coercion, or intimidation.
- It must respond to requests for medical treatment by authorized health care providers within 3 business days after receipt of the request.
- The insurance carrier is required to pay the first installment of compensation for total disability or death benefits or deny the claim within 14 days after the employer receives notification of the injury or death, when disability is immediate and continuous for 8 days or more after the injury.

Employer Responsibilities

If you are injured on the job, your employer has the following responsibilities:

- Your injury must be reported to your employer’s workers’ compensation insurance company no later than 7 days after the employer’s knowledge of your injury. If your employer will not report your injury, contact the Employee Assistance and Ombudsman Office at 1-800-342-1741 for assistance.
- Your employer must furnish you with medically necessary remedial treatment, care, and attendance for such period as the nature of the injury or the process of recovery may require.
- If your employer fails to purchase workers’ compensation insurance and was required to do so by law, you may elect to bring suit against your employer to provide you with workers’ compensation benefits under Florida’s workers’ compensation law or to maintain an action at law for damages.
If you are injured on the job, you will receive the following medical benefits under the Florida Workers’ Compensation System:

• Medically necessary treatment, care, and attendance for such period as the nature of the injury or the process of recovery may require, including medications, medical supplies, durable medical equipment, and prosthetics.

• Health care providers who provide services, other than emergency care, must be certified workers’ compensation health care providers and must receive authorization from the insurance carrier before providing treatment.

• Your work-related injury must be the “Major Contributing Cause” for medical treatment and must remain such to continue medical treatment.

• “Major Contributing Cause” means the cause which is more than 50% responsible for the injury as compared to all other causes combined for which treatment or benefits are sought.

• You are also entitled to an Independent Medical Examination, which may be at your expense. The exception is if you are in a managed care arrangement.

• You are entitled to one change of physician during the course of treatment for any one accident. This one-time offering should be carefully considered.

• When your treating physician determines you have reached “Maximum Medical Improvement,” you will be required to pay a co-payment of $10 per visit for medical treatment.

Authorized Treating Physician Responsibilities

If you are injured on the job, the authorized treating physician has the following responsibilities:

• After initial examination and diagnosis, the physician must submit a proposed course of treatment to the insurance carrier to determine whether such treatment would be recognized as reasonably prudent.

• Your physician may provide you with a DWC 25, Florida Workers’ Compensation Uniform Medical Treatment/Status Reporting Form. This form will give you, your employer and your carrier information regarding your medical status, management and treatment plan, functional limitations and restriction, Maximum Medical Improvement and Permanent Impairment Rating, and follow up visits.
Suggestions for Ensuring Smooth Workers’ Compensation Claims

The following are suggestions for communicating with the insurance adjuster to ensure a smooth workers’ compensation claim:

• Communicate in a positive manner. Let the adjuster know your goal is to recover from the workplace injury and return to work.

• Keep the adjuster for your claim aware of any address/phone changes.

• Notify the adjuster immediately when you return to work or when you are placed off work due to the injury.

• If you change or cancel a doctor’s appointment, notify the adjuster immediately. The doctor’s office may not notify the adjuster or case manager of your change in appointment date or failure to keep an appointment.

• If you have access to e-mail, obtain the adjuster’s email address and use it if he/she prefers e-mail for communication.

The following are suggestions for communicating with your employer to ensure a smooth workers’ compensation claim:

• Communicate frequently with your employer. Let him/her know you value your job.

• Notify your employer of your return to work status, work restrictions and medical treatment plan after your doctor visit.

• If you are off work, tell your employer when the doctor anticipates you will be able to return to work.

• If you receive restrictions for returning to work from your doctor (for example, “light duty”), ask your employer if they will accommodate those restrictions and allow you to return to work.

• When you return to work, try to schedule your doctor’s appointments so you take minimal time away from your job.

• Let your employer know if you are having difficulty obtaining authorization for medical treatment from the adjuster.

• Your employer is not required to pay for your time out of the work day to attend doctor or therapy appointments.

Suggestions for Successful Health Care Provider Visits

The following are suggestions for successful physician or health care provider visits to ensure a smooth workers’ compensation claim:

• Be on time for your appointments.

• If you are going to a new doctor and want additional information, you can go to the Florida Department of Health website: http://ww2.doh.state.fl.us/mqaservices
The health care provider may charge the injured employee no more than 50 cents per page for copying the records and the actual direct cost to the health care provider for x-rays, microfilm and other non-paper records.

Below are important frequently asked questions and their related answers concerning workers’ compensation:

**Q: How long after an accident do I have to report it to my employer?**

**A:** You should report it as soon as possible but no later than thirty (30) days or your claim may be denied. Reference: Section 440.185, Florida Statutes

**Q: When should my employer report the injury to their insurance company?**

**A:** Your employer should report the injury as soon as possible, but no later than seven (7) days after their knowledge. The insurance company must send you an informational brochure within three (3) days after receiving notice from your employer. The brochure will explain your rights and responsibilities, as well as provide additional information about the workers’ compensation law. A copy of the brochure can be viewed on this website under “Publications”. Reference: Section 440.185, Florida Statutes

**Q: My employer will not report my injury to the insurance company. What can I do?**

**A:** You have the right to report the injury to their insurance company. However, if you need assistance, contact the Employee
Q: What kind of medical treatment can I get?
A: The medical provider, authorized by your employer or the insurance company, will provide the necessary medical care, treatment and prescriptions related to your injury. Reference: Section 440.13(2), Florida Statutes

Q: Do I have to pay any of my medical bills?
A: No, all authorized medical bills should be submitted by the medical provider to your employer's insurance company for payment. Reference: Section 440.13(14), Florida Statutes

Q: Will I be paid if I lose time from work?
A: Under Florida law, you are not paid for the first seven days of disability. However, if you lose time because your disability extends to over 21 days, you may be paid for the first seven days by the insurance company. Reference: Section 440.12, Florida Statutes

Q: How much will I be paid?
A: In most cases, your benefit check, which is paid bi-weekly, will be 66 2/3 percent of your average weekly wage. If you were injured before October 1, 2003, this amount is calculated by using wages earned during the 91-day period immediately preceding the date of your injury, not to exceed the state limit. If you worked less than 90% of the 91 day period, the wages of a similar employee in the same employment who has worked the whole of the 91-day period or your full-time weekly wage may be used. If you were injured on or after October 1, 2003, your average weekly wage is calculated using wages earned 13 weeks prior to your injury, not counting the week in which you were injured. In addition, if you worked less than 75% of the 13 week period, a similar employee in the same employment who has worked 75% of the 13-week period or your full time weekly wage shall be used. Reference: Section 440.02(28) & 440.14, Florida Statutes

Q: Do I have to pay income tax on workers’ compensation monetary benefits?
A: No. However, if you go back to work on light or limited duty and are still under the care of the authorized doctor, you will pay taxes on any wages earned while working. For additional information on Income Tax, you may want to visit the Internal Revenue Service website at: www.irs.gov

Q: When will I get my first check?
A: You should receive the first check within 21 days after reporting your injury to your employer. Reference: Section 440.20, Florida Statutes

Q: If I’m only temporarily disabled, how long can I get these checks?
A: You can receive Temporary Total, Temporary Partial Disability payments or a combination of the two benefits during the continuance of your disability for no more than a maximum of 104 weeks. Reference: Section 440.15(2), Florida Statutes

Q: Can I receive social security benefits and workers’ compensation benefits at the same time?
A: Yes. However an offset, or reduction in your workers’ compensation check may be applied because the law states that the two combined may not exceed 80 percent of your average weekly wage earned prior to your injury. For further information on Social Security, you may contact the Social Security Administration at (800) 772-1213 or visit their website at www.ssa.gov. Reference: Section 440.15(9), Florida Statutes

Q: Can I receive unemployment compensation and workers’ compensation benefits at the same time?
A: No, not if you are receiving temporary total or permanent total disability benefits as you must be medically able and available for work to qualify for unemployment. For additional information on Unemployment Compensation, you may want to utilize the Unemployment Compensation website at: www.floridajobs.org. Reference: Section 440.15(10), Florida Statutes

Q: What can I do if I am not receiving my benefit check?
A: Call the insurance company and ask for the adjuster or claims representative. If you still have questions and don’t understand why the checks have stopped, call the EAO at (800) 342-1741 or
Q: Is there a period of time after which my claim is no longer open?
A: If you were injured on or after January 1, 1994, the claim is closed one (1) year from the date of your last medical treatment or payment of compensation. This period of time is referred to as the Statute of Limitations. If you were injured before January 1, 1994, the period is two (2) years. Reference: Section 440.19(2), Florida Statutes

Q: Can I get a settlement from my claim?
A: Settlements may be made under certain circumstances and are voluntary; not automatic or mandatory. Reference: Section 440.20 (11)(a)(b)(c), Florida Statutes

Q: If I settle my claim for medical benefits with the insurance company and my condition gets worse later, who pays for my future medical care, surgeries, etc?
A: You are responsible for your future medical needs after your claim for medical benefits is settled.

Q: What can I do when it is difficult to get a prescription filled or I am having problems with the pharmacy where I get my workers’ compensation medication?
A: In Florida, an injured worker has the right to select a pharmacy or pharmacist. Florida law prohibits interference with your right to choose a pharmacy or pharmacist. However, a pharmacy is not required to participate in the workers’ compensation program. If at any time, you become dissatisfied with your pharmacy or pharmacist’s services, you can seek another pharmacy to fill your prescriptions. Reference: Section 440.13 (3)(j), Florida Statutes
Personal Information Protection for Injured Workers

As provided by s. 119.071, Florida Statutes, certain information maintained by state agencies is exempt from public disclosure, and is therefore deemed confidential. This includes social security numbers, medical and financial information. Accordingly, the Florida Division of Workers’ Compensation protects the social security numbers, medical and financial information of injured workers obtained in the performance of its statutory responsibilities.

However, s.119.071(4) (d), Florida Statutes, additionally provides for the exemption of home addresses and telephone numbers from public disclosure for certain occupational groups as listed below. Note: Home addresses and telephone numbers of spouses and children of individuals who are covered by these occupational groups are also exempt from public disclosure.

The following occupational groups qualify for exemption:

- Active or Former Law Enforcement Personnel
- Active or Former Correctional and Correctional Probation Officers
- Active or Former Personnel of Department of Child & Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities
- Active or Former Personnel of Department of Health whose duties are to support the investigation of child abuse or neglect
- Active or Former Personnel of Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement
- Firefighters certified in compliance with s. 633.35, F.S.
- Justice of the Supreme Court
- District Court of Appeal Judges
- Circuit Court Judges
- County Court Judges
- Current or former State Attorneys, Assistant State Attorneys, State Prosecutors, and Assistant State Prosecutors
- General and Special Magistrates
- Judges of Compensation Claims
- Administrative Law Judges of Department of Administrative Hearing (DOAH)
- Child support enforcement hearing officers
- Current and former human resource, labor relations or employee labor relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration or personnel-related duties
- Current and former Code Enforcement Officers
- Current and former guardians ad litem as defined in s. 39.820, F.S.
- Current and former juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, senior juvenile detention officers, juvenile detention officer supervisors, juvenile detention officers, house parents I and II, house parent supervisors, group treatment leaders, group treatment leader supervisors, rehabilitation therapists, and social services counselors of the Department of Juvenile Justice
- Current and former public defenders, assistant public defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel

Section 119.071(5)(i)1., F.S., also exempts the following occupations:

- Current and former U.S. Attorneys and Assistant
If I fall into one of the above occupational groups, how do I protect my personal information? How do I protect the personal information of my spouse and children?

If you qualify on the basis of your occupational group, home addresses and telephone numbers maintained by the Florida Division of Workers’ Compensation (DWC) for you and your spouse and/or children, can be protected upon request. As required by Section 119.071(4)(d) 2, Florida Statutes, you or your employer must formally notify DWC in writing to claim your exempt status and exemptions for your spouse and children. You must provide your occupation (title or description), name of employer, and date of injury associated with any Florida workers’ compensation claim you filed, if applicable. You must also provide the dates of birth and social security numbers (last 4 digits only) for you and your spouse and/or children in order for us to establish accurate confidential record information. To request exemption of personal information maintained by DWC, please complete the applicable Confidential Request Form(s) below and send to dwcrecordsprivacy@myfloridacfo.com or mail/fax to the attention of the Records Privacy Section at:

Division of Workers’ Compensation
Bureau of Data Quality and Collection
200 E. Gaines Street
Tallahassee, FL 32399-4226

Conclusion

Throughout this lesson, you should have learned what constitutes workers’ compensation (including the definition of “accident” according to the law). We focused our discussion by talking about Florida Statutes and laws that outline details for such cases. We have also discussed when employers are required to pay for workers’ compensation. We continued our discussion by covering the four major types of disability (permanent total disability, temporary total disability, permanent disability, and temporary partial disability). Additionally, we also discussed other subsequent forms of injury as they pertain to workers’ compensation. Finally, we discussed the guide to the workers’ compensation system.
State and Federal Laws as Applied to Cosmetology

Anyone who wishes to practice cosmetology in the state of Florida, or truly anywhere other state in the country must adhere to certain rules and standards set forth by their particular local, state, and federal governments. Throughout this lesson, we will discuss specific laws and regulations. These particular laws and regulations are specifically designed in order to protect the client or consumer. In addition to discussing laws, will also outline when and where individuals may (and may not) be allowed to practice cosmetology. Since the Board of Cosmetology is an integral part in these proceedings, we will discuss the Board of Cosmetology itself as well as its particular functions. We will also discuss specific salon requirements, including any necessary fees and license requirements, as well as regulations in regards to disciplinary actions. Finally, we will conclude our discussion by covering safety and health programs as they pertain to the field of cosmetology.

Florida Statutes

Cosmetology practices are designed specifically to help protect and promote the health, safety, and well-being of their clients in addition to the cosmetologists who practice in them. Because of this, there have been national and state laws enacted, which serve the purpose of protecting these establishments, those who work in them, and also those who are customers at them.

There are a variety of laws and regulations that have been set in place by the state of Florida, as well as in other states across the nation, in order to ensure the safety and welfare of any customer who receives services in an establishment that practices cosmetology. As an example of the state’s desire to protect the welfare of its consumers, the Board of Cosmetology in the state of Florida has established the right to regulate and restrict any cosmetic product or substance used in cosmetology practices (as outlined by the United States Food and Drug Administration) that may potentially be perceived as a health or safety risk to any client or to any subsequent cosmetologist.

In fact, according to chapter 477 of title 32 in the Florida Statutes, in section 477.0265, cosmetologists, under direction from the Board of Cosmetology, have a specific duty to protect the welfare and health of their clients by not using or possessing a nail product or other cosmetic product that contains any trace of methyl methacrylate (MMA). According to the Environmental Protection Agency (EPA), there are acute and chronic effects of this chemical.

It is the duty of the cosmetologist to always follow any established rules set forth by these state and national organizations.

Definitions

We will be discussing quite a few terms within the next few sections of this lesson that you may be unfamiliar with. We will define these terms as they are outlined by the Florida Statutes. Therefore, the following terms that will be discussed frequently throughout the course and their respective definitions are:

“Board” means the Board of Cosmetology.

“Department” means the Department of Business and Professional Regulation.

“Cosmetologist” means a person who is licensed to engage in the practice of cosmetology in this state under the authority of this chapter.

“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.

“Specialist” means any person holding a specialty registration in one or more of the specialties registered under this chapter.

“Specialty” means the practice of one or more of the following:

- 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.

- Pedicuring, or the shaping, polishing, tinting, or cleansing of the nails of the feet, and massaging or beautifying of the feet.

- Facials, or the massaging or treating of the face or scalp with oils, creams, lotions, or other preparations, and skin care services.

“Shampooing” means the washing of the hair with soap and water or with a special preparation, or applying hair tonics.

“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 477.013(6), F.S., is practiced for compensation.

“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.

“Hair braiding” means the weaving or interweaving of natural human hair for compensation without cutting, coloring, permanent waving, relaxing, removing, or chemical treatment and does not include the use of hair extensions or wefts.

“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.

“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.

“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:

- The application of oils, lotions, or other fluids to the body, except fluids contained in presoaked materials used in the wraps; or

- Manipulation of the body’s superficial tissue, other than that arising from compression emanating from the wrap materials.

“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.

National Laws and Organizations

We have just briefly discussed a few of the Florida Statues, as well as the definitions of terms we will be using throughout the course, and will return to a discussion of the Statues themselves later on in this lesson. Apart from the state level, however, there are national laws and organizations that are set in place to help govern the well-being of individuals, cosmetologists included. We will now
First and foremost, this act declares that no one other than a licensed cosmetologist may be allowed to practice cosmetology.

No one other than a licensed cosmetologist will even be allowed to give themselves the title of “cosmetologist.”

Should an individual fail to meet any of the requirements below (including failing to pass any part of their examination), they will not be allowed to practice cosmetology.

In order to protect the welfare of customers, each cosmetologist must hold a license in practicing cosmetology. Individuals may be able to apply for a cosmetology license if they:

- Are at least 16 years old (or have received a high school diploma)
- Pay both the non-refundable application fee and a required examination fee.
  - This examination fee may be refunded in the event that the applicant is discovered to be ineligible for the license.
    - The exam fee may not, however, be refunded if the applicant fails to complete the licensure exam.

If a student fails their examination, they will not be awarded a license. However, they do have the ability to reapply right away for another examination should they choose to do so.

In addition to the age, fee, and examination requirements, cosmetologists must also complete a minimum of 1,200 hours of training before they are awarded a license. This training can be completed in one of four different institutions. Individuals may choose to attend:

Now that we have discussed some federal laws and acts that are set in place in order to protect individuals, we will return to our discussion on Florida laws and statutes in particular. These national regulations often coincide with the specific regulations that outline when and where individuals may practice cosmetology.

Chapter 477 of title 32 in the Florida Statutes, also known as the Florida Cosmetology Act covers such requirements.

Cosmetic products (and nail products in particular) that are used both at home and in salons are not only regulated on a state-wide level, but are also regulated on a national level by the Food and Drug Administration’s Federal Food, Drug, and Cosmetic Act (FD&C Act). So what exactly is the purpose of this Act?

- The FD&C Act is specifically used in order to regulate cosmetics to ensure that they are used properly and safely.

- The FD&C Act also prohibits any misbranding, alteration, or misrepresentation of cosmetics.
  - This part of the act is especially important and applicable as it applies to labels on cosmetic products, specifically.

In following suit with protecting their clients, cosmetologists must ensure that they never purchase or use any unlabeled products on their clients. The cosmetologist must also be sure to never use a product in their establishment that does not bear any of the following:

- The name and place of business of that manufacturer
- A summary of the quantity of the contents (in terms of their weight or measurement)
- Warnings or labels that are not clearly displayed on the product so that it can be easily read and understood.

Florida Cosmetology Act
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.

Additionally, a license is not required of any person whose occupation or practice is confined solely to shampooing.

A license or registration is also 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.

A photography studio salon may also be 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 itself must use disposable hair-arranging implements or use a wet or dry sanitizing system approved by the federal Environmental Protection Agency.

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 must be certain to not provide any such services to the general public.

A license is also 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. Note: the term “theme park or entertainment complex” has the same meaning as it does in s. 509.013(9).

Any person who follows the above professional or occupational responsibilities and duties does not need to seek licensure and certification under the Florida Cosmetology Act.

**Exemptions**

Now that we have discussed who exactly qualifies as a cosmetologist and the steps required to become licensed as a cosmetologist, we will go over the people who are exempted from these aforementioned requirements. The licensure requirements in the Florida Cosmetology Act do not apply to the following persons when practicing pursuant to their professional or occupational responsibilities and duties:

- Persons authorized under the laws of this state to practice medicine, surgery, osteopathic medicine, chiropractic medicine, massage, naturopathy, or podiatric medicine.
- Commissioned medical or surgical officers of the United States Armed Forces hospital services.
- Registered nurses under the laws of this state.
- Persons practicing barbering under the laws of this state.
- 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.
- Persons whose practice is limited to the application of cosmetic products to another person in connection with

**Passing the Examination**
After discussing who is eligible for applying for a cosmetology license and who needs to take the exam, we will now continue our discussion regarding the Board of Cosmetology’s rules and procedures for the actual cosmetology examination itself.

The board will specify by rule the general areas of competency to be covered by examinations for the licensing under this chapter of cosmetologists. The rules will include the relative weight assigned in grading each area, the grading criteria to be used by the examiner, and the score necessary to achieve a passing grade. The board will ensure that examinations adequately measure both an applicant’s competency and her or his knowledge of related statutory requirements. Professional testing services may be utilized to formulate the examinations. The board may, by rule, offer a written clinical examination or a performance examination, or both, in addition to a written theory examination.

The examination will be given at least once a year and the board shall ensure that examinations comply with state and federal equal employment opportunity guidelines.

All licensing examinations will be conducted in such manner that the applicant will be known by number only until her or his examination is completed and the proper grade determined. An accurate record of each examination shall be made; and that record shall be filed with the secretary of the department and shall be kept for reference and inspection for a period of not less than 2 years immediately following the examination.

The Board of Cosmetology will adopt rules providing for reexamination of applicants who have failed the examinations.

Now that we have discussed the process by which a cosmetologist can acquire a license in Florida, we will discuss what happens after a person has completed and passed their examination.

So, once an individual has successfully passed their examination at one of the establishments that we have mentioned earlier in the course, they will receive their license to practice cosmetology.

If the cosmetologist passes all parts of their examination, they may also be granted the ability to practice under the supervision of a licensed cosmetologist at a licensed salon. They will be able to do this during the interval between the time they pass the exam and the time that they receive a physical copy of their license.

Any individual who wishes to renew their cosmetology license must complete this continuing education course in order to do so. There are a few other requirements or notable pieces of information as they pertain to successfully passing this course, which we will briefly discuss below:

- Additionally, courses that are offered at cosmetology school conferences may be allowed to be counted toward the 16 hour requirement for license renewal, provided that these courses are approved by the board.
- Should a cosmetologist fail to comply with any of the continuing education requirements or any other requirement for licensure, they may be required to take a refresher course that will be no longer 48 hours, or they may be required to take the refresher course exam.

Hair braiding, Hair wrapping, and Body Wrapping Registration

We have been previously discussing laws, regulations, and standards in regards to those who are cosmetologists, or who desire to be cosmetologists. However, the course requirements for people who practice hair braiding, hair wrapping, and body wrapping are different from the training or continuing education requirements for cosmetologists.

Persons whose occupation or practice is confined solely to hair braiding must register with the department, pay the applicable registration fee, and take a two-day 16-hour course. This particular course will be board approved and consist of various sections, including: 5 hours of HIV/AIDS and other communicable diseases, 5 hours of sanitation and sterilization, 4 hours of disorders and diseases of the scalp, and 2 hours of studies regarding laws affecting hair braiding.

Persons whose occupation or practice
is confined solely to hair wrapping must register with the department, pay the applicable registration fee, and take a one-day 6-hour course. The course will be board approved and consist of the following topics: education in HIV/AIDS and other communicable diseases, sanitation and sterilization, disorders and diseases of the scalp, and studies regarding laws affecting hair wrapping.

Unless otherwise licensed or exempted from licensure, any person whose occupation or practice is body wrapping must register with the department, pay the applicable registration fee, and take a two-day 12-hour course. The course will be board approved and consist of the following topics: education in HIV/AIDS and other communicable diseases, sanitation and sterilization, disorders and diseases of the skin, and studies regarding laws affecting body wrapping.

Only the board may review, evaluate, and approve a course required of an applicant for registration under this subsection in the occupation or practice of hair braiding, hair wrapping, or body wrapping. A provider of such a course is not required to hold a license under chapter 1005.

Hair braiding, hair wrapping, and body wrapping are not required to be practiced in a cosmetology salon or specialty salon. When hair braiding, hair wrapping, or body wrapping is practiced outside a cosmetology salon or specialty salon, disposable implements must be used or all implements must be sanitized in a disinfectant approved for hospital use or approved by the federal Environmental Protection Agency.

Pending issuance of registration, a person is eligible to practice hair braiding, hair wrapping, or body wrapping 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.

We have mentioned quite a bit about the laws and regulations that govern the practice of cosmetology, including those set forth by the Board of Cosmetology itself. Who exactly are the Board of Cosmetology and what are their duties?

First, the board is created and established within the Department of Business and Professional Regulation. There are seven members on this board, each of whom are appointed by the Governor and must are also confirmed by the Senate. Five out of the seven members of the board will be licensed cosmetologists themselves. These board members will have also had experience practicing cosmetology in Florida for at least 5 years. The other two members of the board will be laypersons. In the month of January, the board shall elect a chair and vice chair from amongst its members.

All of the members of the Board of Cosmetology will also be Florida residents, and must have lived in the state for at least the last five consecutive years.

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.

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.

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 then take appropriate action, which 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.
Specific Duties of the Board

Since we have covered who the board is made up of, we will now talk about the specific duties of this board.

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.

- It is the Board of Cosmetology’s duty to make sure that all regulations and rules within the Florida Cosmetology Act are properly adhered to by cosmetologists.
- It will be the job of the board to ensure that no cosmetologist engages in any prohibited acts that have been previously outlined above or otherwise. For instance, it is the duty of the board to prohibit any cosmetologist from operating at or owning a practice without an active license.
- They are also responsible for making certain that no cosmetologist abuses the privileges of their license or invokes any fraud.
- They must also ensure that cosmetologists do not endanger the health, safety, and well-being of their clients in any way.

If the Board finds that a cosmetologist has violated any of these, these cosmetologists will be found guilty of committing a second-degree misdemeanor. This individual may then be forced to pay a $500 fine and also any additional court costs if they should plead no contest to or found convicted of the said misdemeanor.

Disciplinary Proceedings

Specific duties of the board also include investigating any complaint that is filed and initiate an investigation of the complaint.

455.225 Disciplinary proceedings. Disciplinary proceedings for each board shall be

within the jurisdiction of the department.

The department, for the boards under its jurisdiction, shall cause to be investigate any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. A complaint is legally sufficient if it contains ultimate facts that show that a violation of this part, of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department has occurred. In order to determine legal sufficiency, the department may require supporting information or documentation. The department may investigate, and the department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion. The department may investigate an anonymous complaint if the complaint is in writing and is legally sufficient, if the alleged violation of law or rules is substantial, and if the department has reason to believe, after preliminary inquiry, that the violations alleged in the complaint are true. The department may investigate a complaint made by a confidential informant if the complaint is legally sufficient, if the alleged violation of law or rule is substantial, and if the department has reason to believe, after preliminary inquiry, that the allegations of the complainant are true. The department may initiate an investigation if it has reasonable cause to believe that a licensee or a group of licensees has violated a Florida statute, a rule of the department, or a rule of a board.

Duties of the State Governor

Since we have discussed the Board of Cosmetology and its functions within the state, it seems appropriate to briefly cover the duties of the Governor, in regards to the
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
- Holds an active valid license to practice cosmetology in another state or country, has held the license for at least 1 year; or
- 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 school of cosmetology licensed pursuant to chapter 246.
  - A cosmetology program within the public school system.
  - The Cosmetology Division of the Florida School for the Deaf and the Blind, provided the division meets the standards of this chapter.
  - A government-operated cosmetology program in the state of Florida. 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.

Once an applicant receives a passing grade on the examination and pays the initial licensing fee, the department shall issue a license to practice cosmetology.

Following the completion of the first licensing examination and pending the results of that examination and issuance of a license to practice cosmetology, graduates of licensed cosmetology schools are eligible to practice cosmetology, provided such graduates practice under the supervision of a licensed cosmetologist in a licensed cosmetology salon.

A graduate who fails the first examination may continue to practice under the supervision of a

---

**Becoming a Licensed Cosmetologist**

In this section we will discuss the steps a person must follow in order to become a licensed cosmetologist. A person who wants to become licensed as a cosmetologist must apply to the department for licensure.
continuing education requirements are a condition for renewal of a license or registration as a specialist. the board shall prescribe continuing education requirements intended to ensure protection of the public through updated training of licensees and registered specialists, not to exceed 16 hours every two years. 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.

any person whose occupation or practice is confined solely to hair braiding, hair wrapping, or body wrapping is exempt from the continuing education requirements of this subsection.

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.

chapter #5
florida cosmetology

no graduate may continue to practice cosmetology if the graduate fails the examination twice.

you can find more information in florida statute 477.019 cosmetologists; qualifications; licensure; supervised practice; license renewal; endorsement; continuing education.

registering as a specialist

any person is qualified for registration as a specialist in any one or more of the specialty practices within the practice of cosmetology who:

- is at least 16 years of age or has received a high school diploma.
- has received a certificate of completion in a specialty pursuant to s. 477.013(6) from one of the following:
  - a school licensed pursuant to s. 477.023.
  - a school licensed pursuant to chapter 246 or the equivalent licensing authority of another state.
  - a specialty program within the public school system.
  - 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.

a person who wants to be registered as a specialist shall apply to the department in writing upon forms prepared and furnished by the department.

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.

the board of cosmetology 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
License Renewal

A cosmetologist shall renew his or her license on or before October 31 each biennial year, according to the fee schedule as outlined in Rule 61G5-24.008.

Spouses of members of the Armed Forces of the United States are exempted from all licensure renewal provisions, but only in cases of absence from the state because of their spouses’ duties with the Armed Forces.

Fees

The Board of Cosmetology shall set fees according to the following schedule:

- For any cosmetologist, the fees for obtaining their original license, renewing their license, and any delinquent renewal will cost no more than $50.
- For endorsement applications, exams, and re-examinations, fees will be no more than $50.

We have previously discussed various laws, both state-wide and nationally, that are designed to protect cosmetologists and their clients. We’ve also detailed the process by which an individual may successfully acquire a cosmetologist license. Now that we have discussed who is allowed to practice cosmetology, we will discuss where an individual will be allowed to practice. There are two types of establishments that we will cover in this section: fixed salons and mobile salons.

Anyone who wishes to open and operate a salon (whether it is an individual or corporation) in the
state of Florida must first submit an application form to the Department of Business and Professional Regulation. No cosmetology salon or specialty salon shall be permitted to operate without a license issued by the department. 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. In addition to this, they must also submit an application fee. The individual or company must be willing and able to provide any additional information that the department may request.

There must be separate and distinctly marked entrances for each: business, school, location, space or environment. There must be evidence that the full salon contains a minimum of 200 square feet of floor space. No more than two (2) cosmetologists or specialists may be employed in a salon which has only the minimum floor space.

A specialty salon offering only one of the regulated specialties shall evidence a minimum of 100 square feet used in the performance of the specialty service and shall meet all the sanitation requirements stated in this section. No more than one specialist or cosmetologist may be employed in a specialty salon with only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.

When an applicant fails to meet all the requirements, 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.

Once an application has been received, the department has the right to conduct an investigation of the proposed cosmetology salon or specialty salon, and may deny the application if any requirements detailed by them are not met. The Board of Cosmetology, in turn, will enact rules and regulations regarding facilities and safety requirements for any salons, and has the ability to adopt any other rules to include periodic inspections of such facilities.

When the department determines that the proposed cosmetology salon or specialty salon may reasonably be expected to meet the requirements set forth, 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.

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.

Renewal of license registration for cosmetology salons or specialty salons must follow the procedures set forth by the board. The board is further authorized to adopt rules governing delinquent renewal of licenses and may impose penalty fees for delinquent renewal.

Additionally, both fixed and mobile salons will be required to pay fees established by the Board of Cosmetology.

Mobile Cosmetology Salons

Now that we have briefly covered the requirements for a fixed cosmetology salon, we will discuss the requirements for mobile salons, which are a bit different.

If a cosmetologist wishes to practice in a mobile cosmetology station, they are allowed to do so provided that the mobile station complies with any laws already mentioned above. Any mobile cosmetology salon, though, must include 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 licenseholder’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.

In order to ensure that periodic inspections can be completed, the license holder of the mobile salon must submit a written monthly itinerary – prior to the beginning of that month – to the Board of Cosmetology. This itinerary needs to include the:
The board shall establish fees for mobile cosmetology salons, not to exceed the fees for cosmetology salons at fixed locations.

And, as with any other business establishment, mobile salons must always comply with local laws and ordinances. They should also be sure to adhere to any requirement for the Americans With Disability Act, if applicable, and all applicable OSHA requirements.

**Salon License Renewal**

All salon licenses shall be renewed on or before November 30 of each biennial (even-numbered) year, by meeting all the current requirements for salon Licensure as expressed in Rule Chapter 61G5-20, and by paying the renewal fee. A salon license is delinquent if not renewed by the November 30 renewal date.

To renew a delinquent license, a licensee shall pay delinquent fee (in addition to the biennial renewal fee). A delinquent salon license shall expire at the end of the biennium in which it becomes delinquent. After a salon license has expired at the end of the biennium, a new salon license application, and the delinquent fee as outlined in Rule 61G5-24.009 and all fees as outlined in Rule 61G5-24.005 must be filed with the Board. Until such new license is issued for and received by the salon, all cosmetology and specialty services shall cease.

---

**Prohibited Acts**

**Salon License**

- The fee for a biennial renewal of a salon license shall be fifty dollars ($50.00).
- A salon license which is renewed within twenty-four months of the expiration of the license shall be renewed upon payment of a delinquent fee of fifty dollars ($50.00) (in addition to the biennial renewal fee).

**Delinquent License and Specialty Registration Fee**

- A licensee who is delinquent in applying for renewal shall pay a delinquent fee of twenty-five dollars ($25.00). A registrant who is delinquent in applying for renewal shall pay a delinquent fee of thirty dollars ($30.00).
- Such fee shall be in addition to the renewal fee.

**Processing Fee; Change of Status**

- A licensee or registrant who is applying for a change in licensure or registration at any time other than during the licensure or registration renewal period, shall pay a processing fee of five dollars ($5.00).

**Reactivation Fee for Cosmetologists and Specialists**

- The fee for reactivation of an inactive license or specialty registration shall be fifty dollars ($50.00).
- Such fee shall be in addition to the biennial renewal fee.

**Inactive Status License and Specialty Registration Fees**

- The fee for renewal of an inactive license shall be twenty-five dollars ($25.00).
- The fee for renewal of an inactive registration shall be twenty dollars ($20.00).

**Specialty Registration**

- An applicant who has received a certificate of completion in manicuring/pedicuring/nail extension shall be registered as a specialist in that field.
- An applicant who has received a certificate of completion in facials (skin care and hair removal) shall be registered as a specialist in that field.
It is unlawful for any person to:

- 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.

- Own, operate, maintain, open, establish, conduct, or have charge of, either alone or with another person or persons, a cosmetology salon or specialty salon:
  - Which is not licensed under the provisions of this chapter; or
  - In which a person not licensed or registered as a cosmetologist or a specialist is permitted to perform cosmetology services or any specialty.

- Engage in willful or repeated violations of this chapter or of any rule adopted by the Board of Cosmetology.

- 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.

- 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.

- 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.

- 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.

Any person who violates any provision of this section is guilty of a misdemeanor of the second degree.

Disciplinary Guidelines

When the Board of Cosmetology finds that any person has committed any of the acts set forth in Section 477.029(1), Florida Statutes, it shall issue a final order imposing appropriate penalties as recommended in the following disciplinary guidelines.

Florida Cosmetology

Holding oneself out as a cosmetologist or specialist unless duly licensed or registered as provided in Chapter 477, Florida Statutes. The usual recommended penalty shall be:

- For an individual who has never been licensed in Florida, an administrative fine of $500.00;

- For a licensee or registrant who fails to properly renew, an administrative fine of $50.00 per month or part of a month during which the licensee or registrant remained unlicensed or unregistered up to a total of $500.00.

Operating any cosmetology salon unless it is duly licensed as provided in Chapter 477, Florida Statutes, the usual penalty shall be:

- For a salon which has never been licensed, or for operation of an unlicensed salon within a residence, an administrative fine of $500.00;

- For a salon license which has become delinquent, an administrative fine of $50.00 per month or part of the month during which such operation has taken place up to a total of $200.00;

- For a salon license which has expired, an administrative fine of $500.00.

Permitting an employed person to practice cosmetology or a specialty unless duly licensed or registered as provided in Chapter 477, Florida Statutes, unless such employed person is exempted pursuant to Section 477.0135(8), F.S. The usual recommended penalty shall be:

- For employing an individual who has never been licensed or registered in Florida or who is not exempt, an administrative fine of $500;

- For employing an individual who failed to properly renew or whose exemption has terminated, an administrative fine of $50 per month or part of a month during which such individual was employed up to a total of $500.
Presenting as one’s own the license or registration of another.

- The usual recommended penalty shall be an administrative fine of $500 and a reprimand.

Giving false or forged evidence to the Department or the Board in order to obtain any license or registration provided for in Chapter 477, Florida Statutes.

- The recommended penalty shall be an administrative fine of $500 and refusal to recommend approval of said license or registration or revocation of any license or registration received as a result of such action.

Impersonate any other licenseholder or registrant of like or different name.

- The usual recommended penalty shall be an administrative fine of $500 and a 6 month suspension of any other license or registration held by the licensee pursuant to Chapter 477, Florida Statutes.

Using or attempting to use a license or registration that has been revoked.

- The usual recommended penalty shall be an administrative fine of $500 and a one year suspension of any other license or registration held by the licensee or registrant pursuant to Chapter 477, Florida Statutes.

Violating any provision of Section 477.0265, Section 477.028 or Section 455.227(1), Florida Statutes.

- The usual recommended penalty shall be the penalty recommended in subsections (2) and (3) below or subsection (1)(i)2. below.
  - Violating or refusing to comply with any provision of Chapter 477, Florida Statutes or Chapter 455 or a rule or final order of the Board. The usual recommended penalty shall be:
    - For a violation of Chapter 477, Florida Statutes, the recommended penalty stated in this section for such violation;
    - For a violation of Chapter 455, Florida Statutes, imposition of a penalty within the range stated in Section 455.227, Florida Statutes, for violation thereof;
    - For a violation of a rule of the Board, the recommended penalty as stated in this section for such violation, and any further penalty deemed appropriate by the Board within the limits of 61G5-30.001(5), F.A.C.;
    - For a violation of a final order of the Board, an administrative fine of $500 and a 6 month suspension.

Violating the safety and sanitary requirements of Section 61G5-20.002(3)-(7), F.A.C.

- The usual recommended penalty shall be an administrative fine of $50 per violation if less than 3 violations are found to have occurred, or
  - An administrative fine of $250 if 3 or more violations are found to have occurred, or
  - An administrative fine of $500.00 if 5 or more violations are found to have occurred at the time of this violation.

In any case where a salon is found to be operating without sterilization equipment the Board shall impose an administrative fine of $250.

When the Board finds that any person has committed any of the acts set forth in Section 477.0265(1), Florida Statutes, it shall also find that person to be in violation of Section 477.029(1)(h), Florida Statutes, and it shall issue a final order imposing appropriate penalties as recommended in the following disciplinary guidelines.

- Engaging in the practice of cosmetology or a specialty without an active license as a cosmetologist or a registration as a specialist issued by the Department pursuant to the provisions of Chapter 477, Florida Statutes. The usual recommended penalty shall be:
  - for an individual who has never been licensed or registered in Florida, an administrative fine of $500;
  - for a licensee or registrant who fails to properly renew, an administrative fine of $50 per month or part of a month during
which the licensee remained unlicensed or registrant remained unregistered up to a total of $500.

- Owning, operating, maintaining, opening, establishing, conducting, or having charge of, either alone or with another person or persons, a cosmetology salon or specialty salon which is not licensed or registered under the provisions of Chapter 477, Florida Statutes.
  - The usual recommended penalty shall be an administrative fine of $50 per month or part of a month during which such operation has taken place up to a total of $500.

- Owning, operating, maintaining, opening, establishing, conducting, or having charge of, either alone or with another person or persons, a cosmetology salon or specialty salon in which a person not licensed as a cosmetologist or registered as a specialist and who is not exempt pursuant to 477.0135(8), F.S., is permitted to perform cosmetology services or any specialty. The usual recommended penalty shall be:
  - for a violation involving a person who has never been licensed or registered in Florida, an administrative fine of $500.
  - for a violation involving a person who failed to properly renew or whose exemption has terminated, an administrative fine of $50 per month or part of a month during which each violation took place.

- Engaging in willful or repeated violations of Chapter 477, Florida Statutes, or any rule adopted by the Board. The usual recommended penalty shall be an administrative fine of $500 and suspension or revocation of any license or registration issued pursuant to Chapter 477, Florida Statutes.

- Permitting 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 unless such person is exempted pursuant to Section 477.0135(8), F.S. The usual recommended penalty shall be:
  - for a violation involving an employed person who has never been licensed or registered in Florida or who is not exempt, an administrative fine of $500;
  - for a violation involving an employed person who failed to properly renew or whose exemption has terminated, an administrative fine of $50 per month or part of a month during which such violation took place.

- Obtaining or attempting to obtain a license or registration for money, other than the required fee, or any other thing of value or by fraudulent misrepresentations.
  - The usual recommended penalty shall be an administrative fine of $500 and a refusal to recommend approval of said license or registration or revocation of any license or registration received as a result of such action.

- Using or attempting to use a license to practice cosmetology or a registration to practice a specialty which license or registration is suspended or revoked.
  - The usual recommended penalty shall be:
    - for a violation involving a person who has never been licensed or registered in Florida, an administrative fine of $500.
    - for a violation involving a person who failed to properly renew or whose exemption has terminated, an administrative fine of $50 per month or part of a month during which such operation has taken place up to a total of $500.

When the Board finds that any person licensed or registered under Chapter 477, Florida Statutes, has committed any of the acts set forth in Section 477.028, Florida Statutes, it is recommended that the Board issue a final order imposing a revocation of the license or registration involved in any such violation.

Based upon consideration of the following factors, the Board may impose disciplinary action other than the penalties recommended above:

(a) the severity of the offense;
(b) the danger to the public;
(c) the number of repetitions of offenses;
(d) the length of time since date of violation;
(e) the number of complaints filed against the licensee;
(f) the length of time licensee or registrant has practiced;
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. 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.

Citations

As used in this rule the definitions of “citation” and “subject” are as follows:

“Citation” means an instrument which meets the requirements set forth in s. 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;

“Subject” means the licensee, applicant, person, partnership, corporation, or other entity alleged to have committed a violation designated in this rule.

In lieu of the disciplinary procedures contained in s. 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.

The Board of Cosmetology designates the following as citation violations, which shall result in a penalty of fifty dollars ($50.00):

- Except as otherwise provided herein, any violation of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002 – however, if it is an initial offense and there are no other violations, then the subject shall be given a Notice of Noncompliance;
- Practicing cosmetology or a specialty with an inactive or expired license for one month or part of a month;
- Operating a salon with a delinquent license for one month or part of a month;
- Employing a person to practice cosmetology or a specialty with an inactive or expired license for one month or part of a month;
- Unless otherwise permitted in Ch. 477, F.S., performing cosmetology services in a salon which does not have a license in violation of s.
The Board of Cosmetology hereby designates the following as citation violations, which shall result in a penalty of one hundred dollars ($100.00):

- Transferring ownership or changing location of a salon without the approval of the Department pursuant to Rule 61G5-20.006, 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;

- Practicing cosmetology or a specialty with an inactive or expired license for more than one month but not more than two months;

- Operating a salon with a delinquent license for more than one month but not more than two months;

- 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;

- Two violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002.

- Violation of the graduate exemption requirements in 61G5-20.008(2)(d) or (3).

The Board of Cosmetology hereby designates the following as citation violations, which shall result in a penalty of two hundred and fifty dollars ($250.00):

- Operating a salon without a wet sanitizer as required by Rule 61G5-20.002(2)(d);

- Three or more violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002.

- Failure to complete a board-approved educational course on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) as required by Rule 61G5-18.011.

The Board hereby designates the following as citation violations, which shall result in a penalty of five hundred dollars ($500.00):

- Practicing cosmetology or a specialty without a license;

- Operating a salon without a license;

- Employing a person to practice cosmetology or a specialty without a license;

- Two violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002.

- Violation of the graduate exemption requirements in 61G5-20.008(2)(d) or (3).

The Board of Cosmetology hereby designates the following as citation violations, which shall result in a penalty of one hundred dollars ($100.00):

- Transferring ownership or changing location of a salon without the approval of the Department pursuant to Rule 61G5-20.006, 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;

- Practicing cosmetology or a specialty with an inactive or expired license for more than one month but not more than two months;

- Operating a salon with a delinquent license for more than one month but not more than two months;

- 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;

- Two violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002.

- Violation of the graduate exemption requirements in 61G5-20.008(2)(d) or (3).

The Board of Cosmetology hereby designates the following as citation violations, which shall result in a penalty of two hundred and fifty dollars ($250.00):

- Operating a salon without a wet sanitizer as required by Rule 61G5-20.002(2)(d);

- Three or more violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002.

- Failure to complete a board-approved educational course on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) as required by Rule 61G5-18.011.

Mediation

“Mediation” means a process where a mediator appointed by the department acts to encourage and facilitate resolution of a legally sufficient complaint. It is an informal and nonadversarial process with the objective of assisting the parties to reach a mutually acceptable agreement.

The Board of Cosmetology 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:

- failure of the licensee to timely pay any assessed administrative fines or costs;

- failure of the licensee to timely respond to a continuing education audit;

- failure to submit change of address for a salon; and

- failure to timely notify the department of the licensee’s or registrant’s change of mailing address or place of practice.

A “mediator” means a person who is certified in mediation by the Florida Bar, the Florida Supreme Court, or the Division of Administrative Hearings.

Notice of Non Compliance

In accordance with Section 455.225(3), Florida Statutes, 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
“Minor violations” as used in Section 455.225(3), Florida Statutes, are defined as follows:

- Violations of Rule 61G5-20.004, F.A.C.
- Violations of Rule 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.
- Violations of Rule 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.

In accordance with Chapter 95-402, Laws of Florida, 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 Chapter 95-402, Section (2) (b), Laws of Florida, 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:

- Violations of Rule 61G5-20.004, F.A.C.
- Violations of Rule 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.
- Violations of Rule 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.

First, in our discussion regarding safety and health programs, we will discuss how management leadership and employee involvement plays a role in the health and safety of an organization. There are a few basic steps that both managers and employees must take in order to keep the environment a safe, healthy place for everyone to work:

- **Commitment**
  - Management must clearly demonstrate its commitment to meeting and maintaining the requirements for their particular establishment and taking ultimate responsibility for worker safety and health.

- **Organization**
  - Managers and employees must also recognize how safety and health programs play a role in their particular organization. This will be beneficial in making sure that both parties

- **Authority and Responsibility**
  - Description of what is given employees regarding safety and health

- **Accountability**
  - There should be a system in the workplace that is established in order to keep all workers accountable to the same safety standards.

- **Resources**
  - Available safety and health professions available to identify hazards to fit overall management plan

- **Goals and Planning**
  - Managers and employees will identify annual plans and how they fit into overall management plan

- **Self-Evaluation**
  - Workplaces should also hold an annual
Employees must understand the hazards they may be exposed to and how to prevent any harm that may come to themselves and others from hazard exposure. Many places of employment may hold orientation in order to affiliate new employees with these principles.

Supervisors, on the other hand, must analyze work to identify potential hazards in his or her area of responsibility. They need to also maintain physical protections in work areas and reinforce employee training through performance feedback and, if needed, enforcement of safe work practices.

**Hazard Training**

Now that we have discussed the basic requirements for management and employers regarding safety and health in the work environment, we will discuss hazard training. The extent of hazard information which is needed by employees will vary, but should include at least:

- The general hazards and safety rules of the worksite
- Specific hazards, safety rules and practices related to particular work assignments
- The employee’s role in emergency situations

This kind of information and training is particularly relevant to hazards that may not be readily apparent to, or to within the ordinary experience and knowledge of, the employee.

So, in general, hazard training should be formatted so that it includes the following topics:

- Hazard recognition
- Training required in standards
  - For example, if worksite deals with hazardous chemicals they may need to be educated on OSHA Hazardous Chemical training standards
- Emergency response

### Florida Cosmetology

- Accident investigation
- Emergency drills

### Major Safety and Health Programs

Furthering our discussion regarding hazards in the workplace, we will discuss some major safety and health programs that should be implemented. Safety and health programs are recommended for all businesses and have been proven to: reduce work-related injuries, improve morale and reduce compensation costs. In this section, we will cover the following topics regarding safety and health programs:

- Major organizational elements
- Common effective characteristics
- Worksite analysis

### Major Organizational Elements

First, we will discuss some major organizational elements of the safety and health programs. Workplace accidents are more expensive than most people realize. This is due mainly to the hidden costs of such accidents. These hidden costs can be either direct or indirect. Some of the costs may appear to be obvious, but may actually never have crossed an employer’s mind. These sorts of costs include things like workers’ compensation claims, costs to train and compensate a replacement worker, or costs used to repair damaged property.

In order to properly assess the cost of safety and health, it is important for the employer or manager to investigate the accident, implement corrective action and maintain their insurance coverage. Should employers fail to correctly manage their employees in regards to health and safety programs, they may find their employees encountering more accidents. These accidents do not only cause
monetary and physical damage, but can also cause emotional damage in a workplace as well. A work environment that is unsafe for employees can result in an organization’s lowered morale and subsequently increased absenteeism among the employees. This is why it is extremely beneficial to implement safety and health programs in the workplace. Employers and managers should strive to reduce the likelihood of employee injuries and added costs, including monetary, physical, and emotional tolls.

Common Effective Characteristics

Now that we have discussed major organizational elements, we will discuss the second component of major safety and health programs: common effective characteristics. The best safety and health programs involve every level of the organization, and instill a safety culture that reduces accidents for workers and improves the bottom line for managers. Below are listed some of the most common characteristics of a good safety and health culture:

- Management believes that safety and health on the job is just as important as other organizational objectives (such as cost control, quality and productivity).
- Individuals within the organization believe they have a right to a safe and healthy workplace.
- Each person accepts personal responsibility for ensuring his or her own safety and health.
- Everyone believes he or she has a duty to protect the safety and health of others.

Management leadership and employee involvement are essential to the success of a safety and health program: one cannot be effective without the other. The manager of a workplace can be completely committed to their health and safety agendas, but if employees follow blindly or are else not involved at all, problems will only temporarily be solved. Thus, an effective safety and health plan should:

- Clearly state a worksite safety and health policy
- Establish and communicate a clear goal and objective
- Involve top management in implementing the program
- Encourage employees to get involved in the program and in decisions that affect their safety and health
- Communicate responsibility for all program aspects

Worksite Analysis

The final component of a successful health and safety plan involves a worksite analysis. A worksite analysis is important for identifying hazardous conditions in the workplace. In order for an effective analysis to take place, management must provide the resources and authority for personnel to identify the hazards in the worksite and eliminate or control those hazards.

A worksite analysis should involve the following key factors:

- Examining the worksite for existing hazards
- Examining conditions and operations where changes might occur to create hazards
- Management analyzing the work and worksite to anticipate and prevent harmful occurrences

Additional analysis may be required if accidents or near-accidents have occurred in the workplace. It is important for management to investigate these accidents or near-misses in order to identify their causes. Only once the causes of these have been acknowledged can an employer or manager establish means for preventing them from occurring again in the future. In addition, management should also analyze injury and illness trends in order to locate commonalities between them.

Certain questions should be asked and answered...
in the accident investigation and report. These questions include the typical “who, what, when, where, why and how?” Thorough interviews with all employees involved in these accidents are necessary. The primary purpose of the investigation, however, is to prevent future occurrences of these accidents. Therefore, the results of the investigation should be used to initiate corrective action.

In order to perform a job hazard analysis, an employer or manager (as well as any employee) should contemplate the following questions:

- What can go wrong?
  - Example: The worker could slip on a wet floor that did not have a “Caution” sign displayed.

- What are the consequences?
  - Example: The worker could receive injury to their legs, hands, back, etc.

- How could it happen?
  - Example: The accident could happen as a result of the worker is rushing to take care of a customer that another employee forgot.

- What are other contributing factors?
  - Example: This hazard occurs very quickly. The worker will most likely not have enough time to recover from their slip, unless there is something nearby for them to grasp onto.

- How likely is it that the hazard will occur?
  - Example: This determination requires some judgment. If there have been “near-misses” or actual cases, then the likelihood of a recurrence would be considered high. By following the steps in this example, you can organize your hazard analysis activities.

Identifying & Controlling Hazards

Since we have discussed safety and hazard analyses, we will now discuss how an employer, manager, or employee may identify and control these hazards. In order to identify and control hazards in the workplace, you must be sure that in the job analysis process, you have: listed, ranked and set priorities for hazardous jobs. Your first priority for analysis should be jobs with hazards that present unacceptable risks based on those most likely to occur and with the most severe consequences.

Make sure that when you are identifying these hazards on the job, you follow these guidelines:

- Outline the steps or tasks
  - Nearly every job can be broken down into job tasks or steps
  - Be sure to record enough information to describe each job action without getting overly detailed

- Avoid making the breakdown of steps so detailed that it becomes unnecessarily long or so broad that it does not include basic steps
  - You may find it valuable to get input from other workers who have performed the same job

- Review the job steps with the employee to make sure you have not omitted something
  - Include the employee in all phases of the analysis -- from reviewing the job steps and procedures to discussing uncontrolled hazards and recommended solutions

If any hazards exist that pose an immediate danger to an employee’s life or health, take immediate action to protect the worker. Any problems that can be corrected easily should be corrected as soon as possible.

Additionally, the order of precedence and effectiveness of hazard control should be implemented as demonstrated below:

- Engineering controls -- elimination/minimization of the hazard
  - An example would be designing the facility, equipment, or process to remove the hazard, or substituting processes, equipment, materials or other factors to lessen the hazard
Now that we have discussed how to identify and caution employees against hazards within the workplace, we will discuss our final component of safety and health programs: training. Training is the backbone of any safety and health program. For management to lead, for personnel to analyze the worksite for hazards, and for hazards to be eliminated or controlled, everyone involved must be trained. Within this section in particular, we will cover the following topics as they pertain to safety & health training:

- Who Needs Training?
- Safety and Health Inspections
- Safety and Health Checklist

First, we should discuss exactly who needs safety & health training in the workplace. Safety and health training should target all of the following groups:

- New hires, contract workers, employees who wear PPE and workers in high risk areas.
  - Managers and supervisors should also be included in the training plan.
- Managers, to emphasize their important role in visibly supporting the safety and health program and set a good example for their employees
- Supervisors to cover company policies and procedures, hazard detection and control, accident investigation, handling of emergencies and how to train and reinforce training
- Long-term workers who have job changes as a result of new processes or materials
- The entire workforce needs periodic refresher training in responding to emergencies.

Education and training in safety and health protection is especially critical for employees who are assuming new duties. This fact is solidified by the high injury rates among workers who are newly assigned to work tasks. Although some of these injuries may be attributed to other causes, a substantial number are directly related to inadequate knowledge of job hazards and subsequent knowledge of safe work practices.

Safety & Health Inspections

Now that we have discussed various hazard prevention techniques throughout this lesson, we
will outline the purpose of site safety and health inspections. These inspections are designed to catch hazards that might have been missed during other stages. Safety and health inspections should be conducted regularly and with an appropriate checklist. These inspections are necessary to provide a reliable system for employees to notify management about apparent hazardous conditions and to receive timely and appropriate responses. In addition, procedures should be established that provide a daily inspection of the work area.

As we have just discussed, effective worker safety and health programs reduce work related injuries and illnesses, improve morale and productivity and reduce compensation costs. Management commitment and employee involvement, worksite and job analysis, hazard prevention and control and safety and health training are essential to developing a thorough and effective safety and health program.

Additionally, inspections should cover every part of the worksite in order to ensure that they are thorough. Inspections should also be conducted at regular intervals, and in-house inspectors need to be trained so that they are able to recognize and control hazards. Any identifiable hazard must be tracked in order to make certain that it is absolved.

**Safety & Health Checklist**

The following is a brief checklist that employers and managers may utilize in order to assess their safety and health programs within the workplace. (Note that this checklist is just a general guide for work environments, and management may be able to provide more in-depth and detailed checklists as they pertain to their particular workplace).

- Do you have an active safety and health program in operation that deals with the general safety and health program elements?

- Do you also have a safety and health program that pertains to the management of hazards that are specific to your work environment?

- Is one person clearly responsible for the overall activities of the safety and health program?
The skin acts as our barrier between viruses and bacteria, and thus is one of the most important organs in our body.

Chemical Skin Irritants

Now that we have discussed the basic makeup of the skin, we will discuss why cosmetologists should be concerned with these specific parts of the body.

First, cosmetologists are at risk for harmful exposure of the skin due to their nature of work. There are actually a few classifications of hazards that the skin may come in contact with.

The majority of skin hazards are directly caused by chemical agents. These are the main cause of skin disorders and diseases, and can be classified into one of two types: primary irritants and sensitizers.

- The effects of primary irritants are usually felt immediately, as they cause chemical reactions to occur on the skin.
- Sensitizers, on the other hand, may not be felt immediately, but the effects of these types of agents may manifest themselves after repeated exposure and can cause allergic reactions.
Florida Cosmetology

Chapter #6

Individuals can experience the effects of any of these chemical agents by either coming in direct contact with contaminated surfaces, deposition of aerosols, or through being splashed or immersed in contaminants.

Skin Disorders

There are an array of skin disorders that a cosmetologist may encounter with their customers on a daily basis. These include, but are not limited to:

- Eczema
- Athlete’s foot
- Cellulitis
- Impetigo
- Pigment disorders
- Psoriasis
- Rosacea
- Scabies
- Shingles
- Vitiligo

It is pertinent that cosmetologists understand the disorders that they may come in contact with, especially with diseases or conditions that have the potential to be transferred from one client to the cosmetologist, or any other client. For extensive information regarding each of the above disorders, as well as the symptoms and treatments for each, please visit: http://www.womenshealth.gov/publications/our-publications/the-healthy-woman/skin_hair.pdf

Physical Agents, Medical Trauma, and Biological Agents

Irritants such as chemicals found in cosmetology establishments are not the only danger that the skin has the potential to be exposed to. There are three other types of hazards that the skin may encounter:

- **Physical Agents**
  - These occur when individuals encounter extreme temperatures (hot or cold) or radiation (UV/solar radiation).

- **Medical Trauma**
  - These include things such as pressure, friction, cuts, or bruises

- **Biological Agents**
  - These include such things as parasites, plants, or microorganisms.

We have now discussed various ways in which the skin may be harmed. But what exactly does that have to do with cosmetology? Specifically, how do chemicals actually affect our skin?

Three Layers of the Skin

To understand how chemicals affect our skin, we need to first understand the three basic layers of the skin. All skin is made of these three primary layers:

- **The epidermis**
  - the outer, protective layer of the skin
  - thickness varies in different types of skin
    - only 0.05 mm thick on the eyelids
    - 1.5 mm thick on the palms and the soles of the feet
  - contains the melanocytes (the cells in which melanoma develops), the Langerhans’ cells (involved in the immune system in the skin), Merkel cells and sensory nerves
  - made up of five sublayers that work together to continually rebuild the surface of the skin
    - Basal Cell Layer:
      - innermost layer of the epidermis
      - contains small round cells called basal cells that continually divide, and new cells constantly push older ones up toward the surface of the skin, where they are eventually shed
      - also known as the stratum germinativum: constantly producing new cells
• contains melanocytes which produce the skin coloring or pigment known as melanin

– The Squamous Cell Layer
  • above the basal layer, known as the stratum spinosum or "spiny layer" because cells are held together with spiny projections
  • within this layer maturing cells are now called keratinocytes that produce keratin, a tough, protective protein that makes up the majority of the structure of the skin, hair, and nails
  • the thickest layer of the epidermis, involved in the transfer of certain substances in and out of the body

– Stratum Granulosum & the Stratum Lucidum

– Stratum Corneum
  • outermost layer of the epidermis
    • made up of 10 to 30 thin layers of continually shedding, dead keratinocytes
    • outermost cells age and wear down, they are replaced by new layers of strong, long-wearing cells
    • sloughed off continually as new cells take its place; shedding process slows down with age
    • complete cell turnover occurs every 28 to 30 days in young adults
    • 45 to 50 days in elderly adults

• The dermis
  • a fiber-rich layer below the epidermis, and this makes up the bulk of the skin itself
  • thickest of the three layers of the skin, making up approximately 90 percent of the thickness of the skin
  • main functions of the dermis to regulate temperature supply the epidermis with nutrient-saturated blood
  • much of the body’s water supply is stored within the dermis

How Do Chemicals Enter the Skin?

Now that we know the layers of the skin, we can discuss the process by which harmful chemicals may enter the body. The process by which a chemical is transported from the outer surface of the skin into the skin itself, and then distributed throughout the body is called dermal absorption.

The rate of absorption of a chemical into a person’s body is largely related to the outermost layer of the epidermis, which is called the stratum corneum, or SC. How much a chemical is absorbed is dependent
Chapter #6

Florida Cosmetology

Nevertheless, chemicals that are slowly permeating may use this pathway.

Contact Dermatitis

Contact dermatitis, also called eczema, is defined as an inflammation of the skin resulting from exposure to a hazardous agent. It is the most common form of reported occupational skin diseases (OSD), and represents an overwhelming burden for workers. Epidemiological data indicate that contact dermatitis constitutes approximately 90-95% of all cases of OSD in the United States. Common symptoms of dermatitis include:

• Itching
• Pain
• Redness
• Swelling
• The formation of small blisters or wheals (itchy, red circles with a white centre) on the skin
• Dry, flaking, scaly skin that may develop cracks

Occupational contact dermatitis is frequently divided into two categories:

1. Irritant contact dermatitis (ICD) is a non-immunologic reaction that shows up as an inflammation of the skin caused by direct damage to the skin following exposure to a hazardous agent. The reaction is typically localized to the site of contact. Available data shows that ICD makes up approximately 80% of all cases of occupational contact dermatitis.

ICD may be caused by phototoxic responses (e.g., tar), acute exposures to highly irritating substances (e.g., acids, bases, oxidizing/reducing agents), or chronic cumulative exposures to mild irritants (e.g., water, detergents, weak cleaning agents).

2. Allergic contact dermatitis (ACD) is an inflammation of the skin caused by an immunologic reaction triggered by dermal contact to a skin allergen. For ACD to occur, a worker must be first sensitized to the allergen. Subsequent exposures of the skin to the allergenic agent may elicit an immunologic reaction resulting in inflammation of the skin. The reaction is not confined to the site of contact and may result in systemic responses.

ACD may be caused by industrial compounds (i.e. metals, epoxy and acrylic resins, rubber additives, chemical intermediates), agrochemicals (i.e. pesticides and fertilizers), and commercial chemicals.

There are a few ways that the chemical itself can be absorbed throughout the body. According to research, the way that a chemical becomes absorbed by the skin is through a process called diffusion.

Diffusion simply means that molecules move from high concentration areas to low concentration areas. There are three major types of diffusion that have been identified.

• Intercellular lipid pathway
  o The SC is made up of cells called corneocytes, and the spaces between these are filled with lipids (fats, oils, waxes, etc.).
  o Unfortunately, when a hazardous chemical encounters the skin, some of these chemicals have the ability to penetrate through the spaces.

• Cell-to-cell permeation.
  o In this case, the molecules from the chemical diffuse directly through the corneocytes themselves.

• The final way that a chemical may enter the skin is through things such as hair follicles or glands.
  o This is a more uncommon route for chemicals to pass, as the appendages themselves are small in relation to the total skin area.
Chapter #6
Florida Cosmetology

Because the symptoms and presentation of ICD and ACD are so similar, it is extremely difficult to distinguish between the two forms of contact dermatitis without clinical testing (e.g. patch testing). The severity of contact dermatitis is highly variable and depends on many factors including:

- Characteristics of the hazardous agent (irritant and/or allergen)
- Concentration of the hazardous agent (irritant and/or allergen)
- Duration and frequency of exposure to the hazardous agent (irritant and/or allergen)
- Environmental factors (e.g., temperature, humidity)
- Condition of the skin (e.g., healthy vs. damaged skin, dry vs. wet)

Chemicals a Cosmetologist May Encounter

Since we have discussed exactly how harmful chemicals enter into our bodies, we will now briefly go over some chemicals that cosmetologists may encounter in their establishment. In addition to just discussing these, we will describe processes to prevent a cosmetologist or his/her client from being contaminated by such chemicals.

Many chemicals that a cosmetologist encounters on a daily basis have the potential to be harmful to him or her. Perhaps the most potent chemicals that a cosmetologist may encounter include disinfectants such as bleach or Lysol, which are used to clean surfaces in the workplace. Since the skin is such a sensitive organ, any chemical can potentially induce adverse side effects.

Solvents, such as those used to disinfect, can be beneficial in the cleaning of the work environment, but actually remove natural oils from the skin. This can cause irritation or dryness of the skin, which will in turn make it easier for other potentially harmful ingredients to enter the body. This is why it is important for cosmetologists to understand the hazards of the chemicals they are working with, and how they interact with the body’s vital organs.

Other chemicals a cosmetologist may encounter include:

**Acid/Alkaline Perms**

Acid/alkaline perms often involve the use of glyceryl thioglycolate ester which can lead to serious skin disorders (sensitization). The process involves the mixing and application of liquids/pastes using a perming rod and plastic wrapping of the hair. After perming the substance is rinsed and neutralized using hydrogen peroxide. Hazards associated with cleaning and disposing of wrapping, cotton wool, paper towels, gloves and empty tubes should also be considered.

Gloves should be used at all times when mixing / decanting chemicals.

**Shampoos & Conditioners**

Shampoos and conditioners may be identified as non-hazardous on the MSDS but prolonged exposures may lead to skin irritation and dermatitis. Shampooing is generally considered less hazardous than other activities unless continuous or prolonged washing is performed.

Gloves are not normally required, however, where skin conditions exist gloves should be worn.

**Hair Dye and Colors**

Hair dying and coloring may include a broad range of permanent, and semi-permanent dyes which usually come in a cream or liquid form. Toxic compounds such as paraphenylenediamine (PPD) and hydrogen peroxide are common ingredients in this process. Repeated or prolonged exposure to PPD may result in serious skin disorders (sensitisation) and both PPD and hydrogen peroxide are irritating to the eyes nose and throat and may cause dermatitis.
Temporary colors are easier to wash from the hands but often contain azo dyes or phenyl amine compounds, which are suspected carcinogens (cancer causing substances). Alcohol as an ingredient makes skin contact with colors and dyes more hazardous.

The process of dyeing and coloring involves application of the dye from a tube using a brush. Foils or other devices are often used. Employees are required to work the dye through the hair using their hands.

The primary risk is repeated or prolonged skin exposure as well as possible eye and respiratory irritation.

Gloves should be used at all times when mixing / decanting chemicals.

**Peroxide Solutions**

Peroxide solutions usually contain between 7-12% hydrogen peroxide. Hydrogen peroxide is a skin, eye, nose and throat irritant and can cause severe eye damage. Hydrogen peroxide comes in liquid form with more concentrated solutions being more hazardous. Hydrogen peroxide is also used as a neutralizer in perming solutions.

Application of the peroxides usually involves the peroxide solution being mixed with colors or bleaches. The mixture is then applied to the hair using a spatula or brush. Like coloring, foils or other devices are often used.

Hydrogen peroxide will cause irritation and make the skin itchy. When mixed with dyes or ammonium persulphate bleaches the skin becomes more susceptible to allergic dermatitis.

Gloves should be used at all times when mixing / decanting chemicals.

**Powder Bleach**

Powdered bleaches incorporate a range of persulphate salts including ammonia, sodium and potassium. All of these products may cause eye and nose irritation. Prolonged or repeated exist exposures may result in eczema, dermatitis and skin sensitisation.

Exposures result from breathing in the dusts, or corrosive dusts depositing in the eye. Alternatively the peroxide mix is left in contact with the skin for extended periods of time.

Gloves should be used at all times when mixing / decanting chemicals.

**Hair Sprays**

Hair sprays including lacquers and styling mousses are not classified as hazardous according to NOHSC. Nonetheless these products contain alcohols, and other hydrocarbon propellants such as propane and butane.

Aerosol hair color, however, is classified as hazardous according to National Occupational Health & Safety Commission due to ingredients such as ammonia, diamine sulphate and phenylene diamine. These aerosols should never be used to dye eyelashes or eyebrows. Special precautions must be followed prior to the use of this product as specified in the manufacturer’s instructions. If this product is to be used a product specific risk assessment should be undertaken.

Hairsprays and lacquers are irritating to the eyes and skin. Intentional misuse of these products by deliberate inhalation may be fatal. These products are also highly flammable and should be stored separately to other chemicals.

Glasses should be used at all times when using hair sprays.

**Nail Products**

These products include a range of liquid solvents, lacquers and applications, which contain hydrocarbons including ethyl methacrylate, methyl methacrylate, acetone, and amyl acetate.

Quantities used during nail procedures are usually small and the risk of generating mists or sprays, which may be inhaled or irritate eyes is lower than when using hairsprays. Nonetheless prolonged use of these products may be hazardous. In addition the odors generated from acrylate based products may be a serious nuisance issue.
The connective tissues are the muscles of the follicle, and the work to elevate the hair, while the sebaceous glands in the glandular component work to lubricate the hair.

Within the hair follicle itself are two additional components as well.

- The dermal papilla contains blood vessels, nerves, and contains cells that form pigments.
- The other components are the follicle cells.
  - These cells actually form the hair shaft, which is generally composed of dead cells.
  - These cells form a solid cylinder around the dermis, and mitotic activity at the base of the follicles themselves causes different layers to keratinize.

Hair itself is composed of chemically dense keratin that contains more than 85% protein. However, these keratinized cells are very distinct in appearance because they have tiny pores across their surface. When cells begin to split apart, large gaps are formed. This is where the aspects of cosmetology factor into our discussion. When these cells begin to split, that allows for external agents to become trapped in the hair’s outer surface.

Did you know...? Hair actually has the highest rate of cell division (or mitosis). The average hair grows 0.3 millimeters per day, and 1 centimeter per month.

It may seem elementary to discuss the chemical components and the anatomy of hair. So why is this information important? Quite simply, since cosmetologists are encountering hair on a daily basis in their work environment, they should be familiar with the components of the anatomy that they are treating.
When hair grows, it has three distinct phases of growth:

- **Anagen**
  - This is the stage where the hair fiber grows.
  - Lasts about 2-7 years
  - At any point in time, 80-85% of our hair is in this phase

- **Catagen**
  - This is usually referred to as the "transitional phase"
  - Hair growth begins to shut down and stop activity
  - Typically lasts 10-20 days

- **Telogen**
  - Occurs when hair is completely at rest and fiber falls out
  - At any point in time, 10-15% of our hair is in this phase
  - Generally lasts 100 days for scalp hair
  - After this phase, hair growth returns to the anagen phase

Now we will briefly discuss hair pigment. Since cosmetologists deal with the cutting, coloring, and washing of hair, it is important to understand the chemicals that make up our hair. Our hair contains melanin, which is made up of specialized pigments called melanocytes. These melanocytes are found at the opening of our skin's surface, including the places in which our hair grows. As hair begins to be formed, these melanocytes inject melanin – basically pigment – into cells that contain keratin. As we discussed earlier, keratin is a primary component in both skin and hair (and nails as well). Over the years, this melanin continues to get injected, which causes our hair growth.

### Curly Hair vs. Straight Hair

It may surprise some cosmetologists to know that curly hair and straight hair are distinctly genetic traits. But why do some people have curly hair, while others have straight hair?

One of the factors in whether or not a person has curly or straight hair is the shape of their hair follicle. However, there is another factor behind the shape of hair. This refers back to a component in our previous section above – keratin – and its relationship with the amino acids that are present in the hair itself.

- If an amino acid and keratin protein have their chemical "side chains" brought close together during protein formation within the hair follicle, these bonds will actually form a curve in the chain that makes up the keratin. The more covalent the bond, the curlier the hair!
  - People with curly hair actually have hook-shaped hair follicles.
  - Again – the curlier the hair, the more hook-shaped the hair follicle.

- So, people with straight hair then have "side chains" that are not brought close together during protein formation.

### Hair Growth and Pigment

Hair loss usually happens gradually, and can occur in patches or all over (this is called diffuse). The human


Hair Conditions

There are additional hair conditions that a cosmetologist may be concerned with and should certainly be aware of, especially if they primarily interact with female clients. These conditions include:

- Dandruff
  - This condition is primarily caused by a growth of fungus on the scalp
  - Symptoms: itching of the scalp, flakes of...
Florida Cosmetology

Toxic and hazardous chemicals such as aromatic amines. However, by the 1980s, the components of hair dye products had been changed in order to eliminate such harmful chemicals from being used.

While that information may seem comforting to cosmetologists and consumers, today many harmful chemicals do still exist within hair dye products. These dyes can cause such problems as:

- Hair loss
- Burning
- Redness
- Itchy or raw skin
- Facial swelling
- Or, in severe cases, trouble breathing

That is why it is extremely important to follow the warnings and directions on warning labels of products, especially in the case of customers who may have unknown allergies to hair dyes. There have been debates in the past within the cosmetology community on whether or not hair dyes cause cancer. Currently there is no way to distinguish whether or not using hair dye in and of itself can cause cancer, since cosmetologists are often exposed to an array of other chemicals in the workplace in addition to dyes.

Nevertheless, cosmetologists should always take precautions when working with hair dye:

- Wear the appropriate attire and gloves to prevent skin irritation
- Follow any other instructions that may be printed on the label for products that contain potentially harmful ingredients.
  
  o If you are relaxing hair, do not leave the hair relaxer on longer than you should
  
  o Wash hair relaxer out with neutralizing shampoo
- Use conditioner after relaxing your hair
- Again, individuals and cosmetologists should always test products such as hair dye on a small portion of hair before completely covering the hair because skin irritation or allergic reaction may possibly occur.

Conclusion of Hair Discussion

We have covered skin and hair within the past few sections, and decidedly these two vital organs are probably two of the most prominent ones that cosmetologists will encounter on a daily basis in their establishment. There is one more important organ that cosmetologists will also encounter, however: nails.

Anatomy of Nails

So lastly, we will discuss the chemical makeup of nails as it pertains to the field of cosmetology.

In order to understand why the nails are important organs for cosmetologists to focus on, we should understand the different components of the nail itself. Like hair, the nail is made up of a protein called keratin, and the nail itself can really be classified into five different sections:

- The nail plate
  
  o Visible part of the nail
- The nail bed
  
  o This is what the nail plate sits atop.
- The nail folds
  
  o Rest inside slender skin grooves on the nail plate.
- The cuticle
  
  o A portion of tissue that lies over the nail’s base.
- The nail matrix
What does a normal nail look like, then? Healthy nails have pink nail plates, and as the nail grows off the nail bed, it should appear white. However, not all nails are normal. Next, we will discuss some abnormalities that may be found in nails.

Nail Abnormalities

Fingernails can tell you a lot about a client’s health, believe it or not. Just like the skin, there are various abnormalities that may occur and can possibly indicate other severe problems. These nail abnormalities can either be in regards to color, shape, texture, or thickness. The following are some typical abnormalities that occur in the nail:

- **Beu’s lines**
  - These are depressions found across the fingernails.
  - Cause: injury, illness, malnourishment

- **Brittle nails**
  - Cause: certain diseases, aging

- **Koilonychia**
  - This is an abnormal shaping of the fingernail, usually causing it to curve inward.
  - Cause: iron deficiency anemia

- **Leukonychia**
  - White streaking or spotting of the nails

- **Pitting**
  - Small depressions on the surface of the nail, which may cause the nail to crumble or even fall off

- **Ridges**
  - Tiny, raised lines that occur across or up and down on the nail

But what causes nails to degenerate or become abnormal? A variety of factors can cause these to occur, including injury, infections, certain diseases, poisons, and even medications. We will discuss each of these briefly.

Nail Abnormalities – Injury & Illness

Injuries may cause nails to become abnormal. If a person’s nail bed has been crushed or damaged in any way, this may cause abnormalities and even deformities in the nail. Additionally, if a person chronically picks or rubs the skin around the nail, this may cause the nail to become abnormally shaped. Finally, even nail polish can be damaging to nails if exposed long-term to it. Extensive exposure to polishes or even moisture can actually cause the nails to become brittle and peel.

Now that we have discussed some injuries that can cause nails to become abnormal, we will discuss illnesses that may cause nail abnormalities. If a person has a fungus or yeast, this can cause the nails to change color, texture, or shape. Any bacterial infections may also cause the nail color to change. If the infection is severe enough, a person may even lose their nail. Viral warts and certain infections both can affect the shape of the nail as well as its color.

Nail Abnormalities – Diseases, Poisons, and Medications

There are quite a few diseases that have the potential to affect a person’s nails. The following are just a few of the diseases that can affect a person’s nails. For additional diseases, you may refer to the National Institutes of Health website here: [http://www.nlm.nih.gov/medlineplus/ency/article/003247.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003247.htm)

- Kidney disease
- Liver disease
- Thyroid disease
- Severe illnesses or injuries
- Lichen planus
- Skin cancer
There are two major types of poisoning that can cause nail abnormalities. The first is arsenic poisoning. This poison can cause white lines and horizontal ridges to form on the nails. If a person consumes silver in any way, their nails may turn blue.

Though medications are beneficial in combating diseases and illnesses, they may also cause additional side effects in regards to the shape or color of the nail. Some antibiotics have the potential to cause the nail itself to lift up from the nail bed, while chemotherapy can also affect the growth of a nail.

There are two major types of poisoning that can cause nail abnormalities. The first is arsenic poisoning. This poison can cause white lines and horizontal ridges to form on the nails. If a person consumes silver in any way, their nails may turn blue.

Though medications are beneficial in combating diseases and illnesses, they may also cause additional side effects in regards to the shape or color of the nail. Some antibiotics have the potential to cause the nail itself to lift up from the nail bed, while chemotherapy can also affect the growth of a nail.

Nail hygiene is especially important in regards to cosmetology, not only in regards to the client, but for the cosmetologist as well. Both finger and toenails are susceptible to harboring germs and dirt, which may contain bacteria and can cause the spread of infections.

According to the Centers for Disease Control and Prevention (CDC), proper nail hygiene should include – but not be limited to:

- Keeping the nails short and trimmed often.
- Making sure the underside of the nails are scrubbed with soap and water every time hands are washed
- Avoiding biting or chewing nails

A cosmetologist should always ensure that his or her nails are kept appropriately cleaned, especially because these hands will come in contact frequently with the hands and other body parts of their clients. Thus, if a cosmetologist’s nails are kept in good hygiene, they will prevent the spread of any bacteria or disease to their client.

Furthermore, in regards to the hygiene of the client, cosmetologists are recommended by the EPA to only perform services on healthy skin and nails. Cosmetologists may rightfully refuse to perform any service on skin that appears to have any infections in order to protect the health, safety, and well-being of themselves as well as the other customers in the establishment.

So, we have discussed the importance of hygiene as it relates to cosmetology. Chemicals, as well as bacteria and germs can be easily transferred and spread if nails are not properly taken care of. However, this is not the only way that infections may be spread throughout the establishment. Additionally, we have learned that it is the duty of the cosmetologist to ensure that the tools that he or she uses on a client (or with anything that may come in contact with a client’s nails) are properly cleaned.

The CDC and EPA outline some guidelines in regards to the hygiene of nail tools, especially, because they have the potential to transfer bacteria, viruses, and fungi between customers. Both organizations recommend that nail tools and instruments be thoroughly:

- Cleaned of residue, and
- Sterilized before use
  - Always sterilize especially before ever being used on a new customer.

Additionally, for cosmetology establishments that contain foot spas used for pedicures, employees must be sure that these areas are properly disinfected (according to the guidelines established by the EPA). However, cosmetologists must ensure that all disinfectants (bleach, Lysol, etc.) are completely absent from the water of the foot spa before submerging a client’s foot in them.

It is important to thoroughly disinfect all areas of
the foot spas, because microorganisms such as *Mycobacterium fortuitum* have been known to dwell in them (these organisms have the potential to enter through skin, as well). These organisms, though, may also be transferred through the water of the foot spas.

Finally, make sure that if gloves are worn when dealing with a client’s finger or toenails (or when they are worn for any other purpose) that they are properly disposed of after each customer, and that new, clean gloves replace them. It is *always* important for cosmetologists to keep themselves and their establishments properly sanitized and disinfected at all times.

**Conclusion**

So, throughout this lesson we have discussed the functions of our skin, hair, and nails. We have examined the various portions of each vital organ, including their chemical makeup. Also, we have covered potential abnormalities and diseases of these organs. We have also discussed why it is important to ensure that the cosmetologist, client, and establishment are kept clean and free from poor hygiene. Additionally, we have briefly outlined some rules and guidelines established by the CDA and the EPA to help aid in this endeavor.
Environmental Issues

Cosmetology workplaces have a vast array of stringent precautions set forth by the federal and state governments. These acts, however, are meant to maintain the health, safety, and well-being of both the cosmetologists themselves and the clients whom they are serving.

Throughout this lesson, we will discuss a variety of environmental issues that occur in and around the workplaces of cosmetologists. We will discuss how to prevent hazards, including fire, slipping, electrical and chemical hazards. In this discussion, we will briefly touch on the topic of tanning beds, as well, as they pertain to environmental safety. We will also discuss pollution within the workplace, and in particular, we will highlight the importance of the Florida Clean Indoor Air Act. Finally, we will conclude our discussion on environment by outlining what a Medical Safety Data Sheet (or MSDS) is, and why it is important to include this in the workplace and know about its contents.

Fire Hazards

We will begin our discussion regarding environmental issues in the workplace by discussing a variety of potential hazards and how to best prevent them. Salons run the risk of many occupational hazards. Cosmetologists not only work with chemicals on their clients, but also usually work in environments where fire and other hazards are prevalent.

For fire hazards, it is pertinent that salon workers must always keep exit routes in their salon unobstructed. There should be regular checks by salon workers in order to ensure that this is the case. Since salons and other places where cosmetology is practiced often contain many aerosols (such things as hairspray, etc.), these types of products – or any product that is flammable – should always be stored away from any open flames or heat. They should be kept in a cool, dry atmosphere and should also avoid coming in contact with too much direct sunlight. In order to prevent fires from sparking overnight, it is important that employees always unplug any electrical appliance before they leave.

Workers should always be aware of where the fire exits in the salons or workplaces are located. Each employee must also be aware of the fire evacuation plan for that particular workplace, and be prepared in case of an emergency to direct the clients and other employees safely out of the building.

Electrical Hazards

Now that we have discussed the potential for fire hazards in the workplace, we will discuss some similar and related hazards – electrical hazards. Cosmetologists use many electrical appliances on a daily basis, from small, portable items (such as hair dryers and flat irons) to larger items (foot spas, tanning beds, chairs, etc.). Therefore, it is important that each employee recognize the potential for electrical hazards and how they may be prevented.

To begin, equipment should be regularly checked in order to prevent from becoming faulty. A lot of salon equipment undergoes wear and tear, since most equipment within the establishment is used on a daily basis. Employees should be certain to log any issues with equipment, including information regarding when the equipment has been fixed. Each work station should have well-maintained electrical sockets that should never be overloaded. This will prevent the sockets from sparking fires.
Slipping, Tripping, and Fall Hazards

Slipping, tripping, and falling within the salon environment can be quite common – there are usually many people in a salon at one time, and various equipment as well.

In order to prevent fall hazards within such an environment, employees should first be certain that floor surfaces are even and that equipment such as cords and cables are removed from pathways.

If any spills should occur in the workplace, employees must be certain to clean them up immediately in order to prevent another worker from falling. Work environments should always be well-lit in order to provide tripping as well.

Finally, the proper step ladders should be found in the workplace. Employees will be susceptible to falls and injuries if they attempt to stand on a chair or other item, rather than the proper ladder.

Properly Handling Equipment

Briefly we will touch on the importance of properly handling equipment in the workplace as well. It is pertinent that every employee prevents injury through properly lifting and handling their equipment. Employees should not lift equipment that is too heavy for them, and should use other devices to do so when necessary. Each work establishment should be designed in such a way as to maximize movement for the cosmetologist – essentially, employees should always have significant amount of space to move around when they are working.

Hazardous Substances

Next in our discussion regarding safety requirements for establishments, we will discuss hazardous substances that a cosmetologist may encounter, and how they can prevent injury in this work environment. Cosmetologists encounter many chemicals on a daily basis, and they should always follow the precautions and preparations that are indicated on the warning labels of such products.

Cosmetologists should always be aware of all of the hazardous products within their work establishment – it is recommended that employees make a list of such products. Obtaining hazard data sheets from manufacturers is another way to prevent workplace injuries. All chemical products should be assessed before use, and stored in areas per manufacturer instructions. Employees should always be trained by their employees on the proper handling and use of these chemicals as well.

Acid/Alkaline Perms

Acid/alkaline perms often involve the use of glyceryl thioglycolate ester which can lead to serious skin disorders (sensitisation). The process involves the mixing and application of liquids/pastes using a perming rod and plastic wrapping of the hair. After perming the substance is rinsed and neutralized using hydrogen peroxide. Hazards associated with cleaning and disposing of wrapping, cotton wool, paper towels, gloves and empty tubes should also be considered.

Gloves should be used at all times when mixing / decanting chemicals.

Shampoos & Conditioners

Shampoos and conditioners may be identified as non-hazardous on the MSDS but prolonged exposures may lead to skin irritation and dermatitis. Shampooing is generally considered less hazardous than other activities unless continuous or prolonged washing is performed.

Gloves are not normally required, however, where skin conditions exist gloves should be worn.

Hair Dye and Colors

Hair dying and colouring may include a broad range of permanent, and semi-permanent dyes which usually come in a cream or liquid form. Toxic compounds such as paraphenylene diamine (PPD)
and hydrogen peroxide are common ingredients in this process. Repeated or prolonged exposure to PPD may result in serious skin disorders (sensitisation) and both PPD and hydrogen peroxide are irritating to the eyes, nose and throat and may cause dermatitis.

Temporary colours are easier to wash from the hands but often contain azo dyes or phenyl amine compounds, which are, suspected carcinogens (cancer causing substances). Alcohol as an ingredient makes skin contact with colours and dyes more hazardous.

The process of dyeing and colouring involves application of the dye from a tube using a brush. Foils or other devices are often used. Employees are required to work the dye through the hair using their hands.

The primary risk is repeated or prolonged skin exposure as well as possible eye and respiratory irritation.

Gloves should be used at all times when mixing / decanting chemicals.

**Peroxide Solutions**

Peroxide solutions usually contain between 7-12% hydrogen peroxide. Hydrogen peroxide is a skin, eye, nose and throat irritant and can cause severe eye damage. Hydrogen peroxide comes in liquid form with more concentrated solutions being more hazardous. Hydrogen peroxide is also used as a neutralizer in perming solutions.

Application of the peroxides usually involves the peroxide solution being mixed with colours or bleaches. The mixture is then applied to the hair using a spatula or brush. Like colouring, foils or other devices are often used.

Hydrogen peroxide will cause irritation and make the skin itchy. When mixed with dyes or ammonium persulphate bleaches the skin becomes more susceptible to allergic dermatitis.

Gloves should be used at all times when mixing / decanting chemicals.

**Powder Bleach**

Powdered Bleaches incorporate a range of persulphate salts including ammonia, sodium and potassium. All of these products may cause eye and nose irritation. Prolonged or repeated exist exposures may result in eczema, dermatitis and skin sensitisation.

The process usually involves the mixing of fine powders, which come in a bag, with liquid hydrogen peroxide. The preparation is mixed using a brush and applied to the hair. The use of foils, frosting caps hair clips and other instruments during bleaching is common.

Exposures result from breathing in the dusts, or corrosive dusts depositing in the eye. Alternatively the peroxide mix is left in contact with the skin for extended periods of time.

Gloves should be used at all times when mixing / decanting chemicals.

**Hair Sprays**

Hair sprays including lacquers and styling mousses are not classified as hazardous according to NOHSC. Nonetheless these products contain alcohols, and other hydrocarbon propellants such as propane and butane.

Aerosol hair colour, however, is classified as hazardous according to National Occupational Health & Safety Commission due to ingredients such as ammonia, diamine sulphate and phenylene diamine. These aerosols should never be used to dye eyelashes or eyebrows. Special precautions must be followed prior to the use of this product as specified in the manufacturer’s instructions. If this product is to be used a product specific risk assessment should be undertaken.

Hairsprays and lacquers are irritating to the eyes and skin. Intentional misuse of these products by deliberate inhalation may be fatal. These products are also highly flammable and should be stored separately to other chemicals.

Glasses should be used at all times when using hair sprays.

**Nail Products**

These products include a range of liquid solvents, lacquers and applications, which contain hydrocarbons including ethyl
methacrylate, methyl methacrylate, acetone, and amyl acetate.

Quantities used during nail procedures are usually small and the risk of generating mists or sprays, which may be inhaled or irritate eyes is lower than when using hairsprays. Nonetheless prolonged use of these products may be hazardous. In addition the odours generated from acrylate based products may be a serious nuisance issue.

These products are usually manually applied using cotton wool, brushes or other means from small bottles. Poor ventilation or enclosed work places may result in abnormally high exposures. In addition poor work practices where the face is positioned in close proximity to the substance during intricate work may also increase the risk of exposure.

Gloves should be used for washing and removal of nail polish or when exposure to these substances may be prolonged.

### Examples of Safety Control Measures

Now that we have discussed some of the specific hazardous substances cosmetologists can encounter, we will learn specific measures that you can undertake to control risk when working with hazardous substances.

1) **ELIMINATION** (consider first): Eliminate the use of the substance.

   Example:
   - Using a physical process instead of a process involving chemicals

2a) **SUBSTITUTION**: Use a less hazardous substance or a less hazardous form of the substance.

   Examples:
   - Using water-based spray instead of solvent-based spray
   - Purchasing a substance in a less hazardous form (e.g. pellets instead of powder, lower concentration, ready to use product)

2b) **ISOLATION**: Separate people from the substance by distance or barriers.

   Examples:
   - Using closed systems
   - Isolating the process to one room with restricted access
   - Distancing workers from hazardous substances

2c) **ENGINEERING**: Physical controls (such as plant/equipment) that eliminate or reduce the generation of substances, suppress or contain substances, or limit the area of contamination in the event of spills and leaks.

   Examples:
   - Using partially enclosed, ventilated mixing booths
   - Using down draft ventilation for nail product application

3) **ADMINISTRATIVE**: Safe work practices.

   Examples:
   - Reducing the number of employees exposed
   - Reducing the duration and/or frequency of exposure to substances
   - Cleaning up spills immediately
   - Ensuring no eating, drinking or smoking in areas where substances are used
   - Providing suitable washing facilities

4) **PERSONAL PROTECTIVE EQUIPMENT (PPE)** (consider last): Protective clothing and equipment for employees, supervisors and visitors.

   Examples:
   - Aprons/gowns
   - Gloves
   - Chemical resistant glasses (safety glasses)
Tanning Beds

Finally we will now discuss the particular safety hazards of tanning beds in work environments. Cosmetologists may encounter tanning beds at their salon, and should know the proper safety risks involving such equipment.

• First, tanning beds – along with all other salon equipment – should be properly maintained.
  o Employees should always be certain that the tanning bed is electrically isolated from the other products in the salon and that it has a cut out switch available for the use of the client.

• Additionally, in order to protect the client, cosmetologists should be trained in the hazards of UV light exposure.

• They should also be able to relay this information – and any other safety information (including features, maximum allowed duration, etc.) regarding tanning beds – to their clients.

Air Pollution in the Workplace

Now that we have taken the time to discuss potential hazards within the work environment, we will move onto a discussion about air pollution in the workplace. Salons are prone to air pollution mainly because of the amount of chemicals circulating throughout the establishments at any given time. The Environmental Protection Agency (or EPA) notes various ways to control and prevent air pollution within the salon work environment. Inhaling chemicals is an issue that is prevalent in all salons. In order to minimize this, it is recommended that local exhaust ventilation systems are installed near work stations so that vapors, dust, and chemical particles are trapped and expelled from the workplace.

It is recommended especially for nail salons that they have one of the following:

• a work table that has an exhaust vent embedded in it that vents outdoors or

Florida Cosmetology

• a system mounted to the wall or ceiling that is suspended above the work station.

All air cleaning devices within the workplace should be of professional quality, and ventilation systems should be always on during work hours.

Outside particles are not the only potential air hazards for a work environment such as a salon. Like we discussed earlier, chemical hazards are often prevalent in the workplace, and this is especially true in the case of salons.

Since cosmetologists utilize so many different products in their establishment, it is recommended by the EPA that they close all nail care products containers when they are not in use. Excessive quantities of products should not be used either. When performing services to clients, it is recommended that cosmetologists do not use bulk containers. Rather, it is suggested that they transfer the products from large containers into smaller containers instead.

When disposing of products that do have quantities of chemicals on them (such as cotton balls, paper towels, etc.), cosmetologists should be placed in a sealed container before being disposed of in a metal trashcan with a self-closing lid. This will prevent chemicals from circulating the air within the work environment and potentially causing harm to both the cosmetologist and their clients.

Florida Clean Indoor Air Act (FCIAA)

Chemicals are not the only potential hazards within the work environment though. The Florida Clean Indoor Air Act (FCIAA) was established in order to help maintain another source of air pollution.

The FCIAA was established in 1985 by
Chapter #7

Florida Cosmetology

We have discussed many different procedures so far in order to keep cosmetologists, their clients, and the work environment safe and free from accidents and chemicals. Now we will discuss an important component in protecting the work environment from accidents and chemical hazards – the Material Safety Data Sheet, or MSDS.

What exactly is an MSDS and why is it so important for cosmetologists to be familiar with? An MSDS is a data sheet that contains all important and relevant information regarding the properties of a particular substance.

The Occupational Safety and Health Administration (OSHA) outlines various information that should be included on an MSDS, including sections such as:

- Hazardous ingredients/identity information
- Physical and chemical characteristics
- Fire and explosion hazard data
- Reactivity data
- Health hazard data
- Precautions for handling and use
- Control measures.

It is a cosmetologist’s duty to keep a copy of the latest rules and regulations in their shop. The latest MSDS of a product that potentially contains hazardous materials must be kept in the salon, readily available for use.

Additionally, it is recommended that all cosmetologists keep the various MSDS sheets within a binder, and that the binder is stored in the same place where products are stored. Employees should read and understand the content within the MSDSs in order to ensure that their establishment is kept up to standard with local and federal regulations.

Each MSDS should really be updated at least once a year to maintain that they are current. This will also help ensure the continual safety of the cosmetologist’s establishment. Finally, before disposing of any chemical, an employee should always check the corresponding MSDS for procedures.

The Florida Legislature in order to protect people from the hazards of secondhand smoke. The Florida Department of Health prohibits smoking within enclosed indoor workplaces through this act – and beauty salons are included in this definition.

Historically, the FCIAA was enacted in 1985, but in November of 2002, 71 percent of the citizens of Florida voted for a constitutional amendment that would prohibit smoking in enclosed indoor workplaces. This smoke-free law then came into effect on July 1, 2003.

So now that we have learned a brief history of the FCIAA, what exactly is included in this act and who enacts it?

- One key point is that the law itself requires that the person in charge of an enclosed indoor workplace (in the case of cosmetology, this would be whoever owns the salon) is required to post signs explaining that smoking is NOT permitted in the establishment.

- The enforcement of the FCIAA is regulated by both the Department of Health (DOH) and the Department of Business and Professional Regulation (DBPR).

- DOH will enforce the FCIAA in facilities that are not regulated by the DBPR.

If an individual wants to report a violation of the FCIAA, they must include the following information in order for the agencies to process the request:

- Name of the workplace where the violation occurs
- The mailing address (including city, county, and zip code) of the workplace
- The nature of the violation
- And if it is available, a telephone number and name of the person who is in charge of the workplace.
Conclusion

Throughout this lesson, we have discussed an array of procedures and laws that have been created in order to encourage safe practices within the environment of the cos. We have discussed various methods for preventing hazards such as tripping, fire hazards, electrical hazards, and chemical hazards, among others. We also discussed some extra procedures regarding the use and maintenance of tanning beds within salons as well. Additionally, we covered the topic of air pollution in the workplace, including outlining the history and importance of the Florida Clean Indoor Air Act. Lastly, we discussed what an MSDS is in a workplace, and why it is an integral part of maintaining an establishment’s environmental safety.