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## CE for Ohio Estheticians

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Chapter 1: LATEST UPDATE ON CHEMICAL PEELS

By: JoAnn Stills

Learning objectives
After the participant completes this chapter, they will be able to:

- Explain the development of esthetics as a profession.
- Name and describe at least the (3) three types of chemical peels available.
- Describe the top (3) three chemical solutions used in various types of peels.

Introduction

The evolution of American esthetics in the U.S.

Few professionals in the U.S. beauty industry specialized in skin care before the 1980s, and if they did, for lack of an appropriate professional license, the states required them to have a license in cosmetology. Sadly, the skin care training in cosmetology courses was, and still is very short, a mere week or two, and at most three. The training is usually in how to perform a basic (or cleansing) facial; no program includes sufficient training in skin analysis and what is entailed in developing a treatment plan.

The culture in the United States did not emphasize the importance of the care of one’s skin and the need for regular professional cleansing, as the European culture did. Until recent years, only a few Americans even knew what the word “esthetics” meant, or even how to spell it. Then, in the 1980s, affluent women became interested in the relaxation element of professional skin care, and a market was developed for that type of treatment. However, it was not a large market and financially, supported few beauty professionals. However, the market continued to mature, and in the late ‘80s and ‘90s, many states started to compile the criteria needed to obtain a specialty license, thus advancing the profession. Now, the only state without a specialty license in esthetics is Connecticut.

Baby boomers, those persons born post-World War II between 1945 and 1964, are changing the landscape and cultures of the nation. Included in this change was the outlook of women in the U.S. towards skin care. Slowly, it became a part of American women’s preferred treatments.

Many American boomers grew up in a time of relative affluence, as the American economy turned from war to growth; for the most post, their prime working years were a time of prosperity. These 76 million people, who once aspired to change the world, are now reaching retirement age, and they are indeed changing the look and lifestyle of retirement and advancing age. Many remain physically active, and they have adopted healthy lifestyles. They want to think, act and look as young as they feel.

By 2000, the media was whetting the appetites of American boomers for information on how to look their best and control fine lines and wrinkles. Many began seeking out professional anti-aging treatments for what came to be known as “results-oriented” skin care treatments that were designed to reduce the signs of aging. These people are insisting on remaining young and active; the old look and perception of aging is not an option they will accept, without a fight.

The current state of esthetics in the US

Today, skin care is a fixed part of America’s beauty culture, making up to 27% of sales in the total cosmetic industry. It is an established field, making great strides these days, especially in anti-aging product sales. In 2013, the US anti-aging skin care market generated about 2.1 billion in retail sales and the rose to 2.25 billion in 2011-2012 (Statistica, 2015).

Today, even the children of baby boomers are now seeking anti-aging treatments, some as young as their twenties. They are looking for the best skin care professional they can find. For that reason, you must be fully knowledgeable in the products and treatments available and their optimal use, in order to achieve the results these clients want and expect.

Rarely is information on the treatment of aging taught in pre-licensure schools in the U.S., though it is the most sought after treatment in the skin care industry. Some schools believe information on anti-aging is an advanced topic, beyond what their students should be learning, this early in their experience. Other schools, however, do teach this information but may only provide very basic information which is not sufficient enough to support good decision making. A few schools do train on the topic well. Which category did your school fit? Were you one of the rare estheticians who received great information and training so you may treat and recommend anti-aging treatments to your clients?

Estheticians hired without sufficient skills are apprehensive, poorly prepared and sometimes make dangerous decisions concerning skin care treatments for skin conditions. To avoid this, you must seek out your own training to ensure the safety of your clients.

This chapter will address the topic of anti-aging along with various treatment methods. For those of you who are already knowledgeable and experienced in the topic, you will find this chapter will refresh and reinforce the proper techniques you presently perform and may contain some new information, to which you have not been exposed.

The overall function of this chapter is to enhance your confidence in these important topics, elevate your knowledge, and ultimately ensure the safety of your clients who experience these treatments under your recommendations. We will review the skin care treatment methods used by estheticians and their corresponding chemical makeup of the solutions used, and then we will review the considerations and recovery recommendations for each treatment method. It all begins with a review of alpha-hydroxy acids (AHAs) and how they are used in various concentrations for chemical peels.
Exfoliation, resurfacing and peels defined the beginning

The easiest way to maintain healthy and youthful looking skin is to keep it free of dead skin cells from the outer layer of the skin (epidermis). Reality is that the development of chemical aesthetic-level acid treatments was a major influence in the birth of the American skin care profession.

The discovery of Alpha-Hydroxy Acids (AHAs) by doctors, Eugene Van Scott, M.D., and Ruey J. Yu, Ph.D., OMD in 1974, is what started raising so much awareness of AHAs. The most common AHAs in cosmetic products are glycolic acid and lactic acid. Among others are citric acid, hydroxycaprylic acid, and hydroxycapric acid. These alpha-hydroxy acids were soon adopted as safe for the esthetic skin care room and salons began offering chemical aesthetic-level acid treatments.

The definitions of exfoliation, resurfacing and peels are pertinent to a professional's education in the use of AHAs and the application of anti-aging skin care treatments. Let's briefly review the definitions:

- **Exfoliation** of the skin is the physical (sand on the beach), mechanical (microdermabrasion, or scrubs) and chemical (peel) removal of loose, dead epidermal cells and debris from the outermost layer of the skin (epidermis) - to smooth the surface of the skin. Physical/mechanical exfoliation will be performed with products such as scrubs and microdermabrasion. Enzymes in the peels are the chemical exfoliate. Many ask what the difference is between chemical peel and microdermabrasion because both are considered to be a form of exfoliation. The difference is how the dead skin cells are removed, the process by which exfoliation treatment is provided.

- **Resurfacing** is performed chemically and mechanically by influencing the speed of the turnover of cells in the epidermis of the skin. Resurfacing is performed with chemicals such as 30 to 40 percent concentration of alpha hydroxy acids and by microdermabrasion.
  - Resurfacing by AHAs and microdermabrasion stimulates the turnover of cells in the epidermis and the development of collagen and elastin in the dermal layer of the skin. Beta hydroxy acid (BHA) stimulates the turnover of cells in the epidermis but is not shown to stimulate the development of collagen and elastin. Resurfacing does not cause desquamation (peeling).
  - Chemical resurfacing is chemical softening of the intercellular adhesives that retain dead cells to the surface of the skin (epidermis). The cells then more quickly slough from (are released from) the surface naturally and reveal more youthful skin.

- **Chemical peels** coagulate the protein in the cells of the epidermis and possibly the dermis to cause death and peeling of the cells. Good in treating a wide range of skin problems. AHA's sold as products to consumers are of a concentration of less than 10%. Trained professionals or estheticians can use AHA products that have a concentration of 20% - 30% depending on state regulations, and last for approximately 3-6 months. In Ohio, estheticians can use AHA products with a concentration level of 30% or less. Only doctors may use AHA's at the higher concentration of 50%-70% for treatments. These treatments last longer (2-5 years) because of the higher concentration level. There are also many risks at these high levels, thus the need for a physician to provide the treatment.

**Effects on the layers of the skin**

The typical exfoliants, resurfacers and peels will have specific effects on the skin and will have either no downtime or some downtime, ranging from a day or two, to several weeks, depending on the type of peel. If you know how the product is categorized, you will know what to tell the client, about what to expect. Another tool for skin analysis is to categorize the type of skin the client possesses. This is done with the Fitzpatrick Classification Scale.

**Fitzpatrick phototyping classification scale**

In 1975, the Fitzpatrick Classification Scale was developed by a Harvard Medical School Dermatologist, Thomas Fitzpatrick, MD, PhD. His scale classifies a person's complexion and how well they tolerate sunlight. This scale is used to determine the specific products and treatments that are appropriate for that person's skin type.

The images below depict the various ethnicities and the chart that follows references the skin color and skin characteristics, along with the questions that help calculate the score. We will be referencing this scale throughout the chapter.
<table>
<thead>
<tr>
<th>Skin Type</th>
<th>Skin Color</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Pale white; very fair; red or blond hair; blue eyes; freckles</td>
<td>Always burns, never tans</td>
</tr>
<tr>
<td>II</td>
<td>White; fair; red or blond hair; blue, hazel, or green eyes</td>
<td>Usually burns, tans with difficulty</td>
</tr>
<tr>
<td>III</td>
<td>Cream white; fair with any eye or hair color; very common</td>
<td>Sometimes mild burn, gradually tans</td>
</tr>
<tr>
<td>IV</td>
<td>Brown; typical Mediterranean Caucasian skin</td>
<td>Rarely burns, tans with ease</td>
</tr>
<tr>
<td>V</td>
<td>Dark Brown; mid-eastern skin types</td>
<td>Very rarely burns, tans very easily</td>
</tr>
<tr>
<td>VI</td>
<td>Black</td>
<td>Never burns, tans very easily</td>
</tr>
</tbody>
</table>

It is very helpful to estheticians in determining how well the client will respond to facial treatments by measuring several components: genetic disposition, skin color, reaction to sun exposure and the characteristics of how the skin tans. The six skin types referenced is calculated by asking questions of the client, then adding the total of the answers to provide a score which in turn provides the skin type. Here are the questions and their corresponding components; genetic disposition, sun exposure reaction, and tanning habits. This scale will help produce the results both the client and yourself are looking for. Now we will take a look at each of the anti-aging skin care treatments, individually.

### Genetic Disposition

<table>
<thead>
<tr>
<th>Score</th>
<th>Eye color?</th>
<th>Natural color of hair?</th>
<th>Color of non-exposed skin?</th>
<th>Do you have freckles on un-exposed areas?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Light blue, grey, green</td>
<td>Sandy, red</td>
<td>Reddish</td>
<td>Many</td>
</tr>
<tr>
<td>1</td>
<td>Light blue, grey or green</td>
<td>Blonde</td>
<td>Very pale</td>
<td>Several</td>
</tr>
<tr>
<td>2</td>
<td>Blue</td>
<td>Chestnut/Dark blonde</td>
<td>Pale with a slight tint</td>
<td>Few</td>
</tr>
<tr>
<td>3</td>
<td>Dark Brown</td>
<td>Black</td>
<td>Light Brown</td>
<td>Incidental</td>
</tr>
<tr>
<td>4</td>
<td>Brownish Black</td>
<td>Black</td>
<td>Dark Brown</td>
<td>None</td>
</tr>
</tbody>
</table>

Total score for genetic disposition: ______

### Reaction to Sun Exposure

<table>
<thead>
<tr>
<th>Score</th>
<th>What happens when you stay in the sun too long?</th>
<th>To what degree do you turn brown?</th>
<th>Do you turn brown within several hours after sun exposure?</th>
<th>How does your face react to the sun?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Painful redness, blistering, peeling</td>
<td>Hardly or not at all</td>
<td>Never</td>
<td>Very sensitive</td>
</tr>
<tr>
<td>1</td>
<td>Blistering, followed by peeling</td>
<td>Light color tan</td>
<td>Seldom</td>
<td>Sensitive</td>
</tr>
<tr>
<td>2</td>
<td>Bums sometimes, followed by peeling</td>
<td>Reasonable tan</td>
<td>Sometimes</td>
<td>Normal</td>
</tr>
<tr>
<td>3</td>
<td>Rarely Burns</td>
<td>Tans easily</td>
<td>Often</td>
<td>Very resistant</td>
</tr>
<tr>
<td>4</td>
<td>Never burns</td>
<td>Turns dark brown quickly</td>
<td>Always</td>
<td>Never had a problem</td>
</tr>
</tbody>
</table>

Total score for reaction to sun exposure: ______

### Tanning Habits

<table>
<thead>
<tr>
<th>Score</th>
<th>When did you last expose your body to sun or tanning booth/energy?</th>
<th>Did you expose the area to be treated to the sun?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>More than 3 Months ago</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>2—3 months ago</td>
<td>Hardly ever</td>
</tr>
<tr>
<td>2</td>
<td>1—2 months ago</td>
<td>Sometimes</td>
</tr>
<tr>
<td>3</td>
<td>Less than 1 Month ago</td>
<td>Often</td>
</tr>
<tr>
<td>4</td>
<td>Less than 2 Weeks ago</td>
<td>Always</td>
</tr>
</tbody>
</table>

Total score for tanning habits: ______

**Summary:** Add up the total scores for each section for your skin type score to give you a better evaluation of your skin type.

______ Total score for Genetic Disposition
______ Total score for Reaction to Sun Exposure
______ Total score for Tanning Habits
______ **SKIN TYPE SCORE**

<table>
<thead>
<tr>
<th>Your Fitzpatrick skin type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Type Score</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>0—7</td>
</tr>
<tr>
<td>8—16</td>
</tr>
<tr>
<td>17—30</td>
</tr>
<tr>
<td>31—50</td>
</tr>
<tr>
<td>Over 50</td>
</tr>
</tbody>
</table>

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CHEMICAL PEELS

Origin of chemical peels
When considering anti-aging treatments, as an esthetician, you think of peels as the pivotal treatment for anti-aging. Peels are not a new treatment concept; they go back to Ancient Rome and the Middle East since before the time of Cleopatra. This infamous queen of Egypt used lactic acid (found in sour milk) and tartaric acid (found in wine) to give herself mild chemical peels, and noble women followed her example. The practice was passed down through the Middle Ages as the women of those times a wanted beautiful skin.

In the late 1800s, the treatment was performed with “secret beauty formulas” by mystical beauty therapists, though the formulas were probably still, similar to those of Cleopatra. These skin improvements included alpha hydroxy acids (30 percent) that do not peel. Modern scientists now know that the sour milk (lactic acid) and wine (tartaric acid) that Cleopatra and her descendants passed down through the ages, contain alpha hydroxy acids, ingredients studied by hundreds of laboratories and universities, and have become stable and respected ingredients. These acids are used today in effective esthetic-level chemical peels.

Physicians developed aggressive chemical peels and performed them for decades in the 1900s. Some of these peels had serious side effects requiring medical care if the client reaction was extreme. No longer were these peels safe, to be performed by non-medical persons. Thankfully, more recent “medical-only” peels are safer. Though effective, some peels still have potentially serious side effects, which is why they are only performed by a medical professional. Let’s look at the types of chemical peels and their definitions.

Categories of peels
The words “chemical peels” became an inaccurate industry and consumer label, of a loosely defined class of beauty treatments that includes alpha hydroxy acids (30 percent) that do not peel.

Chemical peeling is a procedure in which an acid mixture is applied to the skin and is allowed to soak in until the skin is burned to some degree. The acid is then, removed, the injured skin begins to peel off, whether in sheets or in epidermal rolling, revealing newer, smoother skin.

Chemical peels are categorized according to their effects on the epidermis and dermis. Realize, however, that some acid treatments do not injure or coagulate cells to produce roll-off or peeling; these are not peels, they are resurfacers or exfoliants. Resurfacers and exfoliants along with peels are the most commonly used techniques for improving the texture and appearance of the skin; each has a different method. This section will address chemical peels but towards the end of the text, both methodologies are briefly explained.

● **Very superficial peels** penetrate only the outer layer of skin (epidermis), to gently exfoliate it. These peels are recommended for the treatment of skin conditions that primarily affect the upper epidermis. They rejuvenate the epidermis by rolling off the outer stratum corneum to the basal layer. They peel off this outer layer to reveal newer, more youthful looking skin, skin that has a higher glow and smoothness. Low percentages of the usual higher-level peels or low concentrations of them combined with AHAs can produce this rolling effect.

● **Superficial chemical peels** penetrate only to the epidermis and are recommended for the treatment of skin conditions that primarily affect the epidermis. Conditions such as acne, actinic keratosis (years of exposure to the sun), epidermal melasma (discoloration of the skin), superficial wrinkling (fine lines) as well as mild photodamage (sun damage) can benefit from properly selected and applied superficial chemical peels. This level of peels is usually performed in esthetic skin care rooms where peeling is legal for estheticians to perform. They are very effective without the pain of the deeper peels.

● **Medium depth chemical peels** penetrate through the epidermis into the superficial portion of the dermis (upper reticular dermis). Glycolic or trichloroacetic acid is applied and penetrates the outer and middle layers of skin to removed damaged skin cells.

○ In proper hands, these peels are very effective for the conditions that affect these areas of the skin. Due to their immediate improvement, the therapeutic effects of medium-depth chemical peels go far beyond what can be achieved with superficial peels, and as such, are selected by clients who are willing to go through more pain for faster results.

○ This treatment is used to improve age spots, freckles, fine lines, and moderate skin discoloration. Additionally, it can also smooth rough skin and treat precancerous skin growths. These peels can be repeated about four months apart, until the desired goal is achieved, to the maximum of three treatments.

○ With medium-depth chemical peels, there is partial or complete removal of the epidermis through desquamation (shedding of the outer layers of the skin). This shedding process leads to skin healing mechanisms that are partly responsible for achieving the result of new, smoother and more beautiful skin.

○ These impressive results do not come without risks. Skin irritation, infection, scarring, milia (small white bumps) formation, herpes, worsening of the treated problem as well as pigmented abnormalities (hyper- and hypo-pigmentation) are the most common problems that are a result of a medium-depth chemical peel, gone wrong.

● **Deep chemical peels** penetrate and though the epidermis to the mid portion of the dermis (mid-reticular dermis or upper papillary dermis). This category of peels includes phenol, trichloroacetic acid, as well as Baker-Gordon formula. They produce dramatic results and remove moderate line, age spots, freckles and some scars. This procedure is only used on the face.

Few physicians are trained to perform deep peels now, because of the introduction of lasers that compete with deep chemical peels in their results, with a much higher safety margin and improved control of the depth. The most important disadvantage of deep chemical peels is that they have a narrow safety margin, and the risk of complications is substantial. There is no longer a reason for their use even in the physician’s office. However, you need to know about these products so they can be explained if clients ask questions.

Recovery considerations with all peels

● Clients must stay out of the sun for at least a week after the peel. If they must go out, they must wear a wide-brimmed hat to shade their face and to protect any other treated areas.

● The patient must always wear a broad-spectrum sunscreen after the first weeks of recovery. The skin will still be healing for several weeks, and during that time, it will be vulnerable to hyperpigmentation.

● Patient must use moisturizers sparingly, immediately after the peel, because they can diminish the effectiveness of the peel. Moisturizers can and should be applied when the skin becomes cracked and peeling.

● When peel solution is on the skin, it stings and burns. A small, hand-held mechanical fan held by the patient is recommended to reduce the high discomfort.
People with the following conditions should not undergo peels or resurfacing:
- Pregnant/lactating.
- Herpes simplex.
- Current or very recent sunburn.
- Autoimmune disease.
- Recent chemotherapy.
- Recent radiation therapy.
- Use of Accutane® or similar medication within one year.
- Use of retinoid products or similar medications within one year.
- A tendency for keloids.
- A recent laser procedure.
- Immunosuppression.
- Organ transplants.

Types Of Chemical Solutions For Peels

As you have reviewed, the types of chemical peels differ based on how deeply the chemical penetrates and what type of chemical solution may be used. The most commonly used chemical solutions are alpha hydroxy acids (AHA), trichloroacetic acid (TCA), and phenol.

Phenol – a deep peel
Phenol is the strongest of the peel solutions currently in use, and produces a deep peel. Mainly, it is used to treat patients with the most deep and obvious facial wrinkles, areas of hyperpigmentation, damaged skin caused by sun exposure, and pre-cancerous growths.

Phenol provides a relatively deep, though somewhat predictable, injury to the dermis, and then the patient goes through the peel process. The phenol considered “pure” is 88 percent phenol. This is a serious peel. The few physicians who still perform phenol peels provide minor sedation before application. The patient’s vital signs are monitored while the solution is on the skin. The physician may prescribe post-peel pain medication for relief of the initial pain.

Phenol peels have notable risks, so its use is definitely restricted to medical-level only. Use of this product is beyond the scope of practice of an esthetician.

Considerations with phenol:
- It can be only used on the face; use on the neck and body can produce scarring.
- Only Fitzpatrick Scale patients from I-III are recommended for its application; it is not suggested for use on dark-skinned individuals. (See Glogau and Fitzpatrick scales).
- It sometimes permanently lightens the treated areas, and that is a consideration in its choice.
- The procedure may pose a risk for patients with heart problems; deaths have been reported during a Phenol peel.
- This peel may permanently remove facial freckles and discolorations due to damage and desquamation of the melanocytes.
- The new skin frequently loses its ability to make pigment (such as a tan).
- It removes pre-cancerous lesions (keratosis); it does not treat cancerous growths.
- High SPF products must always be used by the client when the treated area is exposed to the sun or hyperpigmentation develops.
- Permanent lines of demarcation may develop, many times at the junction of the facial and neck skin, below the mandible and at the hairline, if not properly applied.

Recovery
- The skin is red and flushing immediately following the peel.
- Recovery may be slow, and complete healing may take as long as six months.
- The patient will not be able to drive immediately following the peel. Monitoring by a companion is suggested for 1-2 days, following the peel.

Trichloroacetic acid (TCA)
Trichloroacetic acid (TCA) was first studied in the mid-1900s and was found to be safer and more predictable than deeper peeling agents, such as phenol.

TCA is a synthetically derived peeling agent made of acetic acid and chlorine. It has become a popular option for superficial and medium-depth peels because of its nontoxicity. TCA comes in varying concentrations, allowing for varying depths of peeling. TCA concentrations range and when used at strengths of 50% or higher (performed by a physician), TCA patients can develop complications, especially scarring.

This procedure hurts when performed, but peels more superficially than when phenol is used. The epidermis and superficial dermis peel, healing in five to eight days. The more superficial the peel, the fewer wrinkles are removed. Physicians use TCA concentrations ranging from 15% to 50%, alone or in combination with other chemicals. Higher concentrations result in deeper peels. The chemical solution for Ohio estheticians must be mixed and used at an ingredient concentration of 30% or less at final formulation, with a pH of not less than three.

The results of a TCA peel are less dramatic than the phenol peel and are not permanent like those of a phenol peel. The results, however, are very pleasing for most people willing to go through a desquamation process. Fine surface wrinkles, superficial blemishes and pigment problems are commonly treated with TCA. Generally, this peel is performed in a 1-2 layer process.

It is important to know the difference between a resurfacer, dermabrasion and chemical peels. The peels, as previously mentioned, consist of applying a chemical solution to the area, dermabrasion utilizes a high speed rotary wheel, while resurfacing includes the use of a laser beam. For this chapter, we will be discussing more about peels and how the other anti-aging processes compare.

Contraindications
- Herpes simplex or active infection.
- Pregnancy.
- Breastfeeding.
- Obsessive pickers.

Clients with a history of herpes simplex must call their physicians for a prescription for prophylactic medication to start before having the peel. Allowing the development of herpes can produce severe scaring and a spread of the area infected from the virus.

Considerations with TCA
- It can be used on neck or other body areas with few problems.
- A preconditioning regimen prior to the application of the peel is usually designated.
- The one-layer TCA treatment takes only 10-15 minutes for application.
- It is preferred for darker-skinned clients (Fitz IV) over phenol.
- The peel depth is adjusted by using lower percentages of the chemical in the solution.
- In Ohio, estheticians must use an ingredient concentration of 30% or less at final formulation, with a pH of not less than three.
- TCA is usually applied in 1-2 layers in a medical-level percentage in a physician’s office, and one layer in a lower percentage (30% solution or less) in an esthetic-level setting.
- TCA peels are usually done more than once, four months apart, to achieve the desired results, stopping at 3-4.
Recovery
- Sunscreen must be used after this peel to prevent discoloration or hyperpigmentation.
- Healing is much quicker than with a phenol peel, with full healing in 10-14 days. Some clients heal quicker than others do.
- The TCA peel may cause edema (swelling), depending on the strength of the peel used and the client’s skin.
- The individual must be told to assume he or she will not want to be out in public for 3-7 days, longer with some people and longer when more than one layer is applied.
- The recovery can also be dependent on the percentage of the chemical in the peel.

Ask your client
Always ask potential peel or resurfacer clients if their skin turns dark easily following injury, acne or insect bites. This indicates a tendency to hyperpigment, and these clients need to precondition for an extensive time.

Preconditioning for TCA peel
Retin A™ and similar prescription-only medication, derived from Vitamin A, is used to pretreat some skin types in medical level peels; other products are in the regimen, though the specific products vary among professionals who perform peels. The client uses the products as part of their home care, as prescribed, for a set amount of time before scheduling of the peel.

The amount of pretreatment time is defined according to the Fitzpatrick Scale of the skin. The person obtaining a medical-level peel may have to spend four to six weeks in the pretreatment phase before the doctor will schedule the actual peel, and resurfacing treatments may be performed during that time for further skin preparation.

Preconditioning before medical-level peels improves the overall health of the skin and thins out the stratum corneum, allowing the TCA solution to penetrate more deeply and evenly into the lower layers of the epidermis and into the dermis, to the desired level.

If the client’s skin will not tolerate Retin-A™ or similar products and the skin responds quickly presenting erythema (red patches, rash), the esthetician may change the preconditioning product to an AHA, which is an alternative ingredient. The erythema response by the skin requires lengthening of the pretreatment time to allow the skin to become stronger and healthier because it indicates there may be a more intense post-peel irritation.

Peeling process
The occurrence of frosting during the peel treatment process indicates, at that point the reaction to the peel, is complete. Careful feathering of the solution into the hairline and around the rim of the jaw and brow by an experienced professional can eliminate the line demarcation between peeled and non-peeled areas. The perioral area requires an even application of solution over the skin, but not over the vermilion border.

The affected areas of a peel do not release from the skin all at the same time, with the movement areas first, such as around the mouth and eyes, and usually the neck and forehead last. By the 1960s and 1970s, dermatologists were looking for other peeling agents they could use to perform more superficial chemical peels because the side effects of their current peels were sometimes severe. Among those were the Jessner’s, and the modified Jessner’s peels. Following is a discussion of these peeling agents.

Jessner’s peel
The Jessner’s is a medium-depth peel designed for more extensive peeling than AHA’s, but less than phenol or TCA. It is a combination of three chemicals: resorcinol, lactic acid, and salicylic acid. It is a solution of 17 percent salicylic acid (a beta hydroxy acid), 17 percent lactic acid (an alpha hydroxy acid) 17 percent resorcinol, usually antioxidants and inactive ingredients. Resorcinol is a derivative of phenol, though without most of its problems.

The Jessner’s peel is tolerated well by all traditional skin types, though the patient’s Fitzpatrick Phototyping Scale should be considered in the potential for hyperpigmentation. It is effective in desquamation of the face, neck, hands and upper chest. Jessner’s peel works well for clients with acne or oily skin because it tends to decrease oil production and opens clogged sebaceous follicles. It also contributes to the healing process of acne through its anti-bacterial activity against Propionibacterium acne, the causative bacteria in acne vulgaris.

As with all peels and AHA treatments, preconditioning is important for Jessner’s clients. The length of time in preconditioning is determined by the Fitzpatrick Scale of the patient; the higher the Fitzpatrick, the longer the preconditioning. No sedation is needed for a Jessner’s patient. Except the skin redness and some discomfort, there is no significant number of serious side effects associated with Jessner’s peel.

About Jessner’s
The Jessner’s and Modified Jessner’s are not timed applications; they are self-neutralizing in about four minutes between applications. The TCA peel at any percentage must be neutralized to prevent it from progressing deeper than safety allows. This is usually performed with a cool water rinse (no wiping motions allowed).

Modified Jessner’s
Modified Jessner’s peel is a blend of 14 percent salicylic acid, 14 percent lactic acid and 14 percent citric acid. As with the traditional Jessner’s, some manufacturers include lighteners or brighteners such as hydroquinone, kojic acid, azelaic acid or others to counter hyperpigmentation in the process. It is recommended for light to medium Fitzpatrick skin types (1-3). This peel is indicated for the treatment of hyperpigmentation, acne scars, acne and general sun damage. It achieves desquamation and normalization of the keratinization process for thick, oily and acneic skin and reduces the amount of comedones, pustules and inflammation.

The development of this peel is credited to Margaret Ancira, CEO of Physicians Choice, Scottsdale, Arizona, who has an esthetician background and worked extensively with physicians. Replacing the resorcinol with citric acid avoids the potentials for allergic reactions that developed when resorcinol was repeatedly used in a peel. In researching this peel, you will find many variations in the chemical that replaces resorcinol, and in the stated percentages; these are the original ingredients and percentages of the modified Jessner’s peel. Any variation in ingredients and percentages will change the effects of the peel. Know your product well and the implications of the ingredients.

As with the traditional Jessner’s peel, this peel varies in the amount of desquamation according to the number of layers applied. The number of layers in a modified Jessner’s usually is from 1-6, with the esthetic level being maximum 4 by an extremely experienced esthetician; most wisely do not layer over 2. (Some states limit the layering to 2.) Training, experience and layering provides optimal control of the depth of the peel. The number of layers allowed for estheticians to apply is stated in some state regulations and others will or will not allow this peel to be performed. For your own protection, check you state regulations.

The numbers of layers also determine whether the treatment is a resurfacer or peel. A single layer of the modified Jessner’s and TCA 10 percent may initiate flaking (resurfacing), while multiple layers will cause desquamation of the skin. For that reason, these peels can be
superficial or medium-depth peels. With more than one layer, in about two days, the skin will darken to a dark tan and crack first in the areas around the mouth and eyes, the areas of the most movement. Then it will begin to peel in sheets, with completion in approximately seven days post-peel. [Root, p. 55]

Post-peel
Before the peel even begins, the client should be educated on the preconditioning treatment and the post-peel instructions should be written and given the client. Be certain the papers are in the client’s possession in a familiar place to the client. Tell clients that their skin will sting, and that they must be ready to tolerate it from TCA for possession in a familiar place to the client. Be certain the papers are in the client’s preconditioning treatment and the post-peel instructions should be written and given the client. Be certain the papers are in the client’s possession in a familiar place to the client. Tell clients that their skin will sting, and that they must be ready to tolerate it from TCA for 20-30 minutes and for Jessner’s and modified Jessner’s, about four (4) minutes between each layer. Immediately following a peel, the skin will be red and flushed.

Your clients should never pick or pull on the flaking or peeling skin during healing, because it can cause infection to spread all over the face and then, cause scarring. They should also avoid sun exposure and sweating – which cancels out exercise. Moisturizer can be applied to the peeled skin or a calming serum applied, but only the ones suggested or approved by the physician and only in the timing he or she directs.

Moisturizing as directed with the proper product will heal these areas more quickly and lessen cracking and bleeding, which can scar newly uncovered skin. Warn clients their skin may burn a little when they apply the moisturizer or serum on their raw skin. It is extremely important that they follow closely the recommendations of a physician when having a medium peel.

Most physicians will have the patient return on the second and fifth days for a check-up on the healing progress of the skin.

**SCOPE OF PRACTICE**

The regulatory agencies in each state define the treatments that can be performed by their licensed professionals, within the legal boundaries of regulations, passed by their state legislature.

This agency (Ohio State Board of Cosmetology) can withdraw or suspend a professional’s license or assign penalties and fines if treatments are performed outside these boundaries of care. Though a few states do not regulate peels, they are generally thought to be outside the scope of practice for estheticians because of their potential for damage, infection and scarring when performed, incorrectly.

Most skin care professionals who perform peels beyond their scope of practice are usually not adequately trained. It is important to note, that if a client is damaged when a professional is working beyond their scope of practice, thus working illegally, a protective policy can be deemed void, by the insurance company who holds the policy.

In Ohio, the Statutes and Regulations applicable to estheticians are contained in sections 4713 of the Ohio Revised Code (ORC) and within the Ohio Administrative Code (OAC). These rules govern cosmetology operations and activities, including the rules and regulations for estheticians.

Within Ohio’s Administrative Code (OAC) is Chapter 4713-8 entitled, Standards of Safe and Effective Practice which establishes safe practice standards, outlines considerations of the board involving a violation, and sets the standards relating to competent practice as an esthetician. Chapter 4713-8 is important to skin care professionals, as it specifically outlines what services may be provided, where, and how.

In the OAC, chapter 4713-8-04 clearly outlines the standards to follow.

OAC, Chapter 4713-8-04 Standards relating to competent practice as esthetician

A. An aesthetician shall provide cosmetology services within a salon where the license is current, active and appropriate to the scope of practice of esthetics for an esthetician as set forth in section 4713.01 of the Revised Code and the rules of the board.

B. An aesthetician shall maintain knowledge of the duties, responsibilities, and accountabilities of practice and shall practice in accordance with the following:

1. The laws regulating the practice of esthetics;
2. The rules of the board;
3. Any other applicable federal, state and local laws and rules; and
4. Position statements, standards for practice, or guidelines for practice from nationally recognized professional esthetic entities; provided these statements, standards, or guidelines are consistent with existing laws or rules.

SC. An aesthetician shall demonstrate competence and accountability in all areas of practice in which the aesthetician is engaged which includes, but is not limited to, the following:

1. Consistent performance of all aspects of esthetic services according to acceptable and prevailing standards, and
2. Appropriate recognition, referral or consultation, and intervention, when a complication arises during or after the performance of a specific service or procedure.

D. Section D explains that an aesthetician may provide advanced practice services provided they obtain the appropriate education from a recognized body of knowledge relative to the esthetic service provided, they demonstrate appropriate knowledge, skills, and abilities to provide the service, maintain documentation of the education and training. The service cannot involve a function or procedure that is prohibited by any other law or rule and does not exceed the definition of the practice of esthetics in section 4713.01 of the Revised Code.

Within this Chapter, it also states that estheticians shall not provide any service that claims to have a medical or healing benefit. The scope of practice is limited to beautification and relaxation services only. The scope of practice is limited to non-invasive services only.

This section of the chapter 4713-8-04 also details exfoliation terms, as well:

Estheticians may exfoliate stratum corneum cells only. They may use any chemical, mechanical or electrical service that only exfoliates cells of the stratum corneum. Proper advanced practice training from the manufacturer or the manufacturer’s certified representative shall be required prior to service to the public as set forth in rule 4713-8-09 of the Administrative Code. The manufacturer’s certificate of training shall be displayed in a publicly conspicuous place.

Estheticians may use a lancet to enhance the opening in a comedo or to create a small opening in the dead surface corneum to facilitate extraction of milia in order to better extract the contents. Estheticians shall not pierce the stratum corneum or use a lancet for any other purpose. Estheticians shall not perform a comedo enhancement or milia extraction with a lancet unless they have had specific documented training for this procedure. Only sterile, one-use, disposable lancets shall be used and they shall be disposed of in a “sharps box” medical waste container.

Estheticians shall provide treatments only utilizing equipment not to exceed one hundred eighty nanometers, or a class one medical device as defined by the food and drug administration of the United States department of health and human services.

Estheticians may use advanced techniques in a salon after receiving training to perform the technique.

Each state will also have their own definitions of applicable terms in the profession, and will describe what service treatment is approved,
and by what means. For Ohio, Chapter 4713-1-01 of the Ohio Administrative Code (ORC) provides these definitions and criteria.

“Chemical treatment” means any product or procedure, including the preparation and/or application of the product that alters or changes the molecular structure of the hair, skin or nails through the chemical treatments. These treatments may include, but are not limited to the following:
1. Permanent waving and soft permanent waving;
2. Chemical straightening;
3. Hair coloring and bleaching (semi-permanent and permanent);
4. Chemical skin peel and products;
5. Depilatory product; and

“Non-invasive” means confined to the nonliving cells of the epidermis specifically the stratum corneum (outer) layer. Living cells must never be altered, cut or damaged. During services performed by individuals licensed in cosmetology or a branch of cosmetology, at no time should the basal layers be compromised.

The link to ensure you know the rules that govern your profession, you may access Ohio’s Administrative Code at http://codes.ohio.gov/oac/4713-1 and Ohio’s Revised Code at http://codes.ohio.gov/orc/4713.

Ohio’s state regulations on skin care processes

Within Ohio’s Revised Code (ORC) is title 47 entitled, Occupations. Within this title are chapters for various professions that are regulated in Ohio. Chapter 4713 applies to cosmetologists which estheticians fall under this profession. Beginning with Chapter 4713.01, are the definitions of all terms used within the regulations. Chapters 4713.02 through 4713.10 primarily deal with the Board of Cosmetology, their duties, composition, responsibilities, and fee structures.

It is important to review Chapter 4713.15, which explains how Ohio regulates cosmetic and massage therapy. Along with a license, a certificate is needed in Ohio in order to be able to provide a limited branch of medicine, such as massage therapy or cosmetic therapy. So, let us first start by reviewing how Ohio defines each of these treatment methods.

Cosmetic therapy is defined as the permanent removal of hair from the human body through the use of electric modalities approved by the board for use in cosmetic therapy, and additionally may include the systematic friction, stroking, slapping, and kneading or tapping of the face, neck, scalp, or shoulders.

Massage therapy is defined as the treatment of disorders of the human body by the manipulation of soft tissue through the systematic external application of massage techniques including touch, stroking, friction, vibration, percussion, kneading, stretching, compression, and joint movements within the normal physiologic range of motion; and adjutante thereto, the external application of water, heat, cold, topical preparations, and mechanical devices.

These certificates are valid for two years and can be renewed for $100. At least six months before a certificate expires, the board shall mail a renewal notice to the certificate holder’s last known address. At least three months before a certificate expires, the certificate holder shall submit the renewal application and biennial registration fee to the board.

Exfoliation and peel policy of ohio

The Ohio State Board of Cosmetology believes it is best to follow the guidelines provided by the Esthetics Manufacturers and Distributors Alliance (EMDA) of the American Beauty Association (ABA), who represents manufacturers and distributors of personal care products within the professional beauty industry.

The association was developed with these two goals in mind: to serve the interest of its members within the profession, and to enhance the professional treatment of clients in the beauty industry.

The EMDA Guidelines are intended to enhance the safe and effective application of Professional Cosmetic Resurfacing Exfoliating Substances. The Guidelines recommend procedures to follow when applying cosmetic resurfacing exfoliating substances.

These procedures have been used throughout history as a means to cleanse, smooth and improve the appearance of the skin. Today, Cosmetic Resurfacing Exfoliating Procedures utilize a variety of chemical substances and/or mechanical equipment intended to remove the stratum corneum of the epidermis thereby improving the aesthetic appearance of the skin. The procedures are not intended to cause viable epidermal and/or dermal wounding or injury and therefore differ from medical resurfacing procedures, administered by a physician.

Definition of cosmetic resurfacing exfoliating substances and equipment

Cosmetic Resurfacing Exfoliating Substances and Equipment includes cosmetic-use of:
- AHA’s (glycolic, lactic acids).
- BHA’s (salicylic acid).
- Jessner’s solution (14% salicylic acid, lactic acid and resorcinol), or modifications.
- Protein enzymes (papain, bromelain).

The term also includes the mechanical instruments and instruments that mechanically administer substances provided the manufacturer has established and substantiated product and equipment safety, including:
- Brushing machines.
- Polyethylene granular scrubs.
- Loofahs (textured sponges).
- Gommage (eraser/cream or paste).
- microdermabrasion instruments.

The term excludes all other chemical and mechanical exfoliation/peeling procedures and substances including, but not limited to Trichloroacetic Acid (TCA), Carbolic Acid (phenol), or combinations thereof and further excludes all adulterated chemical exfoliating/peeling substances.

Cosmetic use of AHA’s

“Cosmetic Use AHAs” means Alpha Hydroxy Acid exfoliation preparations that do not exceed a 30% concentration with a pH value not lower than pH 3.0, as established and recommended by the Cosmetic Ingredient Review Expert Panel. This is also stated in Ohio’s Administrative Code (OAC), 4713-8-03(J) states specifically: (J) Chemical peels performed by a cosmetologist shall be mixed and used at an ingredient concentration of thirty per cent solution or less at final formulation with a pH value not less than three.

Use of microdermabrasion equipment

The Federal Food and Drug Administration (FDA) lists this equipment as Class 1 devices, intended for use by Licensed Practitioners, trained in the appropriate use of such equipment. Microdermabrasion equipment is considered a Cosmetic Resurfacing Exfoliating Substance, only if they are used in a manner that is not intended to remove viable (living) skin below the stratum corneum. Again, Ohio provides additional language in the regulations, specifically in OAC 4713-8-03(F) entitled, Standards Relating to Competent Practice as a Cosmetologist, as we previously reviewed earlier in this section.
Cosmetologists may exfoliate stratum corneum cells only. With proper training, cosmetologists may use any chemical, mechanical or electrical service that only exfoliates cells of the stratum corneum. Proper advanced practice training from the manufacturer or the manufacturer’s certified representative shall be required prior to service to the public as set forth in rule 4713-8-09 (offering advanced practice, advanced techniques, or unregulated services) of the Administrative Code. After completing the training, a licensee shall display the manufacturer’s certificate of training in a publicly conspicuous place.

The Ohio State Board of Cosmetology provides a document entitled, Salon Sanitary Standards and within this document it describes advanced services and what services estheticians may provide.

It reads as follows:
- Estheticians may provide services related to the beautification and relaxation of the skin, including advanced services and techniques with proper training and/or certification within the scope of practice. The certificate of training shall be displayed.
- Estheticians may offer services using chemicals or devices that exfoliate cells of the stratum corneum only. A lancet may be used to open a comedo to facilitate extraction but shall not pierce the stratum corneum.
- Chemical peels shall be mixed and used at ingredient strength of 30% at final formulation.
- Estheticians shall provide treatments only utilizing equipment not to exceed 180 nanometers or a class one medical device as defined by the FDA.

**Conclusion**

In today’s times, most people want to retain that youthful and healthy glow to their skin. As baby boomers have aged, a massive market has been created—requesting these services, along with their children, who are more knowledgeable of the sun’s ultraviolet radiation and the effects on the skin. Estheticians are the specialists to provide this care. Estheticians employed in salons or spas provide an abundance of skin treatment services including facials, chemical peels, waxing, and microdermabrasion. In order to protect the health of your clients, it is imperative to understand the risks involved in performing these treatments.

Each state has imposed regulations regarding the scope of practice for estheticians and Ohio’s regulations have specific rules governing exfoliating procedures, the content and percentage of chemical solutions used, and the appropriate equipment allowed to provide peels and resurfacing services. These rules and regulations must be followed or you may find your license is suspended or revoked or even worse, you may harm a client and face a difficult legal situation. The more knowledge we obtain, the more competent we become.

**References**

1. Today, even the children of baby boomers are seeking these treatments, some as young as twenty years old. What type of skin care treatment is this?
   a. Acne
   b. Suntan
   c. Anti-aging
   d. Facial

2. What anti-aging treatment is performed chemically and mechanically by influencing the speed of the turnover of cells in the epidermis of the skin?
   a. Topical creams
   b. Chemical peel
   c. Resurfacing
   d. Waxing

3. The Fitzpatrick Classification Scale classifies a person’s complexion and how well they tolerate what?
   a. Pain
   b. Water
   c. Salt
   d. Sunlight

4. People with some conditions should not undergo chemical peels or resurfacing – those who have had chemotherapy, organ transplant, or recent sunburn, but there are medications which prevent a person to undergo a peel for at least a year if taking it, which medication is this?
   a. Vitamin E
   b. Accutane
   c. Zoloft
   d. Antibiotics

5. The three most common chemical solutions for performing chemical peels are alpha hydroxy acids (AHA), trichloroacetic acid (TCA), and ____________________?
   a. Ammonia
   b. Mineral oil
   c. Phenol
   d. Boric acid

6. Immediately following a peel, the skin will be _______ and _______.
   a. Soft and smooth
   b. Relaxed and soothing
   c. Pale and cracked
   d. Red and flushed
Chapter 2: SKIN CARE PROTOCOLS

1 CE Hour

By: JoAnn Stills

Learning objectives

After completing this chapter, the participant will be able to:

- Differentiate between aggressive and progressive skin care treatments.
- Identify the two (2) types of ultraviolet radiation that causes damage to the skin, and what that damage consists of.
- Identify skin types and skin conditions using the Fitzpatrick and Glogau Classification Scales.
- Identify the steps within a treatment protocol identified by Esthetics and Manufacturer’s and Distributor’s Alliance (EMDA).
- Identify relevant Ohio State legislation information as it relates to esthetician competency standards, and performing advanced practices.

Introduction

Body and facial skin care treatments can be a very lucrative business for estheticians, if performed correctly. Referrals will be your marketing tool, as each client will tell their friends about their experience. Clients will discuss with others the time that was taken beforehand; the pre-conditioning care, the consultation, explanation of the procedure, the effective application of the treatment, and the follow-up care - all these elements are important to the client, just as they are significant to you, the esthetician.

Providing skin care treatments whether for anti-aging purposes, hyperpigmentation issues, or skin conditions, the client’s safety must be priority one, which is why almost all states regulate the practice of esthetics, to ensure the public’s safety. This is done by enacting regulations to establish estheticians’ scope of practice, competency standards, and restrictions, among other rules. Being licensed as an Ohio esthetician it is essential to stay up-to-date on Ohio laws being considered and voted on, annually. These laws are the constructs of your business. If you step outside these boundaries, you are liable for the consequences. You may visit the Ohio State Board of Cosmetology at http://cos.ohio.gov/laws-rules to always stay updated on current and future laws. Ohio provides a tab entitled, “rule review” under the laws and rules page. http://cos.ohio.gov/rules-review

Besides the legislative responsibility, estheticians are also equally accountable for performing skin care treatments in a safe and effective manner. By implementing a skin care treatment protocol, the client’s trust in the esthetician increases, and the esthetician is assured of not missing an element in the process. It doesn’t matter which skin care therapy is performed, a process or protocol is mandatory to be successful and earn those client referrals.

This chapter will provide you with the tools necessary to establish a system of operational procedures such as performing a skin analysis, assessing skin type and condition via Fitzpatrick and Glogau Classification Scales, and pre and post procedures, with an emphasis on the harmful effects of the sun. We will also discuss sunscreens and SPF requirements. This content can add to an existing process, already in operation, too. By implementing a safe, sanitary, working protocol, not only are the regulations being followed, but the client is assured the treatment is safe, and the esthetician skilled and qualified.

Progressive vs. aggressive

In the industry, we have all heard the words “progressive” and “aggressive” when we discuss terms of skin care treatment. Progressive skin care, we are describing here, indicates conservative care, with the strength of treatments and home care indicated by the client’s skin type, within the lines of safety for prevention of damage to the skin, and always within the laws for esthetic care in Ohio. It progresses toward client goals, but may be considered slow by some practitioners.

Progressive care does not suggest an esthetician not perform chemical exfoliations, such as AHAs or use mechanisms such as microdermabrasion, in the care they provide their clients. They must, however, be used in a safe and correct treatment program that does not damage or irritate the skin. The true difference between progressive and aggressive care is the concept of potential damage to the skin, and the liabilities and legalities of the care. In progressive care, no damage occurs, it is legal and there are few liabilities; in care that is too aggressive, there is a potential for damage and performance of illegal treatments, which can magnify liabilities that result in lawsuits.

Aggressive skin care, for this discussion, indicates skin care that always focuses on the goal, doing whatever it takes, with the care being speedy and producing fast, immediate and obvious results. It usually leaves the skin reddened and even peeling, and many of these treatments require downtime for the client. The interpretation for some is that aggressive care may mean a treatment is performed too often or too soon, or with higher concentration products or more aggressive pressure with machines than are legal. It also could mean that a professional bypasses contraindications of the treatment to more quickly reach the desired result, the client wishes.

Some skin care experts use time of irritation in designating a treatment aggressive. They describe an aggressive treatment as the use of products or equipment that make a client’s skin irritated for more than 30 minutes post-treatment. Aggressive estheticians who constantly exfoliate their clients are called “acid artists” or “microderm artists,” meaning, no matter the skin type or goal of the client in their chair, they recommend microdermabrasion or an acid series. Many do the treatments too often on their clients, and repeat entire series, too often. Others may not recommend pretreatment home care to build up the skin because they do not believe there is any accomplishment without pain and peeling and because it delays the treatment too long.

Clients often ask you for higher percentages of acids or for you to “turn it up” during a microdermabrasion treatment. The clientele today is educated about treatments and ingredients, and feel they know what they want, when they come through the door. These clients dictate what you are to do, and if it is not aggressive enough, they won’t be
back. In this case, you must take control, even if you lose the client. It is your responsibility to listen to their concerns, re-educate them with proper knowledge when necessary, and then to tell them what they need, as opposed to what they want.

Through this policy, new clients will know that you will be developing a protocol that is right and safe for them. Your clients must understand that you have their best interests at heart, and that you only work within the law.

They must trust your judgment to provide the best skin care available within the confines of your licensure. This trust is gained through education of the client and demonstrating professionalism in your decisions, no matter the consequences.

### IT ALL STARTS WITH THE SUN

When you, as a skin care professional, are asked “what is the most important skin care product I should purchase,” you should not hesitate, and say: “sunscreen.” While this product does not change or improve the skin, it does prevent future sun-induced hyperpigmentation and other damage. It is believed to be the most important product in the skin care industry, and it is especially important when the client is having exfoliation, resurfacing or peel treatments. Diligent use can prevent further sun damage.

In 1997, the Cosmetic Ingredient Review Board (CIR) required esthetic professionals, applying AHAs to their clients, to educate those clients on the use of sun protection, including the damage of the sun’s ultraviolet radiation, as their responsibility. In Ohio, the policy was adopted in 1997 requiring that estheticians must advise clients of the necessity of sunscreen protection, following procedures of microdermabrasion and chemical peels.

Sunscreens are lotions designed to help prevent the sun’s ultraviolet radiation from reaching the skin. But there are two types of ultraviolet radiation, UVA and UVB, out there, and UVA is the one that is most damaging to the skin and increases the risk of skin cancer. SPF was designed to protect us from UVB, the rays that cause sunburn, but as estheticians, we know that the damage to the skin and 90 percent of aging is through exposure to UVA. Conventional sunscreen blocks very little UVA radiation relative to the nominal SPF; broad-spectrum sunscreens are designed to protect against both UBV and UVA.

The Food and Drug Administration enacted regulation, which become effective June 18, 2012, to establish a standard test for over-the-counter (sold without a prescription) sunscreen products that will determine which products are allowed to be labeled as “Broad Spectrum.” Under the regulations, sunscreen products that protect against all types of sun-induced skin damage will be labeled “Broad Spectrum” and “SPF 15” (or higher) on the front.

The new labeling will also tell consumers on the back of the product that sunscreens labeled as both “Broad Spectrum” and “SPF 15” (or higher) not only protect against sunburn, but, if used as directed with other sun protection measures, can reduce the risk of skin cancer and early skin aging. For these broad spectrum products, higher SPF (Sun Protection Factor) values also indicate higher levels of overall protection.

By contrast, any sunscreen not labeled as “Broad Spectrum” or that has an SPF value between 2 and 14, has only been shown to help prevent sunburn. You need to be educated about critical health-preserving products like sunscreen so you can educate your clients. Learning and paying attention to the following sunscreen label information will ensure you protect yourself and your clients from misleading advertising and label information.

The FDA also implemented additional regulations on labeling such as:

- Sunscreen products that are not broad spectrum or that are broad spectrum with SPF values from 2 to 14 will be labeled with a warning that reads: “Skin Cancer/Skin Aging Alert: Spending time in the sun increases your risk of skin cancer and early skin aging. This product has been shown only to help prevent sunburn, not skin cancer or early skin aging.”
- Water resistance claims on the product’s front label must tell how much time a user can expect to get the declared SPF level of protection while swimming or sweating, based on standard testing. Two times will be permitted on labels: 40 minutes or 80 minutes.

- Manufacturers cannot make claims that sunscreens are “waterproof” or “sweatproof” or identify their products as “sunblocks.” Also, sunscreens cannot claim protection immediately on application (for example, “instant protection”) or protection for more than two hours without reapplication, unless they submit data and get approval from FDA.
- All sunscreens must include standard “Drug Facts” information on the back and/or side of the container.

There are additional ingredients added to SPF products such as antioxidants, chemicals that can prevent or slow cell damage. There are thousands of antioxidant compounds out on the market, but for this discussion, the common ones we find in SPF are vitamins A, C, and E. Moisturizers are added to sunscreen products to cancel the need for an additional moisturizing product in the morning.

You can impress your clients by explaining how SPF is calculated. You can determine a client’s protected sunning time by multiplying the SPF number by the amount of time it normally takes them to show signs of burning, if unprotected.

**For example:** Client will use an SPF of 8 and they normally burn after 15 minutes unprotected. The formula would be 8(SPF) x 15(minutes) = 2 hour of increased sun protection. If the same client uses SPF of 15 then the formula would read, 15 x 15 = 3 ½ hours increased protection. A fair skinned client may burn in 5 minutes. If the client uses an SPF of 15, then the formula would be: 15 x 5 = .75 which is 1 hour, 15 minutes increased protection, for the client.

### SPF and vitamin D

Too much of a good thing can be bad. Though dermatologists recommend SPF 15, which protects against 96.4 percent of UVB rays, concerned consumers are purchasing higher SPFs, for example SPF 50, which protects against 98 percent. The reality is that you don’t really need a higher SPF unless you have had skin peeling or resurfacing, and that high SPF can be negative to your health.

Sunscreens interfere with the production of Vitamin D, and sun exposure is essential in the production of this important vitamin. A recent study suggested that most Americans are deficient in Vitamin D, an essential vitamin for optimum health and growth, with most of the deficient persons being in the temperate clime areas.

Vitamin D is absolutely necessary for the growth and development of bones and teeth and is required for the proper absorption and utilization of calcium and phosphorus in the body. The application of an extremely high SPF can interfere with this exposure. However, sufficient exposure for most people is possible without harming the skin with overexposure to UV rays. Fifteen minutes in the sun, twice a week, is enough to stimulate a sufficient amount of Vitamin D.

How do you compromise to meet both the client’s absolute need for the sun and protection of their skin from UV rays? One way to persuade your clients to maintain their SPF all day is to suggest they use a broad-spectrum SPF before they go out in the morning under mineral makeup. Then, when the time to re-apply arrives, refresh the mineral makeup and continue to do so all day, to maintain the SPF coverage. The SPF of mineral makeup is from 15-22 and will do the job without removing their makeup to reapply.
Protocol and client success

It all begins at the base point of analysis, and that is the defining of the client’s skin type. Professional treatments may also be included in pretreatment such as a microderm facial, enzyme facial and moisturizing facials. Analysis is the central and pivotal point of the service, as it determines the product, the use, pre and post treatment, and especially, the results. In the state of Ohio, when performing exfoliation, resurfacing, and peels, it is mandated to follow the guidelines set by the Esthetics Manufacturers and Distributors Alliance (EMDA) of the American Beauty Association (ABA). These guidelines are intended to enhance the safe and efficacious application of professional cosmetic resurfacing exfoliating substances by following specific procedures.

The substances they speak of include alpha hydroxy acids (Glycolic and Lactic Acids), beta hydroxy acids (salicylic acid), Jessner’s solutions (14% salicylic acid, lactic acid, and resorcinol) or modifications, and they also include proteolytic enzymes (papain, bromelain). The equipment mentioned within these guidelines consist of mechanical instruments and instruments that mechanically administer substances, including brushing machines, polyethylene granular scrubs, loofah or textured sponges, gommage and microdermabrasion instruments, provided the manufacturer has established and substantiated product and equipment safety.

It is imperative to know the standards for application and the percent of chemical solution mixtures approved by the state, and who may provide advanced services. Ohio has a standard in place to specifically address this issue, which states:

- Estheticians may provide services related to the beautification and relaxation of the skin, including advanced services and techniques with proper training and/or certification within the scope of practice. The certificate of training shall be displayed.
- Estheticians may offer services using chemicals or devices that exfoliate cells of the stratum corneum only. A lancet may be used to open a comedo to facilitate extraction but shall not pierce the stratum corneum.
- Chemical peels shall be mixed and used at an ingredient strength of 30% at final formulation.
- Estheticians shall provide treatments only utilizing equipment not to exceed 180 nanometers or a class one medical device as defined by the FDA.”

Brief review: Disinfection and sanitation procedures

Equipment sanitation OAC 4713-15-15 is defined and explained, as follows:

A. Salons shall maintain a copy of the manufacturer’s/owner’s manual for all equipment in service and shall follow the manufacturer’s suggestions for cleaning.

B. Electrical equipment that provides circulating, whirlpool or vacuum effects shall be cleaned and disinfected after each use and shall be maintained as recommended by the manufacturer.

C. Electrically heated equipment shall first be cleaned to remove any hair or debris. After cleaning, use the heat source of the equipment to disinfect as suggested by the manufacturer or use the procedure for disinfecting equipment described in paragraph (D) of this rule.

D. Any other electrical equipment, including trimmers, clippers and attachments shall be cleaned and disinfected after each use. Such equipment shall be disinfected using the following method:

1. Before beginning the disinfection process, remove hair and/or all foreign matter by using an implement or other tool, and the implement or tool shall be cleaned and disinfected by immersion after each use as described in rule 4713-15-03 of the Administrative Code.

2. After removing all foreign matter, saturate the equipment with an appropriate disinfectant solution, spray, or foam used according to the manufacturer’s instructions.

Disinfection of implements and spills; blood and body fluids OAC 4713-15-03

Disinfectants are not active and not effective when the implement to be disinfected is visibly contaminated with debris, hair, dirt, particulates and/or when heavily soiled. Non-porous implements and all salon surfaces shall be thoroughly cleaned (sanitized) prior to disinfection. Porous implements shall be discarded after each use and shall not be disinfected for reuse.

1. All used non-porous implements shall first be cleaned with warm soapy/detergent water to remove visible dirt, debris and/or bodily fluids and then disinfected by completely immersing in an “appropriate disinfectant.” A covered container of adequate size shall be used for the wet disinfectant.

   a. All non-porous implements, which come in contact with intact skin, shall be thoroughly cleaned before immersion in an appropriate disinfectant.

   b. All non-porous implements, which have come in contact with blood or body fluids, shall be thoroughly cleaned before immersion in an “appropriate disinfectant.” An appropriate disinfectant includes an EPA disinfectant registered as effective against “HIV/HBV.” For personal protection against blood-borne pathogens, cleanup should always be done wearing non-porous disposable intact gloves and gowns and eye protection for large spills.

2. Disinfectants shall be prepared fresh at least daily when the salon opens for business. Disinfectants shall be prepared more than once a day if the solution becomes diluted or soiled. Any individual disinfecting surfaces shall follow the contact time suggested as appropriate by the manufacturer. Bleach is an effective disinfectant for all purposes in a salon. Bleach solutions shall be mixed daily and used in a nine to one solution (nine parts tap water and one part bleach). Always clean up blood and bodily fluid spills with the appropriate disinfectants as soon as possible.

Now, that you are properly prepared for clients inside the salon environment and all of your equipment is sanitized and implements sanitized and disinfected, let us move on to the client history and health profile section.
A history of conditions related to the application of cosmetic skin substances should first be completed on all clients. Some relevant topics include cosmetic related irritant and/or allergic reactions of the client, their predisposition of getting cold sores, their frequency of sun exposure or tanning bed use, topical and/or oral medications used, all of which may increase the client’s susceptibility to adverse reactions. EMDA recommends a predisposition patch test 24 hours before procedure or physician advice.

Some sample questions to obtain client history may include:
- Female client- currently pregnant.
- History of sun exposure and/or tanning bed use.
- History of cosmetic related irritant/allergic reactions.
- History of oral and/or topical medications, i.e. tretinoin (Retin-A, Renova), isotretinoin (Accutane) and others
- HSV (herpes simplex virus) predisposition.
- Previous facial plastic/reconstructive surgery.
- Previous chemical peel or other resurfacing procedures and outcome.
- Previous cosmetic resurfacing exfoliating procedure-type and outcome.
- Current skin care regimen.
- Client’s expectations.

Cosmetic Resurfacing Exfoliating Substances are not recommended when a client is under the supervision of a physician for skin related disorders, pregnancy, post chemical peel, laser treatments or plastic/reconstructive surgery without the approval of the physician.

Defining skin type

Some estheticians have always thought that defining a person’s skin type is difficult. Two estheticians may disagree in their opinions of the same client’s skin type. So, let’s simplify somewhat. Frankly, it is all about the pores:

- Tiny pores = dry skin.
- Large pores = oily skin.
- Large pores in the center panel (nose, frontal chin, mid-forehead) and small pores on the rest of the face with combination skin.
- Normal pores all over the face = has normal skin – though it may swing from oiliness to dryness and back, according to what is physically and mentally going on with the client, but that is a condition, not a skin type.

Pay no attention to the dryness of the skin, scaliness, or other features. You want to know the basic skin type. Again, it’s all about the pores. They dictate what the true skin type is of every client.

Glogau and Fitzpatrick scales

When developing a treatment plan, you want to use the Fitzpatrick and Glogau Classification Scales which will eliminate the terror of developing a treatment strategy for anti-aging clients. The Glogau Photoaging Classification was devised by dermatologist Richard Glogau, and the Fitzpatrick Phototyping Scale was developed by dermatologist Thomas Fitzpatrick. These scales can aid you in designing a treatment plan for your client by determining certain properties of the skin.

The Glogau scale will indicate the amount of photoaging through classification of the fine lines and other indications of aging. The Fitzpatrick Phototyping Classification Scale determines the potential for hyperpigmentation and irritation. When you combine these tools, you will define a safe and effective treatment without any guessing involved. You will more accurately know what you can or cannot do, and whether a product is appropriate.

Glogau classifying will show you that the chronological age of the client is not an exacting measure of aging. This classification indicates the real age of the skin, meaning the amount of photoaging. Forget about chronological age of your client. Now, due to development of new ingredients and technology, clients may be far older than their appearance, as they may swing from oiliness to dryness and back, according to what is physically and mentally going on with the client, but that is a condition, not a skin type.

Glogau Class 1. Mild aging. This client has youthful, supple skin with even tones, good (not excellent) firmness and elasticity, with only inherited creasing and the foreshadowing of wrinkles, those elusive fine lines around the eyes that are not there when the face is at rest. The purpose of skin care for this client is to keep it that way, with a special glow. She has a hint of fine lines during facial movement. Enzymes may be in the cleanser in the home care regimen; the deep cleanse or treatment mask will remove surface debris through gentle enzymes. Some estheticians recommend an occasional light microdermabrasion. It also allows her skin to easily accept home care product ingredients. She will not need peels or resurfacing to speed up the turnover of cells, yet. Her home care products are rich in antioxidants to capture errant UVA, and in peptides, to keep the elastin and collagen in their rightful position.

Glogau Class 2. Moderate. This client will need all the above with superficial resurfacing and microdermabrasion, and anti-aging home care products with 8-10 percent AHAs. Her skin will have early to moderate photoaging, some early pigmen changes but no visible keratosis. She has fine lines and a hint of wrinkles. Use enzyme deep cleanse with every facial as the client’s deep cleanser to keep the surface open to home care ingredients. If a resurfacer series is chosen as the treatment program, it should be a gentle lactic acid, not glycolic. LED is a great dual modality to
team up with the lactic acid and continue the cell rejuvenation. It
can also be used in her moisturizing regiment and other facials for
maintenance of the rejuvenation results.

Her home care needs to be intense now, with many peptides and
exfoliants with retinol and 15 percent AHAs. She has advanced
photoaging, dyschromia and telangiectasia, visible keratosis, and
wrinkles at rest.

- **Glogau Class 3.** Advanced. This client will need all the above, plus
  combination therapies such as microdermabrasion and a 30 percent
  AHA series. Lower percentage TCA may be a choice for mid-level
  Fitzpatrick clients, as well as herbal peels and microcurrent.

- **Glogau Class 4.** Severe. This client will need all the above, plus
  combination therapies such as microdermabrasion, AHA series
  and LED. These clients have severe photoaging, dynamic and
  wrinkling while at rest, multiple actinic keratosis, and established
  wrinkles. Intense pulse light (IPL) and laser treatments at a
  physician’s office will be a consideration for these clients.

**Glogau Photoaging Scale**

<table>
<thead>
<tr>
<th>Skin type</th>
<th>Age range</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Mild</td>
<td>20s-30s</td>
<td>Early photoaging: Early pigmentation changes, no keratosis, fine lines</td>
</tr>
<tr>
<td>2 – Moderate</td>
<td>30s-40s</td>
<td>Early to moderate photoaging: Early senile lentigines</td>
</tr>
<tr>
<td>3-Advanced</td>
<td>50+</td>
<td>Advanced photoaging: Dyschromia and telangiectasia, visible keratosis, wrinkles at rest</td>
</tr>
<tr>
<td>4 – Severe</td>
<td>60s – 70s</td>
<td>Severe photoaging: Dynamic and gravitational wrinkling, multiple actinic keratosis</td>
</tr>
</tbody>
</table>

**The Fitzpatrick Phototyping Classification Scale is designed to indicate the tendency of different skin to hyperpigment, but it also can be thought of as a tolerance scale in the realm of treatment care.**

<table>
<thead>
<tr>
<th>Fitzpatrick</th>
<th>Skin type</th>
<th>Age range</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>White, very fair, red or blond hair, blue eyes, possibly freckles</td>
<td>Always burns, never tans</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>White, fair, red or blond hair, blue, hazel, or green eyes</td>
<td>Usually burns, tans with difficulty</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Cream white skin, fair with any eye or hair color. Most common</td>
<td>Sometimes a mild burn, gradually tans</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Brown, typical Mediterranean, Spanish, dark hair, brown eyes. Also, Asian,</td>
<td>Rarely burns, tans with ease</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Dark brown, Middle eastern skin type</td>
<td>Very rarely burns, tans with ease</td>
<td></td>
</tr>
<tr>
<td>VI</td>
<td>Black</td>
<td>Never burns, darkens very easily</td>
<td></td>
</tr>
</tbody>
</table>

The Fitzpatrick is designed for aiding in decisions concerning
potentials for hyperpigmentation in treatments – anywhere the word
“tans” occurs, change the word to “hyperpigmentation,” and you will
know the potentials for skin reaction with hyperpigmentation. Another
use that few know of for this chart is in determining the potential for
irritation. Change the word “burns” to “irritation” and you will have a
more accurate tool determining irritation – except in V and VI. Change
these Fitz skin types to “may burn,” and it is more accurate.

When defining a treatment for a new client who has not used skin care,
its use for determining possibilities for irritation is more an upside-
down bell curve, called an irritation chart, as in the following:

- **I** -Always irritates.
- **II** -Usually irritates.
- **III** – Sometimes irritates.
- **IV** – May irritate.
- **V** – May irritate.

This new chart can be used in determining how long a new client
should be on preconditioning products. Start with a minimum of four
to six weeks with I-II, IV-V; 2 to 3 weeks with a Fitz III classification.
Irritation and aging

The new material on irritation is a reflection of the theory of aging that considers inflammation as a cause of aging (first stated by Dr. Nicolas Perricone, dermatologist and researcher). According to this theory, inflammation can be subclinical on the cellular level where it cannot be seen or on the surface of the skin where it is obvious irritation or inflammation and can cause aging. The skin is irritated (inflamed) and the cells generate free radicals as a part of the metabolic functions of healing. Free radicals age the skin through oxidation. This theory focuses on preventing irritation as much as it is reasonable in treatments. In treating aging progressively instead aggressively when possible, you can perform anti-aging that supports progressive treatments and yet produces results. At the same time, you stay within your scope of practice.

Compliance with Ohio’s state requirements

Competent Practice and Advanced Services

The Ohio State Board of Cosmetology is responsible for enacting rules regarding what is considered safe and effective practice in Chapter 4713-8 of the OAC. Chapter 4713-8-04 section(s):

E. Explains estheticians shall not provide any service that claims to have a medical or healing benefit. The scope of practice is limited to beautification and relaxation services only. The scope of practice is limited to non-invasive services only. Services offered using the term therapy shall be within the meaning defined in paragraph (LL) of rule 4713-1-1 of the Administrative Code.

F. Estheticians may exfoliate stratum corneum cells only. They may use any chemical, mechanical or electrical service that only exfoliates cells of the stratum corneum. Proper advanced practice training from the manufacturer or the manufacturer’s certified representative shall be required prior to service to the public as set forth in rule 4713-8-09 of the Administrative Code. The manufacturer’s certificate of training shall be displayed in a publicly conspicuous place.

I. Chemical peels performed by an esthetician shall be mixed and used at an ingredient concentration of thirty per cent solution or less at final formulation with a pH value not less than three.

Within the same section of the administrative code, the language regarding performing advanced services is explained and states that an esthetician may provide advanced practice services provided:

1. The esthetician obtains appropriate education, which emanates from a recognized body of knowledge relative to the esthetic service to be provided;
2. The esthetician demonstrates appropriate knowledge, skills, and abilities to provide the service as licensed;
3. The esthetician maintains documentation satisfactory to the board of meeting the requirements set forth in paragraphs (D)(1) and (D)(2) of this rule;
4. The esthetician service does not involve a function or procedure, which is prohibited by any other law or rule and does not exceed the definition of the practice of esthetics in section 4713.01 of the Revised Code, which is the application of cosmetics, tonics, antiseptics, creams, lotions, or other preparations for the purpose of skin beautification and includes preparation of the skin by manual massage techniques or by use of electrical, mechanical, or other apparatus.
5. Estheticians performing services that are unregulated by the state shall follow rule 4713-8-09 of the Administrative Code. This section was updated and effective as of 3/26/2015. http://codes.ohio.gov/oac/4713-8-09

Defining treatments

After determining the client’s skin type, skin condition, the client’s Fitzpatrick and Glogau class, you will be ready to determine her treatment and home care. In discussing the home care before resurfacing service is performed, products with glycolic or retinol were recommended. But clients who “always,” “may,” and “usually” suffer from irritation need to start slowly on these products, alternating days and only in the evening initially, and working up to every night on the product at least two weeks before the resurfacing appointment. Note that if the client experiences any stinging or erythema, the preconditioning is longer and the road to full use of the exfoliation home care products is slower.

When deciding on the resurfacing treatment product, add the Glogau to the equation, to help determine what professional treatments to use, with the “irritation chart” a consideration.

Will you use glycolic on new clients? You probably can on Fitzpatrick IIIs, with only two weeks of preconditioning, while the rest will need to ease into it with I, and V having to stick to lactic acid and longer
Pre-conditioning: Taking the time

In simplistic terms, pre-conditioning is the use, prior to treatments, of professionally prescribed products of a home care regimen, designed to bring less than healthy skin, to its optimum (or ‘balanced’) condition. In doing so, negative responses such as hyperpigmentation or undue stinging and damage, even scarring, can be reduced, and potentially prevented. It does add time to the client’s treatment. However, this time becomes an asset to the treatment in the following ways described, which follow.

- **Safety.** When Dr. Van Scott and Dr. Huey Lu brought alpha hydroxy acids to the aesthetic world, their technology was welcomed as a new and effective treatment; additionally, it presented a new profit center, anti-aging. Potential clients discussed the new treatments, rushing to request them from doctors and estheticians. They were accommodated, with little preparation, skill, or education of the skin. Immediately, complaints began coming into the FDA, with this regulatory agency believing they were only receiving 1 complaint in 10,000 instances of the actual damage being done; it was much higher than one person in 10,000 experiences. Since that time, many other new technologies and ingredients have been added to the professional tool box for changing the skin, with the added potential for reactions and damage. These problems can be minimized or prevented through pre-conditioning of the skin. Of course, correct treatment protocol is a requirement for preventing damage, but other facts support pre-conditioning as an important preventive aid to maximized treatment results, as follows:

- **Maximum results.** A healthy skin condition allows the skin to respond to the treatment to its maximum potential. Prepared skin allows full penetration of the ingredients and achievement of the highest potentials for the treatments.

- **Minimizing negative responses.** Healthy skin will not respond negatively to a service performed correctly and appropriately. For example, hydrated skin does not flake excessively and become over dry; a skin prepared with melanocyte suppressants will resist hyperpigmentation; a healthy skin will not respond with as much pain and stinging as an unhealthy one.

- **Client commitment** to the treatment. A pre-conditioned client is mentally and physically ready for the treatment. He or she has bought into the care and is more likely to remain on the maintenance schedule, and to purchase many more treatments and products.

**Benefits of pre-conditioning**

The benefits of pre-conditioning are simple. It brings the skin to a more healthful state for treatment. Professional treatments and home care products exfoliate dull, unhealthy skin, bringing more healthy cells to the surface. Hydration supports the healthy state, and ingredients in the treatments and home care products stimulate the production of more collagen, elastin and glucosaminoids, than was previously present in the non-prepared skin. Further, melanocyte response has been actively tempered, and the treatment will be less likely to trigger hyperpigmentation after irritation. The skin is brought into a healthy balance, with a readiness to reach the goals of the coming care.

**Home care support**

The primary advantages of pre-conditioning the skin are treatment-based, but it is also a source of income for a salon or spa. The sale of these products to clients can be highly profitable. However, some physicians and skin professionals are uncomfortable with ‘selling’ products to their clients. These feelings are misguided. Instead, the products should be seen as necessary, as per the previous discussion, and viewed as enhancement of care and prevention of negative treatment responses. They should be discussed with the client as a primary aspect of the treatment, not as purchasing product, and sold as pre-treatment care.

**Preconditioning products and treatments**

Balanced skin – skin that is healthy and in its best condition – reflects its full beauty and responds positively and optimally to corrective treatments. Skin is strong, with a good immunological system that wards off damage and heals quickly. A good skin professional’s first goal is to bring the skin into balance. Then, it’s ready for corrective care.

Skin that is “in balance” with a hydrated epidermis, a healthy dermis and suppressed melanocytes, will sting less during the treatment, respond with less irritation and not react with hyperpigmentation. The typical pre-conditioning regimen will include the appropriate home care for the condition of the skin to bring it to this healthy, treatment-positive condition.

The amount of time for pre-treatment is determined by the condition of the skin. For example, a client who has been using soap and no sunscreen will need more time in the regimen and different products than the client who has been on professional products for three months. This unprepared skin will need the basics: first, a cleanser, a moisturizer, a dermal builder and a sun screen, and will be assigned to use them for at least four weeks. Before beginning this care, she will need a preparation facial, utilizing an enzyme mask to dissolve the superficial dead cells and debris to allow penetration of the preparation products.

After four weeks, the client will be treated with a second preparation enzyme facial and sold a melanocyte suppressant and a glycolic home care treatment or another appropriate pre-treatment product. The esthetician now evaluates how long the client should be on these products, and at this appointment appoints the first of the treatment series, or other treatments, anticipating the highest possible results for the skin.

A client who has been on good professional treatment and home care before can be prepared quickly. An enzyme facial will be the pre-treatment performed; her home care will include her usual products plus a pretreatment home care product such as an AHA, and a melanocyte suppressant for a time designated by the skin care professional. (Of course the client is given the speech about using an SPF religiously.) An alpha hydroxy acid treatment(s) may be the pretreatment of choice for many future treatments, enhancing the turnover of cells and stimulation of the dermal layer.

The time until a series begins or the chosen target treatment is performed is determined by the condition of the skin and the Fitzpatrick and Glogau skin types. A sensitive skin or a skin in poor condition will require longer on the balancing products. A high or low Fitz skin type will also dictate a longer time on the melanocyte suppressant. Professional evaluation of the preparation time is important to achieving optimal responses to the skin treatments and to safety.
In-series care
In-series care is the use of home-care products during a series of treatments, such as an alpha hydroxy acid or beta hydroxy acid series. During an acid series, the client should continue the defined home care according to the recommendations of an informed esthetician to help treatments reach their optimal results. A melanocyte suppressant continues to be very important during this time, as does hydration and an exfoliant product. In-series care may also include moisturizing facials between acid treatments to ensure the skin does not become overly dry and dehydrated, and to support a maximum response by the skin. A requirement for in-series care includes attentive monitoring of the skin by the esthetician.

Proper application procedures
1. Thoroughly wash and disinfect hands. The use of sterile latex gloves is recommended during the procedure. Wear protective face and eye guards and protective gloves and when performing microdermabrasion treatments, the client’s eyes should be protected.
2. Prepare, drape and protect client appropriately in accordance with local or state ordinances or laws.
3. Conduct client skin evaluation and inspection.
4. Cleanse client’s skin according to manufacturer’s directions.
5. Apply protective eye pads or guards.
6. Apply cosmetic resurfacing exfoliation preparation or procedure according to the manufacturer directions.
7. EMDA recommends the use of disposable implements.

Conclusion
Cosmetic resurfacing and exfoliating procedures have been used throughout history as a means to cleanse, smooth and improve the appearance of the skin. Today, these procedures utilize a variety of chemical substances and/or mechanical equipment intended to remove the stratum corneum of the epidermis thereby improving the aesthetic appearance of the skin. Cosmetic resurfacing exfoliating procedures are not intended to cause viable epidermal and/or dermal wounding or injury and therefore differ from medical resurfacing procedures administered by physicians.

To be successful as an esthetician, it is wise to develop a treatment protocol for your clients that take into account their skin type, skin condition, and health profile. Consulting with your client will make you more aware of who they are, what their expectations may be, and what treatment may work best for them based upon their skin qualities.

In performing treatment protocols, the esthetician must provide services only within their scope of practice. Assertive clients may want you to work more aggressively. Your clients must understand that you have their best interests at heart, and that you only work within the laws and regulations of Ohio. Clients must trust your judgment in providing the best skin care available, within the confines of your licensure. This trust is gained through educating the client and demonstrating professionalism in your decisions. This client will leave with a new perspective on life and will tell friends all about it, too.

References:
7. When you, as a skin care professional, are asked “what is the most important skin care product I should purchase,” you should not hesitate, and say: “________.”
   a. Moisturizer
   b. Sunscreen
   c. Makeup
   d. Scrubs

8. You can determine a client’s protected sunning time by multiplying the ____ number by the amount of time it normally takes them to show signs of burning, if unprotected.
   a. Chronological
   b. Percent of UV Rays
   c. SPF
   d. ATF

9. The Glogau classification 1 is a client with youthful, supple skin with even tones, good firmness, not great, and elasticity. What is the classification called?
   a. Moderate
   b. Advanced
   c. Severe
   d. Mild aging

10. Services that are not regulated under the Ohio Revised Code or Administrative Code or the laws or regulations of any other governmental agency are called what?
    a. Advanced techniques
    b. Advanced practice
    c. Unregulated services
    d. Massage techniques

11. Regarding preconditioning products, a good skin professional’s first goal is to bring the skin into________. Then, it’s ready for corrective care.
    a. Patch test
    b. View
    c. Analysis
    d. Balance

12. The time until a series begins or the chosen target treatment is performed, is determined by the condition of the skin and the _______ and _______ skin classification types.
    a. Fitzpatrick and Glogau
    b. Van Scott and Dr. Huey Lu
    c. Dermot and Vandamore
    d. Irritation and Reaction
Chapter 3: TODAY’S ANTI-AGING SKIN CARE TREATMENTS

By: JoAnn Stills

Learning objectives

After completion of this chapter, the learner will be able to:

- List the three (3) basic layers of the skin and the (5) five sub-layers.
- Compare and contrast chemical peels, resurfacing, and microdermabrasion anti-aging treatments.
- Identify the alpha hydroxy acids (AHAs) estheticians may use in the state of Ohio and their concentration and pH levels approved by the state.
- Identify at least three (3) skin conditions that anti-aging treatments help to improve.
- Identify the five (5) procedures to perform an anti-aging treatment.

Introduction

The skin is the largest organ and covers the whole body, yet not long ago, not much was thought about cleansing and care of our skin, past taking a shower or bath and applying lotion. Now, with the onset of aging baby-boomers, the knowledge gained regarding sun exposure, and a culture born of improved health maintenance, the profession of esthetics is growing rapidly. The everlasting concept of “beauty” impacts the growth, too.

Estheticians must understand their profession is one of life-long learning because advances in skin care ingredients, procedures, technologies, and therapies are constantly being improved and modernized. Just like a career in computers where the programmers are constantly trying to keep up with new technologies and efficiencies in their industry, the same holds true for estheticians. To be successful, skin care professionals must continue to enhance their skills and renew their knowledge on a continuing basis.

Anatomy of the skin

Later in the chapter, exfoliation, microdermabrasion, and resurfacing techniques will be discussed, along with the influence of alpha hydroxy acids and their use in anti-aging formulas. For now, a review of the skin is necessary to move forward. There are instances in professional development when a review of basic knowledge, previously learned, is necessary, especially when trying to build upon it. This is the case with anti-aging skin care treatments with the foundation being – the skin. The skin covers the entire body and consists of three layers, the epidermis, the dermis, and the hypodermis. All three layers have their own responsibilities and tasks to carry out.

The epidermis

It will be important to review the basic structure and processes of the skin, as complete understanding can unfold, on how exfoliation, microdermabrasion, and peels work. The epidermis is the tough, outer layer of skin consisting of five major sub layers: the stratum corneum, stratum lucidum, stratum granulosum (granular cell layer), stratum spinosum (spiny layer), and stratum basale (basal cell layer). See Figure 1.

The basal cell (stratum basale) layer is the innermost layer of the epidermis containing basal cells that continuously divide and push old cells to the skin surface where they shed. The basal layer also contains melanocytes, the cells that produce melanin or skin coloring. The basal layer also contains Merkel cells that are believed to act as touch receptors.

The squamous cell layer is above the basal layer and is also called the stratum spinosum or spiny layer because it is held together by spiny projections. The basal cells that have been pushed up to this layer are now, keratinocytes, squamous cells that contain keratin. Keratin is a protein found in skin, hair, and nails. The squamous cell layer is the thickest layer of the epidermis. Langerhans cells are also present in this layer and these cells participate in the immune response of the skin.

Above the stratum spinosum layer (squamous cell layer), is the stratum granulosum, a thin granular layer and above it, is the stratum lucidum, another thin layer. Both layers contain keratinocytes pushed up from the squamous layer, as mentioned earlier. The keratinocytes in these layers become bigger and flatter and then eventually dehydrate and die, and then the stratum corneum layer continuously sloughs off those dead keratinocytes. The stratum corneum is the outermost layer of the epidermis and the one, in which estheticians are more aware of because of performing specific skin care treatments.

The dermis

Out of all three layers of the skin, the dermis is the thickest layer comprising 90% of the thickness of the skin. It also stores much of the body’s water supply. It supplies blood filled with nutrients to the epidermis and regulates body temperature. The dermis contains specialized cells and structures of the body including blood and lymph vessels, sebaceous glands, hair follicles, sweat glands, nerve
endings, and collagen. The sebaceous glands secrete oil to keep the skin smooth and supple, to waterproof the skin, and to protect the skin against overgrowth of fungi and bacteria. They are found on all parts of the skin except the palms of the hand and soles of the feet. Estheticians are concerned with collagen, which is a protein that holds together and supports the dermis. It is made up of fibroblasts, cells that make the skin strong and resilient.

The hypodermis
This layer is the innermost fatty layer of skin that is also known as subcutis and subcutaneous layer. It is made up of fat and collagen and acts as a shock absorber to protect the body’s internal organs as well as an insulator by helping the body conserve body heat. The fat stored in this layer is used by the body as an energy reserve.

It is important to understand and be able to explain to clients what the skin is, what it is made up of, and how it can be improved by various skin care treatments. Some clients want a youthful, soft, and supple look while other clients may be searching for a solution to a skin condition. We will discuss both in the chapter. Clients will return if they believe you know your product and how to apply it in a safe, effective method.

Anti-aging skin care therapies

As mentioned earlier, with the increase of baby-boomers reaching retirement age, anti-aging products are the most popular treatments of the skin care therapies. These 76 million baby boomers control over 80% of personal financial assets and more than half of all consumer spending (Chosewood, 2012). They have the resources, even now, to spend on these treatments. In 2013, the United States anti-aging skin care market generated about 2.1 billion in retail sales and rose to 2.25 billion in 2011-2012 (Statistica, 2015). The baby-boomer generation wants to think, act, and look as young as the feel.

Reality is that the development of chemical esthetic-level acid treatments was a major influence in the birth of American skin care profession. The research of alpha hydroxy acids (AHAs) by Drs. Eugene Van Scot and Ruey Yu raised interest in AHAs, and they were soon adopted as safe for the esthetic skin care room. As the industry grew because of this research; regulation was needed in order to protect the safety of the public, to ensure the chemicals used were applied properly, at the correct concentration levels, and protocol procedures were followed by the licensed esthetic professionals.

State regulations certify that estheticians have met the quality and competency standards of the profession in order to perform these services. The National Coalition of Estheticians, Manufacturers/ Distributors and Associations (NCEA) is one entity that complies with national standards. Their mission is to define standards of practice through certification and continuing development in order to represent and advocate for the esthetic profession.

In Ohio, the standards for relating to competent practice as an esthetician is defined in the Ohio’s Administrative Code (OAC), Chapter 4713-8-04. http://codes.ohio.gov/oac/4713-8. These standards outline estheticians’ accountability in all areas of practice in which they are engaged. This means they shall demonstrate consistent performance of all aspects of services, according to acceptable and prevailing standards. Ohio licensed esthetic professionals must be able to recognize a complication when it arises during or after the performance of a specific service or procedure, intervene, and consult the client and/or refer them to appropriate medical providers.

This chapter will help you recognize contraindications for some clients while preparing to recognize probable complications before they arise, for all clients. This is done by knowing the product, the ingredients of the product, and the protocol measures to abide by when performing these services. This chapter will provide an overview of the standards set and the laws applicable to performing anti-aging skin care treatments. In the State of Ohio, the Esthetics Manufacturers and Distributors Alliance (EMDA) is the entity that provides standards for Ohio estheticians, along with the state regulations. The state rules and regulations surrounding estheticians in Ohio will be discussed throughout the chapter and also in the section entitled, Ohio’s Procedural Guidelines.

Anti-aging treatment terms and definitions of exfoliation, resurfacing and peels are applicable to the esthetician’s overview in the use of alpha hydroxy acids, resurfacing techniques and microdermabrasion. So, let us begin with a review of these skincare treatment types.

Exfoliation
The Esthetics Manufacturers and Distributors Alliance (EMDA) states, “exfoliation is derived from the Latin word, ‘exfoliates’ defined as ‘strip of leaves.’” Exfoliation is the physical (mechanical) and chemical removal of loose, dead epidermal cells and debris from the surface of the skin - to smooth the surface of the skin, improving appearance. Anti-aging skin care treatments are not intended to cause viable epidermal and/or dermal wounding or injury and therefore differ from medical resurfacing procedures administered by physicians. Physical/mechanical exfoliation will be performed with products such as scrubs. Enzymes are the chemical exfoliate.

Scrubs perform a physical exfoliation through mechanical removal of surface cells and debris with some residual stimulation from the turnover of cells by removal of those surface cells, and there is a moisturization response by intercellular materials. Scrubs produce a smoothing of the surface and especially enable products to better penetrate the skin. They are used in home care and in the deep cleansing step of facials. It has been found that natural ingredients with sharp edges, such as walnut hulls, can cause miniscule scratches on the skin, a cause of aging. The best ingredients are rounded particles; examples are polyethylene beads and jojoba beads.

Enzymes are the chemical exfoliates. They produce an exfoliation on the surface of the skin. The enzyme products are usually masks for use during the deep cleansing step of a facial, even before an AHA treatment. The products are also in cleansers, or can be a major mask in a cleansing facial. The masks are mix-at-the-chair of an accelerator and powdered enzyme, or a lotion mask applied, directly to the skin. The enzymes usually are activated by steam or water and are active for 5-7 minutes and then removed.

In our industry, the enzymes most used in beauty products are papain, from papaya fruit and bromelain, from pineapple. These are proteolytic enzymes that appear to digest proteins by breaking their long, chainlike molecules of proteins into shorter fragments (peptides) and eventually into their components, amino acids. Papayas and pineapples are nature’s safest sources of proteolytic enzymes (capable of the breakdown of proteins or peptides into amino acids). Exfoliation softens the skin, enhances the appearance of the skin, enhances penetration of the treatment product and moisturization and enhances the natural process of cell release.

Chemical peels
Peels coagulate the protein in the cells of the epidermis and possibly the dermis to cause death and peeling of the cells. As you know, chemical peeling is a procedure in which an acid mixture is applied to the skin and is allowed to soak in, until the skin is burned to some degree. The acid is then, removed, and the injured skin begins to peel off, whether in sheets or in epidermal rolling, revealing newer, smoother skin. Chemical peels are categorized according to their effects on the epidermis and dermis. Realize, however, that some acid treatments do not injure or coagulate cells to produce roll-off or peeling; these are not peels, they are resurfacers or exfoliants. Resurfacers and exfoliants along with peels are the most commonly used techniques for improving the texture and appearance of the skin; each just has a different method.
Resurfacing
This is performed chemically and mechanically by influencing the speed of the cell turnover in the epidermis of the skin. Resurfacing is performed with chemicals such as alpha hydroxy acids and also, via microdermabrasion. Resurfacing by AHAs and microdermabrasion stimulates the turnover of cells in the epidermis and the development of collagen and elastin in the dermal layer of the skin. Beta hydroxy acid (salicylic acid) stimulates the turnover of cells in the epidermis but is not shown to stimulate the development of collagen and elastin in the dermis.

Resurfacing does not cause desquamation (peeling) like chemical peels. Chemical resurfacing is chemical softening of the intercellular adhesives that hold dead cells, to the surface of the skin (epidermis). The cells then more quickly slough from (are released from) the surface naturally, and reveal more youthful skin.

Resurfacing – alpha hydroxy acids
Resurfacing provides a glow to the skin, produces a more youthful appearance of the skin through removal of dead cells, and quicker exposure of the more youthful cells, beneath. Resurfacing also enhances the process of cell release by stimulating the turnover of epidermal cells, and rejuvenates the dermal layer through stimulation of the collagen and elastin. It produces even skin tones, and more taut, moist and softer skin. Resurfacing procedures are performed with chemicals, such as alpha hydroxy acids, and also accomplished via microdermabrasion.

It is important to note that skin resurfacing techniques have become so common today, it is imperative Ohio estheticians’ understand their scope of practice before performing these procedures. Estheticians are beauty professional’s, trained and educated in the beautification of the skin, they are not medical physicians and shall not provide any service that claims to have a medical or healing benefit. The scope of practice is limited to beautification and relaxation services only, and limited to non-invasive services only.

Chemical peels, performed by an esthetician in Ohio, must be mixed and used at an ingredient concentration of 30 percent solution or less at final formulation, with a pH value not less than three (3). Estheticians working under the direct supervision of a licensed physician shall only provide services within their scope of practice as set forth under the statute and code that governs the board.

Drs. Eugene Van Scott and Ruey Yu are internationally recognized for performing the groundbreaking research showing alpha hydroxy acids (AHAs) have profound and beneficial effects on human skin. Since their discovery, scientists all over the world have researched and studied AHAs to find out how they work and what they do to the skin. The research in universities and laboratories show this group of chemicals produces phenomenal changes and rejuvenation in the skin. Since their research, AHAs have been the most used ingredient applied to faces to reveal younger, more youthful looking skin and to generally improve skin appearance. These special AHA’s are the base stimulus of the surge in the U.S. skin care industry.

Since Drs. Van Scott and Yu discovered AHAs, there have been reports of damages misusing AHA’s, which drew the attention of the FDA, who, in turn, requested guidelines from The Cosmetic Ingredient Review Board (CIR). In 1997, the CIR defined the use of these products according to their action at specific percentages and then made recommendations to the FDA. The FDA passed these recommendations onto the U.S. regulatory agencies to utilize, if so desired. Many of the states introduced these recommendations into their regulations, with the first states being Ohio and Colorado. Each professional licensee has the responsibility to follow the regulations in the state they are licensed. In regards to alpha hydroxy acids, the wording of the CIR AHA report, in part, is as follows:

―These ingredients are safe for use in salon products at concentrations 30 percent, at final formulation with pH 3.0, in products designed for brief, discontinuous use followed by thorough rinsing from the skin, when applied by trained professionals, and when application is accompanied by directions for the daily use of sun protection.‖

For this reason, most product lines are producing resurfacers that meet these recommendations, such as a glycolic acid product that is 30 percent and 3.0 pH. It is not the responsibility of the manufacturer, however, to know what the laws are in each state and whether the products or treatments are legal to perform; it is the purchaser’s responsibility to know what is legal, within his or her state to purchase as a product, and perform as a treatment. Again, know the treatments that are legal for you to perform within your state, and stay within those boundaries. In Ohio’s Administrative Code (OAC), Chapter 4713-8-04(I) in the Standards Relating to Competent Practice as an Esthetician, the law reads:

“Chemical peels performed by an esthetician shall be mixed and used at an ingredient concentration of thirty per cent solution or less at final formulation with a pH value not less than three.”

Understanding acids
The use of the words “alpha hydroxy acids” indicates more than just one acid. Actually, there are hundreds. The alpha hydroxy acids originate from milk and fruit sugars. The following are the ones most used in cosmetics:

- **Glycolic acid** – Originally was from sugar cane but is now synthesized to allow more stability and control. The first AHA in cosmetics and the most frequently used in products, it has the smallest molecule, making it the most penetrating of the AHAs, frequently used in the skin care industry.
- **Lactic acid** – Originally from sour milk, bilberry and tomatoes, it penetrates the epidermis well, but has larger molecules than glycolic, allowing slower penetration and less stinging than with glycolic at the same pH. For that reason, it is often suggested as the resurfacer for sensitive skin, and that it be the first AHA treatment in a series, for a new client. Glycolic and lactic acids are the two most used AHAs in the skin care industry.

While you have heard of glycolic acid and lactic acid, there are three more AHAs which are usually used synergistically in a resurfacing formula to enhance the performance of other active AHA ingredient. They also have bactericidal properties.

- **Tartaric acid** – Grapes and wine.
- **Citric acid** – From citrus fruits such as oranges, lemons and pineapples.
- **Malic acid** – Apples.

Lastly,

- **Mandelic acid** – From bitter almonds, this AHA has enjoyed a new popularity in the skin care world. It has the largest molecules of the AHAs most used in skin care treatments, so it lays or remains on the surface of the skin for a longer time. Several companies are using it in acne products and to maintain the health of the skin.

The table that follows, displays a simple chart to help memorize the derivatives of these AHAs:

<table>
<thead>
<tr>
<th>UNDERSTANDING AHA</th>
<th>ACID</th>
<th>DERIVATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glycolic</td>
<td>Sugar can</td>
<td></td>
</tr>
<tr>
<td>Lactic</td>
<td>Milk, bilberry, tomatoes</td>
<td></td>
</tr>
<tr>
<td>Malic</td>
<td>Apples and pears</td>
<td></td>
</tr>
<tr>
<td>Tartaric</td>
<td>Grapes</td>
<td></td>
</tr>
<tr>
<td>Citric</td>
<td>Orange, lemon, pineapples</td>
<td></td>
</tr>
<tr>
<td>Salicylic</td>
<td>Wintergreen leaves</td>
<td></td>
</tr>
<tr>
<td>Mandelic</td>
<td>Almonds</td>
<td></td>
</tr>
</tbody>
</table>
Many estheticians call AHAs “fruit acids,” which is incorrect. Lactic acid is one of the most used resurfacers and is not from a fruit and; mandelic acid is not from fruit, either. Every AHA as its own unique properties and these properties must be considered when choosing which product to use. Always receive training from the company you purchase your acids from, and follow the instructions closely.

**Benefits and risks of alpha hydroxy acids**

Generally, the beneficial quality of using AHAs on the skin promotes healthier, softer and more radiant skin. AHAs smooth the skin, and prevent clogging of follicle surface openings. AHAs normalize keratinization and stimulate epidermal cell renewal, while reducing photo-damage. They are useful on all skin types and stimulate collagen and elastin development in the dermis. Highly beneficial to clients and financially lucrative to estheticians, the use of AHAs has propelled the skin care industry into the forefront of anti-aging strategies.

When used improperly, alpha hydroxy acids can cause irritation and erythema (redness of the skin or mucus membranes). AHAs can over stimulate the melanocytes causing hyperpigmentation and overuse or improper use of AHAs can cause sensitivity to the molecule and thinning of the skin. Education and hands-on training are the keys to success with AHAs and the key to preventing problems. Also, patch tests are recommended below the ear and slightly towards the back of the neck. The day the “series of treatments” are sold to the client, apply the product for five minutes, and then remove it to check for erythema.

**Considerations of an AHA resurfacing product**

Many estheticians gauge the strength or power of an AHA resurfacing product by the major ingredient, such as glycolic or lactic acid, or possibly by the percentage of the ingredient, but those pieces of information are only a part of the story. The potential effects on the skin using a resurfacer are defined by many further considerations, as follows:

- **The chemical** – The attributes of a chemical resurfacer as per its main ingredient must be considered before making a choice for use on a particular client. For example, a glycolic has smaller molecules, so will go deeper into the skin, than other AHAs and the skin may respond with more irritation. Lactic acid has larger molecules and will penetrate slower. Glycolic may not be the AHA for a client with sensitive skin. The larger molecules of lactic acid allow it to lay longer on the surface of the skin, slowing penetration, and producing less stimulation and irritation. It has the same benefits overall as glycolic, so it may be the better choice for this client.

**The importance of pH levels**

All estheticians must be knowledgeable with pH levels. This information will assist you greatly when speaking with clients to explain the anti-aging treatments available, what they are, how they work, what is the process and recovery time of the treatment. The client will have many questions and will feel more secure in the hands of a knowledgeable esthetician, instead of the one that says, “Well, I don’t know.” When we work with someone or receive services from a company, don’t we all feel more secure when we feel the company representative knows what they are doing? Yes. As an esthetician, your ability to guide clients to the proper treatment will not only make them happy but leave you with a feeling of success and more referrals.

First off, what is pH? According to the Environmental Protection Agency (EPA), the pH measures how acidic or basic a substance is. Acidic and basic are two extremes that describe chemicals, just like hot and cold are two extremes that describe temperature. Mixing acids and bases can cancel out their extreme effects; much like mixing hot and cold water can even out the water temperature. A substance that is neither acidic nor basic is neutral. The pH scale ranges from 0 to 14 with a pH of 7 being neutral. A pH less than 7 is acidic, and a pH greater than 7, is basic.

Each whole pH value below 7 is ten times more acidic than the next higher value. For example, a pH of 4 is ten times more acidic than a pH of 5 and 100 times (10 times 10) more acidic than a pH of 6. The same holds true for pH values above 7, each of which is ten times more alkaline—another way to say basic—than the next lower whole value. For example, a pH of 10 is ten times more alkaline than a pH of 9. Pure water is neutral, with a pH of 7. When chemicals are mixed with water, the mixture can become either acidic or basic. Vinegar and lemon juice are acidic substances, while laundry detergents and ammonia are basic.
Products that have a very low pH can be very irritating. By the same token, products with a very high pH can be just as irritating. A pH of 2.0, for example, will cause an acid burn on the skin. A pH of 12.0 will cause the same harm to the skin. This is known as a chemical burn. The further you move away from pH 7.0, the stronger and more irritating the products. Clients with very dry skin tend to have more alkaline even though their skin is more acid based, so when they use a product like soap, which already is alkaline, their skin will be even drier than before. Sensitive, dry or thin skin produces less sebum and has a thinner acid mantle which is why products with low pH are more irritating to them. Very oily to acne-prone skin has a lower pH level. Products with lower pH are not as irritating but you must still be careful not to be too aggressive due to inflammation and sensitivities around acne pustules.

The table that follows differentiates the substances that are alkaline from those that are acidic and relates the pH level to each of them.

<table>
<thead>
<tr>
<th>pH</th>
<th>SUBSTANCE</th>
<th>pH</th>
<th>SUBSTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Battery acid</td>
<td>13.0</td>
<td>Drain cleaner</td>
</tr>
<tr>
<td>2.0</td>
<td>Lemon Juice</td>
<td>12.0</td>
<td>Depilatory creams</td>
</tr>
<tr>
<td>2.4</td>
<td>Vinegar</td>
<td>11.0</td>
<td>Ammonia</td>
</tr>
<tr>
<td>3.0</td>
<td>Soda Pop</td>
<td>10.0</td>
<td>Bar soap</td>
</tr>
<tr>
<td>4.5</td>
<td>Toner</td>
<td>9.0</td>
<td>Sea water</td>
</tr>
<tr>
<td>5.0</td>
<td>Coffee</td>
<td>8.0</td>
<td>Pancreatic juice</td>
</tr>
<tr>
<td>6.0</td>
<td>Saliva</td>
<td>7.35</td>
<td>Blood</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.0</td>
<td>water</td>
</tr>
</tbody>
</table>

**Microdermabrasion-exfoliator and resurfacer**

Microdermabrasion is the physical removal of surface cells from the epidermis with a vacuum system that works in concert with a delivery system of particles, to aspirate used particles and dislodged tissue debris, which is deposited in a used material container. It is a technologically proven exfoliation and resurfacing treatment that has no side effects, when performed by a trained skin care professional. The stimulation of the dermis is thought to be due to the physical action of the suction and the percussion of the particles.

Whether the microdermabrasion treatment is exfoliation or resurfacing, it is defined by how many passes are made over the face, how aggressive the suction in the hand piece is, and how slow the hand piece is passed across the face. Control of this is, through control of the suction and speeds of the hand piece, is in the hand of the esthetician.

**Development of microdermabrasion**

It made its introduction in 1985 and has since become one of the most popular treatments currently performed, and it is a simple procedure associated with little or no risk, involves no down time for the patient, and is widely available in physician’s offices and spas (Spencer, 2005). The American Academy of Cosmetic Surgery estimates that microdermabrasion is the 2nd most widely used procedure after injection of botulinum toxin (Botox).

In 1985, Marini and Lo Brutto, working in Italy, developed microdermabrasion as an alternative to more aggressive treatments. The system operates by pulling the skin into a hand-piece with a vacuum line (suction). Within the hand-piece, a second line blows aluminum oxide crystals (or other substance) onto the skin, with the intention of causing gentle mechanical abrasion. Following impact, the crystals and any exfoliated particles of the skin are carried away by the vacuum into a waste receptacle. In most devices, the operator only controls the amount of suction, measured in millimeters of mercury.

**Buffering agents and pH**

When purchasing a chemical resurfacer, you often hear the sales representatives say, “Our product is not buffered,” insinuating that is a good thing, that it makes the product more effective. To determine whether you believe this is a good or bad quality, you must know what buffering is. Buffering is a means of maintaining pH, at nearly constant values, in a wide variety of chemical applications.

Buffering agents are the main components that regulate the pH of a solution and enable the product to resist changes in pH. They are added to an already acidic or basic solution to modify it to a certain pH state, and then prevent a change in this pH (freeze it in place). There is, of course, a more in-depth explanation, but this is what is important to you, as an esthetician.

As pH managers, buffers are important in many chemical applications, including biochemical products such as aspirin and antacids – and resurfacers. For example, buffered aspirin has magnesium oxide as a buffering agent that will maintain the correct pH of the aspirin, as it passes through the stomach of the patient. The buffering agent in an antacid maintains the basic pH (7-14) of the product, to allow lowering of the acidity of the stomach.

The buffers in a resurfacing product maintain the specific pH to allow it to produce the desired effectiveness in a state of maximum safety. A more acid pH resurfacer may result in damage, possibly even scarring, and become uncontrollable; a more basic pH compromises its efficacy. The insinuation that the product has fewer efficacies, if it is buffered, is incorrect. Buffering agents do not influence the activity of the solution; they merely freeze the pH to the number the chemist desires to be maintained, to reach optimum activity, and, thus, optimum results on the skin. The amount of acid delivered equals the pH. The skin’s pH ranges from 4.6 - 6.2. Ask your supplier what their pH is and find out if it is buffered. Remember, buffering locks in a pH level and it does not reduce the effectiveness.

The hand-piece is slowly moved across the skin by the operator, and the speed and number of passes over the skin are presumed to affect the result (Spencer, 2005).

Microderm crystals are made of a very fine, abrasive material like aluminum oxide or other materials such as magnesium oxide, sodium chloride (salt), or sodium bicarbonate (baking soda). In was not until 1996, microdermabrasion was approved by the Federal Drug Administration (FDA) in the United States as a type 1 device (non-life sustaining), and by the year 2000, it was a staple treatment in skin care rooms for anti-aging treatment requests.

**Microdermabrasion series of treatments**

Microdermabrasion treatments offer low risk along with a speedy recovery time and are usually repeated at average intervals of 2-4 weeks for continuous improvement of the skin. Of course, sunscreen or sun avoidance is a must and will yield a much better result, along with applying moisturizing cream. Treatments can be done weekly or up to every 8 weeks depending on the client’s skin tolerance and desired effects. Some clients usually start weekly treatments for 3 sessions and afterward, start a monthly maintenance regimen, while others request multiple treatments of 6-12 sessions. Again, it depends on the client’s skin tolerance and the cosmetic effect desired.
Non-series microdermabrasion treatment
There are times when microdermabrasion treatments are performed only one time without multiple sessions. One-time treatments may brighten the skin for an event or “event facial” that can be on the menu to brighten skin for a “glowing” look, before that special event, or to just awaken dull and lethargic skin to bring a new glow to the surface. Clients who have been ill may want to rejuvenate their skin. Another reason for a one time treatment is to maintain open pores for a controlled acne client. Clients with no lesions or black heads can keep the surface of their pores open through microdermabrasion. Of course, one treatment can also assist with anti-aging maintenance – the microdermabrasion treatment can be used monthly in a post-peel, laser, and resurfacing, to maintain treatment results.

Benefits of microdermabrasion
One of the benefits much appreciated by clients is that there is no downtime or recovery period needed. There is virtually no healing time after a treatment when performed correctly, with immediate return to normal lifestyle and minimal discomfort post-treatment. Another advantage of this type of treatment is the exfoliation of dead cells and debris from the skin, along with the reduction of fine lines and tightening of the skin. The skin is smooth and rejuvenated. Microdermabrasion is a great dual modality with Light Emitting Diode (LED). This anti-aging remedy treats keratinized skin, asphyxiated skin, dehydrated skin and can jump-start home care; it can be a great pre-series treatment to prepare the skin for penetration of a product.

Microdermabrasion precautions
I’m sure in your field you have heard the word, contraindication. In medicine, a contraindication is a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient. Contraindication is the opposite of indication, which is a reason to use a certain treatment. If you think of the term this way, as opposite of “indication” or “indicators,” it is easier to remember the definition, as reasons to withhold certain treatments.

Microdermabrasion has a history of efficacy but also the potential for significant complications. Care must be taken to avoid increasing the depth of injury by improper or overly aggressive techniques. For those clients with current or recent use (1-12 months), of Accutane, Retina A or similar products should not have microdermabrasion performed. The contraindications for microdermabrasion also include viral lesions like shingles and herpetic breakouts, active acne, brittle diabetes, malignant skin tumors, waxing of the area within 24 hours of treatment, along with certain skin diseases. A client consultation must be performed before any skin care treatment method so these conditions are identified. Pretreatment before resurfacing series or peels is also a contraindication as well as the use of oral blood thinner medications like Coumadin or aspirin therapy. The long-term use of steroids like Prednisone is contraindicated. Pregnancy is not a contraindication, though physicians generally suggest it not be performed on new clients in the first trimester of the pregnancy.

Series of resurfacing treatments
Esthetic level resurfacing treatments must generally be performed in a series, a group of treatments that are spaced a specific distance in time, apart. This allows stimulation and regeneration of the collagen and elastin. The series allows optimized regeneration of the dermis and is necessary for maximum visible results. (Again, optimum regeneration in AHA series is achieved when there are two weeks between treatments.) Improvements in the skin become notable after the third or fourth treatment if home care is performed as instructed and the treatments are two weeks apart.

One treatment with an AHA or microdermabrader can provide a hydration response by the skin and a temporary glow, but does not stimulate the turnover of cells sufficient to causing a change in the dermis of the skin. Providing one treatment, instead of a series, is a good facial for a menu that can be listed as an event facial. It is for those clients who need a quick glow to their skin because of an important event that is happening within days. But, for those clients wanting an improvement for the long haul, the series of treatments are suggested.

Dual or multiple modalities
A modality is a therapeutic method or agent; dual or multiple modalities are two anti-aging modalities or more, combined in a treatment to enhance results. The modalities that work together well might be AHA series, light emitting diode (LED), or microdermabrasion or microcurrent. Following, are various dual modalities:

- LED and microdermabrasion
- AHA acids and microdermabrasion
- LED and micro-current
- AHA and LED
- An AHA wipe as a prep, before a salicylic acid treatment or peel.

Now, let us describe each of the primary modalities.

Light emitting diode (LED)
Some clients want to look younger without the pain and downtime of peels and the irritation of resurfacers. One of the newer ways to deal with aging skin with a pain-free modality and no downtime is photo rejuvenation, also known as a photo facial. A photo facial is simply that; lights of certain wavelengths stimulate rejuvenation in the cells using light energy. There are several methods of photo facial and a good one that is esthetic level is light emitting diode (LED). It has long been known that our cells have photoreceptors, but now it has been proven that stimulation of these receptors can initiate repair to the cells and thus rejuvenation.

LED is a very fast, safe and affordable treatment technology that enhances the appearance of the skin. It treats wrinkles, fine lines, even sunburn and is non-invasive, causes no inflammation and actually reduces inflammation, and requires no special post-treatment procedures. Red LED light rays (620-630 nm) are an effective treatment for aging skin, as well as other particular conditions such as rosacea. Other wavelengths and colors treat the skin also, such as blue (415 nm), which treats acne by killing the acne bacteria.

Though it is a great standalone anti-aging treatment, most estheticians add it to another modality, such as resurfacing. It’s not only an excellent dual modality; it is the ideal third modality in an anti-aging treatment. An example would be adding LED as the third modality to the microdermabrasion and resurfacer dual modality treatment. The skin is cleansed, then a one-pass microdermabrasion treatment follows, and then a resurfacer. After the resurfacer is neutralized, a red LED (a peak wavelength 660nm) treatment is performed to 1) reduce the inflammation, and 2) stimulate the development of collagen and elastin immediately. The treatment is calming and causes no irritation or erythema while enhancing the development of collagen and elastin.

Designer peels
In recent years, formulators have been combining different acids at lower percentages, finding they are less aggressive than in their prior form, but produce great results. A combination may be glycolic acid (10 percent), lactic acid (10 percent) and peptides, or TCA (7 percent) and salicylic acid (2 percent). These specially designed resurfacers are producing great results with less irritation. In choosing to use them, however, the esthetician must pay close attention to instruction from the formulator. The use of these resurfacers cannot be formulated by their ingredients alone because the new combinations change them.

Risks of microdermabrasion
When performed properly by a licensed esthetician, there are not many risks associated with this treatment. Most of the risks are associated with performing microdermabrasion under unsanitary conditions. One concern is that clients are at risk of contracting infections if the microdermabrasion applicator and vacuum are not properly sanitized. If improperly applied, the treatment crystals can enter the client’s eye, and also cause irritation.
As with all skincare treatments, proper patient consultation is imperative for anti-aging treatments in order to assess the appropriate treatment, as well as the viable risks when performing a peel, resurfacing, or microdermabrasion therapies. Superficial skin conditions can be treated with microdermabrasion very successfully but other conditions such as deep scars, deep skin wrinkles, or pigmented abnormalities will not be as successful. Other modalities, like chemical peels, laser resurfacing, and even dermabrasion (medical level), will best treat these conditions. Using these other modalities increases the effectiveness, but the risk of complications and length of recovery, also increase. These are ‘medical level’ services and must be performed by a physician.

Hyperpigmentation – a skin condition

Another skin condition, hyperpigmentation - is an increase in the natural color of the skin. Melanin is a brown pigment made by certain cells in the skin called melanocytes, which are responsible for skin color. Usually, requests for anti-aging treatments are most popular, but for some clients a treatment for some type of hyperpigmentation issue is requested, even more so than one would think. Some examples of hyperpigmentation include age or “liver” spots on elderly adults, usually found on the hand and face, in spots exposed to the sun. Melasma spots are similar in appearance to age spots but are larger patches of darkened skin, appearing as a result of hormones. Freckles, age spots, and other darkened skin patches can become even darker when exposed to the sun. Facial hyperpigmentation takes many forms, though once the melanocytes deposit the color into the skin; all are treated similarly for lightening. Hyperpigmentation is another condition that can be treated successfully with proper application.

Conditions and causes of hyperpigmentation

Post-inflamatory hyperpigmentation is the most common hyperpigmentation and is a response to inflammation caused by injury; the inflammation is a trigger for the melanocytes to be overactive. Some common pigmentation causing injuries include:

- Abrasions, cuts, wounds – Inflammation causes the area to be dark post-healing.
- Acne lesions, cysts, excoriations (picking pimples).

Superficial skin conditions include early photoaging, fine lines and wrinkles, and superficial scarring. Microdermabrasion is effective in treating these conditions. Photoaging may show up as dry skin, wrinkles, fine lines, and sallowness. Based on the degree of skin wrinkling, clients can be classified as photoaging type’s I-IV, developed by Glogau.

The Glogau classification of photoaging groups:

1. Mild (typically aged 28-35 y) photoaging is as follows:
   - Little wrinkling or scarring.
   - No wart or callus.
   - Requires little or no makeup.
2. Moderate (aged 35-50 y) photoaging is as follows:
   - Early wrinkling, mild scarring.
   - Sallow color with early warty lesions.
   - Requires little makeup.
3. Advanced (aged 50-65 y) photoaging is as follows:
   - Persistent wrinkling.
   - Discoloration with spider veins(small red spots) and warty lesions.
   - Wears makeup always.
4. Severe (aged 60-75 y) photoaging is as follows:
   - Wrinkling - Photoaging, gravitational, dynamic.
   - Warty lesion with or without skin cancer.
   - Wears makeup with poor coverage.

Another scale used in esthetics is the Fitzpatrick Classification Scale which in contrast to the Glogau, classifies according to sun-reactive skin type instead of the degree of photodamage.

The Fitzpatrick classification of skin types is as follows:

- Skin type I - Very white or freckled, always burns
- Skin type II - White, usually burns
- Skin type III - White to olive, sometimes burns
- Skin type IV - Brown, rarely burns
- Skin type V - Dark brown, very rarely burns
- Skin type VI - Black, never burns

These are the two classification systems used in esthetics to determine skin type and photoaging categories. When consulting with clients, explain how these scales are the basis for identifying the best type of anti-aging treatment for their particular skin type, age, taking into account their tendency for photodamage.

Medication-induced hyperpigmentation is a side effect of some systemic medications, including phenolphthalein, non-steroidal anti-inflammatory drugs (NSAIDs), sulfonamides and barbiturates. This information is on the drug education sheets that are given the patient with each prescription; you have to hope they have read it. You must ask each client if they are on any medications that might cause darkening, and educate them on the potentials. Suggest they read every sheet carefully. Sometimes this prompts them to remember medications they otherwise might not remember.

Periorbital melanosis is not actually hyperpigmentation, but a reflection of expanded blood vessels through the thin skin under the eyes. The tendency may be inherited and appears as darkness under the eyes. Formulations containing peptides are said to reduce this expanded vascularization, reducing its dark appearance.

Hyperpigmentation high-risk treatments
Some treatments may cause hyperpigmentation if not carefully and knowledgeably performed. Following is a list of those causes:

- **Waxing** – Strip waxing can cause hyperpigmentation, especially around the mouth, under the arms and in the bikini area. When the strip is pulled from the skin, it causes irritation that stimulates the melanocyte. For that reason, use hard wax in these areas because it shrinks away from the skin, even as it adheres to hair.

- **TCA** – The high irritation, wounding and desquamation factors associated with this peel can cause hyperpigmentation, sometimes in large patches. This possibility is the reason many estheticians use modified Jessner’s rather than the TCA for peel. The modified Jessner’s peel has anti-inflammatory salicylic acid in its formulation, so it does not have a high tendency to hyperpigment the skin unless the peel is incorrectly performed.

- **Ex extractions** – Clients who are highly inflamed may become hyperpigmented during extractions. Preconditioning with acne-calming home care products used for a week before performing extractions prevents the hyperpigmentation. In addition, the area is infected by the P. acnes bacteria, making it illegal to perform extractions on highly irritated and sore pores.

- **Microdermabrasion** – Stripping, a track of hyperpigmentation across a client’s face, is caused by pulling the hand piece too aggressively (high suction, slow movement) across the skin in a microdermabrasion treatment. This hyperpigmentation usually can only be lightened by a laser (if then), and the client is always extremely unhappy. Many will sue for the cost of the spa treatments, the medical treatments, and more. Many owners and estheticians believe the microdermabrasion treatment is easy and needs very little training. Not true; you must be trained by an experienced trainer in how to do it and the precautions in order to prevent stripes.

**Treatment for hyperpigmentation**

Behind anti-aging, hyper-pigmented areas are the largest complaint by clients, so as a professional esthetician, you must understand how to treat this condition. First, educate the client that the treatment of hyperpigmentation is slow going and demands both you and the client be diligent in working toward that goal. Professional treatments for hyperpigmentation include alpha hydroxy acid (AHA), modified Jessner’s, salicylic acid, TCA and other peels allowable within your state and within the percentages allowed by state law. They are most beneficial when combined with home care products. The multiple modality approach works at the esthetic level with microdermabrasion first, then the resurfacer plus LED. The home care regimen will include AHAs, azelaic acid, hydroquinone, retinoids and salicylic acid.

Hydroquinone, the only ingredient approved by the FDA as a skin-bleaching agent, is sometimes used in conjunction with Retin-A™ or an AHA topically in the home care regimen, especially when the client has hyperpigmentation problems. It is the most effective home care treatment for hyperpigmentation, a tyrosinase inhibitor that above 2 percent is prescription-only. The usual percentage sold by a physician is 4 percent. There is some evidence that it may act as a carcinogen (cancer-causing chemical), although it’s not been proven in humans. It also has been associated with a condition, ochronosis, on black women and men in South Africa, Britain, and the U.S in which the skin becomes dark and thick and dome-shaped, yellowish and greyish-brown spots appear. It has been seen in persons who have used hydroquinone for even a short time. Japan, the European Union and Australia have already banned hydroquinone. There is consideration for this ban in the U.S., but the final ruling has not been made.

Though they take longer than hydroquinone, some other ingredients also reduce hyperpigmentation. Retinoid products are the most popular, and most clients will choose them because a side effect is the reduction of wrinkles. They will also choose azelaic acid and other ingredients that reduce hyperpigmentation better than hydroquinone when compared with products at the same percent. A good product may contain a formulation of L-arbutin, azelaic acid, salicylic acid and retinol, with a penetrating delivery system and other ingredients that will work well.

**Ohio’s procedural guidelines for anti-aging treatments**

Licensed Practitioners must comply with all rules and regulations established by their respective State Boards of Cosmetology or other governmental regulatory agency regarding cosmetic resurfacing and/or exfoliation substances and procedures. According to Title 47, Chapter 4713.01 of the Ohio Revised Code (ORC) the practice of esthetics is defined as the application of cosmetics, tonics, anti-sequins, creams, lotions, or other preparations for the purpose of skin beautification and includes preparation of the skin by manual massage techniques or by use of electrical, mechanical, or other apparatus.

Since you are utilizing distinctive equipment and chemicals, it is important to know the protocol. In Ohio, guidelines from the Esthetics Manufacturers and Distributors Alliance (EMDA) of the American Beauty Association (ABA), provides the guidelines to follow in performing these anti-aging skin care treatments. \ 

These guidelines are intended to enhance the safe and effective application of professional resurfacing and exfoliating substances and recommend procedures for the application of these products.

**Cosmetic resurfacing- exfoliating substances and equipment**

EMDA defines the substances and equipment used as Cosmetic Resurfacing Exfoliating Substances and Equipment and includes the following:

- AHA’s (glycolic and lactic acids),
- BHA’s (salicylic acid),
- Jessner’s solutions (14% salicylic acid, lactic acid and resorcinol) or modifications thereof,
- Proteolytic enzymes (papain, bromelain).

The term also includes mechanical instruments and instruments that mechanically administer the following:

- Substances, including brushing machines, polyethylene granular scrubs, loofah or textures sponges.
- Gommage and microdermabrasion instruments provided the manufacturer has established and substantiated product and equipment safety.

The term Cosmetic Resurfacing Exfoliating Substances and Equipment excludes all other chemical and mechanical exfoliation/peeling procedures and substances including TCA, phenol, or combination of, and further excludes all adulterated chemical exfoliating/peeling substances. These are for medical level treatments.

The cosmetic use of AHAs in Ohio must be preparations that do not exceed 30% concentration with a pH value not lower than 3.0 (as established and recommended by the Cosmetic Ingredient Review Expert Panel). The EMDA also goes on to explain that these products and procedures are not intended for consumer use or resale. It is important to note that licensed esthetic practitioners must not use any equipment or practice intended to remove viable (living) skin below the stratum corneum.

**Manufacturer training materials:**

EMDA recommends that manufacturers marketing and distributing Cosmetic Resurfacing Exfoliating Substances for professional use shall provide instructional procedure and product use training materials for licensed esthetician practitioners. Manufacturer sponsored training programs are independent of the training requirements established by individual State Boards of Cosmetology in professional skin care.

It is the responsibility of the manufacturer to provide procedural guidelines, practical training, video and/or written instructional materials with the initial purchase of its products or equipment by or for Licensed Practitioners.
Training of licensed estheticians
It is imperative that Ohio estheticians receive adequate training regarding the safe application procedures of these substances and equipment. The manufacturers training instruction should cover the following topics within these training programs:
1. Theoretical overview, scientific and safety data
2. Clinical indications vs. cosmetic applications
3. Client general history, skin evaluation, realistic expectations
4. Contraindications/precautions
5. Predisposition patch testing
6. Client pre-application care
7. Application procedure
8. Post application care
9. Client follow-up

Procedures for performing resurfacing and exfoliation
The following processes were developed and are based off the EMDA recommendations, as per Ohio’s regulation:
1. Appropriate disinfection and sanitation as established by the Ohio State Board of Cosmetology; as regulated by local or state ordinances or laws.
2. Proper client selection and general health profile procedures before application of the product.
3. A thorough skin evaluation and consultation for each client to determine if the procedure is appropriate before application of product.
4. Verification by the client of the receipt of appropriate information.
5. Use of proper procedures in applying product.

Cautions regarding use

In conclusion:
Today, anti-aging treatments are the most popular service requested from estheticians, with hyperpigmentation being the second. To be successful, estheticians must consistently grow their skills and enhance their knowledge as more is discovered or revealed about the chemicals used in skin care treatments, the application protocols, and newly discovered ingredients. For anti-aging treatments, the use of alpha hydroxy acids and microdermabrasion have proven successful as tried methods of reducing early photoaging, fine lines and wrinkles, and superficial scarring. These treatments generate a more youthful, healthy, and glowing appearance of the client’s skin.

As with the benefits of anti-aging treatments, so are there risks involved, especially if an esthetician is not trained properly in the application of the treatment, or does not understand the laws and rules applicable to them in Ohio. The other important aspect in performing these therapies are completing the necessary pre-treatment work, such as the client health history form, identifying skin condition and the client’s health, in general. The more you ask questions and understand your client’s expectations the more successful you will be in choosing the appropriate product and method. This pre-work also includes pre-treatment of the skin needed and conveyed to your client, along with the aftercare process. This documentation provides you with the ability to serve your client ethically, legally, and safely.

References
13. The epidermis is the tough, ______ layer of skin consisting of five major sub layers.  
   a. Outer  
   b. Inner  
   c. Side  
   d. Basal

14. The squamous cell layer is above the basal layer and is also called the stratum spinosum or ______ layer because it is held together by spiny projections.  
   a. Tingling  
   b. Granular  
   c. Spiny  
   d. Spinal cord

15. Exfoliation is the physical (mechanical) and chemical removal of loose, ______ epidermal cells and debris from the surface of the skin - to smooth the surface of the skin, improving appearance.  
   a. Live  
   b. Dead  
   c. Flat  
   d. Red

16. Beneficial qualities of AHAs are that they normalize keratinization and ______ epidermal cell renewal, while reducing photo-damage.  
   a. Reduce  
   b. Stimulate  
   c. Stagnate  
   d. Kills

17. When using a resurfacer, many considerations must be involved such as the chemical treatment to use on the client. Glycolic acid may not be the AHA for a client with ______.  
   a. Sensitive skin  
   b. Light skin  
   c. Tough skin  
   d. Dry skin

18. What classification system is based on the degree of skin wrinkling (photoaging) and classified as types I-IV?  
   a. The Glogau Classification System  
   b. The Fitzpatrick Classification System  
   c. The Ohio State Board Regulations  
   d. Chronological Aging System
Chapter 4: OHIO LAWS, RULES AND SANITATION REGULATIONS

By: JoAnn Stills

Learning objectives

After this completion of this course, the participant will be able to:
• Identify location to refer to rules, regulations, and notices about the rulemaking process.
• Describe at least five (5) duties the State Board of Cosmetology is responsible for.
• Identify at least four (4) prohibited acts and violations that require disciplinary measures.
• Explain the license renewal process and requirements to remain actively licensed.
• Review sanitary standards as they relate to communicable diseases.
• Summarize the procedures to properly disinfect implements, spills, blood and/or bodily fluids, and equipment.

A rule is a formal, written statement of the law that has been established by an agency under a statute that authorizes the agency to adopt rules. Adopted rules are compiled and published in the Administrative Code (AC). The Register of Ohio is an electronic publication that functions as a gazette to which members of the public may readily refer to for notices and information about rules and the rulemaking process. If there is a need for clarification of a rule or need to review newly proposed rules, this is a great resource. This publication can be found on their website.

Statutes and Rules governing cosmetology operations and activities in Ohio are contained within sections 4713 of the Ohio Revised Code (ORC) and of the Ohio Administrative Code (OAC). The Revised Code includes code definitions used in the profession along with affirming rules of the board and their duties. The sanitary rules are promulgated in both the ORC and the OAC. In this course we will review information relevant to the administrative rules and duties of the State Board of Cosmetology and important regulations for sanitation.

OHIO REVISED CODE - CHAPTER 4713: COSMETOLOGISTS

4713.02 State board of cosmetology.
A. There is hereby created the state board of cosmetology, consisting of all of the following members appointed by the governor, with the advice and consent of the senate:
   1. One person holding a current, valid cosmetologist, managing cosmetologist, or cosmetology instructor license at the time of appointment;
   2. Two persons holding current, valid managing cosmetologist licenses and actively engaged in managing beauty salons at the time of appointment;
   3. One person who holds a current, valid independent contractor license at the time of appointment or the owner or manager of a licensed salon in which at least one person holding a current, valid independent contractor license practices a branch of cosmetology;
   4. One person who represents individuals who teach the theory and practice of a branch of cosmetology at a vocational school;
   5. One owner of a licensed school of cosmetology;
   6. One owner of at least five licensed salons;
   7. One person who is either a certified nurse practitioner or clinical nurse specialist holding a certificate of authority issued under Chapter 4723. of the Revised Code, or a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;
   8. One person representing the general public.
B. The superintendent of public instruction shall nominate three persons for the governor to choose from when making an appointment under division (A)(4) of this section.
C. All members shall be at least twenty-five years of age, residents of the state, and citizens of the United States. No more than two members, at any time, shall be graduates of the same school of cosmetology. Except for the initial members appointed under divisions (A)(3) and (4) of this section, terms of office are for five years. The term of the initial member appointed under division (A)(3) of this section shall be three years. The term of the initial member appointed under division (A)(4) of this section shall be four years. Terms shall commence on the first day of November and end on the thirty-first day of October. Each member shall hold office from the date of appointment until the end of the term for which appointed. In case of a vacancy occurring on the board, the governor shall, in the same manner prescribed for the regular appointment to the board, fill the vacancy by appointing a member. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member’s predecessor was appointed shall hold office for the remainder of such term. Any member shall continue in office subsequent to the expiration date of the member’s term until the member’s successor takes office, or until a period of sixty days has elapsed, whichever occurs first. Before entering upon the discharge of the duties of the office of member, each member shall take, and file with the secretary of state, the oath of office required by Section 7 of Article XV, Ohio Constitution. The members of the board shall receive an amount fixed pursuant to Chapter 124. of the Revised Code per diem for every meeting of the board which they attend, together with their necessary expenses, and mileage for each mile necessarily traveled. The members of the board shall annually elect, from among their number, a chairperson. The board shall prescribe the duties of its officers and establish an office within Franklin County. The board shall keep all records and files at the office and have the records and files at all reasonable hours open to public inspection. The board also shall adopt a seal.

4713.03 Meetings of board.
The state board of cosmetology shall hold a meeting to transact its business four times a year. The board may hold additional meetings as, in its judgment, are necessary. The board shall meet at the times and places it selects.

4713.06 Executive director - staff.
The state board of cosmetology shall annually appoint an executive director. The executive director may not be a member of the board. The executive director, before entering upon the discharge of the executive director’s duties, shall file with the secretary of state a good and sufficient bond payable to the state, to ensure the faithful performance of duties of the office of executive director. The bond shall be in an amount the board requires. The premium of the bond
shall be paid from appropriations made to the board for operating purposes. The board may employ inspectors, examiners, consultants on contents of examinations, and clerks as necessary for the administration of this chapter. All inspectors and examiners shall be licensed cosmetologists. The board may appoint inspectors of tanning facilities as needed to make periodic inspections as the board specifies.

4713.07 Duties of board.
The state board of cosmetology shall do all of the following:

A. Prescribe and make available application forms to be used by persons seeking admission to an examination conducted under section 4713.24 of the Revised Code or a license issued under this chapter;
B. Prescribe and make available application forms to be used by persons seeking renewal of a license issued under this chapter;
C. Report to the proper prosecuting officer all violations of section 4713.14 of the Revised Code of which the board is aware;
D. Submit a written report annually to the governor that provides all of the following:
   1. A discussion of the conditions in this state of the branches of cosmetology;
   2. A brief summary of the board’s proceedings during the year the report covers;
   3. A statement of all money that the board received and expended during the year the report covers.
E. Keep a record of all of the following:
   1. The board’s proceedings;
   2. The name and last known address of each person issued a license under section 4713.28, 4713.30, 4713.31, 4713.34, or 4713.39 of the Revised Code;
   3. The name and address of each salon issued a license under section 4713.41 of the Revised Code and each school of cosmetology issued a license under section 4713.44 of the Revised Code;
   4. The name and address of each facility issued a permit under section 4713.48 of the Revised Code;
   5. The date and number of each license and permit that the board issues;
F. All other duties that this chapter imposes on the board.

4713.09 Continuing education.
The state board of cosmetology may adopt rules in accordance with Chapter 119. of the Revised Code to establish a continuing education requirement, not to exceed eight hours in a biennial licensing period, as a condition of renewal for a practicing license, managing license, or instructor license.

4713.14 Prohibited acts.
No person shall do any of the following:

A. Use fraud or deceit in making application for a license or permit;
B. Aid or abet any person:
   1. Violating this chapter or a rule adopted under it;
   2. Obtaining a license or permit fraudulently;
   3. Falsely pretending to hold a current, valid license or permit.
C. Practice a branch of cosmetology, for pay, free, or otherwise, without one of the following authorizing the practice of that branch of cosmetology:
   1. A current, valid license under section 4713.28, 4713.30, or 4713.34 of the Revised Code;
   2. A current, valid temporary pre-examination work permit issued under section 4713.22 of the Revised Code;
   3. A current, valid temporary special occasion work permit issued under section 4713.37 of the Revised Code;
   4. A current, valid temporary work permit issued under rules adopted by the board pursuant to section 4713.08 of the Revised Code.
D. Employ a person to practice a branch of cosmetology if the person does not hold one of the following authorizing the practice of that branch of cosmetology:
   1. A current, valid license under section 4713.28, 4713.30, or 4713.34 of the Revised Code;
   2. A current, valid temporary pre-examination work permit issued under section 4713.22 of the Revised Code;
   3. A current, valid temporary special occasion work permit issued under section 4713.37 of the Revised Code;
   4. A current, valid temporary work permit issued under rules adopted by the board pursuant to section 4713.08 of the Revised Code.
E. Manage a salon without a current, valid license under section 4713.30 or 4713.34 of the Revised Code to manage that type of salon;
F. Except for apprentice instructors and as provided in section 4713.45 of the Revised Code, teach the theory or practice of a branch of cosmetology at a school of cosmetology without either of the following authorizing the teaching of that branch of cosmetology:
   1. A current, valid license under section 4713.31 or 4713.34 of the Revised Code;
   2. A current, valid temporary special occasion work permit issued under section 4713.37 of the Revised Code.
G. Advertise or operate a glamour photography service in which a branch of cosmetology is practiced unless the person practicing the branch of cosmetology holds either of the following authorizing the practice of that branch of cosmetology:
   1. A current, valid license under section 4713.28, 4713.30, or 4713.34 of the Revised Code;
   2. A current, valid temporary special occasion work permit issued under section 4713.37 of the Revised Code.
H. Advertise or operate a glamour photography service in which a branch of cosmetology is practiced at a location not specified by rules adopted under section 4713.08 of the Revised Code;
I. Practice a branch of cosmetology at a salon in which the person rents booth space without a current, valid independent contractor license under section 4713.39 of the Revised Code;
J. Operate a salon without a current, valid license under section 4713.41 of the Revised Code;
K. Provide cosmetic therapy or massage therapy at a salon for pay, free, or otherwise without a current, valid certificate issued by the state medical board under section 4731.15 of the Revised Code or provide any other professional service at a salon for pay, free, or otherwise without a current, valid license or certificate issued by the professional regulatory board of this state that regulates the profession;
L. Teach a branch of cosmetology at a salon, unless the person receiving the instruction holds either of the following authorizing the practice of that branch of cosmetology:
   1. A current, valid license under section 4713.28, 4713.30, or 4713.34 of the Revised Code;
   2. A current, valid temporary pre-examination work permit issued under section 4713.22 of the Revised Code.
M. Operate a school of cosmetology without a current, valid license under section 4713.44 of the Revised Code;
N. At a salon or school of cosmetology, do either of the following:
   1. Use or possess a cosmetic product containing an ingredient that the United States food and drug administration has prohibited by regulation;
   2. Use a cosmetic product in a manner inconsistent with a restriction established by the United States food and drug administration by regulation;
   3. Use or possess a liquid nail monomer containing any trace of methyl methacrylate (MMA).
O. While in charge of a salon or school of cosmetology, permit any person to sleep in, or use for residential purposes, any room used wholly or in part as the salon or school of cosmetology;
P. Maintain, as an established place of business for the practice of one or more of the branches of cosmetology, a room used wholly or in part for sleeping or residential purposes;
Q. Operate a tanning facility that is offered to the public for a fee or other compensation without a current, valid permit under section 4713.48 of the Revised Code.

4713.15 No treatment of physical or mental disease. This chapter does not permit any of the services or arts that are part of the practice of a branch of cosmetology to be used for the treatment or cure of a physical or mental disease or ailment.

4713.41 Salon requirements. The state board of cosmetology shall issue a license to operate a salon to an applicant who pays the applicable fee and affirms that all of the following conditions will be met:

A. (1) A person holding a current, valid managing cosmetologist license or license to manage that type of salon has charge of and immediate supervision over the salon at all times when the salon is open for business except as permitted under division (A)(2) of this section.
   1. A business establishment that is engaged primarily in retail sales but is also licensed as a salon shall have a person holding a current, valid managing license for that type of salon in charge of and in immediate supervision of the salon during posted or advertised service hours, if the practice of cosmetology is restricted to those posted or advertised service hours.

B. The salon is equipped to do all of the following:
   1. Provide potable running hot and cold water and proper drainage;
   2. Sanitize all instruments and supplies used in the branch of cosmetology provided at the salon;
   3. If cosmetic therapy, massage therapy, or other professional service is provided at the salon under section 4713.42 of the Revised Code, sanitize all instruments and supplies used in the cosmetic therapy, massage therapy, or other professional service.

C. Except as provided in sections 4713.42 and 4713.49 of the Revised Code, only the branch of cosmetology that the salon is licensed to provide is practiced at the salon.

D. The salon is kept in a clean and sanitary condition and properly ventilated.

E. No food is sold at the salon in a manner inconsistent with rules adopted under section 4713.08 of the Revised Code.

4713.56 Posting license or certificate. Every holder of a practicing license, managing license, instructor license, or independent contractor license issued by the state board of cosmetology shall display the license in a public and conspicuous place in the place of employment of the holder. Every holder of a license to operate a salon issued by the board shall display the license in a public and conspicuous place in the salon. Every holder of a license to operate a school of cosmetology issued by the board shall display the license in a public and conspicuous place in the school. Every person who provides cosmetic therapy, massage therapy, or other professional service in a salon under section 4713.42 of the Revised Code shall display the person’s professional license or certificate in a public and conspicuous place in the room used for the therapy or other service.

4713.57 Expiration of licenses. A license issued by the state board of cosmetology is valid until the last day of January of the odd-numbered year following its original issuance or renewal, unless the license is revoked or suspended prior to that date. Renewal shall be done in accordance with the standard renewal procedure of Chapter 4745. of the Revised Code. The board may refuse to renew a license if the person holding the license has an outstanding unpaid fine levied under section 4713.64 of the Revised Code.

4713.60 Renewals. A. Except as provided in division (C) of this section, a person seeking a renewal of a license to practice a branch of cosmetology, managing license, or instructor license shall include in the renewal application proof satisfactory to the board of completion of any applicable continuing education requirements established by rules adopted under section 4713.09 of the Revised Code.

B. If an applicant fails to provide satisfactory proof of completion of any applicable continuing education requirements, the board shall notify the applicant that the application is incomplete. The board shall not renew the license until the applicant provides satisfactory proof of completion of any applicable continuing education requirements. The board may provide the applicant with an extension of up to ninety days in which to complete the continuing education requirement. In providing for the extension, the board may charge the licensee a fine of up to one hundred dollars.

C. The board may waive, or extend the period for completing, any continuing education requirement if a licensee applies to the board and provides proof satisfactory to the board of being unable to complete the requirement within the time allowed because of any of the following:
   1. An emergency;
   2. An unusual or prolonged illness;
   3. Active duty service in any branch of the armed forces of the United States or a reserve component of the armed forces of the United States, including the Ohio national guard or the national guard of any other state.

The board shall determine the period of time during which each extension is effective and shall inform the applicant. The board shall also inform the applicant of the continuing education requirements that must be met to have the license renewed. If an extension is granted for less than one year, the continuing education requirement for that year, in addition to the required continuing education for the succeeding year, must be completed in the succeeding year. In all other cases the board may waive all or part of the continuing education requirement on a case-by-case basis. Any required continuing education shall be completed and satisfactory proof of its completion submitted to the board by a date specified by the board. Every license which has not been renewed in any odd-numbered year by the last day of January and for which the continuing education requirement has not been waived or extended shall be considered expired.

4713.63 Restoring expired license. A practicing license, managing license, or instructor license that has not been renewed for any reason other than because it has been revoked, suspended, or classified inactive, or because the license holder has been given a waiver or extension under section 4713.60 of the Revised Code, is expired. An expired license may be restored if the person who held the license meets all of the following applicable conditions:

A. Pays to the state board of cosmetology the restoration fee, the current renewal fee, and any applicable late fees;

B. Pays a lapsed renewal fee of forty-five dollars per license renewal period that has elapsed since the license was last issued or renewed;

C. In the case of a practicing license or managing license that has been expired for more than two consecutive license renewal periods, completes eight hours of continuing education for each license renewal period that has elapsed since the license was last issued or renewed, up to a maximum of twenty-four hours. At least four of those hours shall include a course pertaining to sanitation and safety methods.

The board shall deposit all fees it receives under division (B) of this section into the general revenue fund.

4713.64 Violations. A. The state board of cosmetology may take disciplinary action for any of the following:
   1. Failure to comply with the requirements of this chapter or rules adopted under it;
   2. Continued practice by a person knowingly having an infectious or contagious disease;
   3. Habitual drunkenness or addiction to any habit-forming drug;
   4. Willful false and fraudulent or deceptive advertising;
5. Falsification of any record or application required to be filed with the board;
6. Failure to pay a fine or abide by a suspension order issued by the board.

B. On determining that there is cause for disciplinary action, the board may do one or more of the following:
1. Deny, revoke, or suspend a license or permit issued by the board;
2. Impose a fine;
3. Require the holder of a license or permit to take corrective action courses.

C. The amount and content of corrective action courses and other relevant criteria shall be established by the board in rules adopted under section 4713.08 of the Revised Code.

D. The board may impose a separate fine for each offense listed in division (A) of this section. The amount of a fine shall be not more than five hundred dollars if the violator has not previously been fined for that offense. The fine shall be not more than one thousand dollars if the violator has been fined for the same offense once before. The fine shall be not more than one thousand five hundred dollars if the violator has been fined for the same offense two or more times before.

E. If a person fails to request a hearing within thirty days of the date the board, in accordance with section 119.07 of the Revised Code, notifies the person of the board’s intent to act against the person under division (A) of this section, the board by a majority vote of a quorum of the board members may take the action against the person without holding an adjudication hearing.

F. The board, after a hearing in accordance with Chapter 119. of the Revised Code, may suspend a tanning facility permit if the owner or operator fails to correct an unsafe condition that exists in violation of the board’s rules or fails to cooperate in an inspection of the tanning facility. If a violation has resulted in a condition reasonably believed by an inspector to create an immediate danger to the health and safety of any person using the tanning facility, the inspector may suspend the permit without a prior hearing until the condition is corrected or until a hearing in accordance with Chapter 119. of the Revised Code is held and the board either upholds the suspension or reinstates the permit.

OHIO STATE BOARD OF COSMETOLOGY - SANITARY STANDARDS

4713.081 Posting copies of sanitary standards. The state board of cosmetology shall furnish a copy of the sanitary standards established by rules adopted under section 4713.08 of the Revised Code to each person to whom the board issues a practicing license, managing license, or license to operate a salon or school of cosmetology. The board also shall furnish a copy of the sanitary standards to each person providing cosmetic therapy, massage therapy, or other professional service in a salon under section 4713.42 of the Revised Code. A salon or school of cosmetology provided a copy of the sanitary standards shall post the standards in a public and conspicuous place in the salon or school.

Chapter 4713-15 sanitation; communicable diseases

4713-15-01 General sanitation
At all times, except for the immediate period during which a licensee performs a cosmetology service and prepares the service area for the next patron, the licensed or permitted facility, including all equipment, implements and other personal property in the facility shall be reasonably sanitary. Should a question arise about the sanitary condition of the licensed or permitted facility or the cleanliness of an employee, the board shall determine what constitutes sanitary or cleanliness.

4713-15-02 Methods of disinfections
Any implements to be used on any patrons shall be properly sanitized and then disinfected. All chemicals used for infection control (sanitation and disinfection) shall be EPA registered, bacteriologically effective and commercially prepared disinfection agents and shall be used in accordance with manufacturer’s instructions.

4713-15-03 Disinfection of implements and spills; blood and body fluids
A. Disinfectants are inactivated and ineffective when the implement to be disinfected is visibly contaminated with debris, hair, dirt, particulates and/or when heavily soiled. Thus, non-porous implements and all salon surfaces shall be thoroughly cleaned (sanitized) prior to disinfection. Porous implements shall be discarded after each use, and shall not be disinfected for reuse.
   1. All used non-porous implements shall first be cleaned with warm soapy/detergent water of visible dirt, debris and/or bodily fluids and then disinfected by completely immersing in an “appropriate disinfectant.” A covered container of adequate size shall be used for the wet disinfectant.
      a. All non-porous implements, which come in contact with intact skin, shall be thoroughly cleaned before immersion in an appropriate disinfectant.
      b. All non-porous implements, which have come in contact with blood or body fluids, shall be thoroughly cleaned before immersion in an “appropriate disinfectant.” For personal protection against blood-borne pathogens, cleanup should always be done wearing non-porous disposable intact gloves and also gowns and eye protection for large spills.
   2. Disinfectants shall be prepared fresh at least daily when the salon opens for business. Disinfectants shall be prepared more than once a day if the solution becomes diluted or soiled.
   3. To ensure an item is disinfected so that the HIV/HBV and other viruses, bacteria, fungi and molds are destroyed or safely disarmed, the individual disinfecting the surface shall strictly follow the contact time suggested as appropriate by the manufacturer of the disinfectant. “Contact time” is the time the surface of the equipment or implement must stay visibly moist with disinfectant to be effective against the pathogens listed on the label of the product.

B. Household bleach is an effective disinfectant for all purposes in a salon. Bleach solutions shall be mixed daily and used in a nine to one solution (nine parts tap water and one part bleach). Bleach shall be kept in a closed covered container and not exposed to sunlight. Bleach may produce eye irritation or mouth. Esophageal, and gastric burns. Bleach is corrosive to metals. Bleach vapors might react with vapors from other chemicals, and therefore should not be placed, disposed of or stored near other chemicals used in salons (i.e. acrylic monomers, alcohol, other disinfecting products, or near a flame). Used or soiled bleach solution shall be discarded at least every day by pouring the solution down a sink basin or toilet bowl.

C. All bottles and/or containers other than the original manufacturers’ container used application of an appropriate disinfectant shall be properly labeled as to contents.

D. Always clean up blood and bodily fluid spills with the appropriate disinfectants and sanitizing agents and clean the spills as soon as possible, immediately is best, to minimize contamination.
   1. Use nonporous disposable gloves to pick up waste. The gloves shall not be torn.
   2. Use disposable towels or other similar items to clean the spill.
   3. Any item used to clean a minor cut shall be discarded by placing the item in double bags or in a biohazard container, regardless of the size or number of items used. An individual
may double bag by placing the waste in a zip lock bag, locking the bag and then placing it in a plastic sealable trash bag.
4. Clean and disinfect the spill area with a mop or disposable cloths using a mix of nine parts water to one part common household bleach.
5. Thoroughly rinse and disinfect the cleaning equipment, mops, brushes and bucket with a solution of nine parts water and to one part bleach.
6. Avoid picking up broken glass, metal or other sharp objects by hand if a blood spill is involved: use a dustpan and brush. Store sharp objects in disposable containers that cannot be penetrated and then bag the container in a second, sealable bag.
7. Remove clothing with spilled blood and thoroughly wash hands before returning to work, eating or using any product that comes into contact with skin, eyes, nose and mouth.
8. If in doubt of what to do, call the local health board for directions.
E. Any unused porous items shall be stored in a closed, dustproof cabinet, drawer or container.
F. Environmental protection agency/ EPA approved disinfectants are indicated by their registration number on the product label. The product’s manufacturer’s directions for use shall always be followed.

4713-15-04 Shampoo bowls
After each use, all shampoo bowls, shampoo boards, cups, or similar items shall be cleaned of hair and other debris and then shall be disinfected. A disinfectant spray cleaning product or a wipe may be used to disinfect a shampoo bowl, shampoo board, cup or similar item after the item has been cleaned.

4713-15-05 Proper protection of neck
No cape or similar article shall be placed directly against the neck of a patron. A licensee shall use a paper neck band or a clean towel to prevent the cape or other similar article from coming into direct contact with a patron. No neck band of paper or cloth shall be used more than once. No towels shall be used more than once without proper laundering as described in rule 4713-15-11 of this chapter.

4713-15-06 Use of creams
All creams and other semi-solid substances: except for products that are dispensed from a pump, squeeze or spray container, shall be removed from containers with a cleaned and disinfected or disposable spatula. Spatulas made of a washable nonabsorbent material shall be cleaned and disinfected before being used again. Spatulas made of wood shall be discarded after one use.

4713-15-07 Use of styptics
Styptics to arrest bleeding shall be used only in liquid or powder form and shall be applied by clean, disposable gauze, disposable cotton, or any other sanitary, disposable item.

4713-15-08 Special solution containers
All products shall be kept in a closed or covered, disposable container to prevent contamination, except when the product is being used as part of a service.

4713-15-09 Use of powder
All powder shall be dispensed from a shaker or similar container and shall be applied with clean, disposable gauze or disposable cotton applicators, or other disposable applicators, or a towel that shall be disinfected after one use as set forth in rule 4713-15-11 of this chapter.

4713-15-10 Walls and floors
At all times, walls, floors and fixtures shall be kept reasonably free from hair, dirt and debris except for the immediate period during which a licensee performs a cosmetology service and prepares the service area for the next patron. Floor covering shall be totally nonabsorbent and shall extend at least in a three foot radius from the center of any styling or shampoo service chair or pedicure unit. For any service where a client removes shoes and socks, the salon may provide disposable socks or sandals to prevent the client’s bare feet from touching the floor. Any place in a salon where a client may be on the floor in bare feet shall be cleaned and disinfected after each use.

4713-15-11 Proper laundering methods
All cloth towels, robes, and similar items shall be laundered in a washing machine with laundry detergent and chlorine bleach used according to manufacturer’s directions for sanitation purposes. A closed dustproof cabinet with solid sides and a top shall be provided for clean towels and linens, and a hamper with solid sides or receptacle with solid sides shall be provided for all soiled towels and linens.

4713-15-12 Personal hygiene
Every person engaged in the practice of cosmetology or any of its branches shall thoroughly cleanse his or her hands with soap and water or an anti-bacterial sanitizer immediately before serving each patron. All licensees shall wear a clean washable outer garment or clothing that is kept reasonably free from hair and clean at all times while serving a patron in a salon. No licensee shall carry or store implements in pockets, in a belt, in a leather case or in an apron.

4713-15-13 Contagious/communicable diseases
A. No patron with definite open sores, who is exhibiting symptoms of an infectious or contagious disease, a disorder of the skin, or parasitic infestations shall be served without written permission from a physician. A salon shall have a written policy describing the process licensees working in the salon shall follow should a client exhibit the above mentioned symptoms. The policy shall direct the licensee as to how to follow this rule and how to minimize embarrassment to the client in the process. An independent contractor shall also develop a policy as to how to serve a patron exhibiting the above mentioned symptoms.
B. No licensee who knowingly has open sores, or who is exhibiting symptoms of an infectious or contagious disease or a disorder of the skin or a parasitic infestation shall practice cosmetology or a branch of cosmetology or otherwise provide a service in a salon while the licensee has the above mentioned symptoms.
C. When a salon owner, manager or individual assigned responsibility by the owner suspects a licensee or any individual working in the salon has open sores, or is exhibiting symptoms of an infectious or contagious disease. A disorder of the skin or a parasitic infestation, the salon shall have the individual provide a doctor’s statement that there is no danger of infection. The salon may request the licensee or other individual not work unless the licensee has written permission from a physician.
D. If a licensee or a patron has exhibited the symptoms mentioned in paragraphs (A) and (B) of this rule, that area in which the individual sat, or received cosmetological services and all equipment and implements that could have possibly been touched by that individual shall be cleaned and disinfected as set forth in paragraph (D) of rule 4713-15-03 in this chapter.

4713-15-15 Equipment sanitation
A. Salons shall maintain a copy of the manufacturer’s/owner’s manual for all equipment in service and shall follow the manufacturer’s suggestions for cleaning the equipment.
B. Electrical equipment, (whether professional or consumer design) that provides circulating, whirlpool or vacuum effects, shall be cleaned and disinfected after each use. Such equipment shall also be flushed and maintained as recommended by its manufacturer.
C. Electrically heated equipment shall first be cleaned to remove any hair or debris. After cleaning the electrically heated equipment the licensee may either use the heat source of the electric equipment to disinfect the equipment in the manner suggested by the equipment’s manufacturer or may use the procedure for disinfecting electrical equipment described in paragraph (D) of this rule.
D. Any other electrical equipment, including trimmers, clippers and attachments shall be cleaned and disinfected after each use. Such electrical equipment shall be disinfected using the following method:
1. Before beginning the disinfection process, the licensee or individual cleaning the equipment shall remove hair and/or all foreign matter:
   a. The foreign matter shall be removed using an implement or other tool, and
   b. The implement or tool shall be cleaned and disinfected by immersion after each use as described in rule 4713-15-03 of this chapter.

2. After removing all foreign matter from the equipment, the licensee or individual shall completely saturate the equipment with an appropriate disinfectant solution, spray, or foam used according to the manufacturer’s instructions. The equipment may also be immersed in a bleach solution, mixed and used as set forth in paragraph (A) of rule 4713-15-03.

4713-15-16 Food in a salon
Salons offering food shall comply with local health board requirements.

4713-15-17 Rooms used for massage
Rooms used for massage services may be used for other compatible services such as esthetics as long as no sanitary problems result. If cosmetic therapy, massage therapy, or other professional service is provided at the salon under section 4713.42 of the Revised Code, the salon shall sanitize and disinfect all instruments and supplies used in the cosmetic therapy, massage therapy, or other professional service after each service is provided.
Chapter 5: WORKERS’ COMPENSATION IN OHIO

By: JoAnn Stills

Learning objectives

- Define workers’ compensation.
- Describe how workers’ compensation benefits both the employee and the employer.
- Summarize the history of workers’ compensation in the United States.
- Identify the two (2) divisions that make up Ohio’s workers’ compensation system.
- Explain the goals of Ohio’s Bureau of Workers’ Compensation (BWC).
- Discuss the Industrial Commission’s (IC) role in the workers compensation system.
- Explain at least six (6) of the rights injured workers have in Ohio.
- Summarize the general process of submitting a workers’ compensation claim in Ohio.
- Explain the benefit types, fund types, and types of workers’ compensation coverage.
- Review the application process of applying for workers’ compensation as an employer.

Workers’ compensation, a brief history

Workers’ Compensation is a system set up by each state, to insure all employees in the state in case of a workplace injury or occupational illness. In the Merriam-Webster dictionary, it is formally defined as, “a system of insurance that pays an employee who cannot work because he or she has been injured while working, a program through which employers bear some of the cost of their employees’ work-related injuries and occupational illnesses or disabilities.”

Therefore, in simple terms, workers’ compensation laws provide money and medical benefits to an employee who is harmed as a result of an accident, an injury or occupational disease on-the-job. It is designed to protect the “worker” and their dependents against any hardships from the injury or death arising out of the work environment. It is actually intended to help both the employee and the employer.

The employee benefits by receiving money and medical assistance in exchange for not suing the employer. The employer benefits by receiving immunity from any court action against them in exchange for accepting liability that is limited and determined. This relieves the question of negligence or fault on either behalf.

The system was designed to address the growing number of work-related injuries incurred during the Industrial Revolution. Before workers’ compensation, injured workers had to file lawsuits to receive compensation. A variety of common-law defenses protected employers from liability, but once plaintiffs overcame these defenses, employers faced the possibility of ruinous awards that left them without any options.

Eventually, workers’ compensation surfaced in the United States in the early 1900s. It was a product of the industrial age and a result of increasing numbers of job-related injuries and deaths. Without these worker’s compensation laws, the employees had no recourse against their employers when sustaining injuries. Workers could be “laid off” if they were unable to work due to the on-the-job injury or illness, which left them without any options.

In 1910, representatives from various states met in Chicago and drafted the Uniform Workmen’s Compensation Law. This uniform law was not widely adopted, but states used it as a model to draft their own workers’ compensation statutes. Most states had such laws in place by 1920, and when Hawaii passed its statute in 1963, all fifty states had workers’ compensation laws.

Under the various workers’ compensation systems, insurance is purchased or provided by employers through individual insurance companies, funds, or self-insurance plans to provide the worker with the indemnity and medical benefits required by the laws or acts of the various states or provinces.

The Jones Act, Harbor workers’, Longshoremen’s Act and the Federal Workers’ Compensation act are all under governmental regulation and administration, but the purpose of these laws are all the same, to compensate the injured worker for loss of wages and medical benefits. All are meant to be self-executing and are constantly changing, but they are still there, protecting not only the worker but the employer as well, and have been for many years.

THE OHIO EXPERIENCE WITH WORKERS’ COMPENSATION

Ohio’s workers’ compensation system is made up of two parts: BWC, which is the administrative and insurance arm of the system, and the Industrial Commission of Ohio (IC), which is the claims adjudicative arm. Since 1913, the Ohio Bureau of Workers’ Compensation (BWC) has benefited employers and employees by providing medical and compensation benefits for work-related injuries, diseases and deaths.

Today, BWC has a central office in Columbus, Ohio and 14 customer service offices located across the state.
BWC provides insurance to about two-thirds of Ohio’s work force. The remaining workers receive coverage directly through their employers. These companies are part of a self-insurance program for large and financially stable employers who meet strict qualifications set by BWC.

The BWC has the largest exclusive state fund in the nation with a value of more than $17.7 billion. We are the second largest underwriters of workers’ compensation insurance in the country. The BWC receives more than 300,000 claims a year and pays more than $1.7 billion in benefits, annually.

Their mission is to protect Ohio’s workers and employers through the prevention, care and management of workplace injuries and illnesses at fair rates.

Prevention and Care are the two main goals of the BWC:
- Prevent on-the-job injuries and occupational illnesses.
- Care for injured workers, so they can return to their jobs and lives as quickly as possible.

Together, prevention and care help reduce costs and lower premiums for employers. This allows businesses to thrive. Most importantly, it keeps Ohio’s workers healthy and safe in the workplace. To access their website, go to https://www.bwc.ohio.gov/Default.aspx.

The second half of Ohio’s workers’ compensation system involves the Ohio Industrial Commission (IC) which hears and decides contested workers’ compensation claims and issues. The governor appoints the three-member commission and the Ohio Senate confirms those appointments. One member represents labor, one represents employers, and one represents the public.

The IC of Ohio conducts over 150,000 hearings annually and most of these hearings take place within 45 days of the original claim appeal.

What does that mean to you? It means you can expect great customer service as we provide a forum for appealing Ohio Bureau of Workers’ Compensation (BWC) and self-insured employer decisions.

Hearings on disputed claims are conducted at three levels within the Commission: the district level, the staff level, and the Commission level. While BWC is responsible for collecting workers’ compensation insurance premiums, overseeing the insurance system, and paying out compensable claims, the IC is responsible for:
- Providing a forum for fair and impartial claims resolution.
- Conducting hearings on disputed claims.
- Adjudicating claims involving an employer’s violation of specific safety requirements.
- Determining eligibility for permanent total disability benefits.

The IC’s independence from BWC allows it to more fairly adjudicate disputes over those benefits. More can be learned from visiting their website at http://www.ic.ohio.gov/news/newsinfo.html.

On the website you may also locate a service office, view recent news updates, report fraud, and review your rights and responsibilities. Ohio has consistently adapted to changing times, and this adaptation has put Ohio in the forefront of prevention and care when it comes to the nations’ workers’ compensation systems.

Better outcomes for Ohio injured workers and employers in 2013 was due to a new claims-management process called claims triage, which transformed BWC’s claims teams from generalists to specialists. Claims teams now focus on each unique phase of a claim – intake and initial claims determination, return to work and remain at work. This model helps BWC achieve its top claims goal: to create positive outcomes by ensuring injured workers receive the proper care in a timely manner so they can return to work and get on with their lives.

With the claims triage process, BWC’s team of specialists’ partner with an employer’s managed care organization (MCO) to streamline the claims process. This focused collaboration between BWC specialists and MCOs ensures that both quickly address obstacles to an injured worker’s safe and effective return to work.

Anyone who suffers a work-related injury in Ohio deserves to be treated fairly by BWC employees and to promptly receive the benefits to which he or she is entitled. BWC believes every employee injured at work should receive appropriate and coordinated care with a goal of returning to work and quality of life.

As an injured worker in Ohio, you have the right:
- To workers’ compensation benefits if you sustain a work-related injury or contract an occupational disease;
- To quick access to high-quality health care from any BWC-certified health-care provider you choose;
- To have your approved medical bills paid and not to be billed an additional amount;
- To expect prompt, professional and courteous customer service from all BWC employees;
- To access your records either in person or online;
- To receive timely payments for the allowed conditions in your claim;
- To be considered for all benefits and rehabilitation services for which you may be eligible;
The following section will provide detailed information on how to submit a claim, who can submit the claim, who can view the claim along with the associated records, and how long it takes to process a claim, along with a variety of other information.

Information for injured workers (employees)

If I become injured, how do I file a claim?
An injured worker can file a claim by manually completing the First Report of Injury (FROI) and mailing it to any BWC service of
Most Ohio workers’ compensation claims are filed by the managed care organization (MCO) after being notified of the work-related injury or occupational disease by the health-care provider or the employer.

If you have been treated for a work-related injury, a claim may have been filed for you already. To check this you may contact BWC.

What is an occupational disease?
An occupational disease is a disease peculiar to a particular industrial process to which an employee is not generally subjected or exposed and is contracted in the course of employment. Occupational diseases are generally contracted in the course of and arising out of employment, usually occurring over a period of time. An example of an occupational disease is asbestosis.

Is there a statute of limitations for filing an occupational disease claim?
Yes. Per ORC 4123.85, an occupational disease claim must be filed according to the following guidelines:

- (2) Two years after the disability due to the disease began (i.e., date of disability - see below);
- (6) Six months after the date of diagnosis by a physician;
- (2) Two years after a death due to the disease.

Date of disability due to occupational disease begins on the most recent of the following dates:
- When the injured worker first became aware of the disease through medical diagnosis;
- When the injured worker was first treated for the disease;
- When the injured worker first quit work due to the disease.

How long does it take to process a claim?
Immediately after receiving the First Report of Injury, BWC begins the process of gathering information and investigating the claim. A decision will be made to allow or deny the claim within 28 days.

Who can file a claim with the Bureau of Workers Compensation (BWC)?
- Injured workers.
- Employers.
- Authorized Representatives and designees.

All can file claims with the BWC. MCO’s and medical providers can also file online. Just look up claim information using your social security number.

Can anyone else look up my claims information with my SSN?
Injured worker representatives and designees, employers, their designees and their representatives, as well as medical providers can enter a Social Security number and view the claims that are associated with that number. However, they will be limited to viewing only the claims that they are associated with.

What information can be accessed using a Social Security number?
- The claim number.
- Injured worker name.
- Claim status.
- Benefit type.

How do I know what I am eligible for?
All injured workers with allowed workers’ compensation claims are entitled to payment of medical bills for treatment related to the injury or occupational disease. Following are five of the most common compensation benefits injured workers with allowed workers’ compensation claims may be entitled to:
- Payment of temporary total compensation for injured workers who are 100 percent disabled for a temporary period of time as a result of the injury or occupational disease.
- Payment of wage loss compensation to injured workers who are working with restrictions caused by the injury which cause a reduction in earnings or who are actively seeking but are not able to find work within their physical capabilities.
- Payment of a percentage of permanent partial disability award for residual impairment resulting from an injury or occupational disease.
- Payment of permanent total disability (PTD) compensation to injured workers who have been declared permanently and totally disabled by the Industrial Commission of Ohio. A declaration of PTD means that the injured worker is not capable of returning to the former position of employment or of engaging in any sustained remunerative employment.
- Payment of a lump sum settlement award to injured workers who have agreed with their employer to settle the workers’ compensation claim.

Who is the BWC Customer Service Specialist that is handling my claim?
The name and contact number of the BWC CSS is included on the injured worker identification card that was attached to the claim number notification letter. Or if you know your claim number you can view your claim assignment online.

How do I get my address changed?
Injured workers can change their address online by linking to claim demographics. However, due to security limitations, only an injured worker can update an address online. A designee or authorized representative does not have authorization to update an address online.

Or you can change your address by calling BWC’s customer assistance line at 1-800-OHIOBWC. Or you can complete BWC form C77-
Change of address notification and mail to:
BWC, 30 W. Spring Street, Columbus, Ohio  43215-2256 or fax the form to (877)520-6446.

What does the date of injury mean?
The date of injury refers to the date an injured worker sustained an injury, occupational disease or death in a given claim.

Can I go to any doctor I want?
The rules governing the HPP program provide that an injured worker has the right to be treated by the doctor of their choice as long as the doctor is a BWC certified provider. Note: If your employer is
How do my medical bills get paid?
Once the claim is allowed the providers (other than pharmacies) who have treated you for the work-related injury should submit their bills to the MCO. The MCO reviews and prices the bills and forwards them electronically to BWC. BWC pays the MCO who in turn disburses payment to the providers.

How do I get reimbursed for prescriptions I paid for?
If the pharmacist sent the bill information to the PBM when dispensing your prescription you do not need to do anything. You will be reimbursed once your claim is allowed. If you paid for your prescription as a “cash customer” and the bill information was not sent to the PBM, then you would need to have your pharmacist complete BWC Form C-17, Outpatient Medication Invoice. Your pharmacy will provide you with a copy of this form. You may send the completed form to the PBM to request a reimbursement.

My health insurance paid for my prescription but I had to pay a copayment. Can I be reimbursed for this?
No. Any prescriptions relating to the work injury should be submitted to the PBM. BWC cannot reimburse you for co-payments.

Is there a statute of limitations on the lifetime of my claim once it’s been filed?
The statute of limitations on a claim is determined by the date of injury, disability or death, and the claim type.
- Medical-only claims with dates of injury prior to Oct. 20, 1993, are statutorily closed six years from the date of injury.
- Medical-only claims with dates of injury from Oct. 20, 1993, to August 2006 are statutorily closed six years from the date of last payment of medical benefits.
- Lost-time claims with dates of injury prior to August 2006 are statutorily closed 10 years from the date of last payment of medical benefits or compensation, or from the date of death.
- Medical-only AND lost-time claims with dates of injury after August 2006 are statutorily closed five years from the last medical bill or compensation paid.

Will I be paid for the entire period of time I’m off work?
You will be eligible for lost time benefits if you lose more than seven days of work. Also, the first seven days are not payable until you lose 14 consecutive days. Other than these exceptions, most injured workers are usually paid for the entire period of time they are off. If an injured worker is off work for three months (90 days) a medical exam may be scheduled. Continued payment of temporary total disability will be dependent on the outcome of the independent medical exam.

How do BWC determine how much I will be paid while I am off work?
Compensation rates are based on your earnings prior to the injury taking into account the minimum and maximum rates applicable to the year you were injured. For claim specific rate inquiries contact BWC.

What if I return to work after being declared permanently and totally disabled?
As implied by the name, the expectation is that the injured worker’s inability to work is permanent. Should an injured worker who has been declared PTD return to work, the injured worker must notify BWC immediately. Benefit payments would cease at that time. Continued receipt of PTD benefits after a return to work is illegal in most cases and could subject the injured worker to prosecution for workers’ compensation fraud.

What information is needed to allow my claim?
The answer to this question will vary based on each individual claim and circumstances. The following information is usually needed to make a claim determination:
- Name and address of injured worker;
- Employer name and workers’ compensation policy number;
- Detailed accident description;
- Medical diagnosis of an injury;
- Medical documentation to support the relationship of the treatment to the work-related injury or occupational disease;
- Information regarding disability.

Who is responsible to obtain the needed information to allow my claim?
The MCO serves as the link between BWC and the health-care provider in obtaining and sending in medical information. However, BWC will accept information from any source, whether it’s the injured worker, a legal representative, a health-care provider or the employer.

Why would my claim be disallowed?
The answer to this question will vary based on the individual circumstances in the claim. If a claim is denied, it is often because of a lack of information. BWC has 28 days to issue a decision. If the information received at that time is not sufficient to allow the claim, then the claim will be disallowed. The specific reason for the disallowance should be documented on the BWC order. If you need assistance understanding the order you may contact BWC.

How do I file an appeal?
Once you receive the BWC order, you have 14 days to file an appeal if you disagree with the decision. You can file the appeal online through the Industrial Commission Online Network (I.C.O.N.). Just follow the instructions. You also can file the appeal in writing. Download and print the Notice of Appeal (IC-12), fill it out and send it to any Industrial Commission service office. In addition, the form is available from any IC or BWC customer service office, or by calling 1-800-OHIOBWC and following the options. Once the IC receives your appeal, the IC will notify you of the time, date and location of your hearing.

What is a waiver?
A waiver allows the appeal period to be cancelled and any benefits payable as a result of the order can be immediately approved.

Information for employers

Do I need to have a workers’ compensation policy?
If you have any employees, you must have an active workers’ compensation policy to insure coverage for those employees against a workplace injury. ORC 4123.01 details the requirements for workers compensation coverage for Ohio employers.

What if I own my own business, do I still need coverage?
Owners of sole proprietorships, partners in a partnership and individuals incorporated as a corporation (with no employees) are not considered employees and have the option whether or not to cover themselves.

What are the pros and cons of sole proprietors, partners, individuals incorporated as a corporation (with no employees) or family farm corporate officers electing to cover themselves?
The benefit of elective supplemental coverage is that sole proprietors, partners, individuals incorporated as a corporation (with no employees) or family farm corporate officers can report a work injury against their policy and upon BWC approval of the claim, medical bills and lost time wages can be paid. The liability of elective coverage is that sole proprietors, partners, individuals incorporated as a corporation (with no employees) or family farm corporate officers must report their wages to BWC and pay the appropriate premiums on their net income.

If I incorporate my business will I have to get workers’ compensation coverage?
All employees including corporate officers, except for individuals incorporated as a corporation with no employees or family farm corporate officers, are considered employees and must have an active workers’ compensation policy covering them.

How do I apply for workers’ compensation coverage?
The Application for Ohio Workers Compensation Coverage U-3 is available to complete and submit online or it can be printed and mailed in to BWC. A $10 deposit is required.

**What benefits are provided by workers’ compensation coverage?**

After a claim for a work injury is allowed, the policy will cover payment of medical bills, compensation for lost wages, permanent disability and settlements. To learn more about additional benefits that may be available to injured workers, check on the BWC website under “compensation types.”

**Do I have to cover an employee if he only works a short time?**

Yes. All employees must be covered.

**Can volunteers be covered?**

Coverage is not available for individuals who volunteer for private employers including non-profit organizations. However, public employers such as villages, townships etc., are required to obtain coverage for volunteers who provide emergency services.

**Can I establish coverage online and obtain a certificate of coverage?**

Yes, you can establish coverage by completing your application online. You can obtain a certificate of premium payment and it can be downloaded and printed if the entire premium payment is made online using Quick Pay.

Or you can fax your application if you are paying by credit card and BWC can establish your coverage the same day your application is received. Certificates can be faxed upon request. Same day coverage can also be obtained by personally applying at one of BWC’s customer service offices.

**What happens when I acquire or purchase an existing business?**

First, you are responsible for notifying BWC of the succession by completing and submitting Notification of Acquisition/Merger or Purchase/Sale (U-118). For successions taking place on or after Sept. 1, 2006, BWC transfers any and all existing and future liabilities or credits of the former (predecessor) employer as well as the experience rating when a new employer (successor) wholly succeeds another employer in the operation of a business. More information is available online.

**What is a managed care organization (MCO)?**

A managed care organization (MCO) is a private company that an employer contracts to medically manage the workers compensation claims for injured employees. MCOs are an integral part of the Health Partnership Program in Ohio.

**Do I have to have an MCO?**

Yes. Employers are required to select an MCO. Employers who do not select may have an MCO randomly assigned to them.

**What should I do if one of my employees is injured on the job?**

Advise the employee to seek medical attention. Contact your MCO to report the injury. If you would like to file your employee’s claim with BWC directly, you may file online.

**What does benefit type mean?**

Benefit type indicates the type of claim. Benefit types can be one of the following:

- Medical-Only (MO) - a claim filed when seven or fewer calendar days are lost from the job due to an industrial injury or occupational disease.
- Lost-Time (LT) - a claim filed when eight or more calendar days are lost from the job due to an industrial injury or occupational disease; the days need not be consecutive.
- Rehab medical-only (RM) - a claim filed because of an injury while participating in a BWC approved rehabilitation program when seven or fewer calendar days are lost from the job due to that rehabilitation injury.
- Rehab lost-time (RL) - a claim filed because of an injury while participating in a BWC approved rehabilitation program when eight or more calendar days are lost from the job due to that rehabilitation injury.

**Can employers look up claims using a social security number?**

Employers, their designees, and their representatives will be able to enter a social security number and view the claims that are associated with that number. However, they will be limited to viewing only the claims that are associated with their policy number.

**What information can be accessed using a social security number?**

- The claim number.
- Injured worker name.
- Claim status, benefit type.
- Employer policy number.
- Employer name.
- MCO.
- Date of injury.

A user can link to additional information specific to a particular claim from the window.

**Can employers view a list of all their claims?**

Yes, employers can access a list of all of the claims associated with their policy number. They will be able to sort the list according to date of injury, claim status, and benefit type.

**Can employers certify or reject claims online?**

Yes, employers, their representatives and their designees can certify or reject claims in a new, pending or allowed appeal status online.

**What does it mean if an employer certifies a claim?**

By certifying a claim the employer is stating that they are in agreement that the facts reported are correct and valid to the best of their knowledge.

**If an employer certifies a claim, does that mean that the claim will be allowed?**

Certification does not mean that BWC will grant the allowance of a claim, just as rejection does not mean that BWC will deny a claim. BWC will conduct an investigation and determine whether the claim should be allowed or denied, regardless of the employer certification.

**If BWC makes the claim determination, why do they need employer certification?**

Certification can expedite the payment of lost wages for the injured worker off work due to a work related injury or illness. If the employer certifies the claim, payment of lost wages may be made immediately upon issuance of the BWC Claim Allowance Order. Without the employer certification, payment will be held for an appeal period.

**What if an employer does not want to certify a claim?**

If an employer does not agree with the allowance of a claim they should check off the box marked “rejection.” They should also include a short explanation as to why they are not in agreement with the allowance of the claim.

**What does fund type mean?**

The fund type displays where the payments issued in a claim come from. Fund types are as follows:

- OSIF - State Fund.
- PE - Public Employer.
- SI - Self-Insured.
- BL - Black Lung.
- MF - Marine Fund.
- APP – Apprentice.
- CD - Civil Defense.
- CDF - Contract Coverage.
- ONG - Ohio National Guard.
- PWRE - Public Worker Relief Employee.

**What does coverage type mean?**

Coverage type indicates the status of employer’s policy at the time that the claim was filed. Coverage types are as follows:
● Covered - policy that had coverage at the time of injury as a result of timely payment of premiums.
● No coverage - Period of no coverage when an employer fails to pay premiums timely.
● No record - BWC shows there was no record of coverage for this employer.
● Bankrupt - An account status showing that the employer’s business is bankrupt.

What can medical providers view?
Providers cannot view correspondence or notes on any claim, but they can view exam information on any claim.

How much does workers’ compensation coverage cost?
Workers’ compensation rates are based on the industrial pursuit of the employer. The gross wages of the employees being insured are multiplied by the rate to calculate the premium to be paid. The object of the classification system is to assign the one basic manual classification that best describes the business. It is the business of the employer that is classified, not the separate employments, occupations or operations within the business. BWC assigns a unique rate to each classification and adjusts the rates every year.

Classifications are divided into two types – basic classifications and standard exceptions. Basic classifications describe your company’s business. Standard exceptions are the classifications for employees that are common to most businesses and are available to all employers with certain exceptions.

How often are premiums due?
Premiums are due every six months. The payroll report for the first 6 months of the year is sent to the employer in July. The payroll report and premium payment are due August 31. The payroll report for the second 6 months of the year is sent to the employer in January of the following year. This payroll report and premium payment is due February 28 (or 29).

What’s the difference between the money I sent as a deposit and the money I send in with my payroll report?
BWC holds the deposit on account for as long as the employer has coverage. When the employer notifies BWC to cancel the policy, the deposit is returned to the employer less any monies due BWC at the time of cancellation. The premium payment sent in with the payroll report provides coverage for the time period specified on the certificate of premium payment and is used by BWC to pay benefits.

Can I apply my deposit to premiums due?
No. BWC will not apply the employer’s deposit to premiums due to keep the employers account active. If an employer notifies BWC of their desire to cancel coverage, premiums due at that time will be deducted from the deposit prior to any refund being made.

Information for self-insured employers

Can self-insuring employers report paid compensation online?
Self-insuring employers can report their paid compensation online. The SI-40 is now available for online completion.

Are self-insuring employers now required to report paid compensation online?
Yes, per Ohio Administrative Code 4123-19-03 (J), all employers granted the privilege of self-insurance shall annually report paid compensation electronically via this website.

Is the initial $10.00 all I have to pay for my deposit?
No, BWC will calculate the balance of the premium security deposit based on information supplied on the coverage application. This balance will then be billed.

How long after I send in my 6-month payroll report with premium payment should I receive my certificate?
The certificate is mailed to the employer approximately 10 days after the premium payment is received. Employers can also access the Certificate of coverage reprint to see if the most current Certificate of Premium Payment is available to print online.

What period of time does the certificate of premium payment cover?
For private employers the certificate covers eight months, including the next six-month reporting period and a two-month grace period for filing.

For public employer counties (PECs), the certificate covers the next annual reporting period e.g., 12 months, through the initial May premium due date (May 15).

What if my premium is late?
If the premium is not received by the due date, the policy will automatically lapse. A lapse notice will be sent out. If the employer does not respond, BWC will estimate the balance due, assess penalties and bill the employer.

Can I pay my premiums in installments?
An employer can apply for a premium payment plan. Online there are step by step instructions, just download the “extended payment plan” document.

How can I find out the manual classifications and rates for my company?
This information is available through BWC’s automated voice response line. Call 1-800-OHIOBWC, and follow the options. Or, you may contact BWC and speak with an employer services customer representative.

Can any employer obtain a certificate of coverage online?
No, only those employers with active, reinstated, debtor in possession (DIP) can obtain a certificate online. Also these employers can only obtain a certificate if the appropriate premium is paid via Quick Pay.

Once a Certificate of Premium Payment has been issued, private employers can reprint the most current one as long as the policy coverage status is active, reinstated or DIP.
Information for medical providers

How long does it take for BWC to determine the status of a claim?
After receiving the First Report of Injury (FROI), BWC notifies the injured worker, employer and their authorized representatives that a claim has been filed. Within 28 days of this notice, BWC is legally required to determine the claim. However, BWC makes every effort to render a decision on the claim in advance of this time frame, which has resulted in average claim determination times of 11.1 days from the date the claim is received, and 7.8 days from the date the claim is assigned to a claims service specialist (CSS). Meeting our legal obligations and customer expectations depends on how quickly we receive all evidence related to the claim, particularly medical documentation. Providers assist with meeting these goals by submitting medical information to the injured worker’s managed care organization (MCO) when either submitting the FROI, or shortly thereafter.

How long does it take to receive a claim number?
After receiving a first report of injury (FROI), the MCO electronically transmits the information about the injury to BWC’s system. Upon receiving that initial notification from an MCO, the BWC automatically assigns a claim number to the reported injury. If claim is filed online, they will immediately receive a claim number.

Ohio laws in relation to workers’ compensation

Workers’ Compensation rules can be found in the Ohio Revised Code (ORC) and the Ohio Administrative Code under various chapters. For example, ORC 4123.35 requires employers with one or more employees to obtain workers’ compensation coverage or be granted the privilege of self-insurance for liabilities associated with work-related accidents or occupational diseases.

Another important rule is that employers may not exclude employees from workers’ compensation benefits based on age, citizenship, gender, race or relationship. According to ORC 4123.01, employees receive pay from employers for services performed when the relationship between the employer and employee is created by a contract of hire - written, oral, expressed or implied.

ORC 4123.01 also requires independent contractors and subcontractors to carry workers’ compensation insurance for their employees.

Workers’ compensation coverage is optional for ministers, officers of family farm corporations, and sole proprietors and partners.

To view these in detail, visit the BWC’s website at http://www.bwc.ohio.gov/

In conclusion

Workers’ compensation is a form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee’s right to sue his or her employer. These laws also provide benefits for dependents of those workers who are killed because of work-related accidents or illnesses. Some laws also protect employers and fellow workers by limiting the amount an injured employee can recover from an employer and by eliminating the liability of co-workers in most accidents. Each state has implemented state statutes to establish the framework. Federal statutes are limited to federal employees or those workers employed in some significant aspect of interstate commerce.

In the vast majority of states, workers’ compensation is solely provided by private insurance companies, and some operate a state fund.

Ohio has the largest exclusive state fund in the nation with approximately 1 million open claims, funded by assets totaling approximately $28 billion. Since 1912, Ohio’s workers’ compensation system has helped employers and employees cope with workplace injuries by providing medical and compensation benefits for work-related injuries, diseases and deaths. BWC provides insurance to about two-thirds of Ohio’s workforce. The remaining workers receive coverage directly through their employers. These companies are part of a self-insurance program for large and financially stable employers who meet strict qualifications set by BWC.

The Bureau of Workers’ Compensation of Ohio has a mission to protect injured workers and employers from loss as a result of workplace accidents, and to enhance the general health and well-being of Ohioans and the Ohio economy.

References

25. Workers’ compensation laws provide money and _____ benefits to an employee who is harmed as a result of an accident, an injury or occupational disease on-the-job.
   a. Transportation.
   b. Annuities.
   c. Medical
   d. Physical.

26. Most states had such laws in place by 1920, and when Hawaii passed its statute in 1963, _____ states had workers’ compensation laws.
   a. Only 45%.
   b. Two.
   c. Twenty.
   d. All fifty.

27. What does the date of injury mean?
   a. Date the injured worker reported it to the employer.
   b. Date the injured worker received the injury.
   c. Date the medical provider witnessed the injury.
   d. Date of recovery from injury.

28. Compensation rates are based on your _____ prior to the injury, taking into account the minimum and maximum rates applicable to the year injured.
   a. Income taxes.
   b. Hours worked.
   c. Withholding.
   d. Earnings.

29. A claim filed when eight or more calendar days are lost from the job due to an industrial injury or occupational disease, in which the days need not be consecutive, is called a ________ claim.
   a. Medical-only (MO).
   b. Rehab-lost time (RL).
   c. Rehab medical-only (RM)
   d. Lost time. (LT)

30. Under Ohio law, by filing a workers’ compensation claim, the ________ authorizes the release of all information related to the claim to BWC, MCO, or any of claim’s parties.
   a. State.
   b. Governor.
   c. Employer
   d. Injured worker.
Chapter 6: Human Trafficking in Ohio: Foreign and Domestic Victims

1 CE Hour

By: Staff Writer

Learning objectives

After the participant completes this course, they will be able to:

• Explain the difference between Human Trafficking and Human Smuggling.
• List and describe five “push” and “pull” factors that contribute to Human Trafficking in Ohio.
• Identify at least three reasons why Ohio has a high number of Human Trafficking victims.
• Discuss the factors that make children vulnerable to sexual exploitation and trafficking.
• Describe the elements used in the AMP model to determine if human trafficking exists.
• Discuss three types of prevention programs that are used in Ohio to address Human Trafficking.
• Describe the primary resource used in Ohio for information, rescue, and support to address Human Trafficking.
• Identify three national resources for information, rescue and support to address Human Trafficking.

Introduction

Human trafficking is a form of modern slavery where other people profit from the exploitation and control of fellow human beings. Victims of human trafficking are forced, coerced and defrauded into this type of slavery. Criminals, who are involved in trafficking other human beings, prey upon those already at risk in our society, often our children.

In fact, a preliminary report on the scope of the problem in Ohio cited 13 years old as the most common age in Ohio for youth to become victims of child sex trafficking. From the study’s sample of 207 individuals, 49 percent were under 18 when they were first trafficked. Nationally, over 100,000 children are thought to be involved in the sex trade. There is no official number of victims in the U.S., but with the 100,000 children estimated to be in the sex trade, the total numbers must reach into the hundreds of thousands.

The Polaris Project, an organization fighting human trafficking in the U.S., ranked the state of Ohio in the top tier of states in preventing and policing human trafficking in the nation. Ohio has passed landmark legislation to address this problem. Ohio’s Human Trafficking Commission helped pass House Bill 262, the Safe Harbor Law which increases the penalties for traffickers and improves care for victims.

According to data from the FBI and the National Center for Missing and Exploited Children, Toledo is third in the nation for the largest human trafficking recruitment cites, though rankings vary slightly among state and national agencies.

Two main reasons have been identified as the determining factors for Ohio’s human trafficking numbers. The first reason is that Ohio has large urban and rural counties with a high number of transient and immigrant populations. These factors present obstacles to customs and law enforcement officials working to uncover and stop trafficking operations.

The second reason is the proximity to the Canadian border and Ohio’s five major highways to transport victims across state lines and the border. On June 27, 2012, Governor John Kasich signed the new Ohio Human Trafficking Law, House Bill 262 that became law on September 26, 2012. Details of the law will be discussed in subsequent sections.

Prevalence

The International Labor Organization, an agency of the United Nations, estimates there are over 20.9 victims of human trafficking globally, including 5.5 million children, and 55 percent are women and girls. The International Labor Organization also estimates that forced labor and human trafficking is a $150 billion industry worldwide.

In 2010, the previous Ohio Attorney General Richard Cordray directed the Trafficking in Persons Research and Analysis Sub-Committee to work to build a better understanding of the scope of the problem of human trafficking in Ohio. The sub-committee conducted several studies and gathered relevant data to provide recommendations and solutions to the trafficking problem here in Ohio. The reports provided an overview of the research and estimates of the numbers of individuals who are being trafficked, as well as the number at risk of falling victim to human trafficking in Ohio.

This team developed a model designed to provide estimates of those foreign-born populations that are at risk for human trafficking and those that are trafficked in Ohio. An estimated 4,000 foreign-born persons in Ohio may be at risk for both labor and/or sex trafficking, and an estimated 800 of those could be trafficked into the labor or sex trade in Ohio. The research team also identified an estimated 3,000 American-born youth ages 12 to 17.

The report determined the factors that draw traffickers and victims to Ohio which are called “pull” factors which include the following:

• Existing markets for human trafficking.
• Demand for sexual and labor services in Ohio and nearby states.
• The sizable population of foreign-born persons in Ohio.
• High numbers of children ages 12 to 17 who are at risk for child sex trafficking and have become victims in the sex trade include runaways, throwaways, homeless youth, and those at high risk because of other factors that make them vulnerable.
• Ohio’s history of inconsistent response to trafficking victims.
• Evidence that first responders to human trafficking in Ohio lacked sufficient training in human trafficking.
• Customers who purchased youth remain previously received minimal charges and rarely were prosecuted in Ohio while traffickers received minimal consequences.
Attorney General, Mike DeWine continues to increase attention to the issue of human trafficking while taking these factors into account. The Safe Harbor Law was introduced in 2012, which increases penalties for adults who profit from underage prostitution and gives teenaged victims and survivors a chance to avoid a conviction and turn their lives around. The law makes a human-trafficking charge a first-degree felony — an increase from a second-degree felony — with a mandatory prison term of at least 10 years. It also requires convicted human traffickers to register as sex offenders.

The law allows victims to sue those who coerced and forced them into selling themselves and allows police to confiscate traffickers’ assets to fund victims’ services. In addition, the act requires training for police officers in how to spot human trafficking and funds the creation of a poster advertising the human trafficking hot line.

**Human trafficking defined**

Human trafficking is a crime against a person brought into the country by force, fraud, or coercion and is the second-largest illegal enterprise in the world. The Trafficking Victims Protection Act (TVPA) was passed by Congress in 2002 addressed domestic and international victims of labor and sex trafficking in the United States. They defined human trafficking as:

1. Recruiting, harboring, transporting, supplying, or obtaining a person for labor or services using force or fraud or coercion for the purpose of involuntary servitude or slavery.

2. Sex trafficking where a commercial sex act is induced by force or fraud or coercion when person is induced to perform sex acts under 18 years of age. A commercial sex act is defined as any sex act where anything of value is given to or received by any person. As interpreted by the government, this means that a trafficker, profiteer, pimp, purchaser, “John,” or anyone else that receives something in exchange for sex or who harbored, provided transportation, or “provision” may be subject to federal trafficking charges.

**The A-M-P Model**

Elements of the crime of “Severe Forms” of Trafficking-in Persons

*A Conceptual Model to Understand the Federal Framework of the Crime, as defined in the Trafficking Victims Protection Act (TVPA) of 2000*

The Action-Means-Purpose (AMP) Model is a model used to illustrate and articulate the federal definition of “victim of severe forms of trafficking in persons.”

**Action + Means + Purpose = Human Trafficking**

![The A-M-P Model](image)

*Sexual Servitude of Minor: Means (entire 2nd column) not required for minors under age 18 induced into commercial sex acts.

Other related crimes include voluntary servitude, conspiracy to commit trafficking, and benefiting financially from trafficking.

Human trafficking occurs when a trafficker takes any one of the enumerated actions, and then employs the means of force, fraud or coercion for the purpose of compelling the victim to provide commercial sex acts or labor or services. At a minimum, one element from each column must be present to establish a potential situation of human trafficking. The presence of force, fraud or coercion indicates that the victim has not consented of his or her own free will.

**Guide to determine force, fraud, and/or coercion**

The chart below gives examples of the force, fraud, and coercion used against victims who may be adult men and women, children, U.S. and foreign born, rich or poor, for domestic sex trafficking within U.S. borders.

**A Condensed Guide for Service Providers and Law Enforcement**

The U.S. is currently the world’s second largest destination country for women and children trafficked into the sex industry (Mizus, Moody, Provido, and Douglas, 2003).

**Human trafficking versus smuggling**

The US Department of Homeland Security defines Human Trafficking as:

- Sex trafficking in which a commercial sex act is induced by force, fraud or coercion, or in which the person is induced to perform such an act has not attained 18 years of age.
- The recruitment, harboring, transportation, provision or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjugation to involuntary servitude, peonage, debt bondage or slavery.
  - Trafficking is exploitation-based and one or both of the conditions above may be found in human trafficking.
Human smuggling is defined as:
- The importation of people into the United States involving deliberate evasion of immigration laws. This includes bringing illegal aliens into the U.S. as well as the unlawful transportation and harboring of aliens already in the United States.

Human trafficking in Ohio

Around the world there are identified countries that are known to recruit potential victims and countries that serve as destinations for individuals seeking to purchase victims. Some countries serve as destinations and originate recruitment (Farr, 2004). The United States is a destination country for sex and labor trafficking victims. Individuals born in the United States who become victims of human trafficking may be recruited from origination cities or states and shipped to other destinations cities and states where they are forced to work or provide sex services. The Ohio Trafﬁcking in Persons Study Report found that Ohio is a destination state for international victims of labor and sex trafﬁcking. Many factors account for the numbers of foreign-born trafﬁcking victims in Ohio:
- The ability for victims to be moved easily in and out of the state.
- The growing number of legal and illegal immigrant populations to recruit victims.
- The number of markets open to foreign-born persons.
- Lack of awareness, training, and preparation for ﬁrst responders.
- The demand in Ohio for particular services that may be provided by trafﬁcking victims.
- Individual characteristics or circumstances that lead to victimization.

International trafﬁcking into Ohio often occurs along the Canadian border and Ohio’s proximity to the border allows trafﬁckers to move victims through Michigan to various markets throughout Ohio (Davis, 2006). Toronto’s International Airport has been identiﬁed as an arrival destination for victims who are trafﬁcked in Canada or moved throughout the United States (Estes & Weiner, 2005). Foreign-born populations in Ohio continue to increase and from 1990 through 2000 these populations increased 30.7%. By 2007 foreign-born population increased another 23.6% (Migration Policy Institute, 2008). This growth in minority and immigration populations in Ohio makes it easier to conceal victims of international trafﬁcking within the state (Urbina et al, 2008). Businesses throughout Ohio employ migrant labor often in poorly regulated industries seeking cheap labor such as textile sweatshops, agriculture, restaurants, construction and domestic crews (Davis, 2006). Currently there are at least 130 agricultural businesses in Ohio (Lucio, 2009).

There are many businesses in Ohio that appear legitimate but are actually fronts for human trafﬁcking in the sex trade. For example, when Asian brothels are identiﬁed by law enforcement, they are simply replaced by similar businesses such as spas, clinics, nail and massage parlors after the owner is arrested and the business shut down (Wilson & Dalton, 2007). Law enforcement reports show these businesses often have two to nine workers from ages 36 to 57 and victims often come from Thailand and South Korea. They are transported around the country from states such as Texas, New Jersey, California, Georgia, Kentucky, and Virginia (Wilson and Dalton, 2007). Law enforcement data shows highly organized networks operated much like illegal drug organizations.

Ohio passed a law in 2010 and another in 2012, which increases the charges against trafﬁckers and kidnappers to second and third degree felonies and provides more assistance to victims. It is important to recognize that there are variations in anti-trafﬁcking legislation across the country. The plight of domestic victims of sex and labor human trafﬁcking in Ohio is on the statewide policy agenda due to the number of well-documented cases in Toledo, Cleveland, Columbus and Cincinnati, Ohio.

In 2008, Toledo was number four in the nation in the number of arrests, investigations, and rescue of domestic minor sex trafﬁcking victims among U.S. cities, according to Northwest Ohio Innocence Lost Task Force (2009), and today is estimated to be number three. The city of Toledo’s population is 298,446 and Lucas County’s is 440,456.

Considering these numbers Toledo leads the nation in the number of trafﬁckers produced and the number of victims recruited into the sex trade per capita based on the U.S. Census, 2008 estimates.

Toledo has instituted a high level of law enforcement involvement and increased general understanding in the community about human trafﬁcking. The Innocence Lost Task Force led to increased federal, state and local law enforcement awareness and action.

Foreign trafﬁcking victims in Ohio

The National Human Trafﬁcking Resource Center hotline (NHTRC) and the Human Trafﬁcking Reporting System (HTRS) are the two main databases on human trafﬁcking. Ohio works closely with many federal organizations such as the FBI. Since the 2007 reports on domestic servitude and hotel exploitation, many cases of human trafﬁcking have occurred. Cincinnati, Columbus, and Cleveland, have had cases of international sex trafﬁcking. Most of the identiﬁed international trafﬁcking victims were rescued from massage parlors and brothels. Immigration Customs Enforcement identiﬁed cases of sex trafﬁcking in Cincinnati and Columbus.

The case below was provided by Central Ohio Rescue and Restore staff and identifying characteristics have been changed to protect the victim. The case of Maria span from Central America to Ohio and demonstrates the experience of a young woman who let her guard down which would cost her several years of enslavement. Her story is as follows:

Maria was a 20-year-old girl from Central America working in a taco stand when she became friends with a regular client. After several weeks of dating he said he loved her and wanted to be with her and asked if she would move in with him. As soon as she did the man’s demeanor changed and he began beating Maria and would not let her leave or speak to anyone. He started taking her to alleys and sold her for money and she was forced to stay in the house and watched continuously. For four years this continued until her trafickers decided they would make more money in the U.S. so Maria and two other girls were trafﬁcked into the U.S. from Mexico City where a van took them to New York. There they were delivered to apartments in Maryland, Washington, New York and Ohio and trafﬁcked for sex. The trafickers kept the money telling Maria it was for her housing and other expenses and beat or threatened her and the others when they did not do exactly as they were told. Luckily when a customer in Ohio learned of what was happening to Maria he helped her escape to a safe location where she currently lives fearful of the trafickers and deportation authorities.
Using the population survey of the U.S. Census Bureau, Migration Policy Institute (2012) reports there were 451,330 foreign-born residents in Ohio in 2012, which includes both legal and illegal immigrants. In a study by Clawson, Layne, and Small (2006) their research showed human trafficking origination countries to the United States. They identified “push” factors in the home countries of origin that lead vulnerable victims to human trafficking which include:

- Poor economic growth or collapse of economic systems.
- Increased war and armed conflict.
- National disasters and/or environmental degradation.
- Family violence.
- Country specific factors such as the ease of moving cross countries.
- Unemployment levels and/or inflated cost of living.

Following Clawson’s study, the Ohio subcommittee wanted to determine why trafficking victims coming from any border would be brought to Ohio and why potential victims would come to Ohio and fall victim to trafficking in the state. The subcommittee identified the “pull” factors that would attract traffickers and their victims to Ohio after they arrive in the U.S.

These factors have not been empirically tested but are used to provide a measure to build estimates. The Ohio subcommittee study determined the three most important pull factors, which include:

- The presence of markets for human trafficking.
- The demand for sexual and labor services in neighboring states in proximity to Ohio.
- The existence of sizable populations of foreign-born individuals.

The most frequently reported borders used to enter the U.S. are the Southwest and Canadian borders. In the case of Latinos, it is more likely that they are brought in to the Southwest border and travel to Ohio.

In the case of other non-Hispanic victims it is likely that they are brought in from the Canadian border. The Royal Canadian Mounted Police estimated that 600 to 800 persons are trafficked into Canada annually and that an additional 1,500 to 2,000 persons are trafficked through Canada into the United States (Canadian Press, 2004).

While the FAIR report did not list all the numbers, the Somali population in Ohio has also accounted for over 15,000, with Franklin County having the second largest Somali population in the United States, followed by Minneapolis (Community Resource Partners, 2009). The Polaris Project (2010), part of the National Human Trafficking Resource Center includes a comparison of primary sex trafficking networks in the United States and some as listed below:

- **Asian networks**
  - Often run by an older Asian female in Asian Massage Parlors (AMP).
  - Women are between the ages of 18 and 55.
  - Asian classified ads in Asian newspapers, Internet classifieds, phone directories, and word of mouth are methods used to attract customers.
  - Women who are sexually exploited in the AMPs earn $60 per hour plus tips which is given to the manager.
  - Victims must see an average of 5 to 15 men a day.
  - The “Johns” are often middle to upper class working professionals, Asian men in private networks, and some foreign businessmen.
  - Victims are often moved by Korean “taxi.”

- **Latino networks**
  - Often run by a Latino male controllers, and are known as “padres” or fathers.

- Victims are predominantly Mexican, Central and South.
- American adult women in some minors.
- Advertising methods include fake business cards distributed person-to-person, or word-of-mouth.
- The victims can earn $30 for 15 minute sex acts from an average of 20-35 men per day with the money taken by the manager.
- The Johns are often from closed networks catering to Latino males.
- The victims are transported via cargo vans and commercial buses.

**Sex trafficking of minors in Ohio**

According to the University of Toledo study in 2007, 77% of youth involved in prostitution continued to be exploited as adults. These adults also experienced many physical, psychological and social problems from living and working on the street. The problems are compounded if children and young adults are under the control of a trafficker. Victims suffer poor emotional and mental health, substance abuse, acute violence, chronic trauma, HIV and other diseases related to unprotected sex. Studies have shown that commercial sex activity is a gateway crime for women who later commit other serious criminal offenses. More than 70% of female inmates in United States prisons were first arrested for committing commercial sexual acts. One study found that for every three women in jail in the United States one was arrested for prostitution and seven out of ten women in prison for felony convictions were first arrested for prostitution (Library of Congress, 109th Congress, H. R. 2012). Those numbers do not contain data on how many of those women were trafficking victims.

In recruitment areas there is an organized prostitution network operated by traffickers who benefit from the sexual exploitation of children. Though the system is loosely connected, traffickers keep the network operating underground and local law enforcement has difficulty disrupting this activity.

The underground network includes:

- Connectors - work to develop the links in the trafficking network locations.
- Recruiters - work to bring individuals into human trafficking.
- Groomers - teach and prep victims for the sex trade.
- Traffickers- control and move individuals across state and national lines to the sex and labor markets.
- Bottom - the male or female victims of trafficking prostitution at street level who are forced to use any techniques to bring new victims into the network.
- Watchers- observe victims to be sure they perform adequately and do not escape.
- Wife in laws- all of the women who are prostituted by one pimp or trafficker.
- Trick- each sexual act for money.
- Bouncers- the body guards or enforcers who control the entrance/ exits to the trafficking sites and boarding location of the victims.
- John-a man who hires a victim for sexual exploitation.
- Security guards- those hired by traffickers to ensure the victims do not escape or the trafficking site is compromised.

Each of these roles in human trafficking operations are underground and only the trafficker knows the entire organization and each trafficker acts independently as a link in the chain of the child trafficking network. When law enforcement or social service intervention removes one link it is quickly replaced with another in the trafficking organization (Williamson and Prior, 2009).
Traffickers use many techniques to recruit children into the commercial sex trade. Grooming or “pimping” includes manipulating young girls to make their own decision to enter the sex trade, provide sex and then the money to a trafficker. One technique called “bait and switch” manipulates and entices victims with something they need or want as bait in order to attract the potential victim’s attention and build a relationship with them. Once they have a hold on the victim they switch the situation to one that provides money for the trafficker. Another violent form of recruitment is “guerrilla pimping” where a trafficker threatens the youth with physical violence and intimidation to force the victim to work in commercial sex activities.

In the most recent study, it is estimated that 1,078 Ohio children are victims of human sex trafficking every year, with thousands more who are at risk of becoming potential targets every year.

### Estimates of domestic victims

Domestic trafficking involves U.S. citizens who are trafficked for purposes of labor and/or sex and includes paying sub minimum wage, overtime violations, being forced to work “off the clock,” break violations, worker’s compensation violations, pay check disputes, illegal deductions, or retaliation. These are handled by the Department of Labor, the Employee Rights Center, and other labor advocate organizations.

Since the creation of the Human Traf

cking Reporting System over 1200 victims have been reported and 63% of those were U.S. citizens trafficked into the sex trade and 4% were labor trafficking victims. (Traf

cking in Persons Report, 2009). It is difficult to estimate the number of U.S. citizens who are victims of labor trafficking but they are older while victims of sex trafficking are usually younger.

Children involved in sex trafficking are referred to as “domestic minor sex trafficking” (DMST), and in 2009 it was estimated that 100,000 U.S. children were trafficked into the sex trade. The Department of Justice, Office of Juvenile Justice and Delinquency Prevention estimated that 38,600 of the 1.7 million runaway/throwaway children were at risk of sexual exploitation or endangerment (2006). These youth often trade sex for money, food, drugs, or a place to stay and are easy targets for commercial sexual exploitation known as “survival sex.”

Other routes to commercial child exploitation include:

- Being recruited for pornography.
- Being sold on the Internet on Craigslist.
- Working in massage parlors.
- Recruited or exploited through modeling.
- Stripping or exotic dancing.
- Dancing auditions.
- Prostitution on the streets, in truck stops, adult book stores, cat houses (prostitution houses) and conventions.
- Escort services, private parties and conventions.

U.S. adults who are victims of sex trafficking are often arrested and charged with prostitution, loitering, or solicitation. Law enforcement may spend little time determining whether these adults are victims of force, fraud, or coercion from traffickers and the victims will not tell (Schauer and Wheaton, 2006).

### Characteristics of sex trafficking networks

The Polaris Project (2010) includes the following details on domestic sex trafficking networks:

- Victims are U.S. citizens, adults and minors including some Native Americans with the average age of recruitment at 12-17 years of age.
- Johns include men of all backgrounds.
- Victims are advertised through online sex ads, Internet classifieds, local newspapers, phone directories, word-of-mouth, and text messaging.
- Victims have a nightly quota of $200–$1000 and must service an average of 7 to 15 men per day with all money taken by the pimps/traffickers.
- They are transported by individual cars and/or commercial transportation lines.
- According to the Northwest Ohio Innocence Lost Task Force, Toledo has identified hundreds of domestic child victims of sex trafficking since it began in 2006.

Ohio has been involved in almost every national investigation into domestic sex trafficking of minors since the passing of TVPA in 2000.

### Factors leading to trafficking of youth in Ohio

The National Center for Family Homelessness (2009) noted the following data:

- Estimates of 3,046 Ohio youth and their families each year are homeless.
- Another 1,157 youth who are not with their family or guardian were homeless.
- An estimated 30% of homeless but sheltered youth and 70% of homeless street youth traded sex.
- Approximately 914 unaccompanied homeless youth and 347 unaccompanied youth sold or traded sex for money, food or a place to stay.
- Youth engage in “survival sex” while homeless or a runaway.
- The social networks they are involved in may influence where and when they will trade sex. Youth who had friends involved in the sex trade were approximately five times more likely to trade sex themselves compared to those with no friends who traded sex (Tyler, 2009).
- In Toledo, 77% of the trafficked youth had been involved with child welfare at some point in their lives.
- 52% have been involved in the foster care program.

These youth fluctuated between home, the juvenile justice system, and the child welfare system (Williamson, 2009).

The following factors make youth vulnerable to trafficking:

- Family dysfunction and histories of abuse.
- Serious depression.
- Runaway experiences.
- Substance abuse.
- Reoccurring mental illness in the family.
- Lack of education or developmental delays.
- Poverty.
- Families and friends involved in prostitution.
- Communities with pre-existing prostitution markets (Ohio ranks fifth among states with the largest number of strip clubs).
- Neighborhoods with a large number of street youth or gang membership.
- Numbers of sexually unattached and transient males including military personnel, truckers, conventioneers, tourists.
- Living in communities with organized crime networks.

A University of Toledo study on trafficked youth in Lucas County, reported youth knew an average of five other youth, not known to law enforcement, engaged in the sex trade. In the underground social networks many girls know each other by their street names or nicknames.

Using these numbers as a measure, the study found there might be over 1,000 girls per year in Ohio involved in the sex trade. Girls known to be trafficked from Toledo and rescued by the task force had been involved as runaways or homeless and the majority was in juvenile court and/or child protection agencies.

According to a study of young sex trafficking victims in Toledo:

- 91% were victims of abuse.
• The majority suffering from neglect, followed by physical abuse, and sexual abuse.
  • 57% percent had been raped by someone outside of their family.
  • 29% were raped by someone inside the family.
  • 14% were raped by both.

Recognizing the signs of trafficking

How can the public know if someone is a victim of human trafficking or if this is happening in Ohio communities? There are a number of indicators of human trafficking that citizens come in contact with but go unnoticed. The United Nations developed a global initiative to fight human trafficking and developed an extensive list of indicators. According to the U.N., the presence or absence of these indicators neither proves nor disproves that human trafficking is taking place; their presence should lead to investigation.

Indicators of human trafficking

The United Nations Global Initiative to Fight Human Trafficking (GIFT) provides the most comprehensive list of human trafficking indicators. Not all the indicators below are present in all human trafficking situations. One of the most powerful weapons to combat human trafficking is to raise public awareness, and to recognize the indicators of abuse so authorities can be notified.

The presence of any of the indicators should lead to investigation and indicators are divided into six categories. This list is not exhaustive and represents only a selection of possible indicators. Also, the red flags in this list may not be present in all trafficking cases and are not cumulative. Learn more at www.traffickingresourcecenter.org.

General indicators

The list of general indicators below, lists some of these indicators, not all.

People who have been trafficked may:
• Believe they must work against their will and feel that they cannot leave.
• Be unable to leave their work environment.
• Show signs that their movements are being controlled.
• Show fear or anxiety.
• Be subjected to violence or threats of violence against themselves or loved ones.
• Suffer injuries that appear to be the result of an assault.
• Suffer injuries or impairments typical of certain jobs or control measures.
• Be distrustful of authorities.
• Be threatened with being turned into authorities.

Child indicators

Children who have been trafficked may:
• Have no access to their parents or guardians.
• Seem intimidated and behave in a way that does not correspond with typical behavior of children their age.
• Have no friends of their own age outside of work.
• Have no access to education.
• Have no time for playing.
• Live apart from other children in substandard accommodations.
• Eat apart from others in the family.
• Be given only leftovers to eat.
• Be engaged in work that is not suitable for children.
• Travel unaccompanied by adults or in groups with persons who are not relatives.

Domestic servitude indicators

People who have been trafficked for the purpose of domestic servitude may:
• Lived with the family.
• Do not eat with the rest of the family.
• Have no private space.
• Sleep in a shared or inappropriate space.
• Be reported missing by their employer even though they are still living in the employer’s house.
• Never or rarely leave the house for social reasons.
• Never leave the house without their employer.
• Be given only leftovers to eat.
• Be subjected to insults, abuse, threats of violence or sexual exploitation.

Sexual exploitation indicators

Victims may:
• Be of any age although the age may vary according to the location and the market.
• Move from one brothel to the next or work in various locations.
• Be escorted wherever they go.
• Have tattoos, brands, or other marks indicating ownership by the traffickers.
• Work long hours or have few if any days off.
• Sleep where they work.
• Live or travel in groups sometimes with others who do not speak the same language.
• Have very few items of clothing or clothes that are commonly worn for doing sex work.
• Only know how to say sex-related words.
• Have no cash of their own.
• Be unable to show identification.
• Have evidence of unprotected sex.

Labor exploitation

People who have been trafficked for the purpose of labor exploitation are typically made to work in sectors such as the following: agriculture, construction, entertainment, service industry and manufacturing, such as sweatshops.

People who have been trafficked for labor exploitation may:
• Live in groups in the same place where they work and rarely leave those premises, if at all.
• Live in degraded, unsuitable places, such as agricultural or industrial buildings.
• May be dressed inadequately for the work they do such as no protective gear or warm clothing.
• Be given only leftovers to eat.
• Have no access to earnings.
• Have no labor contract.
• Depend on their employer for work, transportation and accommodations.
• Work excessively long hours, with few or no breaks, seven days a week.

The market for boys in sexual trafficking is very strong and 95% or more of all commercial sex involves boys serving adult males. Half of the adult males’ sexual exploiting boys are married men, often with children of their own. Research of boys trafficked between the ages 12 and 17 who are gay, transgender, or confused about their sexuality are at high risk for child sex trafficking.
states that had made the most improvement in the Ohio met nine of the ten categories of laws needed, and was one of four critical to a comprehensive anti-traf

absence of 10 categories of state statutes that Polaris Project believes are

The new Ohio state human trafficking law

The Polaris Project’s annual state ratings process tracks the presence or absence of 10 categories of state statutes that Polaris Project believes are critical to a comprehensive anti-trafficking legal framework. The ratings do not assess the effectiveness or implementation of the legal, or anti-trafficking efforts of the task force, law enforcement, prosecutor, judges, service providers, and advocates in the state. The purpose of the report is to inform legislators and policy advocates and to focus the attention on the statutes that need to be enacted in order to achieve a strong anti-trafficking legal framework.

HB 262 addresses the previously unmet categories by providing additional intervention strategies and services for all victims of human trafficking, and also contains provisions specifically protecting and assisting minor victims of human trafficking.

The following list contains new provisions set forth by this law:

- The Ohio Attorney General (AG) will publish statistical tracking data annually.
- The AG and the Ohio Peace Officer Training Academy will develop training for peace officers.
- Posters will be developed providing information regarding the National Human Trafficking Resource Center Hotline and other resource information.
- The new law will authorize awards of victim compensation monies from reparation funds to minor age trafficking victims, despite prior criminal convictions or delinquency adjudications
- Money obtained from traffickers under forfeiture laws will create the Victims of Human Trafficking fund to provide services for trafficking victims.

Begging and petty crime

People who have been trafficked for the purpose of begging or committing petty crimes may:

- Have no choice of accommodation.
- Never leave the work premises without their employer.
- Be subjected to insults, abuse, threats or violence.
- Lack basic training and professional licenses.

- Be children, elderly persons or disabled migrants who tend to beg in public places and on public transport.
- Be children carrying and/or selling illicit drugs.
- Have physical impairments that appear to be the result of mutilation.
- Be children of the same nationality or ethnicity who move in large groups with only a few adults.

Intervention and prevention

Public awareness campaigns

The Trafficking in Persons Study Commission Prevention, Education and Outreach Subcommittee recommends a multiple approach to improve the knowledge of the general public, vulnerable populations and targeted professional communities. They recommend the following strategies:

- Public awareness campaigns, which would include a series of TV and radio public service announcements (PSA). The subcommittee put together Ohio PSA’s following the U.S. Department of Health and Human Services Looked Beneath the Surface campaign. These materials can be obtained from the National Human Trafficking Resource Center website http://www.traffickingresourcecenter.org/

Social media campaign

Social media strategies including a Facebook page on human trafficking, YouTube sites, and Twitter have been developed. Social media campaigns are especially effective for youth and college populations and there are a growing number of campus organizations interested in promoting these strategies. A University of Dayton study states that social networking may be the simplest, most cost effective method of reaching younger generations, as well as supplementing methods of communicating to older generations.

Anti-trafficking nonprofit organizations across the nation already recognized the importance of utilizing social media networks. These organizations use social media to send messages, information, and announcements to a variety of global audiences quickly and effectively. Social networking websites are easily created, accessed, updated and maintained at virtually no cost according to the Dayton study.

The Ohio General’s website, http://humantrafficking.ohio.gov/Resources.aspx on human trafficking, contains the Commission’s Report, online training videos, access to national, state and regional resources that offer information, expertise, speakers and public service announcements (PSA). Educational awareness resource guides can be ordered or downloaded and many of these websites and resources are included in the resource section at the end of the course.

Best practices for prevention programs include:

- Programs to educate youth on the harm and risk of pornography, prostitution, runaways, human trafficking, and risk reduction for vulnerable individuals, literacy, and the dangers of the Internet.
- Youth need training on how to avoid the traps of traffickers and gangs, and how to intervene with peers in danger and communicate that information with adults and law enforcement that can intervene.
- Work with allied prevention programs and services such as sexual and domestic violence, migrant/immigration, sex education, alcohol and drug prevention, drug courts, social services and services for dysfunctional families.
- Work with school systems, faith-based organization, human service organizations, civic, government and other innovative groups to integrate the information into existing programs and services.
- Work with national, state, and local organization to focus on teaching and changing attitudes among young men about respect and responsibility as citizens and train adult men to work with youth as role models and mentors on positive relationships with women.
- Community organizations should build relationships with law enforcement officers to coordinate more efficient and effective systems for assisting victims.
- Employees and volunteers from these organizations can present information from their perspective at John’s school sessions.
- Become involved in statewide and national anti-human trafficking organizations to learn, network, and share best practices to reduce demand, identify and assist victims.

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Polaris Project

FOR A WORLD WITHOUT SLAVERY

Ohio State Report

State Ratings 2012

RECOGNITION: “Most Improved in 2012”

In the 2012 Ohio State Ratings Report, the Polaris Project found that the Ohio met nine of the ten categories of laws needed, and was one of four states that had made the most improvement in the fight against human trafficking. The new Ohio anti-trafficking law (HB 262) that Governor John Kasich signed on June 27, 2012, helped Ohio achieve this rating. In 2013, Ohio had nine points, and again remained in the top tier of the four tiers the ratings are based upon.

HB 262 addresses the previously unmet categories by providing additional intervention strategies and services for all victims of human trafficking, and also contains provisions specifically protecting and assisting minor victims of human trafficking.
WHAT TO DO TO REPORT HUMAN TRAFFICKING

Resources and networks

Having immediate services available for trafficking survivors is critical. Because of the nature of human trafficking, the need for services may arise with short notice. Throughout Ohio, few systems of service delivery exist that are designated specifically for trafficking survivors. In communities where no designated services are present, existing service providers should be trained to understand the unique dynamics of human trafficking. The primary resource for human trafficking in Ohio can be found on Ohio’s Human Trafficking Task Force website. This site is dedicated to providing information, tools, guides, and service standards and monthly anti-trafficking updates for the state.

Ohio resources

Ohio Human Trafficking Task Force – Ohio has a dedicated human trafficking website available. Within this site there are guidance documents, provider tools, standards and laws, plus additional resources. A map of service providers and coalitions in each Ohio County is available http://www.publicsafety.ohio.gov/ht/coalition-maps.html

National resources

National Human Trafficking Resource Center

1-888-373-7888 — or

Text INFO or HELP to BeFree (233733)

In March 2013, Polaris launched a texting shortcode to help victims of human trafficking find safety. When victims text to BeFree (233733) they reach one of our call specialists, who assist them in planning their escape and/or connecting them to services in the area.

Federal Bureau of Investigation

Innocence Lost Campaign (FBI Human Trafficking Initiative)

www.fbi.gov/pi/hq/cid/civilrights/trafficking_initiatives.htm

Federal Bureau of Investigation, Investigative Programs, Crimes Against Children

http://www.fbi.gov/hq/cid/cac/crimesmain.htm

The FBI works to end human trafficking worldwide and to free its victims. Their efforts are focused on combating the exploitation of individuals who work in labor industries and who are forced into prostitution and/or slave labor

Free the Slaves

https://www.freetheslaves.net/

Free the slaves liberate slaves around the world and help them rebuild their lives. They conduct research in real-world solutions to eradicate slavery using world-class research and compelling stories from the front lines. They work to develop programs and funding to end slavery.

National Center for Missing and Exploited Children

http://www.ncmec.org

1-800-843-5678 (1-800-THE-LOST)

Provide various resources for the public, law enforcement, families, and media. They also provide resources needed to help protect children and prevent these devastating crimes committed against them.

REFERENCES


31. According to the Ohio Trafficking in Persons Study Report, Ohio was found to be a _____ state for international victims of labor and sex trafficking.
   a. Arrival.
   b. Easy.
   c. Destination.
   d. Transportation.

32. In Latino trafficking networks, victims are often transported via:
   a. Subway trains.
   b. Semi-trucks & private planes.
   c. Railroad.
   d. Cargo vans & commercial buses.

33. Trafficked youth often trade sex for money, food, drugs, or a place to stay and are easy targets for commercial sexual exploitation known as:
   a. Commercial sex.
   b. Forced behavior.
   c. Survival sex.
   d. Learned behavior.

34. One of the most powerful weapons to combat human trafficking is to:
   a. Raise public awareness.
   b. Increase law enforcement.
   c. Technology.
   d. Provide therapy.

35. People who have been trafficked for labor exploitation may have the following indicator:
   a. Live alone in desolate areas.
   b. They all own their own homes and have at least, one car.
   c. Live in groups in the same place where they work and rarely leave those premises, if at all.
   d. Living conditions are always clean, tidy, and seems as if someone rarely lives there.

36. A new provision from the anti-trafficking law enhances ________ for trafficking in persons and related obstruction of justice offenses.
   a. Funding.
   b. Criminal penalties.
   c. The procedures.
   d. The fines.
Chapter 7: LATEST TAX TIPS FOR THE COSMETOLOGY INDUSTRY

By: JoAnn Stills

Learning objectives

- Define the five (5) primary types of business structures that will determine tax and filing responsibilities.
- Define self-employment tax and how it is determined by net profit and loss.
- Differentiate between an independent contractor and an employee.
- Describe tip income responsibilities.
- Give examples as to what is reportable income.
- Explain what supporting documents are and list at least two (2) types.

INTRODUCTION

According to the US Department of Labor, many barbers, hairdressers, and cosmetologists worked part-time and nearly half were self-employed in 2012. About 27 percent of manicurists and pedicurists were self-employed, many running their own salon business. Beauty and barber business owners have choices on how they can structure their business: with workers as BOOTH RENTERS or as EMPLOYEES. At the same time, workers can choose a shop that operates with renters or employees. This course describes the different federal tax responsibilities for owners and workers depending on the choices they make.

Whether a shop owner, an employee, or a booth renter (independent contractor), a licensee needs to become familiar with their federal tax responsibilities, including how to report income and how to report tips received from customers. We will first discuss the types of business structures, employment tax definitions and obligations, then review IRS worker classifications, the significance of self-employment tax, and finally the importance of documenting and maintaining records. We will also review how business assets, deductions, and expenses contribute to the reduction of tax owed and may even help provide for a refund. Without accurate records for your business, you expose yourself to the risk of underpaying taxes and subjecting yourself to burdensome penalties and interest. Accurate records can prevent this.

Even if not a business owner, licensing professionals may either choose to rent a booth as an independent contractor, or to work for a business owner as an employee. Both have tax implications to be understood.

BUSINESS STRUCTURES

When starting a business, a person must decide what form of business entity to establish. This business entity determines which income tax return form to file. Whether someone is a licensing professional who owns their own business or an employee working for a salon or spa, the type of business structure will determine the tax and filing responsibilities.

The most common forms of business and the names we hear most often are:
- Sole proprietorship.
- Partnership.
- Corporation.
- S Corporation.
- A Limited Liability Company (LLC) is a relatively new business structure allowed by state statute. An LLC is designed to provide the limited liability features of a corporation and the tax efficiencies and operational flexibility of a partnership.

Sole proprietorship
A sole proprietorship is the most basic type of business to establish. One person, alone, owns the company and is responsible for its assets and liabilities.

Partnerships
A partnership must file an annual information return to report the income, deductions, gains, losses, etc., from its operations, but it does not pay income tax. Instead, it “passes through” any profits or losses to its partners. Each partner includes his or her share of the partnership’s income or loss on his or her tax return.

Corporation
Corporations are treated by the law as legal entities; that is, the corporation has a life separate from its owners and has rights and duties of its own. The owners of a corporation are known as stockholders or shareholders, and, it may be worth noting, one person can be the sole shareholder of a corporation. For the purpose of federal income tax, corporations include associations, joint stock companies, and trusts as well as partnerships that actually operate as associations or corporations.

S corporation
An S corporation is a small business corporation whose shareholders elect to have corporate income taxed like a partnership. Partnerships are taxed once. Corporations are taxed at the corporate level; then, when the income is distributed as dividends, it is taxed again at the shareholder level. An S corporation has the combined advantages and disadvantages of partnerships and regular corporations.

Limited Liability Corporation (LLC)
LLCs are popular because owners have limited personal liability for the debts and actions of the LLC, without many of the formalities of a corporation. Other features of LLCs are more like a partnership, providing management flexibility and the benefit of flow-through taxation. For federal incomes tax purposes, an LLC may be treated as a sole proprietorship, a partnership, or a corporation.

FEDERAL TAX RESPONSIBILITIES - FORMS W-2, W-4 AND 1099

Federal tax liability is based upon a person’s worker classification. The tax system is a pay-as-you-go system. An employee receives a Form W-2, Wage and Tax Statement, from each employer they have worked for during the year. These forms are issued in January of the following year. Form W-2 combines all wages and reported tips, and shows the amount of federal taxes withheld and paid throughout the year.

The amount of tax withheld is based upon how the W-4, Employee’s Withholding Allowance Certificate is completed when becoming
employed. Tax withheld may differ depending upon the filing status chosen and the number of allowances claimed. When filing a federal income tax return, a person should report the income shown on each Form W-2 received from an employer (if employed with more than one employer, annually). If all of their tips are not reported to the employer during the year, the person may be required to pay additional income tax, such as Social Security and Medicare taxes, on any unreported tips when filing their federal income tax return. A penalty for underpaying required taxes during the year may be assessed.

If you are self-employed, you are responsible for filing and paying all of your own taxes, which include both federal income and self-employment taxes. Federal income tax is the tax calculated on the net (or adjusted gross) income, after all deductions have been taken. Self-employment tax is comprised of 100 percent of your Social Security and Medicare taxes.

NOTE: It is possible to not owe any federal tax but still owe self-employment tax.

### Work classifications applicable to the cosmetology industry

We have discussed types of business structures such as a partnership, proprietorship, and corporation, etc. Now let us apply this information more specifically to the cosmetology industry. Let’s start by defining each IRS worker classification.

#### Employer

It is critical for a business owner to correctly determine whether the individuals providing services are employees or independent contractors. Generally, an employer must withhold income taxes, withhold and pay Social Security and Medicare taxes, and pay unemployment tax on wages paid to an employee. You do not generally have to withhold or pay any taxes on payments to independent contractors.

It is important to remember that as the employer you do not have to control the worker all of the time, you simply have to have the right to control. The following questions are helpful in determining if someone is an employee or an independent contractor:
- As the owner, do you establish the hours the shop is open?
- Who makes the determination regarding who works specific shifts?
- Do the workers purchase their own supplies with their own money?
- Who determines the prices charged to customers?
- Do the workers each set their own appointments?
- Who is responsible for expenses, such as insurance, advertising, etc.?

These questions are not all inclusive, but they will provide insight as to whether you are their employer. If you give extensive instructions as to how, when, or where to do the work and where to purchase the supplies, then more than likely you are the employer and the worker is your employee. For additional information, see Publication 1779, Requirements to Determine Independent Contractor or Employee Status.

#### Employee

It is also important for a licensing professional to know their work classification and tax obligations. Simply stated, an employee is an individual who works at the control and direction of another. Under common-law rules, anyone who performs services for an organization is an employee if the employer can control what will be done and how it will be done. This is so even when an employer gives the employee freedom of action. What matters is that the employer has the right to control the details of how the services are performed.

**Example:**
Donna Lee is an esthetician employed on a part-time basis by Bob’s Blue Nails, a full service salon. She works 4 days a week at varied times and days. She is also responsible for purchasing supplies but her manager has to approve the order. Because of her extensive experience, she requires only minimal supervision in conducting her duties in all phases of her work. She is paid a weekly hourly rate and a percent of the tips when she works. Bob also pays the cost of health insurance and group-term life insurance for Donna.

If you are self-employed, you may be required to make quarterly estimated tax payments based upon your net income and any self-employment taxes. For help in calculating your estimated payment amounts, refer to Publication 505, Tax Withholding and Estimated Tax.

Form 1099-MISC is required to be issued to any person (not a corporation) to whom an employer has paid $600 dollars or more during the year, and who is not an employee, such as an independent contractor. If a person has received $600 or more from one person for services they provided, they should also receive Form 1099-MISC. Even if a person does not receive the 1099-MISC form but have received the income, they are still required to report that income on their federal tax return.

From recent research, half of the licensees in the cosmetology industry are self-employed. It is important to understand how the IRS classifies being self-employed. We reviewed the different types of business structures earlier, and now these will come back into play as we discuss the tax obligations and classifications of self-employment.

#### Independent contractor (booth renter)

The general rule here is that an individual is an independent contractor if the payer has the right to control or direct only the result of the work and not what will be done and how it will be done. An independent contractor is self-employed. An employer does not generally have to withhold or pay over any federal taxes on payments to independent contractors.

If you are not an employee of a business, then you will fall under the category of independent contractor which means you are “self-employed.” Owners of salons will also fall under this classification under certain applicable conditions, such as being a sole proprietor or a partner in a trade or business, as explained earlier.

Independent contractors may provide their services at several different locations. They are always in control of their hours, the fees they charge, and the products they use. They are self-employed.

**Example:**
Christina is a manicurist and esthetician who has a business contract with two large salons where she provides her services. In her contracts, she is provided with a workstation for which she pays $450 per month to each salon. She keeps her own appointment book and sets her own hours of operation at her convenience. She also provides her own tools, nail polish supplies, and makeup. Bonnie handles her own monetary receipts from customers and is responsible for filing and paying tax on her income and tips. Bonnie does not receive a Form W-2 from the salon because she is an independent contractor (self-employed).

#### Booth renter

A booth renter as defined by the Internal Revenue Service (IRS) is someone who is not an employee of a salon or barbershop and are always considered self-employed. A booth renter is someone who leases space from an existing business and operates their own business as an independent contractor. As a booth renter, or independent contractor, you are responsible for your own record-keeping and timely filing of returns and payments of taxes related to your business.

Indications that you are an independent contractor include, but are not limited to:
- Having a key to the establishment.
- Setting your own hours.
- Purchasing your own products.
● Having your own phone number and business name.
● Determining the prices to be charged.

If the above factors are present, then as an independent contractor you would be responsible for your federal taxes. Your tax responsibilities would include:

○ Reporting all income (including tips) on the appropriate income tax return form, such as Form 1040, using Schedule C or Schedule C-EZ. Social Security and Medicare Taxes are reported on Schedule SE.
○ As a booth renter you must issue Form 1099-MISC for business rent paid of $600 or more to non-corporate landlords each year.
○ Issue Form 1099-MISC or W-2 to workers you hire or employ.

As a booth renter, or independent contractor, you may need to make estimated tax payments during the year to cover your tax liabilities.

### Self-employed classifications

The Internal Revenue Service (IRS) classifies self-employed if any of the following apply:

- **You carry on a trade or business as a sole proprietor or an independent contractor:**
  - A sole proprietorship is the simplest type of business organization. It is an unincorporated business that one person owns. The business does not exist apart from its owner, and it is the owner who assumes the risks of the business to the extent of all his or her assets, even if the owner does not use his or her personal assets in the business.
  - Additionally, the ability to finance the business, known as capital, is limited to whatever the owner can come up with. However, if you are the sole member of a domestic limited liability company (LLC), you are not a sole proprietor if you elect to treat the LLC as a corporation.

- **You are a member of a partnership that carries on a trade or business:**
  - A partnership is the relationship existing between two or more persons who join to carry on a trade or business. Each person contributes money, property, labor or skill, and expects to share in the profits and losses of the business.
  - The facts and circumstances of each case determine whether or not an activity is a trade or business. You do not need to actually make a profit to be in a trade or business as long as you have a profit motive. You do need to make ongoing efforts to further the interests of your business.
  - The disadvantage to a partnership is the authority to make a decision rests on more than one person. It is divided. The other disadvantage is that the liability of the partners is usually unlimited; that is each partner may be held liable for all the debts of the business. For example, if one partner does not exercise good judgment, that partner could cause not only the loss of the partnership’s assets, but also the loss of the other partner’s personal assets.

- **You are otherwise in business for yourself (including a part-time business):**
  - **NOTE:** You do not have to carry on regular full-time business activities to be self-employed. Having a part-time business, in addition to your regular job or business, may be self-employment.
  - **Example:** You are employed full time as a hairdresser at the local salon. You fix scissors and other pedicure chairs and equipment during the weekends. You have your own shop, equipment, and tools. You get your customers from advertising and word-of-mouth. You are self-employed as the owner of a part-time repair shop.
  - As a self-employed individual, generally a person is required to file an annual return and pay estimated tax quarterly. To file income taxes, they must use Form 1040-EZ, Form 1040A or Form 1040, depending on your financial situation. They have to file an income tax return if their net earnings from self-employment were $400 or more. If their net earnings from self-employment were less than $400, they still have to file an income tax return if they meet any other filing requirement listed in the Form 1040 instructions. To find out which one is applicable to your situation, refer to IRS Tax Topic 352, Which Form – 1040, 1040A, or 1040EZ?

Self-employed individuals generally must pay self-employment tax (SE tax) as well as income tax. SE tax is a Social Security and Medicare tax primarily for individuals who work for themselves. It is similar to the Social Security and Medicare taxes withheld from the pay of most wage earners. In general, anytime the wording “self-employment tax” is used; it only refers to Social Security and Medicare taxes and not any other tax (like income tax).

### Business - net profit vs. net loss

Before you can determine if you are subject to self-employment tax and income tax, you must figure your net profit or net loss from your business. This is done by subtracting your business expenses from your business income.

If your expenses are less than your income, the difference is net profit and becomes part of your income. If your expenses are more than your income, the difference is a net loss. You usually can deduct your loss from gross income. But in some situations your loss is limited.

See Pub. 334, Tax Guide for Small Business (For Individuals Who Use Schedule C or C-EZ) for more information on the IRS website. It is wise to have a certified tax accountant complete your return or at least review the return you have prepared.
Estimated quarterly payments

Estimated tax is the method used to pay Social Security and Medicare taxes and income tax, because an employer is not withholding these taxes for you. This includes income from self-employment, interest, dividends, alimony, rent, gains from the sale of assets, prizes and awards. A person may also have to pay estimated tax if the amount of income tax being withheld from their salary, pension, or other income is not enough. Form 1040-ES, Estimated Tax for Individuals, is used to figure these taxes. Form 1040-ES contains a worksheet to use but you will need your prior year’s annual tax return in order to fill out Form 1040-ES.

Payment due dates

You can pay all of your estimated tax by April 15th of current year, or in four equal amounts by the dates shown below:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st payment</td>
<td>April 15th</td>
</tr>
<tr>
<td>2nd payment</td>
<td>June 16th</td>
</tr>
<tr>
<td>3rd payment</td>
<td>Sept. 15th</td>
</tr>
<tr>
<td>4th payment</td>
<td>Jan. 15th (following year)</td>
</tr>
</tbody>
</table>

You do not have to make the payment due January 15, of the following year, if you file your previous year’s tax return by February 2nd, and pay the entire balance due with your return.

The worksheet found in Form 1040-ES, Estimated Tax for Individuals is used to find out if a person is required to file quarterly estimated tax.

- If a person is filing as a sole proprietor, partner, S corporation shareholder, and/or a self-employed individual, they generally have to make estimated tax payments if they expect to owe tax of $1,000 or more when they file their return.

- If filing as a corporation, estimated tax payments for the corporation must be made if there is an expectation of owing tax of $500 or more when filing the return.

Reporting income

The money received from a person’s work, whether it is wages, commissions, tips, sales, or rent and whether paid by cash, check, and charge or bartering, is taxable. All income is taxable unless specifically excluded by the Internal Revenue Code.

You must report all your income on your tax return, including tips. If you are an employee and receive tips, you must report that amount to your employer. If you are a self-employed salon owner, booth renter or independent contractor, all income received, including tips, must be reported on your federal income tax return.

Whether you prepare your own tax return or pay a tax preparer, you need to know the tax law so you can file an accurate tax return. Internal Revenue Code Section 61 states: “Gross income means all income from whatever source received.”

In the case of workers in the cosmetology industry, taxable income includes such payments as wages, fees, commissions, retail sales, rent/lease payments, tips, and bartering.

Examples of reportable income:

- **Wages**: Money paid to you as an employee.
- **Fees**: Payments you receive from customers for services you perform as a self-employed person.
- **Commissions**: Payments you receive for products sold, or as a percentage of fees for services (i.e., pay agreements and commissions).
- **Retail sales**: Sales of merchandise or other products such as brushes, shampoo, makeup, etc.
- **Rent/lease payments**: Payments the salon owner receives for space rented.
- **Tips**: Gratuities received from clients in the form of cash, charges, and nonmonetary payments.
- **Bartering**: Bartering is an exchange of one taxpayer’s property or services for another taxpayer’s property or services. The fair market value of property or services received through barter is taxable income (i.e., if a barber agrees to give an accountant a haircut in exchange for tax return preparation, the fair market value of the haircut is taxable to the accountant, and the fair market value of the tax return preparation is taxable to the barber).

TIP RECORDS AND TAX RESPONSIBILITIES

As previously mentioned, all income is taxable income and tips are income. There is a false belief that tips received are gifts and therefore not considered income.

Tips are not gifts

A gift is something that is given freely, voluntarily, and without an expectation for any services performed. For instance, you are having a baby; your customer brings in champagne. This is a gift, not a tip. You have not performed a service for the champagne.

If you provide a service to a customer and they pay you more than what you have stated as your fee, then that additional amount is a tip and taxable. If the customer pays you at a later date or at a different location for the service you previously provided, it is still taxable income. The date and location are irrelevant when the monies paid are for a service provided.

Tips paid to you in cash, charge, checks, and non-cash (i.e., tickets to sporting events, plays, musicals, etc.) are subject to income tax. If you are licensed and performing a service, these tips are subject to Social Security tax, also known as the Federal Insurance Contributions Act (FICA). Students, employees, salon owners, booth renters and independent contractors all earn tips.
Tips as an apprentice, student, and employee

While you are an unpaid apprentice or student of a school, the tips you receive are subject to income tax but not Social Security tax (FICA). This type of tip income is not reported to the school because you are not an employee of the school. Report this type of tip income as “other income” on Form 1040 if you are required to file an income tax return.

Any employee, including paid apprentices who receive tips in excess of $20 in any given month, must report to their employer, all tips received that month. This must be done in writing and must include your name, Social Security number, and the name and place of employment. This report must be done at least once a month and submitted to your employer no later than the 10th calendar day of the following month after the tips are earned.

An employee who receives tips of less than $20 in a calendar month does not have to report the tips to his or her employer; however, the tips must be reported as other income on the employee’s income tax return.

Tip recordkeeping

You are required to keep records to show the amount of tip income you received during the year. The IRS has created Publication 1244, Employee’s Daily Record of Tips and Report to Employer to simplify the process. This handy publication allows you to record your tips on a daily basis by completing Form 4070A, which is included in Publication 1244.

This form is given to your employer no later than the 10th calendar day of the following month after the tips are earned. Keep a record of the amount of “tip-outs” you pay to other employees through tip sharing, tip pooling, or any other arrangement. It is to your benefit to have both the names of employees to whom you paid the tips and the date you paid them.

If you are not a student or an employee, then you are classified as a self-employed person. You may be called a salon owner, a booth renter, independent contractor or have some other title, nevertheless, as a self-employed person, you are required to report all income, including tips, on your Schedule C.

Tip income responsibilities for the employer and booth renter

Tips are considered taxable income and are subject to Federal income taxes. When your employees’ receive tips from customers, they are generally subject to withholding taxes. Your employees must report these tips to you by the 10th of the month, the month after the tips are received.

The report should include tips that you paid over to the employee, from customers that added the tip to their charge card or debit card receipt, plus any tips the employee received directly from customers.

As an employer, you must collect income tax, employee social security tax, and employee Medicare tax on the employee’s tips. For more information on the taxation of tips, see Publication 15, Circular E – Employer’s Tax Guide, available free from the IRS. Employees are required by law to keep a daily record of all tips they receive.

The IRS furnishes a free resource entitled, Publication 1244, Employee’s Daily Record of Tips and Report to Employer, which employees can use to record their tips on a daily basis. Any type of notebook or diary will also work.

Publication 1244 includes Form 4070, Employee’s Report of Tips to Employer and Form 4070A, Employee’s Daily Record of Tips.

If you operate your own business as a sole proprietor or booth renter, any tips received in the normal course of your business must be reported in gross receipts, and then reported on the appropriate income tax form. (See Publication 531, Reporting Tip Income, for more information regarding tip income reporting).

**Remember:** All tips received are income and are subject to federal income tax. Tips received directly from customers, charged tips paid by your employer, and a share of any tips received under a tip-splitting or tip-pooling arrangement, must be listed in gross income.

If you do not use Form 4070A, start your records by writing your name, your employer’s name, and the name of the business (if it is different from your employer’s name). Then, each workday, write the date and the following information.

- **Cash tips** you get directly from customers or from other employees.
- **Tips** from credit and debit card charge customers that your employer pays you.
- The value of any noncash tips you get, such as tickets, passes, or other items of value.
- The amount of tips you paid out to other employees through tip pools or tip splitting, or any other arrangements, and the names of the employees to whom you paid the tips.
Keep copies of documents showing your tips, such as customer receipts and credit card slips. If an electronic system is provided by your employer to record your daily tips, you must receive and keep a copy of this record for tax purposes.

**Tip Rate Determination and Education Program (TRD/EP)**

Employers may participate in the Tip Rate Determination and Education program. The program was developed to help employees and employers understand and meet their tip reporting responsibilities.

The program consists of various voluntary agreements designed for specific industries where tipping is customary. There is one designed specifically for this industry. There are two agreements under the program: the Tip Rate Determination Agreement (TRDA) and the Tip Reporting Alternative Commitment (TRAC).

TRAC has characteristics unique to the Cosmetology and Barber industry. The IRS developed this program to encourage voluntary compliance with tip income reporting through outreach and education and using enforcement actions as a last resort. Your employer can provide you with a copy of any applicable agreement.

**Penalty for not reporting tips**

If you do not report tips to your employer as required, you may be subject to a penalty equal to 50% of the social security, Medicare, Additional Medicare, or railroad retirement taxes you owe on the unreported tips. (For information about these taxes, see Reporting Social Security, Medicare, Additional Medicare, or Railroad retirement taxes on tips not reported to your employer under Reporting Tips on Your Tax Return.) The penalty amount is in addition to the taxes you owe.

**RECORD KEEPING**

Everyone in business must keep records. Good record keeping will enable the following benefits:

- **Monitor the progress of the business** - You need good records to monitor the progress of your business. Records can show whether your business is improving, which items are selling, or what changes you need to make. Good records can increase the likelihood of business success.

- **Prepare for financial statements** - You need good records to prepare accurate financial statements. These include income (profit and loss) statements and balance sheets. These statements can help you in dealing with your bank or creditors and help you manage your business.
  - An income statement shows the income and expenses of the business for a given period of time.
  - A balance sheet will show assets, liabilities, and your equity in the business on a given date.

- **Identify source of income (receipts)** - You will receive money or property from many sources. Your records can identify the source of your receipts. You need this information to separate business from nonbusiness receipts and taxable from nontaxable income. For example, good records will allow you to distinguish between the $500 birthday gift that you deposited, which is not taxable, from the $500 tip income you deposited, which is taxable.

- **Support items reported on tax returns** - You must keep your records to support the income, expenses, and credits you report. Generally, these are the same records you use to monitor your business and prepare your financial statements.

- **Prepare items reported on tax returns** - You must keep your business records available at all times for inspection by the IRS. If the IRS examines any of your tax returns, you may be asked to explain the items reported. A complete set of records will speed up the examination.

Well-organized records make it easier to prepare a tax return and help provide answers if your return is selected for examination, or to prepare a response if you receive an IRS notice. If your records are incomplete, they may not support your deductions. This section explains what type of records to keep and how long you must maintain your records for federal tax purposes.

**Specific types of records to maintain**

Except in a few cases, the law does not require any specific kind of records. You can choose any recordkeeping system suited to your business that clearly shows your income and expenses.

The business you are in affects the type of records you need to keep for federal tax purposes. There are many deductions and tax credits for which you may qualify that will lower your tax. You should set up your recordkeeping system using an accounting method that clearly shows your income for your tax year. If you are in more than one business, you should keep a complete and separate set of records for each business. A corporation should keep minutes of board of directors’ meetings.

Your record keeping system should include a summary of your business transactions. This summary is ordinarily made in your “books” (for example, accounting journals and ledgers). Your books must show your gross income, as well as your deductions and credits. For most small businesses, the business checkbook is the main source for entries in the business books. In addition, you must keep supporting documents.

**Electronic records**

All requirements that apply to hard copy books and records also apply to electronic storage systems that maintain tax books and records. When you replace hard copy books and records, you must maintain the electronic storage systems for as long as they are material to the administration of tax law.
An electronic storage system is any system for preparing or keeping your records either by electronic imaging or by transfer to an electronic storage media. IRS Revenue Procedure 97-22 states that you can prepare and transfer documents to the IRS by digitizing paper documents to an electronic storage medium that lets the IRS view them without using the software application that created them. The electronic storage system must index, store, preserve, retrieve and reproduce the electronically stored books and records in legible format. All electronic storage systems must provide a complete and accurate record of your data that is accessible to the IRS. Electronic storage systems are also subject to the same controls and retention guidelines as those imposed on your original hard copy books and records.

The original hard copy books and records may be destroyed provided that the electronic storage system has been tested to establish that the hard copy books and records are being reproduced in compliance with IRS requirements for an electronic storage system and procedures are established to ensure continued compliance with all applicable rules and regulations. You still have the responsibility of retaining any other books and records that are required to be retained.

The IRS may test your electronic storage system, including the equipment used, indexing methodology, software and retrieval capabilities. This test is not considered an examination and the results must be shared with you. If your electronic storage system meets the requirements mentioned earlier, you will be in compliance. If not, you may be subject to penalties for non-compliance, unless you continue to maintain your original hard copy books and records in a manner that allows you and the IRS to determine your correct tax. For details on electronic storage system requirements, see Revenue Procedure 97-22, available in Internal Revenue Bulletin 1997-13.

Supporting documents

Purchases, sales, payroll, and other business transactions generate supporting documents. Supporting documents include sales slips, paid bills, invoices, receipts, deposit slips, and canceled checks. These documents contain information needed to record in your books.

It is important to keep these documents because they support the entries in your books and on your tax return. Keep them in an orderly fashion and in a safe place. For instance, organize them by year and type of income or expense.

Gross receipts

Gross receipts are the income you receive from your business. Keep the supporting documents showing the amount and source of these gross receipts.

Documents that show gross receipts include the following:
- Cash register tapes.
- Bank deposit slips.
- Receipt books.
- Invoices.
- Credit card charge slips.
- Forms 1099-MISC.

Purchases

Purchases are the items you buy and resell to customers. Your supporting documents should show the amount paid and that the amount was for purchases.

Documents for purchases include the following.
- Canceled checks.
- Cash register tape receipts.
- Credit card sales slips.
- Invoices.

These records will help determine the value of your inventory at the end of the year. See IRS Publication 538 for information on methods for valuing inventory.

Expenses

Expenses are the costs incurred (other than purchases) to carry on your business. Supporting documents should show the amount paid and that the amount was for a business expense.

Business expense reporting

There are many kinds of business expenses. It is important to keep track of all of them, because they may reduce the amount of tax you have to pay.

Deductible business expenses

To be deductible, an expense must be:
- Ordinary – One that is common and accepted in your trade or business.
- Necessary – One that is helpful and appropriate for your trade or business.

An expense does not have to be crucial to your business to be deductible.

Some common business expenses are:
- Utilities.
- Employee salaries.
- Trade association dues.
- Rental expenses.
- Supplies – Salon supplies for client use (not sold for retail) such as perms, papers, colors, and shampoos.
- Continuing education – A class that enhances your current business knowledge.
Deducting cost of goods sold (COGS)

Cost of goods sold (COGS) is a formula used to calculate the cost of retail products or merchandise sold during the year.

\[ \text{Cost of Goods Sold} = \text{Beginning Inventory} + \text{Purchases} - \text{Ending Inventory} - \text{Personal Use Items} \]

The formula is as follows:
- Beginning inventory.
- Plus purchases.
- Minus personal use.
- Minus ending inventory.
- Equals cost of goods sold.

The following table also explains, in more detail, the definitions of each category included in calculating your cost of goods sold along with an example.

<table>
<thead>
<tr>
<th>Cost of Goods (COGS)</th>
<th>Definitions</th>
<th>Example</th>
<th>Mathematical Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Inventory</td>
<td>Items on hand for resale on the 1st day of the year</td>
<td>$3,000</td>
<td>Add (+) Inventory</td>
</tr>
<tr>
<td>Purchases</td>
<td>Items you buy for resale during the year.</td>
<td>$2,000</td>
<td>Add (+) Purchases</td>
</tr>
<tr>
<td>Subtotal</td>
<td>(add together your inventory and your purchases)</td>
<td>$5,000</td>
<td>Equals (=)</td>
</tr>
<tr>
<td>Personal Use items</td>
<td>Items purchased for resale but used personally during the year. (subtract personal use items from subtotal of inventory and purchases)</td>
<td>$1,000</td>
<td>Subtract (-) personal use items</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td>$4,000</td>
<td>Equals (=)</td>
</tr>
<tr>
<td>Ending Inventory</td>
<td>Items on hand for resale on the last day of the year. Subtract ending inventory from the subtotal from personal use ($4,000)</td>
<td>$1,500</td>
<td>Subtract (-) ending inventory</td>
</tr>
<tr>
<td>Cost of Goods Sold</td>
<td></td>
<td>$2,500</td>
<td>Equals=Total COGS</td>
</tr>
</tbody>
</table>

Not all expenses incurred are deductible. In fact, be aware there are a number of abusive tax schemes, such as the home-based business tax scheme. An abusive tax scheme is any investment plan or promotion that claims to allow a person to deduct what would normally be considered a personal expense. As always, a true business purpose must exist before claiming any business expense.

Deducting business expenses

Generally, expenses are deductible in the year they are paid. If you borrow money or use a credit card to make your business purchases, regardless of when the loan or credit card is repaid, the business expense is deductible in the year purchased.

Tax credits

A tax credit means more money in your pocket. It reduces the amount of tax you owe and may also give you a refund in some cases. The Earned Income Tax Credit, and the Child and Dependent Care Credit help millions of families every year. There are also a number of credits for small and large businesses.

Earned Income Tax Credit

Earned Income Tax Credit (EITC or EIC) is a benefit for working people who have low to moderate income. Those who qualify could pay less federal tax, no tax, or even get a tax refund. There are specific qualifications to meet in order to claim this tax credit, but it is beneficial to research as it applies to many people in the U.S.

The IRS has comprehensive information on their EITC homepage. http://www.irs.gov/Individuals/EITC-Home-Page

Education credits

An education credit helps with the cost of higher education by reducing the amount of tax owed on your tax return. If the credit reduces your tax to less than zero, you may get a refund. There are two education credits available: the American Opportunity Tax Credit and the Lifetime Learning Credit.

Business credits

There are business credits available, as well. The Alternative Motor Vehicle Credit enacted in 2005 is one example.

Choosing a tax preparer

The IRS has some information to consider when hiring a tax preparer. Let’s review some points you need to be aware of when selecting a tax preparer.
- Avoid preparers who claim they can obtain larger refunds than others.
- Second, avoid preparers who base their fees on the amount of your refund.
- Look for a preparer who signs the tax return and gives you a copy for your records.
- Never sign a blank tax return and never sign a completed form without reviewing it and making sure you understand the return.
- Consider whether the preparer will still be available to answer questions about the return for months or even years after the return is filed.

The IRS now has a registration and certification process for preparers. To ensure that you are working with an honest and reputable preparer, make sure that the preparer has a valid Preparer Tax Identification Number, also known as a PTIN. All preparers, whatever their professional designation, must have a valid PTIN. There are variations, however, in the type of return preparer, the testing they must undergo, their
continuing education requirements, and their practice rights before the IRS. For the purpose of this section, we’ll be reviewing three types of preparers: enrolled agents, CPAs, and attorneys.

Enrolled agent - is a person who has earned the privilege of representing taxpayers before the IRS. Most enrolled agents have passed a three-part comprehensive IRS test covering individual and business tax returns and client representation rules. They must adhere to ethical standards and complete 72 hours of continuing education courses every three years. Enrolled agents have unlimited practice rights, which means they are unrestricted as to which taxpayers they can represent, what types of tax matters they can handle, and which IRS offices they can represent clients before.

Certified Public Accountant (CPA) - A good CPA may cost you more upfront but will pay off in the long run because of their thoroughness. Anyone can drop numbers in software. However, a CPA will analyze the situation to look for tax savings opportunities and help you plan for next year. They become your trusted advisor in financial matters. The cost of a CPA can range from $250 for a simple tax return to $10,000 for complicated business tax matters taking more time and effort, and go as high as $100,000+ for large firms.

Tax attorney – Tax attorneys are lawyers with a Juris Doctor (JD) degree and admission to the state bar, who also have subsequent education in tax law. Some are also Certified Public Accountants, which provides the ability to handle duties of an accountant, as well as those of a legal tax advisor.

Tax attorneys understand the finer details of tax law which can be helpful if you are involved in an IRS action. They negotiate on your behalf and are trained to analyze complicated tax information and formulate a plan for resolving your case. Because tax laws change every year, tax attorneys are also invested in constant learning to stay abreast with all the changes.

Note: Remember, even if you decide to use a paid preparer, you are still legally responsible for the information on your own tax returns.

Conclusion

One of the issues business professionals have to contend with is staying current with the many tax obligations for local, state, and federal taxes. Having a basic understanding of tax laws and regulations is an essential part of being employed or self-employed. In addition to filing an annual tax return, self-employed business owners and independent contractors (booth renters) are subject to other taxes and filing requirements, such as self-employment tax.

It is essential to understand what “operating a business” entails. Without a fundamental understanding of business structures, bookkeeping methods, IRS worker classifications, taxable income, and business deductions and credits, you may pay more taxes than necessary and/or find yourself in a tax situation with the IRS. This is a situation where “ignorance is NOT bliss.”

References


LATEST TAX TIPS FOR THE COSMETOLOGY INDUSTRY FINAL EXAM

Choose the best answer for the following questions and mark your answers on the Final Examination Sheet found on Page 72 or take your test online at OHCosmo.com.

37. Whether someone is a licensing professional who owns their own business or an employee working for a salon or spa, the type of ______ will determine the tax and filing responsibilities.
   a. Employee.
   b. License.
   c. Business structure.
   d. The population.

38. An individual who works at the control and direction of another is called a(n) ________.
   a. Manager.
   b. Employer.
   c. Owner.
   d. Employee.

39. When reporting income to the IRS, you must report all of your income, including ________.
   a. How the income was earned.
   b. Tips.
   c. Last year’s income.
   d. Deductions.

40. Something that is given freely, voluntarily, and without an expectation for any services performed is called a what?
   a. Gift.
   b. Income.
   c. Expense.
   d. Money.

41. When it comes to a record keeping system, for most small businesses, the ____________ is the main source for entries in the business books.
   a. The minutes.
   b. Business checkbook
   c. Bank.
   d. Insurance.

42. Business transactions, such as purchases, sales, payroll, generate ____________.
   a. Supporting documents.
   b. Invoices.
   c. Income
   d. Tax.
Chapter 8: HIV/AIDS IN TODAY’S AGE

By: JoAnn Stills

Learning objectives

- Describe what the abbreviations of HIV and AIDS stands for.
- Differentiate between HIV and AIDS.
- Identify how HIV is transmitted from one person to another – and how it is NOT spread.
- List at least three risk factors for getting HIV.
- Describe HIV tests and what they measure.
- Define CD4 counts and “viral loads.”
- List ways a person who is HIV positive can avoid transmitting the virus to others.
- Name at least three common “opportunistic infections.”
- Explain HIV “drug cocktails” and their role in treating people with HIV.
- List common side effects of HIV/AIDS drugs.

Introduction

Three decades ago, when doctors first noticed a strange illness that became known as acquired immune deficiency syndrome, or AIDS, the diagnosis was nearly always a death sentence. While there still is no cure for AIDS or a way to eradicate the human immunodeficiency virus (HIV), which causes it – the number of people who are surviving the infection has consistently risen in the past 20 years.

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome, or AIDS. Unlike some other viruses, the human body cannot get rid of HIV. That means that once a person has HIV, they will always have it. There is no safe or effective cure but scientists are working hard to find one. Meanwhile, with proper medical care, HIV can be controlled.

This virus is not discriminatory and has infected great athletes, such as Magic Johnson, who in 1991, disclosed his diagnosis and became a champion of public awareness for the cause. Eric “Eazy-E” Wright was a rap legend and co-founder of the group N.W.A. with Dr. Dre and Ice Cube. He fell ill in 1995 and then acknowledged he had AIDS. He died at the age of 31 and again, his image helped bring about more public awareness and understanding of HIV/AIDS huge problem.

But they are hardly alone. According to the Centers for Disease Control and Prevention (CDC), about 1.2 million Americans were living with HIV at the end of 2011, the most recent year this information is available. Of those people, about 14% (168,300) do not even know they are infected.

Over the past decade, the number of people living with HIV has increased, while the annual number of new HIV infections has remained relatively stable. Still, the pace of new infections continues at far too high a level— particularly among certain groups (CDC, 2014).

Researchers and health officials agree that new drug therapies have helped to slow down the number of deaths attributed to HIV/AIDS in the past 20 years, but they fear complacency may have developed among people at high risk for the disease. While many more people are living with HIV/AIDS, the reality is that people continue to be diagnosed with HIV every day – in fact, one person every 9½ minutes, according to the CDC.

The estimated incidence of new infections remains stable over the last few years, at about 50,000 new HIV infections each year.

Looking at the statistics from a race/ethnicity perspective, African Americans represent approximately 12% of the U.S. population, but accounted for an estimated 44% of new HIV infections in 2010. They also accounted for 41% of people living with HIV/AIDS, the reality is that people continue to be diagnosed with HIV every day – in fact, one person every 9½ minutes, according to the CDC.

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The percentages of MSM diagnosed with HIV infection that were American Indian/Alaska Native, Asian, and Native Hawaiian/other Pacific Islander, and those reporting multiple races were small, but remained stable from 2008-2011. In 2009, the Henry J. Kaiser Family Foundation released a report on its survey of American attitudes and knowledge of AIDS, noting, “A sense of urgency about HIV/AIDS has fallen considerably from recent years, and personal concern about becoming infected has declined steadily, including among young adults.” So, in addition to research efforts, health officials are trying to put more emphasis on prevention and early detection. For those already infected with HIV, the future is brighter for the many who continue to live, and live well, with HIV/AIDS. This success is obtained only by overcoming the challenges of adapting to behavioral changes and a commitment to good health. This course, adapted from information from the CDC, the U.S. Department of Veterans Affairs and other government agencies, presents those challenges and the reality of living with HIV/AIDS.

The basics of HIV/AIDS

Even in today’s age, many people are still not aware of what HIV is and what AIDS actually is, and some have trouble understanding the difference between the two. HIV is a virus that can lead to acquired immunodeficiency syndrome, or AIDS. So, if someone has the HIV virus, they don’t necessarily also have AIDS, but HIV can lead to AIDS. This can further explained by defining the terms.

What is HIV?
HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome, or AIDS. Unlike some other viruses, the human body cannot get rid of HIV. That means that once a person has HIV, they have it or live with it.

What does the virus do?
All viruses must infect living cells to reproduce. HIV takes over certain immune system cells that are supposed to defend the body. These cells are called CD4 cells, or T cells. When HIV takes over a CD4 cell, it turns the cell into a virus factory. It forces the cell to produce thousands of copies of the virus. These copies infect other CD4 cells. Infected cells don’t work well and die early. Over time, the loss of CD4 cells weakens the immune system, making it harder for the body to stay healthy.

What is AIDS?
AIDS stands for acquired immunodeficiency syndrome:

A – Acquired. This condition is acquired, meaning that a person becomes infected with it.

I – Immuno. This condition affects a person’s immune system, the part of the body that fights off germs such as bacteria or viruses.

D – Deficiency. The immune system becomes deficient and does not work properly.

S – Syndrome. A person with AIDS may experience other diseases and infections because of a weakened immune system.

AIDS is the most advanced stage of infection caused by HIV. Most people who are HIV positive do not have AIDS. An HIV-positive person is said to have AIDS when his or her immune system becomes so weak it cannot fight off certain kinds of infections and cancers.

Even without one of these infections, an HIV-positive person is diagnosed with AIDS if his or her immune system becomes severely weakened. This is measured by a lab test that determines the number of CD4 cells a person has. A CD4 cell count less than 200 in an HIV-infected person counts as a diagnosis of AIDS. It can take between two to 10 years or longer for an HIV-positive person to develop AIDS, even without treatment.

How is HIV spread?
HIV is spread through body fluids such as blood, semen (cum), vaginal fluids, and breast milk. In the United States, HIV is most commonly passed from one person to another through unprotected anal or vaginal sex and through sharing needles or other drug equipment. In addition, a mother can pass HIV to her baby during pregnancy, during labor, through breastfeeding, or if by pre-chewing her baby’s food.

Blood contains the highest concentration of the virus, followed by semen, followed by vaginal fluids, followed by breast milk.

How is HIV spread through sex?
A person can get infected from sexual contact with someone who is infected with HIV. Sexual contact that can transmit HIV includes:

The best thing for sexually active people to do is to practice “safe sex” all the time. To do so, use of a condom or other latex barrier is needed. Also, ensure any lubricant used with a condom is water based, not oil-based. Oil-based lubrications can cause latex condoms to deteriorate.

Unprotected sex with someone who is infected doesn’t mean a person will automatically be infected, too. But there is always a chance. Using a condom reduces the risk.
HIV and salons

Salons have come under intense scrutiny in the past decade because of various outbreaks of infectious diseases that were traced to improperly cleaned equipment. Most states have implemented strict laws for handling, cleaning and sterilizing the tools of the trade. To date, the most serious problems – which included at least three deaths in the U.S. – have come from bacterial and fungal infections transmitted in manucures and pedicures.

But Texas dermatologist Shelley A. Sekula-Gibbs, MD, says the health risks in the beauty industry also include viral infections such as HIV, hepatitis B and C, and warts. Sekula-Gibbs warns that “Nail clippers, acrylic nail drills, cuticle scissors, callus paring blades, reusable razors and blades all have the potential to transmit infectious diseases if they are not properly sterilized.

“As more and more consumers frequent hair and nail salons each year, the risk of becoming infected with hepatitis, HIV and other transmittable diseases increases, as well,” Sekula-Gibbs said. She advocates a “proactive stance” on the issue by ensuring workers in the cosmetology and barbering industry are educated about the risks of such diseases and ways to prevent their transmission. She also urges workers to learn about and get vaccines for some of these diseases to protect themselves and their clients.

Most salon workers know their state licensing boards have set strict rules for salon procedures and the exact steps for proper sanitation and sterilization of equipment to make sure disease transmission cannot happen in their salon. Among the most important is the simplest: Workers must wash their hands frequently, between clients and sometimes, more often when there is a chance of any kind of disease transmission. Salons that endorse and enforce those rules will have little to worry about.

As yet, no cases of HIV transmission through blood contact at a salon have been documented. However, cosmetologists know that the presence of blood during nail procedures is not that unusual. They also know they could be just one slip away from a minor nick on the ear of a client during a haircut. If that blood contains harmful viruses, the potential for transmission is there, as close as the hands of the stylist with an open cut on her finger, or the one at the next station who just needs to “borrow” those specialty scissors for moment, or the feet of the next client of the nail technician who forgot to throw away the cuticle pusher she used on the client still soaking at the next seat.

But is that likely to happen? The risks of HIV transmission at a salon are much lower than those for Staph and other harmful – and sometimes deadly – bacteria and germs. However, a “perfect storm” of circumstances could allow it to happen. And what a storm that first case of HIV transmission through beauty procedures would be for that salon – and for the entire industry.

You can avoid it at your salon: Just follow proper sanitation rules and procedures to protect yourself and your clients.

Symptoms of HIV

Some people who contract HIV experience very strong symptoms, but others experience none at all. Those who do have symptoms generally experience symptoms similar to the common cold or flu: fever, fatigue, and, often, rash. Other common symptoms can include headache, swollen lymph nodes, and sore throat. These symptoms can occur within days or weeks of the initial exposure to the virus during a period called primary or acute HIV infection.

Can mothers give HIV to their babies?

Pregnant women who are HIV positive can give the virus to their babies in the womb and during birth. Taking anti-HIV drugs during pregnancy and childbirth can help lower the risk, but there is no sure way to prevent infection. With proper care, however, most babies of HIV-infected women now are born free of the virus.

Who is at risk?

In 2006, guidelines from the U.S. Centers for Disease Control and Prevention recommended that any sexually active person aged 13–64 be tested for HIV during routine health screenings every year, even if that person is at low risk of contracting the virus. This continues to be the standard. The following graphic also shows that about 1 in 4 new HIV infections occur among youths age 13-24 years old.

However, health officials say people are at above-average risk of getting HIV if they:

- Have had unprotected sex with someone who is infected with HIV.
- Have shared injection drug needles and syringes.
- Have had a sexually transmitted disease, like chlamydia or gonorrhea.
- Received a blood transfusion/blood clotting factor between 1978 and 1985.
- Have had unprotected sex with anyone who falls into an above category.

Many infections that are not HIV can cause similar symptoms, including mononucleosis, viral hepatitis, and other sexual transmitted infections. Stress and anxiety can also produce similar symptoms in some people, even though they do not have HIV.

If symptoms appear, they usually do so within days or weeks after infection, and end after one to two weeks. The only way to tell whether the symptoms are from a cold, the flu or HIV is to have an HIV test.
How is HIV treated?
Many treatments now can help people with HIV. As a result, many people with HIV are living much longer and healthier lives than before. Currently, medicines can slow the growth of the virus or stop it from making copies of itself. Although these drugs do not kill the virus, they keep the amount of virus in the blood low. The amount of virus in the blood is called the “viral load,” and it can be measured by a test. The lower the viral load, the longer a person can stay healthy and fight off infections.

There are several types of anti-HIV drugs. Each type attacks the virus in its own way.

How are the drugs taken?
Most people being treated for HIV take three or more drugs. This is called combination therapy, or “the cocktail.” (It also has a longer name: highly active antiretroviral therapy, or HAART.) Combination therapy is the most effective treatment for HIV.

Is it hard to take these drugs?
HIV medicines have become much easier to take in recent years. Some newer drug combinations package three separate medicines into only one or two pills, taken once a day, with minimal side effects for most individuals. Still, taking medicine for HIV can be complicated and depends on the particular patient. On one hand, some of the drugs are difficult to take, can cause serious side effects, and don’t work for everyone. Even when a drug does help a particular person, it may become less effective over time or stop working altogether. On the other hand, the drugs help keep HIV under control and let people infected with HIV live longer and healthier lives.

Once on medications, patients must work with their doctors to monitor how well the drugs are working, deal with side effects, if any, and decide what to do if the drugs stop working. The good news is that experts are learning more about the virus and creating new treatments for HIV that are easier to take.

Do people with HIV have to be treated for the rest of their lives?
Right now, there is no cure for HIV infection or AIDS. So once a person starts treatment, he or she must continue it to be sure that the virus doesn’t multiply out of control.

Are there long-term effects?
Over time, people who are HIV-positive may experience symptoms from the infection and side effects from their anti-HIV drugs. Sometimes it is not clear whether the virus or the medications is causing the problem.

One long-term effect that some people experience is a change in the way their bodies handle fats and sugars. For example, they may gain or lose a lot of fat in unusual areas of the body, or they may develop heart disease or diabetes.

Eventually, people may get sick with other infections or cancers because their weakened immune system cannot protect the body anymore. They may reach the advanced stage of infection called AIDS.

Is HIV always fatal?
Most people with HIV probably will have the virus in their body when they die because there is, currently, no way to get rid of it. Whether HIV will be what causes someone’s death, however, is not always clear.

What many people want to know is whether it is possible to get HIV and have a normal, relatively healthy life. HIV is often thought of as an incurable, fatal illness, and it certainly can be – especially after a person’s immune system is weakened to the point that he or she has AIDS. Without treatment, most people with HIV will eventually develop AIDS and die. When someone dies of AIDS, it is usually because of an opportunistic infection or other long-term effect of having HIV.

How long? No one knows, really. Some people may do very well for many, many years. Others may eventually get sick and die, despite being treated. Recent studies suggest that people who take the treatments can gain, on average, 24 extra years of life. There is a great need for continued research to find new and better treatments for HIV.

HIV and hepatitis C
HIV and hepatitis C, although caused by different viruses, are very different illnesses that are increasingly found together in people with HIV.

HIV is spread mainly through the blood and through sexual contact. It can wear down the body’s immune system, making it hard for the body to fight off dangerous infections.

Hepatitis C is a disease that affects the liver. It is caused by a virus called the hepatitis C virus, and it is spread mainly by blood, but rarely by sex. In many cases, hepatitis C never goes away. Over time, it can cause other health problems, such as cirrhosis (or scarring of the liver) and liver cancer.

HIV affects the whole immune system, including the body’s ability to fight off hepatitis C. As a result, a person with HIV might develop a case of hepatitis C that is worse than it would be if he or she didn’t have HIV.

The HIV test
What does the test measure?
The HIV test is designed to determine whether a person has been infected with HIV, the virus that causes AIDS. When a person is infected with HIV, the body produces cells and particles to fight the virus, called antibodies.

A healthcare provider can test directly for the virus, using a test called a polymerase chain reaction or “PCR” or a “4th generation” HIV test that looks for the antibody and the virus at the same time, as well as conducting a standard antibody test to determine whether HIV is present in the blood.

What does the test involve?
The HIV test requires a sample of blood or fluid from inside the mouth. For the blood test, blood is drawn either from the arm or from the finger with a needle stick. Results from oral-fluid or blood tests usually take one to two weeks.
For the oral-fluid test (called OraSure), a probe sits in the mouth between the cheek and gums for two to five minutes.

However, there are now rapid tests for both oral fluid and blood that give results in less than 30 minutes. Rapid tests require special handling, and not every medical center or clinic offers them. What’s more, positive results from rapid tests must be confirmed by another, more sensitive test – and getting those results can take one to two weeks. A negative result from the rapid test does not need to be confirmed.

In most people, the body will produce antibodies to the virus between 2 and 12 weeks after exposure to HIV. But in some people, it may take three months after exposure for the test results to be 97 percent accurate, and six months to be absolutely certain, meaning people whose initial tests are negative should retest.

**Understanding the HIV diagnosis**

Soon after a diagnosis, a person’s doctor will run other tests to determine his or her overall health and the condition of the immune system. This is key, because HIV affects the immune system, and can make common illnesses much worse than they would be for people who do not have HIV.

**Learn about HIV and AIDS**

The more people know about HIV and how to treat it, the less confused and anxious they and others will be about the diagnosis. And the more they learn, the better they will be, at making decisions about their health.

There are many ways to learn about HIV and AIDS:

- The U.S. government has many informative, reputable websites that provide accurate information about living with HIV for patients and caregivers, friends and partners. An excellent place to start is at an online centralized site called AIDS.gov (http://aids.gov/), which links to dozens of federal agencies and outside resources for people wanting to learn about HIV/AIDS. Many of them provide phone numbers, hotlines and ways to obtain informative brochures in the mail.
- Use the local library: The most current information will be in the library’s collection of newspapers and magazines (books about HIV and AIDS may be out of date by the time they are published).
- A newly diagnosed person should talk with others who have been diagnosed with HIV and AIDS. Doctors may know where to find support groups. Or people can go online, where there are message boards and chat rooms. However, they should always discuss what they learn from these sources with the doctor. The information may not be accurate, and even if it is, it may not be right for this person’s particular situation.

**Working with the doctor**

If ignored, HIV can lead to illness and death. This is why it is so important for a person with HIV to get medical care. They should not be afraid to seek a doctor or nurse practitioner with experience in treating HIV-infected patients – he or she can help them to stay well. Many doctors who treat HIV are specialists in infectious disease. They work with a team of other health professionals who focus on HIV as a chronic, or lifelong, disease.

**Understanding lab test results**

Laboratory tests can help keep tabs on patients’ health; a doctor will set up a schedule for patients with HIV. The lab tests look at:

- How well their immune system is functioning (CD4 count).
- How rapidly HIV is progressing (the viral load).
- How well their bodies are functioning (tests look at kidneys, liver, cholesterol and blood cells).
- Whether they have other diseases that are associated with HIV (tests for certain infections).

**The most important tests include:**

- **CD4 count (or T-cell test)**

  The CD4 count is like a snapshot of how well the immune system is functioning. CD4 cells (also known as CD4+ T cells) are white blood cells that fight infection. The more of these cells, a person has, the better. These are the cells that HIV kills. As the HIV infection progresses, the number of these T cells, decline. When the CD4 count drops below 200, because of advanced HIV disease, a person...
is diagnosed with AIDS. A normal range for CD4 cells is between 600 and 1,500. Remember, the higher the CD4 cell count, the better.

- **Viral load (or HIV RNA)**

Viral load tests measure the amount of HIV in the blood. There are different techniques for doing this:

- The PCR (polymerase chain reaction) method uses an enzyme to multiply the HIV in the blood sample. Then a chemical reaction marks the virus. The markers are measured and used to calculate the amount of virus.
- The bDNA (branched DNA) method combines a material that gives off light with the sample. This material connects with the HIV particles. The amount of light is measured and converted to a viral count.
- The NASBA (nucleic acid sequence based amplification) method amplifies viral proteins to derive a count.

The best viral load test result is “undetectable.” This does not mean that there is no virus in the blood; it just means that there is not enough for the test to find and count. “Undetectable” depends on the sensitivity of the test used on your blood sample.

**OPPORTUNISTIC INFECTIONS AND AIDS-RELATED CANCERS**

HIV weakens the immune system, leaving a person vulnerable to certain infections and cancers. The infections are called “opportunistic” because they take the opportunity to attack when the immune system is weak. The cancers are called “AIDS-related” because they appear mostly in people who have advanced, later-stage HIV infection, known as AIDS.

Most people who die of AIDS do not die from the virus itself. They die from opportunistic infections. Often, people are infected with the opportunistic infection long before they become infected with HIV. Their functioning immune system keeps it under control, so they don’t have any symptoms of the infection. Once HIV damages their immune system enough, the infectious disease becomes uncontrolled and makes them sick. In fact, many HIV-negative people have opportunistic infections but don’t know about it because their immune system keeps the infections in check.

**Opportunistic infections**

Opportunistic infections can be caused by viruses, bacteria, fungus, even parasites. Common opportunistic infections for people with HIV follow, by a brief description of the infection.

- **Tuberculosis (TB)**

Tuberculosis is caused by a bacteria passed through the air when someone coughs, sneezes or talks. It is spread easily in confined spaces. Tuberculosis (TB) can occur early in the course of HIV infection, often when CD4 counts are slightly below normal. Symptoms can include fever, night sweats, weight loss, fatigue, loss of appetite and coughing. TB can be prevented and usually is curable. If left untreated, it can kill.

- **Pneumocystis pneumonia (PCP)**

An unusual fungus found in many places in the environment causes this kind of pneumonia. Nearly two out of three children have been exposed to it by age 4. The fungus can affect many organs, the most common being the lungs. Symptoms can include fever, shortness of breath, a dry cough, night sweats and fatigue.

- **HIV wasting syndrome**

Wasting syndrome refers to unwanted weight loss that is equal to more than 10 percent of a person’s body weight. For a 150-pound man, this means a loss of 15 pounds or more. Weight loss can result in loss of both fat and muscle. Once lost, the weight is difficult to regain. The condition can be caused by many things: HIV, inflammation or opportunistic infections. The weight loss may be accompanied by low-grade fever and sometimes diarrhea. The person may get full easily or have no appetite at all.

The condition may be preventable, to some degree, by eating a good diet. A “good diet” for an HIV-positive person may not be the low-fat, low-calorie diet recommended for healthy people. Compared with other people, someone with HIV may need to take in more calories and protein to keep from losing muscle mass. Foods to add to meals to do that include peanut butter, legumes (dried beans and peas), cheeses, eggs, instant breakfast drinks, milkshakes and sauces.

Lower viral load levels are better than higher levels. The main goal of HIV drugs is to reduce viral load as much as possible, for as long as possible. CD4 counts and viral load tests are usually done every three months. Results can help a patient and doctor to decide when it’s time to start taking anti-HIV drugs.

- **Blood sugar levels**

The body may become less sensitive to insulin because blood sugar levels increase. This can lead to diabetes. Exercise may be able to lessen the fat deposits around the gut. Diet can help lower the blood fats (cholesterol and triglycerides) that increase the risk of heart disease.

Experts aren’t sure whether these changes are due to HIV itself or to the anti-HIV drugs. There are no proven cures at this time, but there are steps a person can take to reduce the effects, including treatment by plastic surgeons with liposuction to remove fat and injections to fill out sunken areas, particularly in the face.

- **Herpes zoster (shingles)**

Shingles is caused by a virus, the same one that causes chickenpox. People with shingles usually had chickenpox as a child, and the virus is becoming active again. Symptoms can include painful skin blisters on one side of the face or body and some vision loss. The skin blisters can be extremely painful. Treatment is available to help the blisters heal, but there is no cure. Bathing them in mild soap and water can help. Antibiotic ointments can help keep the infection from spreading.

- **HIV dementia**

Sometimes called “HIV encephalopathy” or “AIDS dementia,” this disease is caused by HIV invading the brain. Symptoms can include memory loss, depression, unsteadiness walking, irritability or apathy and personality changes. This condition is less common now that there are drugs available to treat HIV. It may even be prevented by using HIV drugs that cross into the brain.

- **Common AIDS-related cancers**

Kaposi sarcoma (KS) is the most common cancer seen in HIV. This cancer is caused by the human herpes virus 8 (HHV-8). The virus can be spread by deep kissing, unprotected sex and sharing needles. It also can be spread from mother to child.
Symptoms include brown, purple or pink lesions (or blotches) on the skin, usually on the arms and legs, neck or head, and sometimes in the mouth. Sometimes there is tooth pain or tooth loss, weight loss, night sweats or fever for longer than two weeks. KS can also affect internal organs, most seriously the lungs. HIV drugs can slow the growth of lesions or even reverse the condition itself. KS has become less common and much more treatable since the development of effective combination HIV therapy.

Lymphomas associated with HIV include a large group of cancers that begin in the cells of the immune system. The cancers can go on to invade different parts of the body, such as the central nervous system, liver, bone marrow and gastrointestinal tract. Symptoms depend on where the cancer resides. Treatment varies depending on the specific cancer, but can include radiation and chemotherapy. HIV drugs, by boosting the immune system, can help the body fight the cancer, too.

In fact, the development of effective combination HIV therapy has greatly improved the outlook for persons with HIV-associated lymphoma.

**AIDS-defining illnesses**

Certain serious and life-threatening diseases that occur in HIV-positive people are called “AIDS-defining” illnesses. When a person gets one of these illnesses, he or she is diagnosed with the advanced stage of HIV infection known as AIDS, regardless of CD4 and viral load counts.

The Centers for Disease Control and Prevention (CDC) has developed a list of these illnesses. No single patient is likely to have all of these problems. Some of the conditions, in fact, are rare. The list includes 20 different diseases or illnesses. Detailed information on these opportunistic diseases can be found online at AIDS.gov website, https://www.aids.gov/hiv-aids-basics/staying-healthy-with-hiv-aids/potential-related-health-problems/opportunistic-infections/.

### DRUG TREATMENTS

**Treatment decisions**

HIV is a virus that can multiply quickly in the body. Even though no cure exists for HIV infection or the later stage of HIV disease, known as AIDS, there are many different drugs that can slow down the virus, and we know that the slower the virus grows, the longer people live and the healthier they remain. Most people who take medicine for their HIV infection can now expect to live healthy lives for many years.

Without treatment, however, HIV can make the immune system very weak. Because the immune system is what allows the body to fight off bacteria and viruses, the person will have a hard time staying well. Deciding to start taking anti-HIV drugs is a very personal choice, and one that cannot be made alone. A patient must talk with his or her doctor, who can help the person make a wise, appropriate decision.

**Symptoms (the patient’s “clinical status”)**

“Clinical status” refers to how well the patient is doing in general, including how well he or she feels. Before starting treatment, a doctor normally will look at whether the person has symptoms of HIV disease, which can be signs that HIV is weakening the immune system, and includes things such as weight loss, chronic fevers and opportunistic infections.

**What kinds of drugs are available?**

Anti-HIV drugs are also called antiretroviral drugs or antiretrovirals. They work because they attack the HIV virus directly. There are six major types of drugs used to treat HIV/AIDS. They are called antiretrovirals because they act against the retrovirus HIV; these drugs are grouped by how they interfere with steps in HIV replication.

1. **Entry inhibitors** interfere with the virus’ ability to bind to receptors on the outer surface of the cell it tries to enter. When receptor binding fails, HIV cannot infect the cell.

2. **Fusion inhibitors** interfere with the virus’s ability to fuse with a cellular membrane, preventing HIV from entering a cell.

The **FDA has approved these NRTIs:**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combivir</td>
<td>zidovudine + lamivudine</td>
<td>AZT + 3TC</td>
</tr>
<tr>
<td>Emtriva</td>
<td>emtricitabine</td>
<td>FTC</td>
</tr>
<tr>
<td>Epivir</td>
<td>lamivudine</td>
<td>3TC</td>
</tr>
<tr>
<td>Epzicom</td>
<td>abacavir + lamivudine</td>
<td>ABC + 3TC</td>
</tr>
<tr>
<td>Hivid</td>
<td>laticabine</td>
<td>3TC</td>
</tr>
<tr>
<td>Retrovir</td>
<td>didanosine</td>
<td>3TC</td>
</tr>
<tr>
<td>Sustiva</td>
<td>tenofovir + abacavir</td>
<td>TFV + FTC</td>
</tr>
<tr>
<td>Trizivir</td>
<td>abacavir + zidovudine + lamivudine</td>
<td>ABC + 3TC</td>
</tr>
<tr>
<td>Truvada</td>
<td>tenofovir + abacavir</td>
<td>TFV + FTC</td>
</tr>
<tr>
<td>Videx</td>
<td>didanosine buffered version</td>
<td>ddI</td>
</tr>
<tr>
<td>Videx EC</td>
<td>didanosine delayed-release capsules</td>
<td>ddI</td>
</tr>
<tr>
<td>Viread</td>
<td>tenofovir dicitrofate (DF)</td>
<td>TFV or Boc (POC)</td>
</tr>
<tr>
<td>Zerit</td>
<td>stavudine</td>
<td>3TC</td>
</tr>
<tr>
<td>Ziagen</td>
<td>abacavir</td>
<td>ABC</td>
</tr>
</tbody>
</table>

3. **Reverse transcriptase inhibitors** prevent the HIV enzyme reverse transcriptase (RT) from converting single-stranded HIV RNA into double-stranded HIV DNA—a process called reverse transcription. There are two types of RT inhibitors:

   a. **Nucleoside/nucleotide RT inhibitors (NRTIs)** are faulty DNA building blocks. When one of these faulty building blocks is added to a growing HIV DNA chain, no further correct DNA building blocks can be added on, halting HIV DNA synthesis.

   b. **Non-nucleoside RT inhibitors (NNRTIs)** bind to RT, interfering with its ability to convert HIV RNA into HIV DNA.

4. **Integrase inhibitors** block the HIV enzyme integrase, which the virus uses to integrate its genetic material into the DNA of the cell it has infected.

5. **Protease inhibitors** interfere with the HIV enzyme called protease, which normally cuts long chains of HIV proteins into smaller individual proteins. When protease does not work properly, new virus particles cannot be assembled.

6. **Multi-class combination products** combine HIV drugs from two or more classes, or types, into a single product.

These medicines do different things to the virus – they attack it in different ways – so using the different drugs in combination works better than using just one by itself.

To prevent strains of HIV from becoming resistant to a type of antiretroviral drug, healthcare providers recommend that people infected with HIV take a combination of antiretroviral drugs in an approach called highly active antiretroviral therapy (HAART). Developed by NIAID-supported researchers, HAART combines drugs from at least two different classes.

The Food and Drug Administration (FDA) has approved more than 20+ antiretroviral drugs to treat HIV infection. They help by lowering the viral load, as stated earlier, but these drugs also help fight infections and improve the quality of life for those infected with HIV.
Questions patients should ask doctors about all drugs
One of the most important things all people can do to make sure they take medications correctly is to talk with their doctors about their lifestyle, such as their sleeping and eating schedules. When a doctor prescribes a drug for any illness, patients should be sure to ask the following questions (and make sure they understand the answers):

- What dose of the drug should be taken? How many pills does this mean?
- How often should the drug be taken?
- Does it matter if it is taken with food, or on an empty stomach?
- Does the drug have to be kept in a refrigerator?
- What are the side effects of the drug?
- What should be done to deal with the side effects?
- How severe do side effects have to be before a doctor is called?

Staying on a treatment plan
During every visit to the doctor, a patient with HIV taking combination therapy should talk about whether he or she is having trouble staying on the treatment plan. Studies show that patients who take their medicine in the right way get the best results: their viral loads stay down, their CD4 counts stay up and they feel healthier.

What are drug interactions?
Anti-HIV medications can be affected by other medicines, including drugs people buy over the counter at a drugstore. Even herbal therapies and some things found in common foods can affect HIV medicines.

When one drug affects how another drug behaves, this is called a drug-drug interaction. For example, some drugs become less effective when taken together.

When something in food affects how a drug behaves, it is called a drug-food interaction. For example, grapefruit juice, taken at the same time as certain drugs, can boost the amount of these drugs in a person’s bloodstream to an undesirable level. People taking anti-HIV drugs need to be very careful about these interactions. Doctors are familiar with these interactions and can provide patients a list of drugs and foods to avoid, depending on what kind of medicine the patient takes.

Side effects of medications
Among the most common side effects of anti-HIV drugs are:

- Anemia, or a low red blood cell count. Symptoms include feeling tired, fatigued or shortness of breath.
- Diarrhea, which can be a minor hassle or a serious medical problem.
- Dry mouth, which can make it difficult to chew, swallow and talk. If it is severe or doesn’t go away, a doctor should be consulted.

However, not everyone who has HIV progresses to AIDS. With proper treatment, called “antiretroviral therapy” (ART), you can keep the level of HIV virus in your body low. ART is the use of HIV medicines to fight HIV infection. It involves taking a combination of HIV medicines every day. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS in just a few years. Today, a person who is diagnosed with HIV and treated before the disease is far advanced can have a nearly normal life expectancy.

As noted in this course, AIDS is the final stage of HIV infection, and not everyone who has HIV advances to this stage. People at this stage of HIV disease have badly damaged immune systems, which put them at risk for opportunistic infections (OIs). A person is considered to have progressed to AIDS if they have one or more specific OIs, certain cancers, or a very low number of CD4 cells. No safe and effective cure for HIV currently exists, but scientists are working hard to find one, and remain hopeful.

Conclusion
Today, an estimated 1.2 million people are living with HIV in the United States. HIV is a lot like other viruses, including those that cause the “flu” or the common cold. But, there is an important difference – over time, the immune system can clear most viruses out of the body. That isn’t the case with HIV – the human immune system can’t seem to get rid of it. That means that once a person has HIV, they have it for life.

We know that HIV can hide for long periods of time in the cells of the body and that it attacks a key part of the body’s immune system – the T-cells or CD4 cells. The body has to have these cells to fight infections and disease, but HIV invades them, uses them to make more copies of itself, and then destroys them.

Over time, HIV can destroy so many of CD4 cells that the body can’t fight infections and diseases anymore. When that happens, HIV infection can lead to AIDS, the final stage of HIV infection.

References:
4. 5 CDC. Estimated lifetime risk for diagnosis of HIV infection among Hispanics/Latinos—37 states and Puerto Rico, 2007. MMWR Adobe PDF file 2010.59 (40);1297-1301.
43. The populations most affected by HIV are:
   b. Gay, bisexual, men who have sex with men (MSM).
   c. Hispanic heterosexual males
   d. White heterosexual females.

44. ______ contains the highest concentration of the virus, followed by semen, followed by vaginal fluids, followed by breast milk.
   a. Tears.
   b. Urine.
   c. Sweat.
   d. Blood.

45. If ignored, HIV can lead to illness and ______.
   a. Impairment of the brain.
   b. Alzheimer’s.
   c. Death.
   d. Injury.

46. Once people are diagnosed with HIV, they need to pay close attention to their health and the most important issue is to track the condition of their __________.
   a. Physical senses.
   b. Heart.
   c. Immune system.
   d. Doctor’s suggestions.

47. The ______ has approved more than 20+ antiretroviral drugs to treat HIV infection.
   a. Centers for Disease Control and Prevention (CDC).
   b. Food and Drug Administration (FDA).
   c. Environmental Protection Agency (EPA).
   d. Drug Enforcement Agency (DEA).

48. When one drug affects how another drug behaves, this is called a ______ interaction.
   a. Drug chain.
   b. Combo
   c. Drug-food.
   d. Drug-drug.
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