



# Frequently Asked Questions



## What are the requirements for license renewal?

<b>Licenses Expire</b>	<b>CE Hours Required</b>
Biennial renewals are due on October 31.	16 (All hours are allowed through home-study)

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<b>Cost of Courses</b>			
<b>Course Title</b>		<b>CE Hours</b>	<b>Price</b>
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<b>Florida Department of Business and Professional Regulation Contact Information</b>
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# Table of Contents

## CE for Florida Salon Professionals

<b>CHAPTER 1: STRESS AND YOUR CLIENT'S NAILS</b>	<b>Page 1</b>
(2 CE Hours) Elective	
<b>CHAPTER 2: REPORTING YOUR INCOME TO THE INTERNAL REVENUE SERVICE</b>	<b>Page 13</b>
(2 CE Hours) Elective	
<b>CHAPTER 3: CHEMICAL MAKEUP AND CONDITIONS OF THE NAILS AND SKIN</b>	<b>Page 25</b>
(2 CE Hours) Satisfies Chemical Makeup Requirement	
<b>CHAPTER 4: WORKERS' COMPENSATION</b>	<b>Page 34</b>
(1 CE Hour) Satisfies Workers' Compensation Requirement	
<b>CHAPTER 5: HIV/AIDS</b>	<b>Page 41</b>
(2 CE Hours) Satisfies HIV/AIDS Requirement	
<b>CHAPTER 6: FLORIDA LAWS AND RULES</b>	<b>Page 53</b>
(2 CE Hours) Satisfies Laws and Rules Requirement	
<b>CHAPTER 7: ENVIRONMENTAL ISSUES</b>	<b>Page 72</b>
(1 CE Hour) Satisfies Environmental Issues Requirement	
<b>CHAPTER 8: OSHA: PROTECTING THE HEALTH OF YOU AND YOUR CLIENT</b>	<b>Page 76</b>
(1 CE Hour) Satisfies OSHA Requirement	
<b>CHAPTER 9: SANITATION AND STERILIZATION</b>	<b>Page 84</b>
(3 CE Hours) Satisfies Sanitation and Sterilization Requirement	
<b>Final Examination Questions</b>	<b>Page 102</b>
<b>Student Final Examination Answer Sheet</b>	<b>Page 105</b>
<b>Course Evaluation</b>	<b>Page 106</b>

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# Chapter 1: Stress and Your Client's Nails

2 CE Hours

By: Staff Writer

## Learning objectives

- ◆ Understand Maslow's Hierarchy of Needs.
- ◆ Describe the physiological reactions that produce the "fight or flight" response.
- ◆ Explain the relationship between stress and illness.
- ◆ Define and give examples of very aggressive and very passive behavior.
- ◆ List some characteristics of active listening and explain its purpose.
- ◆ Describe the physical effects of stress on hair, nails and skin.

## Introduction

We are bombarded daily with a variety of outward attacks that can cause stress, including work, family, social schedules, and high expectations for ourselves and from others. Beauty professionals often work with clients who are experiencing high levels of stress, but they usually don't know what has caused it for their clients. As you strive to make your service a more relaxing and enjoyable experience for your clients, you will have to look at the needs of people in general and find ways we can help meet these needs.

It is important to remember we all have needs, and when those needs are not being met, we get out of balance. When we are out of balance, there are many ways it shows. We can be emotional, have problems with our self-esteem, lash out at people and react negatively to things that are happening

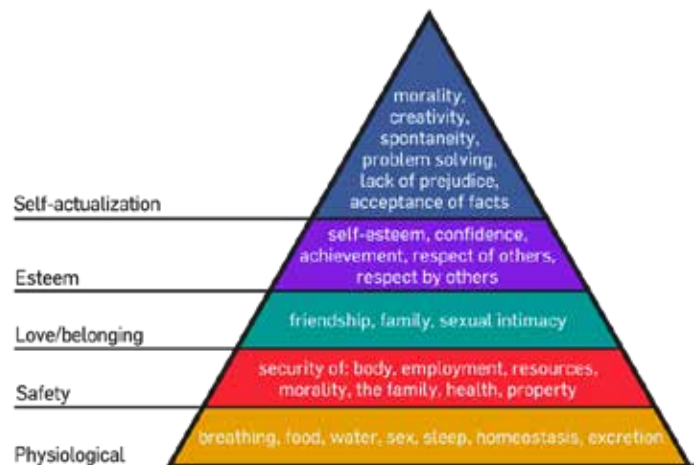
around us, and our bodies can show imbalance in many ways. Our energy levels, eating habits and many other factors can come in to play when we are not getting basic needs met. In our profession, when we look at hair, nails and skin, we can see signs that the body needs to be in balance.

As beauty professionals, just like everyone else, we also have to be keenly aware of the stress we carry within ourselves. Even though we may not realize it, how we are feeling internally can affect our clients. They can sense our stress and the inward pains and burdens we place on ourselves daily and think we are not happy with them. We must learn to take care of our basic needs so that we may better serve the needs of others. If you can master this, your chair will always be full, and you will not lack for clients.

## Hierarchy of Needs

There is a basic theory developed by Abraham Maslow (1908-1970), a noted American professor of humanistic psychology, called Maslow's Hierarchy of Needs, which helps us to see the basic needs of people. Each of us is motivated by needs; if we take a look, we can see not only our own needs, but also those of our clients and work towards meeting those needs. Our most basic needs, which have evolved over tens of thousands of years, are inborn. Maslow's Hierarchy of Needs helps to explain how these needs motivate us all.

Maslow's Hierarchy of Needs states that we must satisfy each need in turn, starting with the first, which deals with the most obvious basic needs for survival itself. Only when the lower order needs of physical and emotional well-being are satisfied are we concerned with the higher order needs of influence and personal development.



Conversely, if the things that satisfy our lower order needs are swept away, we are no longer concerned about the maintenance of our higher order needs.

Because we work in a service-driven industry, we must look at these needs and find where we can help serve those needs.

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## Prejudice

In our business, we deal with different kinds of people everyday. We need to check our prejudice at the door; prejudice can never be a part of a “people” business.

What is prejudice? According to Merriam-Webster.com, it is

- a. (1): A preconceived judgment or opinion (2): an adverse opinion or leaning formed without just grounds or before sufficient knowledge;
- b. An instance of such judgment or opinion;
- c. An irrational attitude of hostility directed against an individual, a group, a race, or their supposed characteristics.

Each person you come in contact with is an individual and a potential client. All persons should be treated with respect and without prejudice. The same respect you expect, you should give.

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## Dealing with difficult people and situations

You have probably worked with at least one or two “difficult” individuals in your career. It could be a coworker, manager, or client – anyone who makes your life more complicated or stressful by creating and including you in situations you would like to avoid. **Difficult people tend to contribute to a negative atmosphere.** They may have poor work habits or social skills. Difficult people are likely to complain when their business is too busy and when it is too slow. They may be petty and gossipy, start rumors or repeat unhelpful comments.

Difficult people may talk too much, be loud, rude or physically imposing. They may be verbally or physically abusive. They may be sulky or give you the silent treatment. They may be bullies or nags. They may be constant whiners or pathological liars.

Difficult people make your life difficult. While spas and salons are supposed to offer a little sanctuary from the daily grind, they may have just the opposite effect on cosmetologists or technicians who are plagued by a difficult personality at work – a client who always raises your blood pressure, perhaps, or a manager who won’t stay out of your business.

Difficult people encourage burnout in those around them. We may feel manipulated by them. They make us lose our temper, slow down progress and prevent us from getting things done. They may make us feel guilty, anxious or upset. In many cases, working with someone you don’t get along with is not only a difficult and stressful experience, but one that also negatively affects productivity. Coworkers who are not happy in their positions can bleed discontent onto their clients or coworkers. Even if you try to hide dissatisfaction or frustration from your superiors, coworkers and clients, this kind of stress can build up, and it is possible to sense the negative energy in your environment as well as be affected by it.

Maslow’s original Hierarchy of Needs model is shown on page one. It was developed between 1943-1954, and first widely published in *Motivation and Personality* in 1954. At that time, the Hierarchy of Needs model comprised five needs.

This original version remains for most people the Hierarchy of Needs.

Personal presentation is a way of expressing one’s identity. The appearance of the stylist/creative artist in the workplace is part of his or her professional persona. Discomfort and debate can occur when an individual’s appearance conflicts with role expectations. Prejudice is part of this conflict; often a client will show prejudice towards a stylist. As professionals, however, we must not let that influence us and instead keep our personal views of others private.

**Stereotyping is another form of prejudice that should be avoided in the salon.** Just because a person has gray hair does not automatically mean he or she should get a color service. We need to always see people as individuals and not make assumptions.

We encounter difficulties and negative responses in others everyday. What should we do when confronted by difficult people who are pains to deal or work with?

You may try to reason with the person, ignore the behavior or respond in kind: When someone launches into you, you launch back. But this brings you no closer to a solution, and may make the situation worse. Ignoring the person contributes to lowered morale in general, because difficult people tend to make everyone a little more on edge. You also may resent that the individual causes you distress and uses up your time and energy. Irritation and frustration can mount until tempers explode.

What if you could respond in a way that effectively diffuses the anger and directly addresses the dilemma? It is possible to change the way you deal with difficult situations and behaviors, to bring out the best in people and effectively address difficult people and situations. This section should help you:

- Examine the “challenging” behaviors you encounter.
- Understand something about why people act as they do.
- Analyze how you react to them.
- Learn ways to prevent and address difficult situations.

## Habitual responses; emotion vs. logic

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Before you can address the problem of difficult people and behaviors, you must be able to observe and identify your own actions and moods realistically and objectively. If these statements describe how you feel about a particular person, assess how strongly that person affects you and to what degree this individual negatively influences your behavior:

- Talking or working with this individual drains my energy.
- When I know I have to have contact with this person, my mood takes a turn for the worse.
- I tense up around this person.
- I would be very relieved if I knew I did not have to encounter this person anymore.
- I plan ways to avoid this person.
- This person seems to bring out the worst in me. I do not like how I act around him or her.

If you see yourself in these statements, you are having strong emotional reactions to this individual and are likely experiencing a significant amount of stress related to him or her. **Tension or stress may manifest itself over time in physical symptoms like stomachaches or headaches and stress-related behavior, including impatience, anger, sadness and overreaction.** In some people, long-term reactions to stress may include depression. Stress over long periods can run you down and eventually take its toll on your health.

Learning techniques to handle difficult people or address difficult behavior involve a number of steps. The first step is learning to identify your own emotional responses in a difficult interaction and to realize this about human emotions and behavior: Much of how we think and act is a matter of habit or repeated patterns of behavior, including the way we deal with difficult people or situations. If our habits are negative, our results tend to be negative, too. The challenge is to express the negative emotions you feel in useful, positive ways.

Most people are unable to behave logically under stress because they react automatically, without thinking. Confronted with difficulty, the body tends to respond with the “fight or flight” response, when the heart beats more rapidly and perspiration increases. **This reaction, called “acute stress response,” is an evolutionary reaction to threatening situations.** It causes us (and other vertebrates) to react in one of two ways, to either address the danger (fight) or run away (flight).

During the acute stress response, the sympathetic nervous system triggers the release of epinephrine and norepinephrine from the medulla and adrenal glands. These speed up the heart rate and breathing and constrict blood vessels in certain parts of the body, while opening blood vessels in the muscles, which tighten, or tense, the muscles as the brain, lungs and heart work harder, preparing the individual for either fight or escape. Adrenalin surges, making the person alert, aware and physically ready for what comes next.

Humans commonly respond angrily to difficult situations because of this physiological response. Instead of responding

with a thoughtful reaction, from the left side of the brain (the problem-solving, logical part), we react with the right side of the brain – emotionally, irrationally and without logic. You can control this reaction by developing your awareness, identifying your physical reaction to stress and the associated emotional response. This insight allows you to begin controlling your responses in a difficult interaction, instead of allowing your automatic responses to control you.

Think about how you react when someone drives dangerously near you, cutting you off, for example. Most people respond angrily to a threat like this. How do you react? Does the anger fade quickly? Are you likely to say a few choice words about bad drivers to your passenger? Will you swear at the individual? Even follow him just so you can give him a piece of your mind? Do you find a way to stay irritated for a while, or, does this one moment pass easily, with you realizing that you felt personally threatened and perhaps even fearful for a moment?

Some people’s attitudes are easily influenced. They may be moody – up one day or hour and down the next, with little or no idea why, reacting blindly or emotionally without analyzing their reactions or resulting behavior. Do you react automatically to the people around you? Does someone else’s bad mood tend to rub off on you? If you are the kind of person who chooses to remain upset long after a near-collision, you can’t continue to blame the other driver. Realize that your responses to difficult people or situations are entirely your own decision and completely under your control. If you choose to replay the incident in your mind and refuel your anger, you are wasting a great deal of energy on events in the past that cannot be changed.

Next time you feel emotion and logic at odds with one another, pulling you in opposite directions, focus your attention on your physical and emotional reactions. When you are able to pause instead of blindly reacting, you will begin to gain control over your moods and choose how you react. While it may not be possible to do in all cases, it is a simple, but profound step towards controlling your moods instead of being controlled by them.

Like us, other people’s difficult behavior may be steeped in habitual patterns. We all develop responses to other people’s words and actions that can automatically take over if we let them. By interrupting our own negative repeated strategies, it is possible to break the pattern, allowing the interaction to shift from one of frustration to the beginnings of a solution.

Difficult people are seeking particular things in response to their behavior. You may be unable to see the benefits they reap because they are not things you desire. Difficult people, for example, may not only want to get their way, they may get some satisfaction from “pushing your buttons” or making you lose your temper. Difficult people may feed into or encourage our own difficult nature. Instead of playing into their behavior by contributing to or escalating

the conflict, learn to switch off your defense mechanism when confronted with negative actions or words. Practice the following:

- Recognize your automatic reaction.
- Take deep, measured breaths and focus on your breathing until you feel the physiological response dissipating.

Learn to refrain from pointless arguments or accusations that exacerbate the difficult situation. This gives you an opportunity to respond in a way that is productive and brings about a good or better outcome. By recognizing and not reacting to or adding to conflict, you will no longer be held

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## Principles of conflict resolution (getting along with others)

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Working in harmony with other individuals can be a matter of establishing and implementing a number of principles to help you control your own words and actions and create the foundation for a peaceful, or at least less stressful, work environment. While there are many different philosophies of conflict resolution, many stress the same guiding principles. The following guide, drawn from Zen Buddhist teachings,<sup>1</sup> includes many of these common principles. Notice how many are directed at changes in one's own thinking and behavior:

- Take responsibility for our vulnerabilities and emotional triggers in relationships with others.
- Investigate our own responsibility in the conflict before speaking with another.
- Practice non-stubbornness by holding an open heart, a willingness to understand and a desire to reconcile differences.
- Have face-to-face resolution of the conflict with the other person or people involved.
- Use anger in a constructive and respectful way, allowing it to teach and transform us for the better, avoiding the poison of envy and comparing ourselves to others.

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### Principle 1: Stop trying to change other people

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Trying to change the difficult person does not resolve any problems and typically leaves you even more frustrated and angry. So instead of trying to change that person, to make them less difficult, accept that person as he or she is, with faults – like you. Simply by choosing to accept people as they are, we create a less stressful environment. People telling others how

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### Principle 2: No blame-game

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People grow accustomed to blaming others or themselves when things go wrong instead of looking for ways to fix the problem without focusing on who is wrong and who is right. **Blame does little to resolve a difficult situation.** Learning to

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### Principle 3: It's not about you

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**A necessary aspect of this strategy is learning to depersonalize communication and behavior. It is the realization that, in most cases, the difficulties you encounter are not at all about you.** When a person ignores you or speaks unfairly to you, how do you handle it? Do you feel angry with the person, assume their words to you were malicious and intentional? As you go through the day, do negative feelings about the person persist? Do you hate others because you think

hostage by your moods and automatic reactions, and difficult people will not seem so difficult. Once you learn some strategies for dealing with problem behaviors, you will be able to take charge of the interaction or situation and promote a more peaceful environment.

Learning to deal with difficult behaviors in others requires you to manage your part of the interaction effectively. While events may occur beyond your control, your response is still within your control, and you are entirely responsible for your own reactions.

- Separate the behavior from the person, seeing the situation as an opportunity.

Perhaps the core principles of conflict resolution or dealing with difficult people are to maintain respectful relationships and try to resolve issues without emotion. The first part of this chapter introduced the importance of observing your emotions and learning to stop yourself from automatically reacting without thinking. The next part discusses some principles of respectful communication.

Like the principles above, these ways of thinking revolve around changing you and the way you respond to difficult people. This is because, as much as we try, we cannot change other people. The most effective changes are those we implement internally, changing ourselves. By changing the way you respond to difficult people, you change the type of interaction that results. By shifting the focus to yourself and your own behavior, you have the means by which to change the nature of the interaction from negative to positive.

they should change leads to heightened conflict; accept that you no longer have to try to control or influence other people's thoughts and behavior. Your mission cannot be to persuade everyone that you are right. Leave that burden behind and accept that you are not responsible for changing minds.

address negative energy or attitudes around you without blame is an integral part of dealing with difficult people. This means relaxing your judgment of people and assuming the best of those around you, giving them the benefit of the doubt.

they hate you? This kind of thinking perpetuates negative behavior on both sides and gets you no closer to a solution.

Negative behaviors or responses often come from our own feelings of insecurity. Learn to listen to others without forming these presumptuous attitudes that revolve around your ego. When you are talking to a difficult person, realize that you already have a bias against them, that you may be predisposed to interpreting his or her comments negatively or

in a judgmental way. In so many cases, a perceived snub has nothing to do with you. Perhaps the person had a long day, or is preoccupied with some recent bad news. By learning not

to interpret the interaction as a personal affront, we give the person the benefit of the doubt.

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## Principle 4: Treat people well

Practice treating difficult people with as much kindness and patience as you can. If you are respectful toward them, you may find their behavior loosens up or bothers you less. Remember

that anyone can be someone's difficult person at some point, even you, given the right (or wrong) circumstances.

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## Principle 5: Don't waste your time and energy on things you cannot change (like the past)

Many people are unable to let go of the anger or frustration associated with a source of negative stress. Practice mentally throwing the problem away by putting an end to rumination or replay of the situation in your head. Do not occupy your time repeating the story, or endlessly complaining to other people. Use this energy for more productive pursuits.

Choose to focus your energy on the present and future, rather than waste it on past events that cannot be changed. Many people find the "Serenity Prayer" by Reinhold Niebuhr a good reminder about wasted emotional energy:

*"God grant me the serenity To accept the things I cannot change, The courage to change the things I can, And the wisdom to know the difference."*

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# UNDERSTANDING BEHAVIOR II

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## Communicating needs: assertiveness, aggression and passivity

Much of a person's ability to deal usefully with emotions like anger and frustration is associated with his or her style of behavior or degree of assertiveness. Assertiveness refers to the spectrum or range of behavior between passivity at one end and aggression at the other. It may be one of the first things you notice about another person's behavior.

Individuals respond to difficult situations with different degrees of assertiveness. Stress tends to pull at people emotionally, making them either more or less passive or aggressive than is usual for them. Assertive people differ from passive and aggressive people in their ability to acknowledge and state their own needs and respect the needs of others. Passive or aggressive individuals are typically unable to do so.

Here are statements some people with aggressive or passive/aggressive tendencies might make:

- I often yell back when someone yells at me.
- When someone tries to boss me around, I frequently do the opposite of what he or she asks.

- I often take my time just to "show" someone when he or she tries to boss me around.
- I often make threats that I really don't intend to carry out.
- When I'm feeling insecure and jealous, I'll often pick a fight with someone rather than tell him or her directly what's on my mind.
- Starting arguments with someone when he or she disagrees with me is something I often do.
- Slamming doors is something I often do when I get mad at someone.
- I'll often do something on purpose to annoy someone, and then apologize when he or she accuses me of it.
- I will often break a rule someone has made just to spite him or her.
- When someone makes me do something that I don't like, I often make a point of getting even later.
- I often won't do what someone asks me to do if he or she asks in a nasty way.

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## Aggression

Aggressive, or domineering, thinking focuses on meeting one's own needs at the expense of others. Aggressive individuals often ignore the impact of their behavior on others; it is an "I win, you lose," position, incorporating a variety of aggressive methods of control, including dishonesty. Judging, criticizing, out-talking, or being loud and intimidating can all be used to dominate other individuals.

Being aggressive often involves a belief system that puts the aggressor's standards and needs above others. Aggressive people may think they are the only ones who have a corner on the truth of a situation. They may be very stringent about following their rules, but not those of others. Aggressive

individuals do not consider other people's wishes and have little respect for others' needs and rights. Things may have to go their way or no way at all.

Aggressive people may have had backgrounds in which domineering behavior was encouraged or rewarded. While they may appear very confident, they often have poor self-esteem and may be unable to accept blame. Unlike passive manipulators, aggressive individuals tend to be obvious in their attempts to push people around. A bully, for example, is one type of aggressive personality that typically uses some form of obvious mental, physical or monetary coercion to force others to do as they wish.

Another type of aggressive or dominating personality is the con man who uses deception or subterfuge, often relying on verbal skills to persuade others to do what they want. Con men differ from other aggressive manipulators in their ease and ability to lie, and lack of concern about speaking falsely. The terms sociopath and psychopath refer to two extreme forms of con-men behavior, individuals who have little regard for others' welfare and engage in extreme behavior to get what they want, with few or no signs of guilt.

Dominant or aggressive behavior also may manifest itself in judgmental control, a "holier than thou" or know-it-all attitude that keeps others off-balance. The judgmental person thinks he or she is morally or intellectually right or has the truth on

## Passivity

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Passive or nonassertive thinking focuses on meeting others' needs at your own expense. It is a "You win, I lose" proposition. Passive people typically allow others to control them, but are also capable of manipulating or controlling others. Individuals who tend toward passive behavior in times of stress are likely to feel angry and victimized or taken advantage of. They may feel frustrated, feeling they never get their way, and have little control over their lives. They may be sulky or withdrawn, thinking that no one listens to what they say anyway. They may have little confidence in themselves and be reluctant to accept change.

Indirect, passive manipulators may use subtle or devious means to get their way, including sabotage, sarcasm, "playing the martyr" or the silent treatment. They may be inclined to use passive/aggressive measures, spreading rumors, making

## Characteristics of assertive behavior and communication

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Assertive thinking and behavior balances an active concern for one's own welfare and goals with those of others. It comes from a genuine wish and attempt to find "win-win," long-term solutions to recurring problems as opposed to superficial or temporary stopgap measures that ignore the underlying cause of the problem. Assertive communicators face difficult situations squarely, while nonassertive people tend to avoid directly addressing the root of the problem.

The assertive approach uses the individual's respect for him- or herself, treating the other person in an understanding and kind way while remaining focused and firm enough to accomplish the win-win solution. While the ultimate objective of the assertive approach is finding immediate and lasting solutions to problems,<sup>2</sup> assertive communicators endeavor to de-escalate conflict and improve communication, bringing people closer together. Assertiveness tends to be the most effective response to nonassertive, aggressive or manipulative behavior, but learning to act assertively typically requires some degree of training and skill; nonassertive and aggressive responses, by contrast, are emotional and automatic.

Assertive communicators tend to be more emotionally open and honest about their feelings and thoughts. They tend to act kindly and diplomatically throughout the difficult situation, and speak and act in respectful ways. Assertive communicators are more likely to express care or concern for another person,

his or her side, thus implying that the person with whom they are in conflict is not as intelligent or as good a person in some way. This kind of manipulation is dishonest in that judgmental people claim they are doing the right thing, while their real motivation is to control the situation and get their way.

While aggression allows the difficult individual to get his or her way in one sense, aggression manipulation works against the difficult individual because other people learn to fear or resent and distance themselves from the difficult person. Like passive individuals, aggressive people may have poor social skills and little trust in others. They may feel suspicious, angry and wounded by others' reactions to them.

fun of others, or talking behind others' backs. They may hide their feelings, pretending that everything is fine while they are actually seething inside. Sometimes a person can go from one extreme to the other; a person who is typically nonassertive will become aggressive. This may happen because small amounts of resentment build up until the last straw, when they lose their temper.

Passive manipulation may also be subconscious, and include withdrawal, feeling depressed or "down," and a disinclination to communicate or cooperate. Passive personalities may be overly dependent on others, hypersensitive to criticism and lacking in social skills. Passive behavior can be frustrating to more motivated, efficient workers, who may feel they're carrying dead weight at their place of employment.

to compliment or commend him or her even in the midst of a difficult situation.

The following statements describe characteristics typically found in people who practice assertive behavior and communication:<sup>3</sup>

- Confronting someone with a problem as it comes up is seldom a problem for me.
- Telling someone that he or she is taking advantage of me is not difficult for me to do.
- If someone is annoying me, I do not find it difficult to express my annoyance to him or her.
- Saying "no" to someone when I want to say "no" is easy for me to do.
- I am able to ask someone to do me a favor without any difficulty.
- I do not have difficulty telling someone my true feelings.
- Challenging someone's beliefs is something I can do with little difficulty.
- In general, I am very direct in expressing my anger to someone.
- I do not have trouble saying something that might hurt someone's feelings when I feel he or she has injured me.
- Expressing criticism to someone is not a problem for me.
- I can express a differing point of view to someone without much difficulty.

- I often let someone know when I disapprove of his or her behavior.
- In general, I am not afraid to assert myself with someone.

- I do not give someone the silent treatment when I'm mad at him or her. Instead, I just tell the person what has angered me.

## Honest, but kind

Assertive communicators use words with great care because they know words can hurt people deeply, causing great pain. Choosing to speak kindly and carefully does not mean that you cannot voice your opinions or disagree with the difficult person. It means you do not use words to attack or undermine. During a difficult encounter, speak the truth, but tell it in a way that is supportive, building up self-esteem rather than tearing it down. Always bring attention to a sensitive issue in private to avoid an audience, and try to discuss problem behavior without indicting the person behaving that way.

Assertive communicators are honest, diplomatic and diligent about keeping their word. They back up their words with action because they know that if you do not follow up your promises

or statements with the specified actions or behaviors, people will begin to doubt what you say.

Words can bond people in close relationships or rip them apart. Assertive communicators realize their power and use it carefully. Poorly or angrily chosen words, once spoken, have an impact that can never be taken back. Thoughtless words can get back to the person they're about, wounding him or her deeply, making the person feel surrounded by false friends. When you are speaking about another person, consider the following: Would that person be wounded by your words if they were repeated by someone else out of context without you around to defend yourself? Even after an apology, there is some residue of hurt or anger from wounding words.

## Positive intention, high expectations and giving the benefit of the doubt

Assertive communicators are compassionate and nonjudgmental. They realize they cannot know all the experiences that made the difficult person what he or she is today. Instead of judging or blaming the difficult person, the assertive communicator is sensitive to the needs of the difficult individual and treats him or her compassionately.

Assertive communicators know that much of our ability to know and get along with others is dependent on healthy self-esteem. We all travel with an Achilles' heel, some weakness or sensitivity that is particularly acute to us. Sometimes what we react to in others is the weaknesses we identify in ourselves. Difficult situations can be emotional and confusing. Unless you specifically state your good intent, there is a possibility that your words and behavior will be misunderstood or misinterpreted. Showing your positive intent through words and actions can be like knowing the magic words to make the situation easier.

In this important dimension of assertive communication, the speaker identifies a positive intention behind the difficult behavior and treats the difficult person with a positive, charitable manner. This means acknowledging that the difficult individual does not mean to be difficult, that he or she is operating out of goodwill and toward positive objectives.

**Difficult people may feel victimized by the world around them, believing that no one is on their side and everyone is against them.** Showing your positive intent is showing the caring emotions that are the context for what you are saying. Showing your positive intention lets the difficult person know where you are coming from emotionally. When you state your positive intent toward the person, you give them

positive feedback; the individual may expect to hear accusatory language but instead, hears concern and interest.

Stating positive intentions can be as simple as learning to say, "I'm sorry that you're having a problem. How can I help?" Expressing concern immediately reduces anxiety and conflict and increases goodwill. The difficult person feels you are not against him or her. Holding these thoughts about the difficult person will influence the way you speak and act to the person, avoiding an accusatory language or tone. In stating or confirming that you understand the difficult person has good intentions, you develop a bond of goodwill and an awareness that you are both on the same team.

Giving someone the benefit of the doubt is one of the most powerful tools for bringing out the best in people at their worst. People both rise and fall to the level of others' expectations. Have you noticed, once people have a negative opinion of you, you feel it is impossible to redeem yourself in their eyes? When a difficult person behaves in a difficult way, you may be tempted to think, "That's why everyone has a problem with you." It is easy to let your preconceived notions about the difficult person allow you to make the assumption that a behavior is rooted in negative intention. But even behavior that appears negative can come from good intent.

We tend to associate difficult people with negative feelings and reactions. We can reinforce those notions about them, or we can assume the best – which can have a positive effect on difficult people. Instead of criticizing them or telling them why they are wrong (making them defensive), you can minimize their apprehensive, protective defense mechanisms. As they learn to disassociate you with negative words and actions, they will stop seeing you as the enemy and be more receptive to what you say.

## Difficult people want to be heard and understood

Most people want two things from a verbal interaction. They want to know that they have been heard, and they want to know

that what has been heard has been understood. Arguments often erupt in a situation where two or more people are trying

to be heard and understood at the same time. For effective communication to result, one person must be the listener, open to hearing and understanding what is said.

Feelings of anger associated with the difficult situation are commonly the combination of two things: the original reason for unhappiness or distress, and the associated frustration and feelings of helplessness because no one is listening to, understanding or helping the person solve the problem. Listening to what the person has to say has an immediate diffusing effect on hostility by addressing one of the sources of anger. In fact, a kind, understanding word is sometimes all that is needed to cool emotional overreactions and promote good will.

Difficult people often feel their good intentions are being misunderstood, that they are not being heard and understood. Learning good listening skills and behavior, asking important questions and providing appropriate feedback ensures that the difficult person feels heard and understood. In fact, by listening attentively, you can even prevent difficult people from becoming difficult, because taking the time to listen increases feelings of cooperation and understanding.

## Listening skills

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Assertive communication requires good listening skills. Assertive communicators listen carefully, responding with sympathy and targeted questions that get at the heart of the issue. They pay close attention to what the individual is saying instead of wandering off on their own thoughts, or thinking ahead to how they will respond. Active listeners have an open mind and are able to consider other people's points of view.

Being a good listener means that you:

- Don't tune out.
- Don't interrupt.
- Are open-minded and don't already have your mind made up.
- Maintain good listening behavior (such as eye contact – don't look down or around the room).
- Ask questions to clarify and provide feedback.

Do you tune out? Sometimes we don't hear what people say because we are bored or preoccupied; our minds wander off on their own little journeys, thinking their own thoughts. While the person is speaking, we are contemplating many things, including what we will say when it is time to respond. You may have poor listening skills in general or the tendency to tune out the difficult person because you associate him or her with something unpleasant.

Do you interrupt? Interrupting individuals before they are finished speaking should be discouraged. Try not to rush the difficult person, read his or her mind, or anticipate what he or she is about to say. Let the person make a statement at his or her own pace. Do not try to hurry the discussion along or solve the problem before you've heard all the pertinent details.

In some cases, listening may not be a useful use of your time. Difficult people who complain constantly sometimes try to draw others into their drama. In this case, keep the interaction as short as possible. For difficult people who talk a great deal and listen too little, you may have to interrupt to be heard at all.

Understanding is both an emotional and intellectual process. In a difficult situation, you must persuade the difficult individual that you understand on both levels. We do this by our appearance and behavior, the questions we ask and feedback we give. Most people focus on the way you say things as much or more than what you say. Your intentions are not nearly as relevant as your behavior. Both should have the same message.

When people are venting their frustrations or complaining, demonstrate that you are paying attention to their emotions and words. Pay attention to nonverbal signs of communication and seek clarification if you suspect that you and the other person aren't on the same page. Fatigue, disability, language difficulties and cultural issues are some of the many factors that complicate communication between two people. Some people have an initial period of difficulty speaking their mind; they may feel rude, awkward or not want to express disagreement with you. As you grow more familiar with one another, your interactions will likely become more natural and comfortable.

If a person raises his or her voice to you, will not let others speak or complains without end, it may be necessary to kindly but firmly interrupt the individual and redirect the conversation. The interruption must be unemotional, without anger or blame. Speak respectfully to the individual, using his or her name to get their attention, for example, "Excuse me, John." Aggressive people are likely to raise their voices in an effort to speak over you, escalating the conflict. Continue to politely repeat this until the difficult person finally stops speaking and turns his or her attention to you.

Do you listen with an open mind? Some people are not willing to entertain the prospect of changing their opinion, no matter what they hear. Do you consider what the difficult person is saying without predisposition or bias?

Do you show good listening behavior? Is your tone of voice and body language saying the same thing as your words? Are you making eye contact and nodding or commenting to show your interest? Do your questions further understanding of the difficulty? How do you look and act? Are you tapping your foot, or are your eyes darting around the room? Are you thinking about how you're going to respond to the individual? Not only your words, but your body language and manner of speaking (volume and tone of your voice) also should convey interest and concern.

Do you ask the right questions and provide appropriate and supportive feedback?

Do you use the principles of active listening, paraphrasing and asking questions when you need clarification and to show you are interested and listening to what is being said?

At some point, the individual may stop talking or start to repeat what he or she has already said. At that point, you provide feedback, consisting of a statement of positive intent, then

feedback or clarification of what the he or she just said. If you think you understand what the person said, briefly summarize what you heard using some of the same terms the difficult person used. By using the same words they used, you convey that you have been listening intently and understood the meaning they intended. Do not replay the whole conversation, simply the main points. Note any statements in which the difficult individual mentioned his or her feelings as much as you emphasize what happened in the sequence of events.

Finding a solution to a problem often requires learning more information or different information than the difficult person is giving you. Clear up confusion with specific questions that will help you understand the difficulty. Asking questions also communicates to the difficult person that you are interested in finding a solution for the problem. Clarification (questions) should be phrased in an even-handed, unemotional tone. Avoid sounding accusatory or phrasing questions in a blaming way.

Difficult people may speak in vague generalities or provide little of substance in what they say. Ask brief questions that clarify the factual details until you and others begin to have an understanding of the difficult situation and why the difficult person feels this way about it. There are usually rational reasons at the root of every action or behavior. Ask questions until you understand the motivation behind the difficult behavior.

Most clarification questions begin with “who,” “what,” “where,” “when,” and “how.” Use them to fill in any information gaps left by the speaker. Asking questions that fill in the blanks helps the difficult person pull himself out

## Clients' needs

There are many ways we in the service industry can help meet the needs of our clients. They are simple but sometimes overlooked ways of increasing the motivation and meeting those needs.

- **Smile** – A smile given with sincerity can make all the difference in a client’s day as well as the time spent during the service being provided. A smile conveys a respect for others and meets a basic esteem need in people.
- **Warm professional handshake** – A proper handshake can give a sense of belonging, which is part of the second stage of basic need needs in Maslow’s Hierarchy of Needs. You can show acceptance and meet the need for love and affection. However, your handshake can also create the reverse and cause your client to feel unwelcome. Touch is an important part of our profession in the creative arts field; our touch needs to convey a sense of belonging and acceptance. This starts with the handshake.
- **Talk in a soft, calm voice** – A soft tone not only causes people to lean in and listen but most often creates the response to use the same tone. Using a calm, soothing, professional tone can relieve stress not only in your client but in yourself, too.
- **Professional appearance** – Hairstyling is a field that places great emphasis on fashion and style, and a stylist can greatly increase his or her income, reputation and client base by dressing in a professional and stylish manner. Chances are, a

of the difficult situation and also makes him feel his difficult situation is being addressed seriously and respectfully.

Your focus in asking questions should be:

- To clarify the meaning of the situation for the difficult person.
- To clarify the person’s intention in the interaction.
- To clarify the criteria for a solution or way to ease the person’s distress.

Asking the difficult person to explain his or her reasoning can be very useful. Ask the difficult person what rationale or criteria led him or her to the problematic conclusion or decision. After learning these criteria, summarize them to the person and confirm that these are the reasons or rationale behind their position. If you sense defensiveness, acknowledge good intent and confirm that you understand what they are trying to accomplish.

After clarifying any questions you have about the difficult situation, summarize what you’ve heard, answering these questions:

- What is the problem?
- Who is involved?
- When it happened?
- Where it happened?
- How it happened?

By doing this, you demonstrate to the listener that you are working to understand his point, and you provide the individual with the opportunity to fill in any gaps, if either you or the other person missed an important detail. When you are done summarizing, ask the individual if you understand him correctly. And confirm that you understand.

stylist who wears fashionable and trendy clothing to work will attract a more prestigious and affluent base of clients than a stylist who comes to work wearing jeans and a tank top.

- **Be aware of how you look and smell to your clients.** Are you smacking gum in their ears? Is your top cut so low that your client is getting too much of an eyeful? Are your clothes so tight or short that there is nothing left to the imagination? Is your clothing so loose that it is hitting your client? Is your jewelry rattling? Is your perfume so overwhelming, it covers any other scent within a half-mile? If any of this is so, you can bet that it is causing added stress in your client.
- **Offer comforts** – Providing water, tea, coffee or snacks are good customer service anyway, but especially so to the stressed client. Meeting basic human needs is key to stress relief. Make sure they are comfortably seated at your station. Things like air and water temperature make a big difference to those you serve.
- **Personal space** – Be aware of how comfortable your client is about having you in his or her personal space. Find a balance of comfort for your client and proper ergonomic positions for yourself.
- **Safety and sanitation** – We cannot repeat this enough! If your client ever feels unsafe or that your sanitation is in question, you can be guaranteed that he or she will not return or refer others, no matter how good your technical skill.

- **Team spirit** – Don't be a rock and an island. You are part of a team, even if it is just you and your client in the room. Make clients feel like they are a part of what is going on. Include other workers and support each other in making every client feel that he or she is special. Clients can feel and often see that there are stresses and tensions going on between salon employees. Keep in mind, you are there to serve the customer's needs, not your own.
- **Be an active listener** – Give clients the attention and care to be able to relax. Do not go on and on about yourself. It is about them, not you.
- **Offer helpful information** – Suggest some of the ways you have learned to handle stress.
- **Recommend extra service** – A cleansing facial using steamed towels and gentle exfoliation, a scalp massage and treatment, even a discount can be a stress reliever. Consider all the services your salon offers for other ideas.

## Stress effects on hair, nails and skin

*(American Academy of Dermatology. "Feeling Stressed? How Your Skin, Hair And Nails Can Show It," 2007)*

Speaking at the American Academy of Dermatology's SKIN academy, dermatologist Flor A. Mayoral, MD, FAAD, clinical instructor in the departments of dermatology and cutaneous surgery at the University of Miami's Miller School of Medicine in Miami, Fla., discussed the most common outward signs of

stress on the skin, hair and nails, and offered stress management tips to control these symptoms. "In treating hundreds of patients over the years with skin conditions such as eczema, rosacea, acne and psoriasis, I have seen firsthand how stress can aggravate the skin and trigger unexpected flare-ups that, in effect, create more stress for patients," said Mayoral. "Learning how to manage the effects of stress on your skin can help alleviate some of the anxiety and symptoms."

### Stress and the skin

When a person becomes stressed, the level of the body's stress hormone (cortisol) rises. This in turn causes an increase in oil production, which can lead to oily skin, acne and other related skin problems. Mayoral noted that even patients with skin that is not affected by acne tend to develop temporary stress-related acne caused by increased oil production.

(in this case, during final examinations) affected the skin's response to repeated stripping of cellophane tape on the subjects' forearms vs. periods of lower stress (such as after returning from winter vacation). Researchers found that it took longer for the skin to recover from the minimally invasive tape stripping during periods of perceived higher stress than during less stressful periods.

In fact, a study in the January 2001 issue of the Archives of Dermatology entitled "Psychological Stress Perturbs Epidermal Permeability Barrier Homeostasis," found that stress has a negative effect on the barrier function of the skin, resulting in water loss that inhibits the skin's ability to repair itself after an injury.

"This study was the first of its kind to suggest what dermatologists anecdotally have known for years – that psychological stress adversely affects the normal functions of the skin," Mayoral said. "While the subjects in this study did not have any pre-existing skin conditions, I would suspect that people with skin conditions such as eczema or psoriasis would have been even more adversely affected by this experiment."

Specifically, the study involving 27 medical, dental and pharmacy students examined how periods of higher stress

### Stressed-out hair

There are many reasons why men and women lose their hair, but Mayoral believes that stress may be the primary reason for unexplained hair loss. When someone is under stress, hair can go into the telogen (fall-out) phase. Telogen effluvium is a very common hair loss problem that can occur up to three months after a stressful event. After the initial hair loss, hair usually grows back in six to nine months.

and healing. As such, hair does not grow as much, and some may shed and not grow back right away.

Life-changing events such as childbirth or surgery also can cause hair loss. Mayoral explained that during these times, the body takes a time-out from growing hair to concentrate on recovery

"Stress affects people differently – some may develop an ulcer, or have a heart attack, or lose their hair," Mayoral said. "Hair loss is a normal response to stress, but patients should see a dermatologist for a proper evaluation to rule out other medical causes. I also advise patients to avoid any strange diets where only one or two foods are allowed, as improper nutrition and extreme or rapid weight loss can result in hair loss."

### Effects of stress on nails

Nails are not immune to showing outward signs of stress, and some people develop the nervous habit of biting their nails or picking at them when they feel stressed. Another stress-related nail habit that Mayoral discussed is people who rub their fingers over their thumbnail, which can create a ridge across the nail. This rubbing causes a distortion of

the nail plate, and when the nail grows, a raised ridge forms in the middle of the nail. In addition, physical or emotional stress, certain diseases and chemotherapy can cause white horizontal lines to appear across the nails. Brittle, peeling nails also are a common side effect of stress.

# STRESS-RELIEVING SERVICES FOR CLIENTS

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## Scalp massage and treatment

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*Cool fingertips run along your neck, gently rubbing the tension away from your spine. They make their way up the back of your head. You close your eyes to rest. You're not dreaming – you're enjoying a scalp massage.*

Massage is one of the most common ways to reduce stress. It's a simple, complementary medicine technique that involves kneading soft tissues in the body, which can create a calming effect and removing tension [source: National Center for Complementary and Alternative Medicine].

One popular type of massage therapy is scalp massage. Massaging the scalp can help stimulate the nerves and blood vessels beneath the skin while calming muscle tension around the head. Although many different cultures have used massage as a form of therapy for thousands of years, it's possible to trace the history of the head and scalp massage to India. The people of India have incorporated head massage into therapeutic practice for about 5,000 years as part of ayurveda,

a holistic medicine. Many Indian women used it as part of a weekly ritual, massaging the scalps of family members to prevent stress and even illness [source: Osborn]. Like massages delivered in salons and spas, ayurvedic scalp massages often include massage of the face, neck, back and shoulders. Massage technicians and therapists use their fingers to rub the base of the scalp beneath the hair, the sides of the head, the forehead, chin, hairline, neck, shoulders and spine.

While we cannot diagnose conditions of hair, skin and nail, we can perform services to alleviate some of the anxiety and symptoms and condition them.

A good shampoo with a scalp massage is the cornerstone to a great relaxing service. This is a step not to be rushed. Your client will remember and recommend other clients based on your shampoo alone if they are relaxed and comforted by your shampoo service.

## Shampoo 101: Scalp manipulation

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Seat client comfortably at the shampoo sink.

1. Supporting the client's head with one hand, draw the back of the cape over the outside of the shampoo chair to keep water from running down the client's back
2. Adjust the volume and temperature of the water spray. Consider the client's preference when adjusting the water temperature. Turn on the cold water first and gradually add warm water until you obtain a comfortably warm temperature. Test the water temperature by spraying on the inner side of your wrist. Monitor the temperature throughout the shampoo by keeping one finger over the edge of the spray nozzle and in contact with the water.
3. Wet the hair thoroughly with warm water spray. Lift the hair and work it with your free hand to saturate the scalp. When working around the hairline, shift your hand to protect the client's face, ears and neck from the spray. If you wish, you can place your little finger behind your client's ear to create a cup with your hand for a shield, thus preventing water from running into the client's ear. You can also bend the ear forward to keep water out.
4. Choose the product that best suit your client's needs. Remember, for stress relief and scalp treatment, a tea tree or peppermint shampoo can give a tingling, relaxing effect. Apply a very miniscule amount of shampoo (about the size of a quarter) to palm and rub hands together to evenly distribute to all the necessary areas. Work into a lather using the balls of the fingers (not your nails) from front hairline and down to the back, working the shampoo to the scalp.
5. Manipulate the scalp.
  - a. Begin at the front hairline and work in a back and forth movement until the top of the head is reached.
  - b. Continue in this manner to the back of the head, shifting your fingers back 1 inch at a time.
  - c. Lift the client's head with one hand. With the other hand, manipulate the scalp above the ear, and using the same movement, work to the back of the head.
  - d. Drop your fingers down 1 inch and repeat the process until that side of the head is covered.
  - e. Beginning at the other ear, repeat steps c. and d.
  - f. Allow the client's head to relax, and work around the hairline in a rotary movement.
  - g. Repeat these movements until the scalp has been thoroughly massaged.
  - h. Lift client's head with one hand and continue down her neck, massaging with rotary movement along the neck to the shoulders.
  - i. Remove excess shampoo and lather by sliding hands from the hairline to the ends, squeezing the hair.
  - j. Rinse hair thoroughly with a strong spray of lukewarm water. Lift the hair at the crown and back with the fingers of your left hand to permit the spray to rinse thoroughly. Cup your left hand along the nape and pat the hair, forcing the spray of water against the base scalp area.
  - k. If necessary, repeat steps for a second shampoo.
  - l. Gently squeeze excess water from the hair. Apply conditioner, avoiding the base of the hair near the scalp. Gently comb the conditioner through using a wide-tooth comb while the client remains in a reclining position at the bowl. Leave the conditioner on hair for the recommended time. Then rinse thoroughly and finish with a cool rinse to seal the cuticle.

Now your client should be relaxed and ready for other services. There are many other types of scalp treatments you can perform, but the shampoo is the most basic and beneficial of them all. Don't take for granted what a good shampoo technique can do for your clientele.

# BASIC FACIAL 101: FACIAL BAR CONCEPT

## Done in the chair

The facial bar concept has brought the service out of the facial room. You are able to perform a facial right in your chair. There are several good videos posted on YouTube of this emerging concept in action.

Here are the preliminary steps:

1. Have client remove jewelry, including earrings and necklaces.
2. Seat client comfortably in chair with headrest.
3. Drape client with towel and cape to protect clothing.
4. Use a cap or towel around hair to protect hair from any products.
5. Sanitize hands.
6. Begin procedure.

Here are the steps for a facial in the chair:

1. Make-up removal for clients who wear make-up:
  - a. Apply a pea-sized amount of eye makeup remover to each of two damp cotton pads and place them on the client's closed eyes. Leave them in place for 1 minute.
  - b. Meanwhile, apply a pea-sized amount of eye makeup remover to a damp cotton pad and remove client's lipstick with even strokes from the corners of lips towards the center. Repeat the procedure until lips are clean.
  - c. Next, remove the eye make-up in the same way, gently stroking down and outward with the cotton pad. Do one eye first, then the other. Repeat procedure until all make-up is removed.
  - d. Ask the client to look up, and then remove any make-up underneath the eyes. Always be gentle around the eyes; never rub or stretch the skin, because it is very thin and delicate.
2. Apply cleanser:
  - a. Remove about a teaspoon of cleanser from the container with a clean spatula. Blend with your fingertips to soften.
  - b. Starting at the neck, with a sweeping movement use both hands to spread cleanser upward on the chin, jaws, cheeks and base of nose to the temples and along the sides and bridge of nose. Make small circular movements with your fingertips around the nostrils and sides of the nose. Continue the sweeping motion between the brows and across to the forehead to the temples.

- c. Take additional cleanser from the container with a clean spatula and blend. Smooth down neck, chest and back with long, even strokes.
  - d. Starting at the forehead, move your fingertips lightly in a circle around the eye to the temples, and then back to center of the forehead.
  - e. Slide your fingers down the nose to the upper lip, from the temples through the forehead, lightly down the chin, then firmly up the jaw line back toward the temples and forehead.
3. Remove the cleanser with facial sponges, tissues, moist cotton pads or warm, moist towels. Start at the forehead and follow the contours of the face. Remove all the cleanser from one area of the face before proceeding to the next area. Finish with neck and chest.
  4. Steam the face mildly with warm, moist steam towels to open the pores so they can be cleansed of oil and comedones. Steam also helps to soften superficial lines and increases blood circulation to the surface of the skin.
  5. Select a massage cream appropriate to the client's skin type. Using the same procedure as for the cleanser, apply the massage cream to the face, neck and shoulders.
  6. Use massage techniques for facials; there are many techniques that you can view online.
  7. Complete facial using toner, astringent or freshener.
  8. Apply a moisturizer or sunscreen.
  9. Remove head covering and draping from client and perform cleanup and sanitation.

These services can be performed right in your chair. It is a wonderful opportunity for your client to have a relaxing service, and a great up-sell for you.

Other services you can recommend or perform are a basic manicure or pedicure. Keep in mind, our clients' comfort is our goal, we want them leaving our chair less stressed than when they arrived. Explore different types of facial and nail products; there are many on the market, and most will come with instructional videos. Knowledge is power. The more knowledgeable, the more diverse and the more professional you are, the better you will be in your business.

## A final note

Product suggestions to help you provide stress relief for yourself and your clients are suggestions only. You can research and find many ways and product lines to create a

relaxing, stress-free environment for your clientele. Remember, knowledge is power!

## References

1. Sangha at Clouds in Water Zen Center. See <http://www.cloudsinwater.org/GuidelinesForCommunication.htm>
2. [http://front.csulb.edu/tstevens/assertion\\_training.htm#What%20is%20Nonassertive,%20Aggressive,%20and%20Assertive%20Thinking%20and%20Behavior?](http://front.csulb.edu/tstevens/assertion_training.htm#What%20is%20Nonassertive,%20Aggressive,%20and%20Assertive%20Thinking%20and%20Behavior?) Or <http://www.csulb.edu/~tstevens/>
3. Adapted from Assertiveness Inventory Scale; Authors: K. Daniel O'Leary and Alison D. Curley; see <http://www.psychology.sunysb.edu/marital-/downloads/aggression.htm>



money you can borrow will be based (in part) on the earnings/income you have reported. By accurately reporting all income

received, including tips, your financial picture is clearer, and you will be more apt to receive the amount of loan proceeds you desire.

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## Social Security benefits

The benefits you receive from Social Security are calculated on the total combined earnings that have been recorded under your Social Security number (SSN). Correctly reporting all of your income, including tips, will determine how much Social Security is paid into your account.

Social Security is not only for retirement purposes. The benefits also cover individuals who are injured or become disabled. If

something happens to you, your spouse and your children can receive benefits based on your reported earnings.

If you are an employee, based upon the amount of wages earned and tips reported, your employer provides matching funds for Social Security and Medicare.

If you are a self-employed person, you are responsible for reporting and paying self-employment tax (which is your Social Security and Medicare taxes) by completing Schedule SE.

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## Unemployment compensation

If you become unemployed, benefits are paid to you based on the wages and tips you have reported. Unemployment compensation is available for employees only. As an employee, your employer makes payments to an unemployment fund.

**Note:** *The laws governing unemployment benefits vary by jurisdiction. For more information, contact the appropriate agency in your state that handles unemployment compensation.*

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## Workers' compensation benefits

If you are an employee and are injured on the job, you are entitled to collect workers' compensation. Workers' compensation is based on wages and tips reported. Workers' compensation is not

a federal program. As of 2002 all states, except Texas, mandate that employers carry workers' compensation insurance. This is an employer paid private insurance.

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## Other benefits

Filing a correct tax return and claiming all the ordinary and necessary business expenses that you are entitled to may reduce the amount of tax you owe and will provide greater working capital for you to use in your business.

Your employer may offer other benefits based on your wages and reported tips, such as life insurance, disability insurance,

401K retirement plans, and the right to purchase stock options. You will need to check with your employer about these benefits. Filing a correct tax return will provide you with peace of mind.

If you are selected for an audit, you will feel confident that your tax return was accurately prepared.

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## Your worker classification

The cosmetology industry is unique because it offers you a variety of career and employment opportunities.

The obligations and responsibilities for each worker category are different. Proper worker classification will enable you to file and pay the correct tax.

The choices are: employee, salon owner, booth renter, and independent contractor.

- Employees receive Form W-2 for wages earned and are responsible for reporting their tips to their employer as well as maintaining records of their non-reimbursed employee business expenses.
- Salon owners are in business for themselves. They are responsible for recording all income and expenses, withholding employment taxes if they have employees, and paying all taxes due.

- Booth renters, who are not employees of the salon, are self-employed. They are responsible for record keeping and the timely filing of returns and payment of taxes related to their business.
- Independent contractors are always self-employed and are responsible for record keeping and timely filing of returns and payment of taxes related to their business.

### Example:

Lee works at Brett's Nail Salon. Lee is told to be at work, Monday through Friday, 9 a.m. – 5 p.m. Brett observes the work that Lee does and has the right to provide direction. Lee reports all of her tips to Brett. Lee is Brett's employee and will receive Form W-2 at the end of the year.

## What determines worker classification?

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The courts have considered many facts in determining whether a worker is an employee or self-employed. These relevant facts fall into three main categories: behavioral control; financial

control; and relationship or intent of the parties. In each case, it is very important to consider all the facts – no single fact provides the answer.

### Behavioral control

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Behavioral control is having the authority to determine what to do, when to do it, why it needs to be done, and how it will be accomplished.

### Financial control

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Financial control is having the right to direct or control the business part of the work, such as how much to charge

customers, how much to spend on business expenses and equipment, and the opportunity to realize a profit or loss.

### Relationship and intent of the parties

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Relationship or intent of the parties illustrates how the business owner and the worker perceive their relationship. Items to consider would be employee benefits and written contracts.

## Who is an employee?

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### Example:

Graciella signed a lease with a salon owner that provided booth space and use of shampoo and hair dryer stations. In return for the space, she will pay \$500 on the 10th of each month to the salon owner. The contract specifies that Graciella must work four days a week, 9 a.m. – 5 p.m. and can only use the products the salon owner markets. Graciella does not set her own prices. Graciella is a booth renter employee.

### Example:

Ellen signed a lease with a salon owner that provided booth space and use of shampoo and hair dryer stations. In return for the space, she will pay \$500 on the 10th of each month to the salon owner. The contract does not specify the number of days or times Ellen will use the booth. The lease does say that the salon owner would like Ellen to use, whenever possible, the products the salon owner markets to customers. Ellen establishes her own schedule and collects payments from her customers. Ellen is a self-employed booth renter.

### Simply stated, an employee is an individual who works at the control and direction of another.

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 whether someone is your employee or an independent contractor:

- As the owner, do you establish the hours the shop is open?
- Who makes the determination on 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 on 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, Independent Contractor or Employee?

## Self-employed

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A self-employed person works for himself or herself and is not subject to the “will and control” of another person. A self-employed person may be called a salon owner, a booth renter, or an independent contractor.

Fees, tips, and retail sales are the most common forms of income received by a self-employed person and may include the following categories:

## Salon owner

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A salon owner is an individual (not a corporation) who owns and operates a salon. Salon owners may have employees, booth renters, independent contractors, or a combination thereof working in the same establishment. Salon owners are responsible for classifying workers correctly as employees, booth renters, or independent contractors. It is important that this classification is correct so that workers can determine their personal tax responsibilities.

### Example:

Bonnie is a manicurist and esthetician that 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).

## Shop owner/employer tax responsibilities

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As an employer, federal law requires you to withhold taxes from your employees' paychecks. Depending on the wages, you must take out of your employees' paychecks certain amounts for federal income tax, Social Security tax, and Medicare tax. You must then pay any liability for the employer's share of Social Security and Medicare taxes. This portion, your share, is not withheld from employees. You may also be required to pay unemployment (FUTA) taxes on these wages. In addition to reporting all taxable income on the appropriate income tax

form, you would also have the responsibility for issuing Form W-2, Wage and Tax Statement.

Wages paid, and taxes withheld, are reported on a quarterly basis by filing Form 941, Employer's QUARTERLY Federal Tax Return. You may also be required to file an annual form to pay federal unemployment taxes. This is done by filing Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return. Form W-2 is furnished to employees after the close of the calendar year, but no later than January 31st.

## Booth renter

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A booth renter is a person who rents or leases space in someone else's salon. The booth renter pays the owner an agreed upon amount for the use of the booth space. Booth renters set their own business hours and fees for their services. They are financially responsible for profit or loss in their own business and receive all income generated from their work.

Booth renters who are not subject to the direction or control of the salon owner are not employees.

**Note:** *The lease agreement by itself does not make the booth renter a self-employed person.*

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 these factors are not present, then you are likely an employee of the business who is providing the space to you. 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 issuing Form 1099-MISC for business rent paid of more than \$600 or more to non-corporate landlords each year.
- Issuing Form 1099 MISC or W-2 to workers you hire or employ.

As an independent contractor booth renter, you may need to make estimated tax payments during the year to cover your tax liabilities. This is because as a booth renter (independent contractor), the business does not withhold taxes from your pay. Estimated tax is the method used to pay tax on income that is not subject to withholding, such as earnings from self-employment you receive as a booth renter.

Estimated tax payments are made each quarter using Form 1040-ES, Estimated Tax for Individuals. For additional information regarding tax withholding and estimated tax, see Publication 505, Tax Withholding and Estimated Tax.

If you hire others to work for you it is possible that these workers would be your employees. If you have employees in your business, you would be required to deduct from their pay Social Security, Medicare and federal income taxes. This would require you to file quarterly Forms 941, as well as an annual Form 940. You would also be required to file Forms W-2 for each employee who worked for you during the calendar year.

## Independent contractor

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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.

## Reporting income

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The money you receive from your work, whether it is wages, commissions, tips, sales, or rent and whether paid by cash, check, 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

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- **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 hair cut in exchange for tax return preparation, the fair market value of the hair cut is taxable to the accountant, and the fair market value of the tax return preparation is taxable to the barber).

## Tips

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**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

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A gift is something that is given to you freely, voluntarily, and without an expectation for any services performed. For instance, it is your birthday; your customer brings in champagne and cake. This is a gift, not a tip. 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) 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 earn tips.

How do I treat tips received as an unpaid apprentice or as a student of a barber/cosmetology school?

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, SSN, 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 records

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You are required to keep records to show the amount of tip income you received during the year. IRS has created Publication 1244, Employee's Daily Record of Tips. 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, you are a self-employed person. You may be called a salon owner, a booth renter, independent contractor or have some other title. As a self-employed person, report all income including tips on your Schedule C.

## Tip income responsibilities for the employer or booth renter

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Tips are considered taxable income and are subject to federal income taxes. Tips that your employee receives from customers are generally subject to withholding. Your employees must report tips they receive to you by the 10th of the month after the month that the tips are received. The report should include tips that you paid over to the employee from customers who added the tip to their charged or debit card receipt and tips that the employee received directly from customers. 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 free, Publication 1244, Employee's Daily Record of Tips and Report to Employer, which employees can use to record their tips on a daily basis. 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.

All tips you receive are income and are subject to federal income tax. You must include in gross income all tips you receive directly from customers, charged tips paid to you by your employer, and your share of any tips you receive under a tip-splitting or tip-pooling arrangement. You can use Form 4070A, Employee's Daily Record of Tips to record your tips, or any diary of your choosing. You can also keep copies of documents that show your tips, such as customer receipts and credit card slips. Publication 1244 includes Form 4070, Employee's Report of Tips to Employer, and Form 4070A, Employee's Daily Record of Tips, available free from the IRS. You can use an electronic system provided by your employer to record your daily tips. If you do, you must receive and keep a copy of this record.

## Tip rate determination and education program (TRD/EP)

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Employers may participate in the Tip Rate Determination and Education program. The program consists of various voluntary agreements designed for specific industries where tipping is customary. There is one designed specifically for this industry.

TRAC, Tip Reporting Alternative Commitment, 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.

## Business expense reporting

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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

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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)

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

- **Beginning inventory** — (Items that you have on hand for resale on the first day of the year).

*Plus*

- **Purchases** — (Items that you buy for resale during the year).

*Minus*

- **Personal use** — (Items purchased for resale but used personally during the year).

*Minus*

- **Ending inventory** — (Items that you have on hand for resale on the last day of the year).

*Equals*

- **Cost of goods sold**

Not all expenses incurred are deductible. In fact, you should be aware that 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

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Generally, expenses are deducted 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.

## Reporting business expenses

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If you are an employee, your deductible business expenses are listed on Form 2106, Employee Business Expenses. The total is carried forward to Schedule A, if you itemize. If you do not itemize, you will not be able to deduct your employee business expenses.

**Note:** *If your standard deduction exceeds the amount of your allowable Schedule A deductions, the standard deduction amount should be used, because it is more beneficial to you.*

If you are a self-employed salon owner, booth renter, or independent contractor, your deductible business expenses are listed on part two of Schedule C.

## Record keeping

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Record keeping is any system you use to keep track of and document all items of income and expenses.

You want to keep good records for preparing your income tax return and for budgeting purposes. There are many deductions and tax credits for which you may qualify that will lower your tax. If you do not keep good records, you may not have verification to claim your expenses. There are many reasons why you need to keep good records. The most important reasons are listed below:

- **To monitor your business success.**  
You will be able to answer questions such as: How much is my business earning each week? What were my expenses last week, month, or year? In addition, good record keeping enables you to identify changes you need to make in your business to be more successful. For example, if you eliminated unwanted services or products, which did not sell, you could increase your profits.
- **To identify your sources of income.**  
You may receive money from many sources. Good record keeping helps you identify and separate business and non-business income and taxable and 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, that is taxable.
- **To identify deductible expenses.**

Regardless of your employment status, you may have deductible expenses that could reduce your taxable income. A good record keeping system will help you to identify and document these deductible expenses throughout the year. Without an accurate record keeping system, you risk losing the benefit of a business deduction.

- **To accurately prepare your tax return.**  
A record keeping system supports the income, expenses, and credits you report on your income tax return and promotes accurate return preparation. Without good record keeping you may overlook taxable income, deductible expenses, or tax credits to which you are entitled.
- **To support income, expenses, and credits reported on your tax return.**  
You must keep records to support all items shown on your income tax return. If the IRS examines any of your tax returns, you may be asked to explain or verify items you reported. If you are unable to present the required information, you may be subject to payment of additional taxes and penalties.

## Types of records you should keep

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You should keep records for any items you have listed on your tax return. It is strongly recommended that you keep business and personal funds separate. Maintaining a separate bank account for your business is one way to do this.

Some examples of business records are:

- Business income records:
  - Bank deposit slips and bank statements.
  - Credit card charge slips.
  - Appointment book/calendar.
  - Receipt books.

- Form(s) 1099-MISC received.
- Business expense records:
  - Invoices.
  - Receipts.
  - Cancelled checks.
  - Sales slips.
  - Credit card receipts.

Your supporting documents should show the amount paid and how it relates to your business. You must provide proof (i.e., supporting documents) that the purchase was for business use only.

## Keeping your records

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There are no specific guidelines for maintaining your records; however, a good record keeping system should be easy to use, understandable, reliable, accurate, and consistent.

You should select a record keeping system and accounting method that is suitable for your business to allow you to determine your income and deductible expenses. You can use something as simple as a notebook to record taxable income as it is received, and deductible expenses as they are paid.

The manner in which you store your records is up to you — a file cabinet, shoebox, or other type of container. What's important is that you organize the documents by date and type of income and expense. You may want to separate deductible business expenses into categories such as rent, utilities, insurance, advertising, and

professional publications. No matter how you keep your records, they should be organized and easy to find.

Keep all records until the statute of limitations expires for that particular tax return. Generally, the statute of limitations expires three years after the return becomes due or is filed, or two years from the date the tax is paid, whichever is later. Keep all employment tax records for at least four years after the tax return becomes due or is filed or two years from the date the tax is paid, whichever is later. Employment taxes are discussed below.

**Note:** *Major purchases, such as buildings and equipment, may have special record keeping requirements. Please refer to Publication 946, How to Depreciate Property, for additional information.*

## Consequences of filing an incorrect tax return

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### Example:

Phillip is a first-year student at Chicago Barber College, attending school full time. His tuition costs are \$5,800, which includes lab fees and books. Phillip is a dependent on his parents' tax return. Phillip is not entitled to take the Hope credit

on his return, but his parents may be entitled to take the credit on their tax return for Phillip's educational costs.

Filing accurate tax returns and paying taxes when due is the law. Penalties are assessed for noncompliance with tax laws.

## Consequences of not filing an income tax return on time

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If you are an employee, employer or self-employed person and you fail to file your personal income tax return or employment tax return by the due date, including extensions, you may be subject to the failure-to-file penalty. The failure-to-file penalty will be assessed at 4½ percent of the unpaid tax for the first month the penalty applies and an additional 4½ percent for each additional month or fraction of the month that the return remains unfiled, not to exceed 22½ percent of the tax due. Minimum penalty is the lesser of 100 percent of the tax due or \$100.

### Example:

Lance is taking a hair braiding class so he can offer an additional service to his clients. This class is not part of a certificate or degree program from an accredited school. This class qualifies for the Lifetime Learning credit.

**Note:** *Percentage figures may be subject to change.*

## Penalties for late filing

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If you are an employee, employer or self-employed person and you fail to fully pay your income tax liability or your employment tax liability by the due date of your return, the failure-to-pay penalty may be assessed. The failure-to-pay

penalty is ½ of 1 percent of the unpaid tax. This penalty will be assessed each additional month or fraction of a month until the tax is paid, not to exceed 25 percent of the tax.

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## Estimated tax payments

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If you are an employee or self-employed person and you did not pay enough tax either through withholding or by making your estimated tax payments, you will have an

underpayment of tax. Based on this underpayment you may be assessed a penalty.

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## Failure to file an income tax return

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If you fail to file an income tax return or employment tax return when required, the IRS may file a “substitute for return” on your behalf, without crediting you with the

exemptions, deductions, or credits of which you may be entitled. You may also be subject to additional penalties and interest as described above.

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## Consequences for employers who fail to make timely Form 940 and Form 941 deposits

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Penalties may apply if you do not make the required deposits, are late making deposits, make deposits for less than the required amount, or if you do not use Electronic Federal Tax Payment System (EFTPS) when required.

For any amounts not properly or timely deposited the penalty rates are:

- 2 percent – Deposits made 1 to 5 days late.
- 5 percent – Deposits made 6 to 15 days late.

- 10 percent – Deposits made 16 or more days late. The penalty also applies to amounts paid within 10 days of the date of the first notice the IRS sent asking for the tax due.

The penalties do not apply if any failure to make a proper and timely deposit was due to reasonable cause and not to willful neglect.

**Note:** *Penalties and interest assessed on tax and penalties are not deductible on your tax return.*

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## Federal tax responsibilities

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Your federal tax liability will be based upon your worker classification. The tax system is a pay-as-you-go system.

As an employee, you will receive a Form W-2, Wage and Tax Statement, from each employer you have worked for during the year. Employers issue these forms in January of the following year. Form W-2 combines all wages and reported tips. It shows the amount of federal taxes withheld and paid throughout the year. Taxes are withheld based upon how you completed your Form W-4, Employee’s Withholding Allowance Certificate. Tax withheld may differ depending upon the filing status you chose and the number of allowances you claimed. When you file your federal income tax return you should report the income shown on all Form W-2’s.

If you do not report all of your tips to your employer during the year, you may be required to pay additional income tax such as Social Security and Medicare taxes on any unreported tips when you file your federal income tax return. A penalty for underpaying your 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.*

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 you have paid \$600 or more during the year, who is not your employee. If you yourself have received \$600 or more from one person for services you provided, you should also receive Form 1099-MISC. If you do not receive this form but have received the income, you are still required to report that income on your return.

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## Employer’s federal tax responsibilities

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If you are an employer, in addition to your own personal tax obligations, you will have employment tax responsibilities. As an employer, you are responsible for all of the following:

- Form 941, which is filed quarterly, shows the amounts that have been withheld and paid for each employee’s federal income, Social Security and Medicare taxes. It will also

include the employer’s matching portion of Social Security and Medicare taxes. As the employer, you must deposit all income tax withheld and both the employer and employee’s share of Social Security and Medicare taxes. Refer to Publication 15 for further information.

- Form 940, the Employer's Annual Federal Unemployment Tax return (FUTA) form is filed annually. The tax is paid 100 percent by the employer. Refer to Publication 15 for specific filing requirements.
- Form W-2, which reflects total wages paid and tips reported, is filed annually and is issued to each employee.
- Form 1099-MISC is required to be issued to any persons (not a corporation or your employee) to whom you have paid \$600 or more during the year for services provided.

## Tax credits

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When you file your income tax return, there are many tax credits to which you may be entitled. This section will focus on the earned income tax credit and the education credits.

### Earned income tax credit (EITC)

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EITC is a tax break for people who work but do not earn high incomes. Those who qualify could pay less federal tax, no tax, or even get a tax refund.

#### Qualifying for EITC

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You may qualify for EITC if you meet the following:

- You must have a valid Social Security number (SSN).
- Your filing status cannot be married filing separate.
- You must be a U.S. citizen or resident alien all year.
- You cannot file Form 2555 or Form 2555 EZ.
- Your investment income (as of 2002) must be \$2,550 or less.
- You must have earned income.

Additionally, if you are claiming EITC and you have a child, you must meet the following:

- The child must meet the relationship, age, and residence test.
- If the child being claimed for EITC is the qualifying child for more than one person, only one person may claim the

EITC for that child. You and the other qualifying person may choose which person gets the credit. If you cannot agree on who is to file for the credit, refer to Publication 596 to determine the criteria for unagreed-upon cases.

- You cannot be the qualifying child of another person and claim EITC for your child.

If you are claiming EITC and you do not have a qualifying child, you must meet the following:

- You must be at least age 25 but under age 65.
- You cannot be the dependent of another person.
- You cannot be the qualifying child of another person.
- You must have lived in the U. S. for more than half of the year.

### The advance earned income tax credit (advance EITC)

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The advance EITC allows those taxpayers who expect to qualify for the earned income tax credit (EITC) and have at

least one qualifying child to receive part of the credit in each paycheck during the year the taxpayer qualifies for the credit.

#### Receiving advance EITC payments

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First, you must determine whether you qualify for advance EITC payments. To do so, obtain from your employer the Form W-5, Earned Income Credit Advance Payment Certificate, making sure to answer the five questions on the back of the form that determine qualification. If you qualify, complete the

bottom part of the Form W-5 and give it to your employer. Then, based on your income, your employer adds additional money to your take-home pay in each paycheck.

**Note:** *If your only income is from self-employment, you cannot qualify for Advance EITC payments.*

### Income limits for claiming EITC

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In order to qualify for earned income tax credit, as of 2002, your earned income and adjusted gross income must be less than:

- \$11,060 (\$12,060 MFJ) if you do not have a qualifying child.
- \$29,201 (\$30,201 MFJ) if you have one qualifying child.
- \$33,178 (\$34,178 MFJ) if you have more than one qualifying child.

**Note:** *Income limits are subject to change.*

When you file your tax return (1040 EZ, 1040 A, or a 1040), you can calculate your EITC by using a worksheet included in the tax form instruction booklet or you can let the IRS calculate your earned income credit for you. For more information on the earned income tax credit, please refer to Publication 596, Earned Income Tax Credit.

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## Education credits

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Education credits are tax credits for students only. You may be eligible for education credits, depending on your filing status, income level, and other factors. There are two kinds of education credits:

- The Hope credit.
- The Lifetime Learning credit.

Expenses that qualify for the education credits are based on qualified tuition and related expenses.

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### Qualifying for the Hope credit

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The Hope credit is available to students for the first two years of undergraduate education including trade or vocational schools. You might be entitled to a credit of up to \$1,500 of the money you paid out for tuition or other qualifying expenses.

Here are some of the requirements:

- The student has not completed the first two years of post-secondary education.

- The student is enrolled in a program that leads to a degree, certificate or other recognized education credential.
- The student is taking at least half of the normal full-time workload for his/her course of study for at least one academic period, beginning during the calendar year.
- The student has no felony drug conviction.

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### Qualifying for the Lifetime Learning credit

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The Lifetime Learning credit is a tax credit, but unlike the Hope credit, there is no limit to the number of years you can claim the credit! You may be able to claim up to \$1,000 of the money you paid out for tuition or other qualifying expenses.

These are the requirements:

- The student only has to take one (or more) courses, it's not based on workload.

- The student can be beyond his or her first two years of post secondary education.
- It is available for an unlimited number of years.
- The student does not have to be pursuing a degree or any recognized education credential. Beginning in 2003, the maximum Lifetime Learning Credit increases to \$2,000.

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## About the credits

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The education credit cannot be more than the amount of your tax. You cannot get a refund for any part of the credit that is more than your tax. Neither the Hope nor the Lifetime Learning credits

are "dollar-for-dollar" credits. The amount of credit you qualify for will be based upon your income. Just because you claim \$1,500 in expenses does not mean your tax credit is \$1,500.

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### Can the Hope and the Lifetime Learning credit be claimed in the same year?

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No. If a student qualifies for both the Hope and Lifetime Learning credit for the same year, he or she can claim either

credit, but not both. You will want to determine which credit gives you the best benefit.

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## What is e-filing?

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E-file is the preferred way of filing your tax return. It is so easy, that in 2002 more than 46 million people used it.

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### Who can participate in e-file?

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- Individual taxpayers.
- Sole proprietors.
- Employers.
- Partnerships.
- Tax practitioners.

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### How can I participate in e-file?

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- Telefile – Direct to the IRS via a telephone; you must receive a Telefile package to participate.
- IRS – E-file using an authorized e-file provider.
- E-file through your personal computer.

## What tax forms can you currently e-file?

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- 1040.
- 1040 A.
- 1040 EZ.
- 940.
- 941 – Certain qualified filers may use the 941 TeleFile program.
- 1065 – The IRS accepts nearly all related forms and schedules.

## What are the benefits of e-filing?

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- Electronic acknowledgement within 48 hours of filing confirming the IRS has accepted your return for processing.
- Chances of getting an error notice from the IRS are reduced.
- There is only a 1 percent error rate on e-filed returns.
- Receive your refund in half the time of paper filing, even faster with direct deposit.

To find a list of software companies (authorized providers) or tax professionals who participate in the e-file program, visit the IRS Web site at [www.irs.gov](http://www.irs.gov).

## What is Electronic Federal Tax Payment System (EFTPS)?

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EFTPS enables individual taxpayers to pay all their federal taxes electronically, including estimated taxes, balance due payments, installment payments, and estate and gift taxes. Business

taxpayers can pay employment taxes, excise taxes, and corporate income taxes. EFTPS is easy, fast, accurate and convenient.

## Who can use EFTPS?

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Any individual taxpayer making more than one tax payment a year can use EFTPS. Any business taxpayer can use EFTPS for all taxes.

## What are the benefits of using EFTPS?

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EFTPS offers you many benefits over the traditional paper system:

- It's fast – You can make a tax payment in minutes.
- It's accurate – Because there are verification steps along the way, you can check and review your information before it is sent.
- It's convenient – EFTPS is available 24 hours a day, seven days a week via Internet, PC software, or telephone – and can be used to schedule payments in advance.
- It's easy to use – A step-by-step process gives you the information you need to successfully complete your federal tax payments.
- It's secure – EFTPS offers the highest levels of security on the Internet.

## How can I participate in EFTPS?

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You can enroll through the Internet at [www.eftps.gov](http://www.eftps.gov) or by completing an enrollment form that is available from EFTPS Customer Service at 1-800-945-8400 or 1-800-555-4477. Once EFTPS receives and verifies your information, confirmation

materials including instructions on how to obtain your Internet password will be mailed to you within 10-15 days after you complete your enrollment. Your personal identification number (PIN) will also be mailed to you.

## Do I have to use EFTPS?

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No, you do not have to use EFTPS unless you are a business whose total deposits for all federal deposits exceed \$200,000 during the calendar year.

## Can I schedule payments in advance?

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Yes. If you are an individual, you can schedule payments up to 365 days in advance of the due date. If you are in

business, you can schedule payments up to 120 days in advance of the due date.



# Chapter 3: Chemical Makeup and Conditions of the Nails and Skin

2 CE Hours

By: Staff Writer

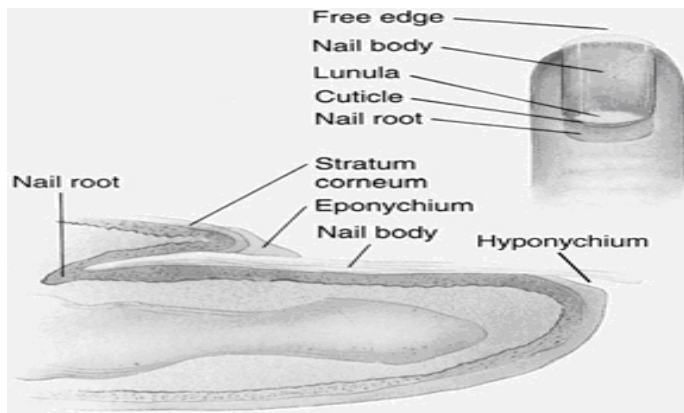
## Learning objectives

- ◆ Identify the structures of the nail.
- ◆ Associate common symptoms with conditions and diseases of the skin and nails.
- ◆ List common disorders and conditions of the nail that can and cannot be treated in a salon.
- ◆ Identify some common risks to the nail technician and client, and how to avoid them.
- ◆ Define MMA and describe some dangers related to its use.

## Anatomical structure and composition of the nail

The fingernail, or onyx, is an appendage of the skin composed mostly of keratin, a type of protein that makes up all hornlike tissue in the body. The nail is a whitish, translucent plate, showing the pink color of the nail bed beneath it. The nail protects and enhances sensation in the tips of the fingers and toes. While the fingertip has many nerve endings, **the nail contains no nerves or blood vessels**. The condition of the nail may reflect the general good or ill health of the body. The normal, healthy nail is smooth and slightly curved without any ridges or pits.

Nails are made up of six main components. The first three are the nail root, nail body, and free edge. The nail root is at the base of the nail, embedded within a deep fold of skin called the mantle. The nail root is also called the germinal matrix. The nail root extends beneath the skin, into the finger, where it is attached at the matrix, growing tissue that contains lymph, blood vessels and nerves that nourish the nail. The matrix generates cells that harden the nail. Poor nutrition, ill health, or injury can affect the matrix's ability to produce a healthy nail.



The nail bed is also called the sterile matrix. The nail body reaches from the germinal matrix, or root, to the skin at the tip of the finger, at the free edge. The free edge is the part of the nail plate near the tip of the finger or toe. Blood vessels

underneath the nail give it its color. Also underneath the nail are grooves, or tracks, that attach at both sides of the nail, anchoring the nail onto the nail bed, but allowing it to grow. Nail walls overlap each side of the nail.

The remaining three structures of the nail are the eponychium, or cuticle, the perionychium, and the hyponychium. The eponychium refers to the flexible skin surrounding, or overlapping, the base of the nail. It is located between the skin of the finger and the nail plate. The perionychium, or paronychial edge, is the skin surrounding the sides of the nail plate. It is commonly the location for ingrown nails, hangnails, and an infection called paronychia. The hyponychium is the part of the skin connecting the free edge of the nail at the point where the nail plate meets the fingertip. At the base of the nail is the lunula, meaning "half-moon." It is the lighter-toned section of the nail bed, where the matrix and connective tissue meet.

Nail growth varies by age and health of the individual. Fingernails tend to grow more quickly than toenails, at a rate of about 3 millimeters or ½ inch per month. Nail growth from the root to the free edge usually takes about six months for fingernails, and at least a year for toenails, which grow at only 1 millimeter per month, but are much thicker and harder than fingernails. The rate of nail growth slows with increased age and poor circulation. Children's nails grow faster than adults, and the middle finger's nail grows faster than any other nail. Thumbnails grow more slowly.

**Healthy nails are naturally shaped many different ways. They may be concave or convex, square or fanned, arched or tubular.** As the nail is produced from the root, it grows along the nail bed, becoming thicker and stronger. Normal, healthy nails have a smooth nail bed, but disruption in normal growth can occur easily, and the nail may develop grooves or splits due to injury or poor health. Malformation and discoloration can result if the nail is separated from the nail

bed due to injury or poor health. Injured nail beds tend to produce poorly formed nails. Nails that are torn off take about

four months to be replaced, depending on the health and good condition of the matrix.

## Nails and your health

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“Just like the eyes are the window to the soul, so are the nails,” says Tamara Lior, MD, a dermatologist with the Cleveland Clinic. Recently, more and more information is coming out about how much you can tell about your health by just looking at your nails. Dr. Lior was recently quoted in a WebMD article regarding her observations about nails and your health. The following can be signs that something is seriously wrong with your client’s health:

- Blueish tint to the nails can mean lung problems.
- Pale whitish nail beds may indicate low red blood cell count consistent with anemia.
- Iron deficiency can cause the nail to be thin and concave and have raised ridges.
- Lupus patients get quirky, angular blood vessels in the nail folds.
- Heart disease can turn nail beds red.

- Thyroid disease can cause abnormalities in the nail bed, producing dry, brittle nails that crack and split easily.
- White nails could indicate liver diseases.
- Yellowish, thickened, slow growing nails could indicate lung diseases, such as emphysema.
- Half white, half pink nails are a sign of kidney disease.
- Dark lines beneath the nail can be a sign of melanoma.
- “Clubbing,” a painless increase in tissue around the ends of the fingers, or inversion of the nail, may indicate lung disease.
- Pitting or rippling of the nail surface can be a sign of psoriasis or inflammatory arthritis.

If you observe these conditions on a client, do not alarm them, but you may want to suggest that they see a physician for further tests.

## Conditions affecting the nails

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While many harmless nail irregularities can easily be corrected through cosmetic treatment, be sure to refer any condition associated with pain, infection, or irritation to a physician for consultation and treatment. Nail technicians should never treat nail disorders, but should be able to recognize and distinguish between normal and abnormal growth of the nail. Common disorders affecting the nail include bacterial, fungal, yeast, and viral infections;

paronychia, infection of the nail fold; disorders associated with specific skin diseases (like psoriasis); and nail injuries, which sometimes lead to nail malformation as the nail grows back. For images (reproductions of photographs from Milady’s Standard Textbook of Cosmetology) and further information on nail conditions, refer to these web sites:

- <http://www.hooked-on-nails.com/naildisorders.html>
- [http://www.nsc.gov.sg/cgi-bin/WB\\_ContentGen.pl?id=102](http://www.nsc.gov.sg/cgi-bin/WB_ContentGen.pl?id=102)

## Use caution when exposing the natural nail

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Use precautionary measures and do not tend to clients’ nails if they are discolored. **Fungal infections can occur when moisture is trapped between an unsanitized natural nail and artificial products like tips, wraps, gels, or acrylic nails.** In cases of infection, the client may ask you to remove an artificial nail, to expose the natural nail so it can be treated by a

physician. In such cases, follow manufacturer instructions for artificial nail removal and wear gloves during the procedure. Once the artificial nail has been removed, all porous supplies and implements should be discarded and all remaining surfaces, implements, and materials must be sanitized.

## Pathology of the skin and nails

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The term “pathology” refers to the study of disease, including its nature and origins, as well as its effect on the structure and function of the body. A closely related subject is etiology, which investigates the causes or reasons for disease. This chapter reviews diseases and other common conditions of the skin and nails, which are all part of the integumentary system.

The information presented in the following pages will help you develop workplace guidelines for recognizing potential health risks, to determine when and how to proceed with service – or if you should proceed at all. This information is not meant to be used for self-diagnosis or as a substitute for consultation with a health care provider. If you have any questions or concerns regarding the conditions or diseases described below, consult a health care provider.

## Common nail disorders

Bacterial infection.	Caused by harmful microscopic organisms that live on our skin, hair and nails. Bacterial infections may be introduced through trauma or exposure to harsh irritants. Redness, swelling and pain are signs of bacterial infection. Consult a health care professional.
Beau's lines.	Characterized by horizontal indented lines of darkened cells across the nail surface, caused by trauma, illness, or poor nutrition, among other conditions, that interfere with protein metabolism and formation of the nail plate. Seek a physician's diagnosis.
Blue nails.	<b>May be caused by poor blood circulation or impairment of the heart.</b>
Brittle nails.	Characterized by vertical splits in, or separation of, nail plate layers at the distal, or open, edge of the nail plate. Vertical ridges and splits can occur naturally with aging. Exposure to water and harsh cleaning solutions or chemical solvents can strip the nail of moisture and reduce flexibility of the nail plate.
Bruises.	Appear dark purple, black, or brown. Usually the result of trauma, a result of dried blood attaching to the nail and growing out along with it. Avoid pressure.
Corrugations.	Harmless wavy ridges caused by uneven nail growth that results from injury or poor health.
Eggshell nails.	<b>Very thin, fragile nails where the nail plate separates from the nail bed and curves at the free edge.</b>
Fungal infections.	At the root of many nail disorders, fungal infections access the nail plate from the free margin and sides of the nail. Infections can cause discoloration of the nail if debris becomes trapped under the nail plate and may cause the nail plate to become brittle and thick, or result in loss of the nail, in cases where the nail plate becomes separated from the bed. Fungal infections are more prevalent among toenails, as the enclosed environment of shoes and stockings encourages fungal growth. A diagnosis of fungal nail infection can be confirmed by microscopic examination of the nail or nail clippings, and oral antifungal tablets or lotion may be prescribed by your doctor. Fungal infections can be stubborn; treatments typically lasts at least 2, and up to 12 months, depending on the type of infection and medication prescribed, and nails may take months to return to a normal appearance.
Furrows.	Depressions in the nails that can run either horizontally or vertically across the nail. Often the result of illness or injury to the matrix, furrows also accompany pregnancy and occur during periods of high stress. Use extreme care in manicuring furrowed nails as they are very fragile.
Hangnail/agnail.	Occurs when the cuticle splits from the nail, typically the result of dryness or overcutting of the cuticle; can be an access point for infection.
Hematoma.	Occurs when blood is trapped between the nail bed and the nail plate due to trauma, like slamming a finger or toe in a car door. A hematoma can be infected by fungi or bacteria; seek medical attention if the blood clot becomes painful.
Koilonychia.	Usually caused by a deficiency of iron (anemia), and characterized by thin and concave nail ridges. Seek a physician's advice and treatment.
Leuconychia.	Characterized by white lines or spots in the nail plate that are caused by tiny air bubbles, which are the result of trauma or a hereditary condition. The markings will eventually disappear as the nail grows out of the nail plate.
Malformation.	Distortions or discolorations of the nail that occur with new nail growth after injury to the nail bed and loss of damaged nail.
Melanonychia.	Vertical pigmented bands, sometimes referred to as nail "moles." In rare cases, they may signify a malignant melanoma or lesion. See a physician if you see any sudden changes in the nail plate.
MMA-damaged nails.	MMA (methyl methacrylate) is a liquid monomer that has been banned by the FDA. Its use with acrylic nails is prohibited in nail salons. MMA nails have no flexibility; when one breaks, the nail also breaks, and can cause substantial damage to the natural nail.
Nail biting/picking.	Nail biting and picking can result in nail injury. Prevalent among children, this common habit can be a health risk, as it helps microorganisms access the body, moving from surfaces to hands, to the mouth, or entering through broken skin surrounding the nail.
Nail dysplasia.	Presents a variety of different symptoms, including nails that are small, concave, have lengthwise ridges, and are splitting, pitted, soft, discolored, or brittle. Nails of the fingers generally show more symptoms than toenails.
Onychatrophia.	A wasting (atrophy) of the nail plate, caused by injury or disease, causing it to grow smaller, and, in some cases, to shed completely.
Onychauxis/hypertrophy.	A thickening of the nail plate that may be the result of a medical disorder; refer to a physician.
Onychogryposis.	Clawlike nails that curve inward and are characterized by a thickened nail plate. The condition may result from trauma. Surgical intervention to relieve pinching of the nail bed is sometimes required.

Onychomycosis.	Also known as tinea unguium or ringworm. A fungus that take the following physical forms: may be seen as white patches on the surface of the skin; long, yellow streaks within the nail itself; or weakened, thinning nail layers that peel off, exposing the nail bed. Ringworm of the nails typically invades from the free edge toward the root, with the infected part of the skin becoming discolored and thickening.
Onychorrhexis.	Brittle nails that split vertically, peel or have vertical ridges. While sometimes the result of heredity, use of strong solvents, such as household cleaning solutions, may result in this condition. See a physician to rule out the possibility of disease.
Pseudomonas.	Bacterial infection that occurs between the natural nail plate and the nail bed, and/or between an artificial nail and the natural nail that may have a greenish color. The infection will eventually cause the nail plate to darken and soften underneath the artificial nail. In some cases, will cause the nail plate to separate from the nail bed.
Psoriasis.	Characterized by raw, scaly skin; sometimes confused with eczema. Psoriasis leaves the nail plate pitted, dry, and crumbly. The plate may separate from the nail bed, or appear reddish, orange, or brown, with red spots. Do not attempt to treat this condition. Refer the client to a physician.
Pterygium.	The inward growth of skin over the nail plate, causing the loss of the nail plate and the formation of scar tissue; usually the result of trauma. Do not attempt to treat pterygium; refer to a physician.
Pterygium inversum unguis.	An acquired condition characterized by growth of the hyponychium, in which live tissue (including a blood supply and nerves) attaches to the nail plate. Causes include systemic and hereditary factors, as well as allergic reactions to acrylics or solvents. Never force the hyponychium back; consult a physician for diagnosis and treatment.
Tinea unguis.	Also known as ringworm; characterized by nail thickening and deformity; may result in loss of the nail plate.
Tumors or warts.	Tumors are characterized as either cancerous or benign. Warts are a type of benign tumor, caused by a viral infection. Treatment includes freezing or a chemical application, and may require surgery to remove.
Vertical ridges.	Can be a characteristic of aging, but are not limited to the elderly. A symptom of the loss of the nail plates' natural oils and moisturizers, which decline as we age. Re-hydration of the nail plate will reduce ridges to some degree.

## Skin disorders

It is important for nail technicians to also become familiar with skin disorders since you are likely to see these conditions on your client's hands and feet.

Common skin conditions include contagious skin disorders, such as herpes or athlete's foot; noncontagious inflammatory

skin disorders, such as acne or eczema; neoplastic skin disorders, such as melanoma or psoriasis; and may include skin injuries, such as burns or scars. Use appropriate caution with any unknown condition.

## Dermatitis

**Dermatitis** refers to several different itching, inflamed conditions of the skin that are characterized by scaling, swelling, redness, and the formation of papules. Dermatitis can refer to conditions with unknown, as well as known origins, including those that are a reaction to environmental agents. Dermatitis can be endogenous, caused by a malfunction in the skin, or exogenous, caused by external factors. Examples of both conditions are listed in more detail below.

Atopic dermatitis, also known as eczema, is a hereditary non-contagious condition that may first appear in infancy, and can continue into adulthood. The condition is characterized by extreme dryness, as well as itchy, thick, and cracked skin, occurring in the folds of the body. Lesions resulting from the itchy condition tend to appear on the neck, face, and bend of the knee. In adults, redness and scaling on the hands are common. Exposure to stress, certain medications, and temperature extremes can trigger symptoms, especially in individuals with sensitivities to these exogenous factors. Eczema may also be associated with increased incidence of asthma. Hydrocortisone lotions can treat mild cases, while intermediate or high-potency corticosteroids may be required in more severe cases. Antihistamines are also useful to combat the itching associated

with eczema but may have a sedating effect. Eczema is currently not curable.

Irritant or allergic contact dermatitis is another type of dermatitis that occurs when the skin is exposed to an irritant, such as a powerful household cleaner, or an allergen, like poison ivy. Some common allergens are nickel, used in earrings and jewelry, and many substances used in cosmetics and perfumes. Redness, swelling and itching at the contact site are common symptoms of both irritant and allergic contact dermatitis. Blistering, as well as cracking or dry skin, may occur in more severe cases. Children with eczema may have a greater tendency to develop irritant or allergen contact dermatitis as adults. Treatment for contact dermatitis involves identifying the irritant or allergen, and minimizing or eliminating exposure. Topical treatments, as well as antihistamines, can be used to reduce itching.

**Seborrheic dermatitis**, more commonly known as **dandruff**, usually appears as an inflammation of the scalp, but may also cause red, scaly patches around the nose, eyebrows, behind the ears, as well as on the chest, armpits or groin. Dandruff

shampoo is usually effective in treating mild cases, but more severe cases may require a dermatologist's attention.

**Stasis dermatitis** is a kind of dermatitis that occurs primarily in older women who have varicose veins. The constant inflammation of the varicose vein may cause the skin to become thick, scarred, and discolored. Wearing support stockings and elevating the legs can help prevent or alleviate symptoms.

**Hives** (urticaria) may appear as a single red welt or as inflammation all over the body, and may take a matter of hours to days or even weeks, to resolve. Single hives are usually a reaction to an insect bite or other irritant. More widespread outbreaks can be caused by medications like penicillin, or foods like chocolate and shellfish. Stress is also thought to play a part, in some instances, in the development of hives. Keeping a diary of one's diet and medications and noting the timing of reactions can be helpful in identifying the cause of hives. Treatments include antihistamines, lotions, and adrenaline injections.

**Psoriasis** is a skin disorder that affects over 3 million Americans, and, like eczema, tends to occur within families. Men and women are equally affected, with Caucasians more likely to have psoriasis than either African or Asian Americans. The condition occurs when the skin cells multiply more rapidly than normal, and move quickly through the dermis, toward the epidermis, where they are shed in scales. There are several theories on the cause of psoriasis, which may be due to a genetic component, immune system abnormalities, or cellular, biochemical, or metabolic defects. Psoriasis initially resembles red patches on the skin, but develops into sharply demarcated, crusty patches with silvery scales. Knees, palms, scalp, elbows, trunk, soles of the feet and genitalia are common sites for psoriasis. Additionally, the condition can appear on the finger and toenails, causing thickened, discolored nails, or nails that separate from the nailbed. There is no known cure for psoriasis, but existing treatments offer months, or years, of relief from

## Skin infections

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Many bacterial and viral skin infections initially appear relatively minor and easy to treat, but can develop into serious and even life-threatening conditions if improperly treated.

### Bacterial infections

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Boils are caused when staphylococcus bacteria infect hair follicles and cause inflammation to the skin. They can be accompanied by fever or fatigue, and present as painful, red and swollen nodules on the skin. They can appear anywhere but are most common on the upper back and nape of the neck. Hot compresses can help bring them to a head, releasing the pus and allowing the infection to heal. For recurrent boils, medical attention is needed.

### Fungal infections

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**Athlete's foot** is caused by a fungus related to **ringworm** and **jock itch**. The fungus is especially prevalent among adolescents, although people of any age can get it. Over-the-counter and prescription medications are both used to treat fungal infections, depending on the severity of infection. In

symptoms. Topical medications such as corticosteroids or crude coal tar ointments can be very effective in mild cases, while drugs like methotrexate, etretinate, and cyclosporine can be useful in more severe cases. Non-pharmaceutical methods like UV light therapy may also be effective treatment options.

**Benign tumors and growths** become more prevalent as we age. Unless they become irritated, most growths and tumors need not be removed, but many individuals choose to do so for cosmetic reasons.

**Cherry angiomas** are small red bumps on the skin that are usually harmless, but should be removed if they begin to bleed.

**Liver spots** are flat, light brown or black spots common in fair-skinned individuals over the age of 50 that typically occur on the face and backs of the hands. They are usually harmless, associated with sun exposure, and can be removed by cryosurgery, acid peeling, or electrosurgery.

**Moles** are fleshy brown or black growths that result from melanocyte overgrowth. Most moles are harmless, but each should be checked, and possibly removed, if changes are observed.

**Seborrheic keratoses** are flat or slightly elevated rough, brown spots on the back, chest, face and arms that can be removed by cryosurgery.

**Solar keratoses** are flat or slightly raised, red, scaly spots caused by exposure to the sun. These should be removed as they become cancerous more than 20 percent of the time.

Warts are caused by viral infection. While they can occur anywhere on the body, they appear most commonly on the hands and feet. While they usually disappear on their own, over-the-counter medications, cryotherapy, and other medical interventions can also be effective in their removal.

Cellulitis or erysipelas is also caused by streptococcus bacteria entering the skin, causing an infection of the skin and subcutaneous tissue. Fever, headache and chills, followed by a rash with patches of red, swollen, hot skin are characteristic of the infection. Immediate medical treatment is necessary as the condition can be fatal if left untreated. Antibiotics are the most common and effective treatment.

acute conditions, itchy blisters may appear, either singly or in groups, on one or both feet. These blisters, or vesicles, may spread over the sole and in between the toes, becoming red and oozy upon rupture. While the lesions dry as they heal, this type

of fungal infection can become chronic. Keep the skin as cool, clean, and dry as possible.

Yeast infections, or candidal dermatitis, are common among infants who wear diapers, as well as among adolescent girls and women.

## Viral infections

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**Canker sores**, the cause of which are unknown, appear inside the mouth, and can make eating difficult or painful. Antihistamine mouthwashes are available for treatment.

**Chicken pox** are caused by **herpes zoster**, the virus responsible for **shingles** in adults. The disease is most common in children, with symptoms including red, itchy blisters and fever. In severe cases, permanent scarring can result from scratching chicken pox. Tingling or pain in the affected area is typically the first sign of shingles. After that, red skin and blistering on one side of the body or face may appear, along a spinal nerve path. Pain can last from two to three weeks, or longer, in some cases. Acyclovir or oral corticosteroids are effective treatments.

Cold sores or fever blisters are caused by the herpes simplex I virus, and are contagious. Sun exposure, stress, and even menstruation can trigger an outbreak. Over-the-counter treatments, as well as prescription acyclovir, can help treat cold sores.

**Herpes simplex virus 2** is a variation of the herpes virus that is usually spread by sexual contact, and is characterized by itching, sores, and rashes, primarily of the genital area.

Measles is no longer prevalent due to the existence of a vaccine; symptoms include fever, coughing, and a skin rash.

## Changes in the skin and nails during pregnancy

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Women may experience changes in their skin and nails during pregnancy. In most cases, these changes are temporary and will return to their original condition after the birth. Existing skin conditions may either be exacerbated or improved with pregnancy; eczema, for example, generally becomes more severe during pregnancy, while psoriasis typically appears less severe.

**Herpes gestationis**, is characterized by blisters on the abdomen that usually appear during the second trimester of pregnancy, then disappear, and reappear at delivery. Topical and oral corticosteroids can provide relief.

**Hirsutism**, or excessive hair growth, can appear on the face and chest due to hormonal changes experienced during pregnancy. Within six months after giving birth, this condition generally dissipates.

**Hyperpigmentation**, characterized by the appearance of dark spots on the skin, affects more than 90 percent of pregnant women. This condition is caused by an overproduction of melanin, which may turn the breasts, nipples, and genitals, as well as freckles and scars, a shade or two darker than is usual, but will return to normal a few months after pregnancy.

**Melasma**, or “**the mask of pregnancy**” affects about 70 percent of pregnant women. It is caused by an increase of pigmentation in areas that have previously been exposed to

the sun. Three common patterns of melasma are the centrofacial pattern, with pigmentation occurring on the cheeks, forehead, upper lip, nose and chin; the malar pattern, showing pigmentation on the cheeks and nose; and the mandibular pattern, appearing on the cheeks and jawline. Proper use of sunscreen may be helpful. This condition returns to normal after pregnancy.

**Pruritic urticarial papules and plaques of pregnancy (PUPPP)** typically appear in the third trimester, and is the most common skin condition associated with pregnancy. Small red bumps or hives form a rash on the abdomen that may spread to the thighs, buttocks, breasts and arms. Topical anti-itch medications generally provide relief, and the condition disappears after delivery.

**Stretch marks** are a common condition especially prevalent in Caucasians, but may exist among other populations in women who lose or gain a great deal of weight. The condition is characterized by pink or purple bands that appear on the abdomen, breasts or thighs. Exercise and some topical preparations may reduce or lessen their appearance.

**Telogen effluvium** refers to excessive hair loss that occurs within five months after pregnancy. This condition does not cause permanent hair loss or baldness, typically returning to normal after six to twelve weeks.

## Common conditions affecting the foot and toes

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The feet, toes, and toenails can act as a rough measure of the body’s health, as they are likely to show the early signs of systemic illness or disease, sometimes before the rest of the body. Toenail pitting or thickening, for example, may be signs of psoriasis, while concave nails may signify an iron deficiency (anemia). In cases of discoloration or possible infection, refer the client to his or her doctor or health care professional for evaluation. Do not attempt to diagnose medical conditions.

**Arthritis:** Is a condition characterized by joint pain, inflammation, and foot deformity, in some cases. Different types of arthritis attack joints in different parts of the body. Rheumatoid arthritis may affect the ball of the foot and toes, causing dislocations, while osteoarthritis typically affects the big toe and joints in the arch of the foot. Osteoarthritis is the most common type of arthritis. It is typically associated with aging or past injury and affects the finger and hips. Rheumatoid arthritis is the next most common type of arthritis. It affects children and young adults. Other types of arthritis are called

“secondary” and are associated with an underlying condition, such as psoriatic arthritis, from psoriasis.

**Athlete’s foot:** As discussed earlier, athlete’s foot is a fungus that causes itchiness, redness, and cracking of the skin. Germs can infect these cracks, getting under the skin. The infection can spread. Infection often makes toenails thick, yellow, and hard to cut. Athlete’s foot is associated with an array of different symptoms including changes in color and the presence of dampness on the soles of the feet and between the toes. Skin may appear abnormally white, gray, or red.

**Blisters:** Are fluid filled pockets underneath the top layer of skin. If more than 5 millimeters in diameter and filled with a watery fluid, it is referred to as a “bulla” or a “bleb.” Blisters may be caused by burns, medication, friction, and skin diseases. Blisters commonly form in an area of abrasion, for example, from poor fitting shoes that rub the same spot on the foot. Blisters can be distinguished based on their contents. Blood blisters contain blood, while water blisters contain a clear, watery liquid, with no pus or blood.

**Bunions:** Are a bony bulge or bump at the base of the big toe that forms when the first metatarsal and big toe shift out of alignment, resulting in a red, sore, and easily infected area that can be caused and aggravated by poor fitting shoes. Bunions can be corrected by a surgical procedure.

**Corns and calluses:** Are areas of very hard and dense skin caused by rubbing or pressure on the same spot. Calluses and corns are primarily distinguished by their size and location; calluses are larger, flatter spots on the soles of the feet, while most corns are small in size and located on the tops or between the toes. Corns are commonly seen on the tops of hammered, contracted toes, in response to excessive pressure against a toe.

**Diabetic complications:** Diabetes is hard on the feet. Not only can minor conditions like corns and calluses become dangerous to diabetics, the disease can cause nerve damage (peripheral neuropathy) that reduces feeling in the feet. With neuropathy, an injury or condition requiring medical attention may go unnoticed. Diabetics may have dry, cracked, and brittle feet that are more susceptible to complications like infections. Small cuts and sores also take longer to heal in individuals with diabetes, and diabetics are more prone to ulcerations, holes in the skin. Infections can set in easily and grow very serious. Foot infections are the most common reason people with diabetes are hospitalized. In some cases, amputation is required. Diabetics must learn to take very good, careful care of their feet.

**Erythrasma:** Caused by corynebacteria. Erythrasma occurs mainly in obese, elderly or diabetic patients and is characterized by red or brown scaling patches in the skinfolds, especially webs of the feet. Clients may complain of itching, burning or discomfort, as well as an unpleasant smell to the feet.

**Gout:** Is characterized by painful joints, especially in the big toe. Gout is a rheumatic disease that results from deposits of uric acid crystals in connective tissue, joints, or both. These needle-like deposits lead to inflammatory arthritis, which causes swelling, redness, heat, pain, and stiffness in the joints.

**Hammertoe:** Forms when the foot muscle weakens, shortening tendons, which retract the toe, making it curl under the foot and creating a bump at the joint on top of the toe. Hammertoes can become sore and cause problems walking or finding comfortable shoes. Hammertoes may be accompanied by sores on the bottoms of the feet and tops of the toes. Hammertoes have a genetic component, running in some families, although wearing shoes that are too short can also cause hammertoes. Hammertoes can be straightened by surgery.

**Ingrown nails:** Are nails with corners or sides that dig into the soft tissue of nail grooves. Ingrown toenails may lead to redness, irritation, and swelling. All toes may be affected, but the big toe is most likely to suffer from ingrown nails. Ingrown nails may be caused by improper trimming of nails, heredity, crowding of toes into shoes, and injury to the root cells at the base of the toe, but may also have a genetic component, running in families. Ingrown toenails may return on the same toe.

**Onychomycosis:** Or fungal nails, is characterized by a slow change in the appearance, color, and thickness of the toenail. The condition is caused by a fungal infection underneath the surface of the nail plate. As infections grow, they become more obvious, darker, and may smell unpleasant. Fungal infections can spread to other parts of the body, and be aggravated by secondary bacterial or yeast infections. People with chronic conditions, like diabetes or circulatory problems, are more susceptible to fungal nails.

**Ulcers:** Are sores that do not heal. The leading cause of foot ulcers is nerve damage (peripheral neuropathy), often related to diabetes. Pressure on the sole of the foot, repeated rubbing against the foot, or injury may cause an ulcer.

**Warts:** Are small, hard, sometimes painful areas found on the skin of the foot, commonly on the balls of the feet. They may be single or form in clusters, called “mosaic warts.” Warts are caused by a viral infection and can be spread easily. Plantar warts form on the bottom of the feet, and may go away without treatment.

Proper care and attention to the feet is important to good health. Refer your client to his or her doctor if you observe any of these warning signs:

- Redness.
- Swelling.
- Warmth.
- Pain.
- Slow healing.
- Dry cracks.
- Bleeding corns or calluses.
- Tenderness.
- Loss of sensation.

To lower the risk of conditions like fungal nails:

- Avoid walking barefoot on shower floor surfaces or locker rooms.
- Regularly clean and inspect your feet.
- Keep feet dry (dry the feet thoroughly with a towel after washing with soap and water).
- Change shoes, socks, and hosiery at least every day.
- Wear shoes that fit well and allow air through the material of the shoe.

- Wear synthetic socks rather than cotton or wool to keep the foot dryer.

- Keep toenails clipped straight across, not beyond the tip of the toe.

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## MMA update for nail technicians

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It is important for all nail technicians to be aware of the use of MMA (methyl methacrylate monomers) and its dangers to the

skin and nails. State law in Florida forbids the use of MMA in nail salons.

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## Methyl methacrylate monomers

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In the infancy of the professional nail industry, methyl methacrylate (MMA) was a commonly used ingredient in artificial nail products. These products were often referred to as “dental acrylics” or “porcelain nails.” By the end of 1970s, the Food and Drug Administration (FDA) had received so many complaints related to the use of MMA that it was forced to take action against several manufacturers of these products.

loss of sensation in the fingertips. As the problem became more serious, the FDA warned manufacturers that further use of MMA in nail enhancement products was inappropriate. In 1972, MMA gained further notoriety when the Food and Drug Administration (FDA) deemed it a “poisonous and deleterious” ingredient when used in liquid monomer and got a court-ordered injunction prohibiting a particular nail product manufacturer from selling MMA monomer. These actions by the FDA sent MMA into the underground industry. In 1996, the FDA restated its position and opposition to the use of MMA.

MMA-related complaints ranged from skin allergy to permanent loss of the nail plate. It can also cause a permanent

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## Methyl methacrylate polymers

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Nail technicians who are aware of the dangers of MMA are often confused when they discover that some acrylic powders contain this ingredient. The problems described above do not apply to the use of MMA polymers. In the fully polymerized and solid form, the substance is considered safe. When

MMA is converted into a polymer, it is called “Poly methyl methacrylate,” or PMMA. In the polymer form, PMMA is chemically identical to plexiglass or lucite and is considered safe for use on natural nails.

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## Why do salons still use MMA?

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MMA is popular because it sets up fast and adheres like no other product can or should. Above all, it is cheap: \$15 will get you a gallon versus \$215 a gallon for name brand ethyl methacrylate monomer. MMA nails bond so well to the natural nail and are so rigid that instead of snapping harmlessly off the natural nail when jammed or caught, they hold tight, causing painful breaks and tears of the natural nail.

who use these products often wear dust masks hoping to obtain some protection. Although these masks are a great way to lower exposure to dusts and filings, they provide absolutely no protection from MMA vapors. Also, MMA creates artificial nails that are too rigid for the natural nail plate. MMA artificial nails resist breaking if caught or jammed, which often leads to painful breakage of the nail plate near the cuticle, which may result in severe infections.

In addition, MMA can cause serious skin reactions and permanent nail damage, including actual nail loss. Serious adverse skin reactions and permanent nail deformities are only part of the risks of using MMA. Long-term use of MMA may lead to permanent damage to the respiratory system. Those

Nail technicians may be found legally liable if they knowingly use products containing MMA. They may lose their professional licenses and be sued by injured clients.

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## How can I tell it's MMA?

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Since MMA is prohibited, you are unlikely to find it on the ingredient label. Still, it is usually not difficult to tell that a product contains MMA. Here are three simple things to watch for:

- Unusually strong or strange odor that doesn't smell like other acrylic liquids.
- Nail extensions that are extremely hard and very difficult to file, even with coarse abrasives.

- Nail extensions that will not soak off in solvents designed to remove acrylics.

The last sign is the most important indicator. Nail technicians who come across artificial nails made with MMA-containing ingredients are usually surprised by how difficult it is to remove the product. The only way to remove these products is by filing with a very coarse abrasive, which usually results in further damage to the client's nail plates and nail beds.

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## Recommendations from the Nail Manufacturers' Council

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The NMC (Nail Manufacturers' Council) wants you to be informed about the potential dangers of MMA. The use of

nail enhancement products containing MMA is unsafe and unwise. Anyone who manufactures, sells, or distributes

these potentially dangerous substances is breaking the law and endangering your health. Not only are they showing disrespect for you and your clients, they are endangering the entire nail profession. Many state boards of cosmetology, which regulate and license nail technicians, have passed strict regulations forbidding the use of these products.

The Nail Manufacturers Council fully supports the FDA's position and recommends against nail technicians using products that contain MMA. They believe that the significant danger to both nail technicians and clients makes the use of MMA both unwise and unethical. In their opinion, the health risks and public relations problems created by the illegal use of MMA seriously threaten the entire professional nail industry.

If you think that these products are being used, report your suspicions to your local state cosmetology board or other regulatory agency. If you know of anyone engaged in selling or distributing products containing MMA, please report this information to the NMC at (312) 245-1595.



## Chapter 4: Workers' Compensation

1 CE Hour

By: Staff Writer

### Learning objectives

- ♦ Define workers' compensation.
- ♦ Know the history of workers' compensation in Florida.
- ♦ Understand the rights and benefits available to you under the Florida Workers' Compensation Act.

### Workers' compensation, a brief history

Simply defined, workers' compensation recompenses, gives something to a worker, one who performs labor for another, for services rendered or for injuries. This simple definition is taken in part from Webster's Ninth New Collegiate Dictionary, and in studying this subject closely, we find this definition extremely accurate. **Workers' compensation is not insurance; rather, it is social insurance, much the same as unemployment compensation and Social Security.** It is however, the oldest form of social insurance.

Insurance, as defined, is coverage by contract whereby one party undertakes to indemnify or guarantee another against loss by a specified contingency or peril. The very word "insurance" comes from the Latin word for "security." The word "policy" comes from the Italian language meaning "promise." The first evidence of insurance appeared in China around 3000 BC when merchants would divide their cargo into several ships, protecting their investments and dividing any losses among themselves. This system was continued forward, and in 1750 BC, the Babylonians devised a system where the merchant would borrow money to finance his shipment of goods. He paid the lender an additional sum of money and in exchange for this additional sum, the lender agreed to cancel the loan should the shipment be lost or stolen. This system was recorded in the Code of Hammurabi around 1750 BC. The Romans are credited with developing life and health insurance through guilds or clubs around 600 AD.

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' and 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.

Moving through history, very little is found regarding workers' compensation, although other forms of protection against the liability of one against another come to light and the term known as "insurance" becomes popular. Common law was the avenue for claims against another. Under liability, the "duty" and "breach of duty" of one to and against another was the rule to follow. It wasn't until the early 18th century that the "respondeat superior" doctrine under Old English law came into being. Under this doctrine, the master (employer) was held to be liable for damages to a third person caused by a servant's (employee) act or omission while the servant was acting within the course and scope of employment. Not many workers were protected under this doctrine unless they were injured by a fellow worker. Overall, it was still another step in the right direction.

### The Florida experience

Florida moved slowly in enacting a workers' compensation law primarily because Florida had a smaller work force, virtually no manufacturing and no major problems until the Great Depression of the 1930s. Florida industry was limited and consisted primarily of phosphate mining, agricultural harvesting of fruits and vegetables, tobacco, cattle and logging. In addition, there was a steady movement of people, mostly unemployed, moving down from the north, seeking their fortune as well as Florida sunshine. Florida started

an aggressive campaign to attract business to the warmer, more economical climate in mid-Depression, and the 1935 legislature meeting in regular session and Governor David Sholtz, who was considered to be a liberal and full of new ideas, recognized the necessity for this legislation. A workers' compensation law was necessary to meet the demands and requirements of the increased and industrial employment in the state and as an inducement and invitation to other industries to move to and operate in Florida. Prospective employers knew

that they would be open to lawsuits from workers injured on the job. Most states had adopted legislation entering into the tradeoff, and now it was Florida's turn. Employers who had been in Florida for many years saw these new residents bring an increase in accidents and injuries. Lawsuits were on the rise and workers demanded protection. President Franklin D. Roosevelt's New Deal brought many reforms, including workers' compensation.

This new law was signed May 23, 1935, as House Bill 29 and became effective July 1, 1935. Florida made the headlines across the country several months later on Labor Day, September 1, 1935, when the most vicious hurricane ever to hit North America came ashore and devastated the Keys and coastal areas. The loss of life was in the hundreds with hundreds more missing. Two records were set that day. The barometer recorded a low of 26.35 inches of mercury and winds blew in excess of 250 miles per hour.

The new act provided for creation of a new Florida Industrial Commission, which began actual operations in June 1935. The commission consisted of three members, two of them appointed by the governor to serve during the governor's term of office and the third member to be appointed by the governor to serve a four-year term and be chairman of the commission.

The Florida Industrial Commission's first chairman was Wendall C. Heaton, and he received a salary of \$4,200 yearly. The commission was responsible for administering the provisions of the workers' compensation law, making studies and investigations with respect to safety provisions and the causes of injuries in employment. They were authorized to make rules and regulations dealing with workers' compensation. The cost of administering the law was borne by a tax on workers' compensation insurance premiums and upon self-insurers. It is interesting to note that this method of financing the cost of administering the law still exists today.

The way the law was structured regarding benefits to the injured worker is extremely interesting. Initially, no compensation was

allowed for the first 14 days of the disability. Compensation for disability was not to exceed \$18 per week nor be less than \$4 per week; provided, however, that if the employee's wages were less than \$4 per week, he was to receive his full weekly wage. Compensation for disability was paid at the rate of 50 percent, 55 percent, and 60 percent of the employee's average weekly earnings, depending upon the number of dependents of the employee. Medical treatment was furnished at a cost not to exceed \$250, except in surgical cases in which the maximum expense to the employer was \$500. Under no circumstances would compensation be paid for more than 350 weeks, nor would the total amount paid exceed \$5,000. Employees not included under the act were domestic servants, and agriculture and horticultural farm laborers.

In the first year of the Florida Industrial Commission, 10,977 cases on workers' compensation were reported by Florida's 67 counties. Of these, 2,983 were reported in Dade County, and 1,985 were reported in Duval County. Benefits paid were approximately \$290,434.

By 1937, approximately 40,380 cases were handled by the commission, providing benefits of \$963,711 to injured employees in compensation and medical treatment. This figure also includes the costs of funerals in the recorded 89 fatalities.

Between 1935 and 1978 few major changes were made in Florida's workers' compensation system. The first medical fee schedule was adopted in 1938 during the regular legislative session. The special disability trust fund was established in 1955. Also referred to as the "second injury fund," the purpose of the fund is to encourage employers to hire workers with disabilities. The same year, the rehabilitation and medical services section within the Bureau of Workers' Compensation was established. In 1960, Florida enacted its own coding and description system. By 1978, Florida adopted, for the first time, a conversion index linking Florida's fee schedule to the Florida Medical Association's relative value coding system, which was fully adopted and completed by 1981.

## A major overhaul

In 1978, major changes in the state workers' compensation system were under way in the state legislature, the first major change since 1935. The law had basically been a "fixed benefit" system, with workers paid on the basis of the severity and type of injury related to a fixed schedule of benefits. Those who were able to or even returned to work received lump sum payments while those who could not work were limited to the schedules. This system was replaced by the "wage loss concept" under the new compensation act. Effective August 1, 1979, this new act was to apply to all claims for injury arising out of accidents occurring on or after August 1, 1979. The industrial relations commission was abolished on October 1, 1979. After September 30, 1979, appeals from orders of deputy commissioners (eventually called Judges of Compensation Claims 10 years later in 1989) were to be heard by the First District Court of Appeal (1st DCA). The Bureau of Workers' Compensation under the

Department Of Commerce was expanded and replaced by the Division of Workers' Compensation under the newly created Department Of Labor And Employment Security, which was vested with extensive powers.

This major reform actually reduced premiums nearly 23 percent for employers from 1978 through 1982. They were to be the last reductions for over a decade as the wage loss concept proved not to be the answer to lowering costs.

In 1980, House Bill 1677, as amended by the Florida Senate and passed by the State House of Representatives, was the major legislative cleanup effort. The year of 1981 saw the revised bill for the Workers' Compensation Act. This bill essentially deleted obsolete provisions relating to the Industrial Relations Commission and Deputy Commissioners of Industrial Claims. The Workers' Compensation Act of 1986 incorporated pre-1979 and post-1979 concepts, definitions and directions.

By 1988, another major cleanup effort was the talk of state legislators. Consequently, new reforms were adopted in 1989, followed by major changes in the benefit structure during the 1990 session. Also, in 1990, the Bureau Of Workers' Compensation Fraud was established in the Department Of Insurance to combat fraud within the system, and the Bureau

Of Safety within the Division Of Workers' Compensation was upgraded to full division status to fill the needs of customers for safety inspections and program establishment. The Workers' Compensation Drug-Free Workplace Program was added to the law this same year, recognizing the role that drugs and alcohol played in accidents on the job.

## Today

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We have seen wage loss come in 1979 and go in the 1993 reform, replaced by impairment income and supplemental benefits. The closing years of the 20th century brought many changes as litigation and medical care continued to be a problem not only in Florida but on a national level as well. The 1993 reform act introduced our system to managed health care arrangements (MCAs). The Employee's Assistance Office (EAO), designed to prevent litigation through education, information, and the Early Intervention Program and to resolve disputes quickly and effectively, became a reality. In addition, the Employer Help Line, known today as Customer Information and Services, was established to assist employers and other customers with their questions and problems. In the 1993 Reform Act the emphasis was, and still is today, placed on re-

employment, getting the injured worker back to work as soon as able, therefore reducing costs and increasing productivity.

In 2003, our law again underwent a major reform, with changes to the permanent total, impairment income and death benefit structures; construction industry exemptions; compliance enforcement; medical services; and examination and investigation of carrier and claim handling entities.

The Division of Workers' Compensation through reorganization continues to emphasize education and information both externally and internally to all customers the division serves. Through outreach programs, workshops, conferences, seminars, brochures, pamphlets and other materials, the division's customers will better understand and take a proactive role in improving the system.

## The future

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We are just a few years into 21st century and have already seen sweeping changes with the abolishment of the Department of Labor and Employment Security and the Division of Safety and the Special Disability Trust Fund. The Agency for Health Care Administration was elevated to full department status in 2001 and received the Medical Services portion of the Division of Workers' Compensation in February 2001, with permanent transfer effective July 1, 2002. The Re-employment section

transferred to Department of Education, Division of Vocational Rehabilitation with the remainder of the division moving to the Department of Insurance, also effective July 1, 2002. The Department of Insurance and Department of Banking and Finance merged into the new Department of Financial Services effective January 1, 2003.

Yes, there will be changes as we progress into this new century, but workers' compensation is still here for the citizens of Florida.

## Federal Health Care Reform: What Does It Mean for Workers' Compensation?

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*H.R.3590 - Patient Protection and Affordable Care Act (PPACA) and of H.R. 4872 - Health Care and Education Reconciliation Act of 2010.* These sweeping federal health care reform bills did not directly address workers' compensation or implicate its medical benefit structure or payment models. Nonetheless, these federal health care reform bills (referred to as PPACA) will usher in a number of changes that, once implemented, have the potential to impact workers' compensation generally and Florida's workers' compensation program specifically.

exchange of financial and administrative transactions for the purpose improving the operation of the health care system and administrative costs.

This second provision warrants watching because it encourages comments to the Secretary of the Department of Health and Human Resources on whether the implementing rule should include property and casualty insurance, including workers' compensation.

**Note** — The United States Congress is contemplating amending or repealing some provisions of PPACA. There are also ongoing discussions about repealing PPACA in its entirety.

One of the more intriguing aspects of the federal health care reform law is the way it will incent doctors and hospitals to start to use electronic means of transmitting bills and records. According to the New England Journal of Medicine:

The first thing to note is that there is no language in the health care reform law that would directly and explicitly affect workers' compensation. The PPACA references workers' compensation twice:

- Section 2401, in connection with a mandate to have certain community health service agencies carry workers' compensation insurance.
- Section 10109, which calls for the Secretary of Health and Human Resources to develop rules that will facilitate the

- Beginning in 2011, Medicare and Medicaid will provide financial incentives over multiple years of up to \$40,000

to \$65,000 per eligible physician and up to \$11 million per hospital for “meaningful” use of health information technology, such as the electronic exchange of data and reporting of clinical quality measures.

- Starting in 2015, physicians and hospitals that do not use certified products in a meaningful way will be penalized. The Congressional Budget Office (CBO) projects that the incentives will boost the proportions of physicians and hospitals adopting comprehensive electronic health records by 2019 to 90 percent and 70 percent, respectively, from the 65 percent and 45 percent that would be expected to do so anyway.

The expected increased ability by doctors and hospitals to send and receive electronic records aligns well the current International Association of Industrial Accidents Boards and Commissions (IAIABC) initiative to support state efforts to mandate electronic systems for workers’ compensation medical billing.

Under another provision of the federal health care reform the pre-existing medical condition exclusion, which currently applies to many group health plans, will fade away from these plans in 2014. Some analysts believe that this provision will diminish the incentive for employees to claim as work related some long-standing “wear and tear” conditions. There may also be much greater demand on employers for workplace and job accommodations leading to new exposures and safety issues.

In another development resulting from the federal health care reform, the Center for Medicare and Medicaid Services (CMS) and Highmark Medicare Services (one of its contractors) have awarded two health information technology contracts to create and maintain systems and applications that support claims payments. Electronic health records (EHR), or electronic medical records (EMR), are considered a key component in controlling health costs.

## **Frequently asked questions about workers’ compensation for employees:**

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

You should report it as soon as possible but no later than 30 days or your claim may be denied.

### **When should my employer report the injury to its insurance company?**

Your employer should report the injury as soon as possible, but no later than seven (7) days after knowledge of it. The insurance company must send you an informational brochure within three days after receiving notice from your employer. The brochure will explain your rights and responsibilities, as well as provide additional information about the workers’ compensation law.

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

You have the right to report the injury to its insurance company. However, if you need assistance, contact the Employee Assistance Office (EAO) at (800) 342-1741 or e-mail [wceao@myfloridacfo.com](mailto:wceao@myfloridacfo.com).

### **What kind of medical treatment can I get?**

The medical provider authorized by your employer or the insurance company will provide the necessary medical care, treatment and prescriptions related to your injury.

### **Do I have to pay any of my medical bills?**

No, all authorized medical bills should be submitted by the medical provider to your employer’s insurance company for payment.

### **Will I be paid if I lose time from work?**

Under Florida law, you are not paid for the first seven days of disability. However, if you lose time because your disability extends to over 21 days, you may be paid for the first seven days by the insurance company.

### **How much will I be paid?**

**In most cases, your benefit check, which is paid biweekly, will be 66⅔ percent of your average weekly wage.** If you were injured before October 1, 2003, this amount is calculated by using wages earned during the 91-day period immediately preceding the date of your injury, not to exceed the state limit. If you worked less than 90 percent of the 91-day period, the wages of a similar employee in the same employment who has worked the whole of the 91-day period or your full-time weekly wage may be used. If you were injured on or after October 1, 2003, your average weekly wage is calculated using wages earned 13 weeks prior to your injury, not counting the week in which you were injured.

In addition, if you worked less than 75 percent of the 13-week period, a similar employee in the same employment who has worked 75 percent of the 13-week period or your full time weekly wage shall be used.

### **Do I have to pay income tax on this money?**

**No. However, if you go back to work on light or limited duty and are still under the care of the authorized doctor, you will pay taxes on any wages earned while working.** For additional information on income tax, you may want to visit the Internal Revenue Service website at [www.irs.gov](http://www.irs.gov).

### **When will I get my first check?**

You should receive the first check within 21 days after reporting your injury to your employer.

### **If I’m only temporarily disabled, how long can I get these checks?**

You can receive temporary total, temporary partial disability payments or a combination of the two benefits during the continuance of your disability for no more than a maximum of 104 weeks.

### **Can I receive Social Security benefits and workers’ compensation benefits at the same time?**

Yes. However an offset, or reduction in your workers’ compensation check, may be applied because the law

states that the two combined may not exceed 80 percent of your average weekly wage earned prior to your injury. For further information on Social Security, you may contact the Social Security Administration at (800) 772-1213 or visit its website at [www.ssa.gov](http://www.ssa.gov).

**Can I receive unemployment compensation and workers' compensation benefits at the same time?**

No, not if you are receiving temporary total or permanent total disability benefits because you must be medically able and available for work to qualify for unemployment. For additional information on unemployment compensation, you may want to utilize the unemployment compensation website at [www.floridajobs.org](http://www.floridajobs.org).

**What can I do if I am not receiving my benefit check?**

Call the insurance company and ask for the adjuster or claims representative. If you still have questions and don't understand why the checks have stopped, call the EAO at (800) 342-1741 or e-mail [wceao@myfloridacfo.com](mailto:wceao@myfloridacfo.com).

**If I am unable to return to work until my doctor releases me, does my employer have to hold my job for me?**

No, there is no provision in the law that requires your employer to hold the job open for you.

**Can my employer fire me if I am unable to work because of an injury and am receiving workers' compensation benefits?**

No, it is against the law to fire you because you have filed or attempted to file a workers' compensation claim.

**If I am unable to return to the type of work I did before I was injured, what can I do?**

If eligible, the law provides, at no cost to you, reemployment services to help you return to work. Services may include vocational counseling, transferable skills analysis, job-seeking skills, job placement, on-the-job training, and formal retraining. To find out more about this program, you may contact the Department of Financial Services, Division of Workers' Compensation, Bureau of Employee Assistance and Ombudsman Office (EAO) at (800) 342-1741 option 4 or by e-mail to [wces@myfloridacfo.com](mailto:wces@myfloridacfo.com).

**My employer and the insurance company have denied my claim for workers' compensation benefits. Do I need legal representation to get my benefits? What should I do?**

It is your decision whether or not to hire an attorney. However, the EAO can assist you and attempt to resolve the dispute. If unable to resolve, the EAO can further assist you in completing and filing a petition for benefits. This service is provided at no cost to you. For assistance call: (800) 342-1741 or e-mail [wceao@myfloridacfo.com](mailto:wceao@myfloridacfo.com). For the location of the nearest EAO, click on: [www.myfloridacfo.com/WC/dist\\_offices.html](http://www.myfloridacfo.com/WC/dist_offices.html).

**What is the time limit for filing a petition for benefits?**

In general, there is a two-year period to file a petition. However, it depends on the type of issue in dispute. You may call the EAO at (800) 342-1741 or e-mail [wceao@myfloridacfo.com](mailto:wceao@myfloridacfo.com) for specific information.

**Is there a period of time after which my claim is no longer open?**

If you were injured on or after January 1, 1994, the claim is closed one year from the date of your last medical treatment or

payment of compensation. This period of time is referred to as the statute of limitations. If you were injured before January 1, 1994, the period is two years.

**Can I get a settlement from my claim?**

Settlements may be made under certain circumstances and are voluntary, not automatic or mandatory.

**If I settle my claim for medical benefits with the insurance company and my condition gets worse later, who pays for my future medical care, surgeries, etc?**

You are responsible for your future medical needs after your claim for medical benefits is settled.

**What can I do when it is difficult to get a prescription filled or I am having problems with the pharmacy where I get my workers' compensation medication?**

In Florida, an injured worker has the right to select a pharmacy or pharmacist.

Florida law prohibits interference with your right to choose a pharmacy or pharmacist. However, a pharmacy is not required to participate in the workers' compensation program. If at any time, you become dissatisfied with your pharmacy or pharmacist's services, you can seek another pharmacy to fill your prescriptions.

**I am one of the individuals covered by s. 119.071 (4) (d), Florida Statutes who is eligible to have my "personal information" exempt from a public record release. If I am injured on the job, and my First Report of Injury or Illness is reported to your office, will your agency automatically withhold my personal information from a public record request?**

No. The "personal information" in s. 119.071 (4)(d), F.S. is defined as your address, telephone number, photograph, and social security number. Although photographs are not collected by our office, your Social Security number will always be redacted from any public record request pursuant to s. 119.071 (5) 5., F.S.. However, s. 119.071 (4) (d) 2., F.S., requires you or your employer to formally write to the custodial agency that is in possession of your personal information in order to claim the exempt status. Our office accepts emails, faxes or written correspondence when claiming the personal information exempt status. You must provide your occupation (title or description), name of employer, and date of injury associated with any Florida workers' compensation claim you filed, if applicable. You must also provide your date of birth and the last 4 digits ONLY of your Social Security number in order for us to establish accurate confidential record information. To request exemption of personal information maintained by our division, you should email, fax or write to the following:

Division of Workers' Compensation  
Bureau of Data Quality and Collection  
ATTN: Records Privacy Section  
200 E. Gaines Street  
Tallahassee, FL 32399-4226  
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Records Privacy Forms are located at <http://www.myfloridacfo.com/wc/employee/records.html>

## FOR EMPLOYERS

### Who needs workers' compensation coverage?

- If you are in an industry other than construction and have four (4) or more employees, full-time or part-time, you are required to carry workers' compensation coverage (an exempted corporate officer does not count as an employee).
- If you are in the construction industry and have one or more employees (including yourself), you are required to carry workers' compensation coverage (an exempted corporate officer or member of a limited liability company does not count as an employee).
- If you are a state or local government, you are required to carry workers' compensation coverage.
- If you are a farmer and have more than five regular employees or 12 or more other workers for seasonal agricultural labor lasting 30 days or more, you are required to carry workers' compensation coverage.

If you have additional questions, contact the Customer Service Unit at (850) 413-1601.

### How does an employer obtain workers' compensation insurance?

You have several options:

- By purchasing a policy from an insurance agent that represents approved insurance companies.
- From the Joint Underwriting Association (JUA), <http://www.fwcjua.com/>.
- By qualifying as an individual self-insured; for additional information, contact the Division of Workers' Compensation at (850) 413-1784.
- Or, an employer may contract with a professional employer organization (employee leasing) that has secured workers' compensation coverage.
- Reference: Section, 440.02, Florida Statutes.

### Where do I get a supply of the injury report forms that I am required to complete when one of my employees is injured?

Your insurance carrier is required to provide you a supply of the Form DWC-1 First Report of Injury or Illness. Forms can also be downloaded from the Florida Workers' Compensation website Rules and Forms page.

### Who can I contact with questions or concerns regarding risk classification codes and premium amounts?

Call your insurance carrier or service representative. If you have a dispute regarding the risk classification codes, you can call the National Council on Compensation Insurance (NCCI) at 1-800-622-4123.

### Does the injured worker pay any part of my workers' compensation insurance premium?

The law is very specific on this point. It is the employer's responsibility to pay the entire premium for workers' compensation insurance coverage.

### What kinds of employee injuries are covered?

The law covers all accidental injuries and occupational diseases arising out of and in the course and scope of employment. This includes diseases or infections resulting from such injuries. The law also covers death resulting from such injuries within specified periods of time. Even if you do not think an injury is covered, you must still file the First Report of Injury or Illness (DWC-1) with your insurance carrier for determination of

responsibility within seven days of your first knowledge of the accident/injury.

### What injuries are not covered?

The law does not provide compensation for the following conditions:

- A mental or nervous injury due to stress, fright, or excitement;
- A work-related condition that causes an employee to have fear or dislike for another individual because of the individual's race, color, religion, sex, national origin, age, or handicap;
- "Pain and suffering" has never been compensable in Florida, nor is it compensable in any other state. The employer may not sue an injured worker for causing a catastrophe nor can the injured worker sue the employer for an injury. This trade-off makes it possible for injured workers to receive immediate medical care, at no cost to the injured worker, without any consideration for who was at fault, the employer or the employee. In civil law, negligence must be established through litigation before any compensation is awarded
- Reference: Section 440.02(1), Florida Statutes.

Compensation will not be paid in several other instances:

- If the injury is caused by the employee's willful intention to injure or kill himself or another;
- If the injury is caused primarily because the employee is intoxicated or under the influence of drugs;
- If the injury or death of the employee is covered by the Federal Employer's Liability Act, the Longshore and Harbor Workers' Compensation Act, or the Jones Act (if the injured worker is a "seaman" or member of a crew).

### Can an employer be liable for double compensation?

An employer can be liable for double compensation if a minor child is injured while employed in violation of any of the conditions of the child labor laws of Florida. The employer alone, not the insurance carrier, is liable for up to double the normal compensation as provided by the Workers' Compensation Law. To receive further information regarding the Child Labor Law, call the Child Labor Office at (800)226-2536.

### As a small business owner, I fail to see how I can be sued by an injured worker if I provide all the necessary care, light duty work, and offer to retrain the employee.

Under the provisions of Chapter 440, Florida Statutes, an injured worker has two years from the date of the accident to file a petition for benefits with the Division of Administrative Hearings. If an employer is providing benefits and return to work options, that should be sufficient to meet the ultimate goal of returning an injured worker to gainful employment. However, an employer/carrier's definition of "necessary care" and that of an injured worker may differ. When that happens, the injured worker has no remedy except to file a petition for benefits and have a judge of compensation claims determine whether the benefits that are being provided are sufficient, or if additional benefits not being provided are required by Florida law. If the employer is providing benefits, all expenditures must be reported to the employer's workers' compensation insurance carrier for statistical purposes.

**If I suspect an employer should have workers' compensation insurance coverage but does not, or if I suspect fraudulent activity in a workers' compensation claim, where do I report this?**

Suspected workers' compensation fraud can be reported directly to the Department of Financial Services, Bureau of Workers' Compensation Fraud, 200 E. Gadsden Street, Suite 100A, Tallahassee, Florida 32301, or to the bureau's toll-free hotline number at 1-800-378-0445. Suspected fraud can also be reported to the Florida Workers' Compensation, Bureau of Compliance's toll-free hotline at 1-800-742-2214. Anonymous calls are accepted. You can also fill out the Non-Compliance Referral Form to report employers who do not have workers' compensation insurance coverage. This form can be accessed at the division's website at [www.myfloridacfo.com/wc/databases.html](http://www.myfloridacfo.com/wc/databases.html).

**What in the system would prevent an injured worker who wanted to leave his employer anyway from claiming to be hurt, waiting out the treatment, still claiming to be hurt and then trying to settle? It would not cost him anything but a few hours to do this and he would have nothing to lose.**

By law, pain or other subjective complaints alone, in the absence of objective relevant medical findings, are not compensable. However, sometimes these types of claims do occur, and they are sometimes settled by insurance carriers for a nominal amount of money to rid the employer/carrier of a nuisance case.

**Is compensation payable if an employee refuses to use a safety appliance like a hard hat, safety goggles or observe a safety rule?**

Compensation will still be paid, but indemnity benefits (partial wage replacement) may be reduced by 25 percent if the employee knew about the safety rule prior to the accident and failed to observe the rule, or if the employee knowingly chooses not to use a safety appliance which the employer has directed him to use.

**Will becoming a drug-free workplace save me money on my insurance premiums?**

If you implement a drug-free workplace program in accordance with the criteria set forth in s.440.102, Florida Statutes, you may be eligible for a 5 percent premium credit from your insurance carrier to your workers' compensation insurance premium. In addition to the premium credit, having a Workers' Compensation Drug-Free Workplace program may make your workplace safer, resulting in fewer accidents, which may reduce your workers' compensation costs.

**Am I required to become a carrier-certified drug-free workplace?**

Becoming a carrier-certified drug-free workplace is voluntary. However, without the certification, you would not be eligible for any of the benefits provided under this program.

**Under the Workers' Compensation Drug-Free Workplace program, can I conduct random drug testing of my employees?**

In addition to the situations in which testing is mandatory, the law does not prohibit a private employer from conducting random testing or any other lawful testing of employees. A public employer may institute random testing of employees in "safety sensitive" or "special risk" occupations.

**Can I use a Breathalyzer as a valid drug testing method?**

Under the Workers' Compensation Drug-Free Workplace program, the use of a Breathalyzer cannot be used as a testing method for initial or confirmation tests.

**What if an employee refuses to take a drug test?**

If an injured worker refuses to submit to a test for drugs or alcohol, the employee may forfeit eligibility for medical and indemnity benefits. If an employee or job applicant refuses to submit to a drug test, the employer is permitted to discharge or discipline the employee or may refuse to hire the applicant (if specified in the written Drug-Free Workplace Policy), since, by law, refusal to submit to a drug test is presumed to be a positive test result.

**If a terminated employee files for unemployment compensation benefits, may I inform the adjudicator that the employee was terminated as a result of a positive drug test?**

The adjudicator is bound to maintain this information confidential under s.443.1715(3)(b), Florida Statutes, until introduced into the public record pursuant to a hearing conducted under s.443.151(4), Florida Statutes. Under all other instances, employers may not release any information concerning drug test results obtained pursuant to section s.440.102(8), Florida Statutes, unless such release is compelled by an administrative law judge, a hearing officer, or a court of competent jurisdiction or is deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding.

**Can I post the results of my employees' drug tests?**

All information, interviews, reports, statements, memoranda and drug test results, written or otherwise, received by the employer through a drug testing program is confidential and cannot be posted in any public manner.

**Am I responsible for payment for services when my employee participates in an employee assistance program (EAP)?**

No, but if you choose to pay for an employee assistance program, you have the right to choose the facility providing treatment. If an employee does participate in an employee assistance program, you, the employer, are required to extend the same considerations as reflected under the federal guidelines established for the Americans with Disabilities Act and the Family and Medical Leave Act.

**How many days does the employee have to re-test the specimen if he or she wishes to contest a positive test result?**

During the 180-day period after written notification of a positive test result, the employee who has provided the specimen shall be permitted by the employer to have a portion of the specimen re-tested, at the employee's expense, at an Agency for Health Care Administration (AHCA) licensed or a USHHS certified laboratory of his or her choice.

**Who pays for the drug test?**

The employer is responsible for payment of all drug tests they may require. However, if an employee wishes to have the specimen re-tested at a laboratory certified by the Agency for Healthcare Administration (AHCA), it will be at the employee's expense. If the workers' compensation insurance carrier uses a positive test result to determine the compensability of a claim, the carrier would be responsible to cover the costs of the test.



By: Staff Writer

### Learning objectives

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- ♦ Define HIV, AIDS, their relationship and the differences between them.
- ♦ Identify how HIV is transmitted from one person to another – and how it is NOT spread.
- ♦ List risk factors for being infected by 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 some common “opportunistic infections.”
- ♦ Explain HIV “drug cocktails” and their role in treating people with HIV.
- ♦ List common side effects of HIV/AIDS drugs.

### Introduction

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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 virus that causes it – the human immunodeficiency virus (HIV) – the number of people who are surviving the infection has consistently risen in the past 20 years.

Two sports legends, NBA star Magic Johnson and Olympic diving gold medalist Greg Louganis, are among the well-known people living with HIV or AIDS. Both say that while the virus remains in their bodies, it is now undetectable. Both are known to keep fit, and both say they owe their good health to their medications, the anti-HIV drug “cocktails” that have helped millions worldwide maintain their health despite having HIV infection.

“I take my meds and go about my business of living,” Louganis told *People* magazine in a February 2010 interview. “I don’t really dwell on it.”

Johnson, who has become a savvy businessman as well as an advocate for AIDS education and prevention, told the *Washington Post* in 2006: “The only thing that saved my life was early detection and taking my medicine.”

But they are hardly alone. In 2006, more than a million Americans were living with HIV/AIDS, according to the Centers for Disease Control (CDC) in a 2008 report. And thanks to new drug therapies, many people who are HIV positive are living symptom free, and like Magic Johnson after nearly 20 years, they have yet to develop the illness AIDS.

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.**

In August 2009, the CDC issued a report entitled “HIV prevention in the United States at a Critical Crossroads,” and it noted that its latest estimates suggest that more than 56,000 Americans are becoming infected every year, a slight increase over recent years of stable rates of infection. The report shows that infection rates grew among heterosexual men and women – particularly African American and Hispanic people – as well as men who have sex with men.

Also 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 (in June 2010, the government listed more than 800 ongoing HIV/AIDS research projects on various websites), 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. But with that comes the challenges of adapting to lifestyle and behavioral changes and a new commitment to good health. This course, adapted from information from 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

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## What is HIV?

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HIV stands for the human immunodeficiency virus:

- H** – Human. This virus infects human beings.
- I** – Immunodeficiency. This virus attacks a person’s immune system. The immune system is the body’s defense against infections, such as bacteria and viruses. Once attacked by HIV, the immune system becomes deficient and doesn’t work properly.

**V** – Virus. A virus is a type of germ too small to be seen even with a microscope.

Some viruses, like the ones that cause colds or flu, stay in the body for only a few days. HIV, however, never goes away. A person who is infected with HIV is said to be “HIV positive.” **Once a person is HIV positive, that person will always be HIV positive.**

## What does the virus do?

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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?

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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 can’t 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?

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HIV is spread through four body fluids:

- Semen.
- Vaginal fluid.
- Blood.
- Breast milk.

HIV is NOT spread through:

- Tears.
- Sweat.
- Feces.
- Urine.

## How is HIV spread through sex?

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A person can get infected from sexual contact with someone who is infected with HIV. Sexual contact that can transmit HIV includes:

- Vaginal sex.
- Anal sex.
- Oral sex.

The best thing for sexually active people to do is to practice “safer sex” all the time. To do so, always use a condom or other latex barrier. They should make sure that any lubricant

used with condoms 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 is NOT spread by:

- Hugging or massage.
- Fantasizing.

- Dry kissing.
- Daily living with someone who has HIV.

## How is HIV spread through blood?

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People can become infected if they have contact with the blood of someone who is infected with HIV. Blood-borne infection with HIV can occur through:

- Sharing needles when shooting drugs.
- Tattoos or body piercings with unsterilized needles.

- Accidental needlesticks.
- Blood transfusions.
- Splashing blood in the eyes.

HIV is NOT spread by blood passed through insect bites.

## Can mothers give HIV to their babies?

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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.

## HIV and salons

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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 manicures 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 can't 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 that 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 indeed 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.

## What are the symptoms of HIV?

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You can't tell if a person is HIV positive by looking at them. Most people with HIV infection don't look sick. Even so, when a person first becomes infected, he or she may experience certain symptoms. This period of early infection is called acute HIV infection. Symptoms can be different for each person, and sometimes there are no symptoms at all. It might feel like a cold or the flu. A person might experience fever, headache, a

sore throat, swollen lymph nodes (usually on the neck), fatigue, a rash or sores in the mouth.

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.

## Who is at risk?

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As of 2006, guidelines from the U.S. Centers for Disease Control and Prevention have 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.

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 any of the above categories.

## How is HIV treated?

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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 don't 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?

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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?

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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?

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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?

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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 are causing the problems.

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 can't protect the body anymore. They may reach the advanced stage of infection called AIDS.

## Is HIV always fatal?

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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.

Since 1996, improved treatments have given renewed hope to many people who are HIV positive. While the treatments are not a cure and are far from perfect, they may help to keep people with HIV healthy for a long time.

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 research to find new and better treatments for HIV.

## HIV and hepatitis C

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HIV and hepatitis C are caused by different viruses and are very different illnesses. Hepatitis C is increasingly being found 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

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### What does the test measure?

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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. The HIV test can detect these antibodies to HIV in the person's body; they are

different from antibodies for the flu, a cold or other infections. So a person who has HIV antibodies has been infected with HIV. The test does not tell whether people have AIDS, how long they have been infected or how sick they might be.

### What does the test involve?

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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 needlestick. 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.

### A positive HIV test

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A positive HIV test does not equal death: It means people need to take care of themselves to stay healthy. Many people who have been infected since the 1980s are alive today, living

healthy and productive lives. The most important things people who get a positive result can do immediately are:

- Start seeing a doctor or other health care provider.
- Show up at medical appointments.

- Follow the doctor's instructions about lifestyle, diet, nutrition and treatment.
- Learn about HIV disease and how to take care of themselves.
- Ask for help or support.

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## LIVING WITH AIDS

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### Understanding the diagnosis

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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 don't have HIV.

### Learn about HIV and AIDS

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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) (<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.

### Telling others

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People who find they are HIV positive need support from family, friends and colleagues, and they must be people who are willing to help them through the emotional and physical issues they are going to face. Those who want to help loved ones and friends who are facing HIV should:

- Offer support and understanding.
- Provide assistance, such as running errands and helping with childcare, doctor visits and work.
- Learn from the person with HIV how it is spread and spur the discussion on how to prevent the person from spreading it.

Deciding to tell others that he or she is HIV positive is an important personal choice. It can make a big difference in how the person copes with the disease, and can affect his or her relationships with people. People who decide to share information about their diagnosis should tell people they trust or those who are directly affected. These include family members; good friends; all health care providers, such as doctors, nurses and dentists; and personal services workers such as cosmetologists, nail technicians and facial specialists.

However, people don't have to tell everyone about their HIV status right away. They might want to talk with a counselor or social worker first.

### Support groups

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Joining a group of people who are facing the same challenges can have important benefits. These include helping people feel better about themselves, finding a new life focus, making new friendships, improving their mood and better understanding their own needs and those of their families. People in support

groups often help each other deal with common experiences associated with being HIV positive. Support groups are especially helpful for people who live alone or don't have family and friends nearby.

### Working with the doctor

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If ignored, HIV can lead to illness and death. This is why it is so important for people 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.

## Before appointments

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People with HIV – indeed any patient with any serious disease – should prepare for an appointment with a doctor by writing down:

- Any questions they have.
- Any symptoms or problems they want to tell the doctor about (include symptoms such as poor sleep, trouble concentrating, feeling tired).
- A list of the medications they are taking (include herbs and vitamins).

- Upcoming tests or new information they've heard about.
- Changes in their living situation, such as a job change.

If it seems appropriate, a family member or friend who is aware of the situation might volunteer to go with the person and take notes of the answers and facts the person is given. For a patient, it can be difficult to take notes and pay attention to what the doctor is saying at the same time.

## During appointments

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Patients with HIV should learn about the important lab tests that will track their health and the progress of HIV. They should not be afraid to question the doctor about any tests ordered, and ask the doctor what the tests are to measure. If they don't understand what the doctor is saying, they must ask him or her to explain it in everyday terms. Friends who are part of the person's support team should be ready to encourage an HIV patient to do so.

Patients have the right to ask questions of a doctor or exercise their legal right to see their medical records. After all, it's their body.

Patients must be encouraged to be honest. If they have sex with someone of the same sex or someone other than their spouse, it's OK to tell the doctor. He or she isn't there to judge a patient, but to make decisions based on the person's particular circumstances. The patient must tell the doctor about his or her sexual or drug use history, because those behaviors can put the person at risk of getting other sexually transmitted diseases as well as hepatitis. When the body is fighting off these other diseases, it will not be able to fight off HIV as effectively. A person who is HIV positive may get sicker, faster.

## Monitoring health

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Once people are diagnosed with HIV, they need to pay closer attention to their health than they did before. The most important is to track the condition of their immune systems. First, regular lab tests can often show signs of illness before

there are any noticeable symptoms. Second, they must listen to what their bodies are telling them and be on the alert for signs that something isn't right.

## Regular lab tests

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While many doctors use laboratory tests to check patients' general health, they are especially important for people with HIV. For those people, the tests:

- Show how well their immune system is functioning.
- How rapidly HIV is progressing.

- Check certain basic body functions (tests look at the kidneys, liver, cholesterol and blood cells).
- Whether they have other diseases that are associated with HIV.

## Possible complications

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Certain changes can happen to people who are HIV positive and living longer because of HIV medicines. Some people have experienced visible changes in body shape and appearance. Sometimes these changes can raise the risk of heart disease and diabetes.

Also, by weakening the immune system, HIV can leave people vulnerable to certain cancers and infections. These infections are called "opportunistic" because they take the opportunity to attack patients when their immune systems are weak.

## Protecting others

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A person with HIV can give the virus to others by having unprotected sex or by sharing needles (or if she is pregnant or has an infant, during pregnancy, childbirth or by breastfeeding). This is true even if the person feels perfectly fine. Using condoms and clean needles can prevent a person from infecting others. It can also protect a person with HIV from getting other sexually transmitted diseases.

Sometimes it can be difficult for a person with HIV to explain that they have the virus to people with whom they have had sex or shared needles in the past. However, it is important those people be told so that they can decide whether to be tested. Most city or county health departments will tell them for a patient without using the patient's name. A doctor can help arrange this service.

## Moving forward with life

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Life does not end with a diagnosis of HIV. In fact, with proper treatment, people with HIV can live very healthy lives. Taking care of their overall health can help them deal with HIV. They should:

- Get regular medical and dental checkups.
- Eat a healthy diet. There are many sources for information on healthy diets for those with HIV.

- Exercise regularly.
- Avoid smoking and recreational drug use.
- Go easy on alcohol.
- Practice safer sex (it can protect others from getting HIV, and can protect the person from other sexually transmitted diseases).

## Understanding lab tests

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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 systems are 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 a person has, the better. These are the cells that HIV kills. As HIV infection progresses, the number of these cells declines. 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. The higher the CD4 count, the better.

- **Viral load (or HIV RNA).**

Viral load tests measure the amount of HIV in the blood. Lower 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. Some viral load tests measure down to 400 or 500 copies of HIV per unit of blood; others go as low as 50 or even 25 copies. High levels – from 30,000 (in women) to 60,000 (in men) and above – are linked to faster disease progression. Levels below 50 offer the best outcome for people's health. The *lower* the viral load, the better.

CD4 counts and viral load tests are usually done every three months. Results can help a patient and doctor decide when it's time to start taking anti-HIV drugs.

Other tests look at whether the person with HIV may be resistant to certain medications, meaning the drugs don't work well for this person, usually because a disease has mutated or changed. Other lab tests look at a person's blood counts, which measure things like whether a person has anemia or a high white blood cell count, which indicates the body is fighting off an infection; blood chemistries, which measure things like cholesterol levels; other ailments, such as sexually transmitted diseases; and screenings for tuberculosis and hepatitis A, B and C.

## Body changes

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People who are taking HIV medicines and living longer sometimes experience visible changes in body shape and appearance. A buildup of fat is called lipoaccumulation ("lipo" means fat). A loss of fat is called lipoatrophy.

Possible changes in body appearance include:

- Increased fat in the abdomen.
- Increased fat in neck, shoulders, breasts or face.
- Fatty bumps on the body.
- Loss of fat in the face, legs or arms.

## Blood sugar levels

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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.

## Opportunistic infections and AIDS-related cancers

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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.

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## COMMON TYPES OF ILLNESSES

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Opportunistic infections can be caused by viruses, bacteria, fungus, even parasites. Common opportunistic infections for people with HIV are:

### 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. People living with HIV can also maintain or increase muscle mass through exercise, especially with progressive strength-building exercises. These include resistance and weight-lifting exercise.

### Candidiasis (thrush)

Candidiasis (or thrush) is a fungal infection of the mouth or lungs. Most people already have the Candida fungus in their body, but the body keeps it in check. Someone whose immune system is weakened is more likely to develop problems. Some

people have no symptoms, but others may experience white patches or smooth red areas on the back of the tongue; painful areas in the mouth; changes in taste and sensitivity to spicy foods; and decreased appetite.

### 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.

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## 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.

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## 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 24 different diseases or illnesses. Detailed information on these opportunistic diseases can be found online at the U.S. National Library of Medicine, part of the National Institutes of Health, at <http://sis.nlm.nih.gov/hiv/opportunisticinfections.html#a1>.

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## TREATMENT

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### 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.

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### 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.

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### AIDS means treatment is needed

Most experts agree that anyone diagnosed with AIDS should take anti-HIV drugs unless there is some reason why doing so would make that person sicker.

Once a person and his or her doctor have decided the patient should start taking drugs for HIV, the doctor will come up with a personal treatment plan.

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### 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. The drugs cripple the ability of the virus to make copies of itself.

There are five main classes of anti-HIV drugs and at least 25 different drugs, with more still in the experimental stage. Each group attacks HIV and helps the body fight the infection in its own way. Most of these drugs come as pills, capsules or coated tablets. Several of them may be combined into one tablet to make it easier to take medications. These are known as fixed-dose combinations.

When the HIV virus enters a healthy cell, it attempts to make copies of itself. It does this by using an enzyme; some drugs work because they block that enzyme. Another drug group also blocks the enzyme, but in a different way. A third group keeps another enzyme that allows the virus, once reproduced, from leaving its cell home and infecting other cells. The fourth group

of medicines stops the HIV virus from getting into healthy cells in the first place. To infect a cell, HIV must bind to two types of molecules on the cell's surface. The fifth group of drugs keeps the virus from binding to the molecules.

Anti-HIV drugs are used in combination with one another in order to get the best results. The goal is to get the viral load as low as possible for as long as possible. 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.

Experts haven't come up with one combination of HIV medications that works best for everyone. Each combination has its pluses and minuses.

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## 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?

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## 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.

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## 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.

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## Side effects

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. A person's doctor should be told if it goes on for a long time, is bloody or accompanied by a fever, or just worries the person.
- **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.

- **Fatigue**, which can cause people to have a hard time getting out of bed, walking up stairs or even concentrating on something for very long. If the fatigue doesn't go away after a person gives his or her body and mind time to rest, this fatigue can get worse.
- **Hair loss** can occur with certain medications. Stress can make it worse.
- **Headaches** can be caused by these medications as well as by tension or stress. They usually can be treated by over-the-counter drugs such as aspirin.

- **Nausea and vomiting** can occur with some medications. This usually goes away a few weeks after starting a new medication. Vomiting is cause to call a doctor.
- **Pain and nerve damage** can be caused by HIV itself as well as medications to fight HIV. Called peripheral neuropathy, when these nerves are damaged, the feet, toes and hands can feel like they're burning or stinging, or numb and stiff. A doctor should be consulted.
- **Rashes** can be caused by medication. Often they come and go, but can signal an allergic reaction to a medication. Skin changes, especially after starting new medication, should be reported to a doctor.
- **Weight loss** can be the result of many other side effects. People who are losing weight without trying should talk to their doctor.

## How do doctors know when a drug is working?

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Doctors will look at how much virus is in a patient's bloodstream (the viral load) to see how well the drug therapy is working. If the medicines are working, the viral load goes down and there is less of it in the bloodstream.

The CD4 count also should stay the same or go up if the drugs are working. Regular health checkups should show that the treatment is helping the person fight off infections and diseases and remain healthy.

## What if viral load is undetectable?

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If a viral load becomes undetectable (doesn't show up on tests), can a person stop treatment?

Having an undetectable viral load, meaning that the virus isn't showing up on tests, is a sign that the anti-HIV medications

are working. But it doesn't mean treatment can be stopped. If the treatment is stopped, the virus will start reproducing again, and the viral load will increase. Even though the virus is undetectable in the blood, it is still hidden in other parts of the body, such as the brain, reproductive organs and lymph nodes.

## What if the treatment isn't working?

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Even when a person has tried different combinations of drugs, the treatment plan doesn't always work. This often occurs because the drugs don't completely stop the virus from reproducing. As the virus makes copies of itself, changes (or mutations) sometimes occur. These changes may result in a new strain of the virus that is resistant to the action of the drugs. A blood test can help identify other drugs that might still work for the person.

Even if a virus is resistant to most or all available drugs, some people can still stay healthy by continuing to take the same combination of drugs.

People who have a strain of HIV that is resistant to most or all available drugs could consider joining a clinical trial that is testing new drugs that have not yet been approved by the U.S. Food and Drug Administration (FDA). General information on participating in clinical trials can be found at <http://www.clinicaltrials.gov/>.



## Chapter 6: Florida Laws and Rules

2 CE Hours

By: Staff Writer

### Learning objectives

- ◆ List and describe your legal responsibilities according to the Florida Cosmetology Practice Act and Florida Administrative Code.
- ◆ Know your duties and responsibilities under Florida Law.

### Introduction

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

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

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

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

Text in full for the laws of Florida may be found at [http://www.state.fl.us/dbpr/pro/cosmo/cos\\_codes.shtml](http://www.state.fl.us/dbpr/pro/cosmo/cos_codes.shtml). Please refer directly to the Laws of Florida to determine the effective date of a creating act or a particular amendment.

## CHAPTER 477

### COSMETOLOGY

- 477.011 Short title.
- 477.012 Purpose.
- 477.013 Definitions.
- 477.0132 Hair braiding, hair wrapping, and body wrapping registration.
- 477.0135 Exemptions.
- 477.014 Qualifications for practice.
- 477.015 Board of Cosmetology.
- 477.016 Rulemaking.
- 477.017 Legal services.
- 477.018 Investigative services.
- 477.019 Cosmetologists; qualifications; licensure; supervised practice; license renewal; endorsement; continuing education.
- 477.0201 Specialty registration; qualifications; registration renewal; endorsement.
- 477.0212 Inactive status.
- 477.0213 Cosmetology graduates of Florida School for the Deaf and the Blind; licenses.
- 477.022 Examinations.
- 477.023 Schools of cosmetology; licensure.
- 477.025 Cosmetology salons; specialty salons; requisites; licensure; inspection; mobile cosmetology salons.
- 477.026 Fees; disposition.
- 477.0263 Cosmetology services to be performed in licensed salon; exception.
- 477.0265 Prohibited acts.
- 477.028 Disciplinary proceedings.
- 477.029 Penalty.
- 477.031 Civil proceedings.

#### 477.011 Short title. —

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

## 477.012 Purpose. —

The Legislature deems it necessary in the interest of public health to regulate the practice of cosmetology in this state. However, restrictions shall be imposed only to the extent necessary to protect the public from significant and discernible

danger to health and not in a manner which will unreasonably affect the competitive market. Further, consumer protection for both health and economic matters shall be afforded the public through legal remedies provided for in this act.

## 477.013 Definitions. —

As used in this chapter:

1. “Board” means the Board of Cosmetology.
2. “Department” means the Department of Business and Professional Regulation.
3. “Cosmetologist” means a person who is licensed to engage in the practice of cosmetology in this state under the authority of this chapter.
4. “Cosmetology” means the mechanical or chemical treatment of the head, face, and scalp for aesthetic rather than medical purposes, including, but not limited to, hair shampooing, hair cutting, hair arranging, hair coloring, permanent waving, and hair relaxing for compensation. This term also includes performing hair removal, including wax treatments, manicures, pedicures, and skin care services.
5. “Specialist” means any person holding a specialty registration in one or more of the specialties registered under this chapter.
6. “Specialty” means the practice of one or more of the following:
  - a. Manicuring, or the cutting, polishing, tinting, coloring, cleansing, adding, or extending of the nails, and massaging of the hands. This term includes any procedure or process for the affixing of artificial nails, except those nails which may be applied solely by use of a simple adhesive.
  - b. Pedicuring, or the shaping, polishing, tinting, or cleansing of the nails of the feet, and massaging or beautifying of the feet.
  - c. Facials, or the massaging or treating of the face or scalp with oils, creams, lotions, or other preparations, and skin care services.
7. “Shampooing” means the washing of the hair with soap and water or with a special preparation, or applying hair tonics.
8. “Specialty salon” means any place of business wherein the practice of one or all of the specialties as defined in subsection (6) are engaged in or carried on.
9. “Hair braiding” means the weaving or interweaving of natural human hair for compensation without cutting, coloring, permanent waving, relaxing, removing, or chemical treatment and does not include the use of hair extensions or wefts.
10. “Hair wrapping” means the wrapping of manufactured materials around a strand or strands of human hair, for compensation, without cutting, coloring, permanent waving, relaxing, removing, weaving, chemically treating, braiding, using hair extensions, or performing any other service defined as cosmetology.
11. “Photography studio salon” means an establishment where the hair-arranging services and the application of cosmetic products are performed solely for the purpose of preparing the model or client for the photographic session without shampooing, cutting, coloring, permanent waving, relaxing, or removing of hair or performing any other service defined as cosmetology.
12. “Body wrapping” means a treatment program that uses herbal wraps for the purposes of cleansing and beautifying the skin of the body, but does not include:
  - a. The application of oils, lotions, or other fluids to the body, except fluids contained in presoaked materials used in the wraps; or
  - b. Manipulation of the body’s superficial tissue, other than that arising from compression emanating from the wrap materials.
13. “Skin care services” means the treatment of the skin of the body, other than the head, face, and scalp, by the use of a sponge, brush, cloth, or similar device to apply or remove a chemical preparation or other substance, except that chemical peels may be removed by peeling an applied preparation from the skin by hand. Skin care services must be performed by a licensed cosmetologist or facial specialist within a licensed cosmetology or specialty salon, and such services may not involve massage, as defined in s. 480.033(3), through manipulation of the superficial tissue.

## 477.0132 Hair braiding, hair wrapping, and body wrapping registration. —

1. a. Persons whose occupation or practice is confined solely to hair braiding must register with the department, pay the applicable registration fee, and take a two-day 16-hour course. The course shall be board approved and consist of 5 hours of HIV/AIDS and other communicable diseases, 5 hours of sanitation and sterilization, 4 hours of disorders and diseases of the scalp, and 2 hours of studies regarding laws affecting hair braiding.
- b. Persons whose occupation or practice is confined solely to hair wrapping must register with the department, pay the applicable registration fee, and take a one-day 6-hour course. The course shall be board approved and consist of education in HIV/AIDS and other communicable diseases, sanitation and sterilization, disorders and diseases of the scalp, and studies regarding laws affecting hair wrapping.
- c. Unless otherwise licensed or exempted from licensure under this chapter, any person whose occupation

or practice is body wrapping must register with the department, pay the applicable registration fee, and take a two-day 12-hour course. The course shall be board approved and consist of education in HIV/AIDS and other communicable diseases, sanitation and sterilization, disorders and diseases of the skin, and studies regarding laws affecting body wrapping.

- d. Only the board may review, evaluate, and approve a course required of an applicant for registration under this subsection in the occupation or practice of hair braiding, hair wrapping, or body wrapping. A provider of such a course is not required to hold a license under chapter 1005.

2. Hair braiding, hair wrapping, and body wrapping are not required to be practiced in a cosmetology salon or specialty salon. When hair braiding, hair wrapping, or body wrapping is practiced outside a cosmetology salon or specialty salon, disposable implements must be used or all implements must be sanitized in a disinfectant approved for hospital use or approved by the federal Environmental Protection Agency.
3. Pending issuance of registration, a person is eligible to practice hair braiding, hair wrapping, or body wrapping upon submission of a registration application that includes proof of successful completion of the education requirements and payment of the applicable fees required by this chapter.

### **477.0135 Exemptions. —**

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

barbershop licensed pursuant to chapter 476 which is carrying on a regular and customary business of barbering, and such individual has been practicing the activities set forth in this subsection prior to October 1, 1985.

4. A photography studio salon is exempt from the licensure provisions of this chapter. However, the hair-arranging services of such salon must be performed under the supervision of a licensed cosmetologist employed by the salon. The salon must use disposable hair-arranging implements or use a wet or dry sanitizing system approved by the federal Environmental Protection Agency.
5. A license is not required of any individual providing makeup, special effects, or cosmetology services to an actor, stunt person, musician, extra, or other talent during a production recognized by the Office of Film and Entertainment as a qualified production as defined in s. 288.1254(1). Such services are not required to be performed in a licensed salon. Individuals exempt under this subsection may not provide such services to the general public.
6. A license is not required of any individual providing makeup or special effects services in a theme park or entertainment complex to an actor, stunt person, musician, extra, or other talent, or providing makeup or special effects services to the general public. The term “theme park or entertainment complex” has the same meaning as in s. 509.013(9).

### **477.014 Qualifications for practice. —**

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On and after January 1, 1979, no person other than a duly licensed cosmetologist shall practice cosmetology or use the name or title of cosmetologist.

### **477.015 Board of Cosmetology. —**

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1. There is created within the department the Board of Cosmetology consisting of seven members, who shall be appointed by the governor, subject to confirmation by the Senate, and whose function it shall be to carry out the provisions of this act.
2. Five members of the board shall be licensed cosmetologists and shall have been engaged in the practice of cosmetology

in this state for not less than 5 years. Two members of the board shall be laypersons. Each board member shall be a resident of this state and shall have been a resident of this state for not less than 5 continuous years.

3. The governor may at any time fill vacancies on the board for the remainder of unexpired terms. Each member of the board shall hold over after the expiration of his or her

term until a successor is duly appointed and qualified. No board member shall serve more than two consecutive terms, whether full or partial.

4. Before assuming his or her duties as a board member, each appointee shall take the constitutional oath of office and shall file it with the Department of State, which shall then issue to such member a certificate of his or her appointment.
5. The board shall, in the month of January, elect from its number a chair and a vice chair.
6. The board shall hold such meetings during the year as it may determine to be necessary, one of which shall be the annual meeting. The chair of the board shall have the authority to call other meetings at his or her discretion. A quorum of the board shall consist of not less than four members.
7. Each member of the board shall receive \$50 for each day spent in the performance of official board business, with the total annual compensation per member not to exceed \$2,000. Additionally, board members shall receive per diem and mileage as provided in s. 112.061, from place of residence to place of meeting and return.
8. Each board member shall be held accountable to the governor for the proper performance of all his or her duties and obligations. The governor shall investigate any complaints or unfavorable reports received concerning the actions of the board, or its members, and shall take appropriate action thereon, which action may include removal of any board member. The governor may remove from office any board member for neglect of duty, incompetence, or unprofessional or dishonorable conduct.

#### **477.016 Rulemaking. —**

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1. The board may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter conferring duties upon it.
2. The board may by rule adopt any restriction established by a regulation of the United States Food and Drug

Administration related to the use of a cosmetic product or any substance used in the practice of cosmetology if the board finds that the product or substance poses a risk to the health, safety, and welfare of clients or persons providing cosmetology services.

#### **477.017 Legal services. —**

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The department shall provide all legal services needed to carry out the provisions of this act.

#### **477.018 Investigative services. —**

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

#### **477.019 Cosmetologists; qualifications; licensure; supervised practice; license renewal; endorsement; continuing education. —**

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1. A person desiring to be licensed as a cosmetologist shall apply to the department for licensure.
  2. An applicant shall be eligible for licensure by examination to practice cosmetology if the applicant:
    - a. Is at least 16 years of age or has received a high school diploma;
    - b. Pays the required application fee, which is not refundable, and the required examination fee, which is refundable if the applicant is determined to not be eligible for licensure for any reason other than failure to successfully complete the licensure examination; and
      1. Is authorized to practice cosmetology in another state or country, has been so authorized for at least 1 year, and does not qualify for licensure by endorsement as provided for in subsection (6); or
      2. Has received a minimum of 1,200 hours of training as established by the board, which shall include, but shall not be limited to, the equivalent of completion of services directly related to the practice of cosmetology at one of the following:
        - c. A school of cosmetology licensed pursuant to chapter 1005.
        - d. A cosmetology program within the public school system.
        - e. The Cosmetology Division of the Florida School for the Deaf and the Blind, provided the division meets the standards of this chapter.
        - f. A government-operated cosmetology program in this state.
- The board shall establish by rule procedures whereby the school or program may certify that a person is qualified to take the required examination after the completion of a minimum of 1,000 actual school hours. If the person then passes the examination, he or she shall have satisfied this requirement; but if the person fails the examination, he or she shall not be qualified to take the examination again until the completion of the full requirements provided by this section.
3. Upon an applicant receiving a passing grade, as established by board rule, on the examination and paying

the initial licensing fee, the department shall issue a license to practice cosmetology.

4. If an applicant passes all parts of the examination for licensure as a cosmetologist, he or she may practice in the time between passing the examination and receiving a physical copy of his or her license if he or she practices under the supervision of a licensed cosmetologist in a licensed salon. An applicant who fails any part of the examination may not practice as a cosmetologist and may immediately apply for reexamination.
5. Renewal of license registration shall be accomplished pursuant to rules adopted by the board.
6. The board shall certify as qualified for licensure by endorsement as a cosmetologist in this state an applicant who holds a current active license to practice cosmetology in another state. The board may not require proof of educational hours if the license was issued in a state that requires 1,200 or more hours of prelicensure education and passage of a written examination. This subsection does not apply to applicants who received their license in another state through an apprenticeship program.
  - a. The board shall prescribe by rule continuing education requirements intended to ensure protection of the public through updated training of licensees and registered specialists, not to exceed

16 hours biennially, as a condition for renewal of a license or registration as a specialist under this chapter. Continuing education courses shall include, but not be limited to, the following subjects as they relate to the practice of cosmetology: human immunodeficiency virus and acquired immune deficiency syndrome; Occupational Safety and Health Administration regulations; workers' compensation issues; state and federal laws and rules as they pertain to cosmetologists, cosmetology, salons, specialists, specialty salons, and booth renters; chemical makeup as it pertains to hair, skin, and nails; and environmental issues. Courses given at cosmetology conferences may be counted toward the number of continuing education hours required if approved by the board.

- b. Any person whose occupation or practice is confined solely to hair braiding, hair wrapping, or body wrapping is exempt from the continuing education requirements of this subsection.
- c. The board may, by rule, require any licensee in violation of a continuing education requirement to take a refresher course or refresher course and examination in addition to any other penalty. The number of hours for the refresher course may not exceed 48 hours.

#### **477.0201 Specialty registration; qualifications; registration renewal; endorsement. —**

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1. Any person is qualified for registration as a specialist in any one or more of the specialty practices within the practice of cosmetology under this chapter who:
  - a. Is at least 16 years of age or has received a high school diploma.
  - b. Has received a certificate of completion in a specialty pursuant to s. 477.013(6) from one of the following:
    1. A school licensed pursuant to s. 477.023.
    2. A school licensed pursuant to chapter 1005 or the equivalent licensing authority of another state.
    3. A specialty program within the public school system.
    4. A specialty division within the Cosmetology Division of the Florida School for the Deaf and the Blind, provided the training programs comply with minimum curriculum requirements established by the board.
2. A person desiring to be registered as a specialist shall apply to the department in writing upon forms prepared and furnished by the department.

3. Upon paying the initial registration fee, the department shall register the applicant to practice one or more of the specialty practices within the practice of cosmetology.
4. Renewal of registration shall be accomplished pursuant to rules adopted by the board.
5. The board shall adopt rules specifying procedures for the registration of specialty practitioners desiring to be registered in this state who have been registered or licensed and are practicing in states which have registering or licensing standards substantially similar to, equivalent to, or more stringent than the standards of this state.
6. Pending issuance of registration, a person is eligible to practice as a specialist upon submission of a registration application that includes proof of successful completion of the education requirements and payment of the applicable fees required by this chapter, provided such practice is under the supervision of a registered specialist in a licensed specialty or cosmetology salon.

#### **477.0212 Inactive status. —**

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

reactivation of an inactive license and a fee not to exceed \$50 for the renewal of an inactive license.

### **477.0213 Cosmetology graduates of Florida School for the Deaf and the Blind; licenses. —**

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The department shall license candidates upon graduation from the Cosmetology Division of the Florida School for the Deaf and the Blind. The department shall, by rule, provide fees for licenses issued to candidates from the Cosmetology Division

of the Florida School for the Deaf and the Blind and shall also provide, by rule, for the type of licenses to be issued and for any required applications.

### **477.022 Examinations. —**

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1. The board shall specify by rule the general areas of competency to be covered by examinations for the licensing under this chapter of cosmetologists. The rules shall include the relative weight assigned in grading each area, the grading criteria to be used by the examiner, and the score necessary to achieve a passing grade. The board shall ensure that examinations adequately measure both an applicant's competency and her or his knowledge of related statutory requirements. Professional testing services may be utilized to formulate the examinations. The board may, by rule, offer a written clinical examination or a performance examination, or both, in addition to a written theory examination.
2. The board shall ensure that examinations comply with state and federal equal employment opportunity guidelines.
3. The examination shall be given at least once a year.
4. The board shall adopt rules providing for reexamination of applicants who have failed the examinations.
5. All licensing examinations shall be conducted in such manner that the applicant shall be known by number only until her or his examination is completed and the proper grade determined. An accurate record of each examination shall be made; and that record shall be filed with the secretary of the department and shall be kept for reference and inspection for a period of not less than 2 years immediately following the examination.

### **477.023 Schools of cosmetology; licensure. —**

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No private school of cosmetology shall be permitted to operate without a license issued by the Commission for Independent Education pursuant to chapter 1005. However, nothing herein shall be construed to prevent certification by the Department of

Education of cosmetology training programs within the public school system or to prevent government operation of any other program of cosmetology in this state.

### **477.025 Cosmetology salons; specialty salons; requisites; licensure; inspection; mobile cosmetology salons. —**

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

- to the extent that such requirements conflict with this subsection or rules adopted pursuant to this subsection.
- c. A mobile cosmetology salon must maintain a permanent business address, located in the inspection area of the local department office, at which records of appointments, itineraries, license numbers of employees, and vehicle identification numbers of the licenseholder's mobile salon shall be kept and made available for verification purposes by department personnel, and at which correspondence from the department can be received.
  - d. To facilitate periodic inspections of mobile cosmetology salons, prior to the beginning of each month each mobile salon licenseholder must file with the board a written

- e. monthly itinerary listing the locations where and the dates and hours when the mobile salon will be operating.
  - e. The board shall establish fees for mobile cosmetology salons, not to exceed the fees for cosmetology salons at fixed locations.
  - f. The operation of mobile cosmetology salons must be in compliance with all local laws and ordinances regulating business establishments, with all applicable requirements of the Americans with Disabilities Act relating to accommodations for persons with disabilities, and with all applicable OSHA requirements.
11. Facilities licensed under part II of chapter 400 or under part I of chapter 429 are exempt from this section, and a cosmetologist licensed pursuant to s. 477.019 may provide salon services exclusively for facility residents.

#### 477.026 Fees; disposition. —

1. The board shall set fees according to the following schedule:
  - a. For cosmetologists, fees for original licensing, license renewal, and delinquent renewal shall not exceed \$50.
  - b. For cosmetologists, fees for endorsement application, examination, and reexamination shall not exceed \$50.
  - c. For cosmetology and specialty salons, fees for license application, original licensing, license renewal, and delinquent renewal shall not exceed \$50.
  - d. For specialists, fees for application and endorsement registration shall not exceed \$30.
  - e. For specialists, fees for initial registration, registration renewal, and delinquent renewal shall not exceed \$50.
  - f. For hair braiders, hair wrappers, and body wrappers, fees for registration shall not exceed \$25.
2. All moneys collected by the department from fees authorized by this chapter shall be paid into the Professional Regulation Trust Fund, which fund is created in the department, and shall be applied in accordance with ss. 215.37 and 455.219. The Legislature may appropriate any excess moneys from this fund to the general revenue fund.
3. The department, with the advice of the board, shall prepare and submit a proposed budget in accordance with law.

#### 477.0263 Cosmetology services to be performed in licensed salon; exception. —

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

#### 477.0265 Prohibited acts. —

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

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

#### **477.028 Disciplinary proceedings. —**

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

#### **477.029 Penalty. —**

1. It is unlawful for any person to:
  - a. Hold himself or herself out as a cosmetologist, specialist, hair wrapper, hair braider, or body wrapper unless duly licensed or registered, or otherwise authorized, as provided in this chapter.
  - b. Operate any cosmetology salon unless it has been duly licensed as provided in this chapter.
  - c. Permit an employed person to practice cosmetology or a specialty unless duly licensed or registered, or otherwise authorized, as provided in this chapter.
  - d. Present as his or her own the license of another.
  - e. Give false or forged evidence to the department in obtaining any license provided for in this chapter.
  - f. Impersonate any other licenseholder of like or different name.
  - g. Use or attempt to use a license that has been revoked.
  - h. Violate any provision of s. 455.227(1), s. 477.0265, or s. 477.028.
  - i. Violate or refuse to comply with any provision of this chapter or chapter 455 or a rule or final order of the board or the department.
2. Any person who violates the provisions of this section shall be subject to one or more of the following penalties, as determined by the board:
  - a. Revocation or suspension of any license or registration issued pursuant to this chapter.
  - b. Issuance of a reprimand or censure.
  - c. Imposition of an administrative fine not to exceed \$500 for each count or separate offense.
  - d. Placement on probation for a period of time and subject to such reasonable conditions as the board may specify.
  - e. Refusal to certify to the department an applicant for licensure.

#### **477.031 Civil proceedings. —**

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

## CHAPTER 61G5-20

### COSMETOLOGY SALONS

61G5-20.001 Salon defined

61G5-20.0015 Performance of cosmetology or specialty services outside a licensed salon

61G5-20.002 Salon requirements

61G5-20.003 Inspections

61G5-20.004 Display of documents

61G5-20.006 Transfer of ownership or location of a salon

61G5-20.007 Communicable disease

61G5-20.008 Employment of applicants for licensure as a cosmetologist prior to licensure; employment of applicants for registration as a specialist prior to registration

61G5-20.010 Mobile salons

#### 61G5-20.001 Salon defined.

Salon means any establishment or place of business wherein cosmetology as defined in Section 477.013(4), F.S., or any specialty as defined in Section 477.013(6), F.S., is practiced for compensation, however this does not prevent the practice

of cosmetology in a licensed barbershop, or the practice of barbering in a licensed cosmetology salon, provided the salon employs a licensed cosmetologist. Except as provided in Rule 61G5-20.010, F.A.C., a salon must be at a fixed location.

#### 61G5-20.0015 Performance of cosmetology or specialty services outside a licensed salon.

1. Cosmetology or specialty services may be performed by a licensed cosmetologist or specialist in a location other than a licensed salon, including a hospital, nursing home, residence, or similar facility, when a client for reasons of ill health is unable to go to a licensed salon. The following procedure shall be followed:
  - a. Arrangements shall be made through a licensed salon.
  - b. Information as to the name of the client and the address at which the services are to be performed shall be recorded in the appointment book.
  - c. The appointment book shall remain at the salon and be made available upon request to any investigator or inspector of the department.
2. When cosmetology or specialty services are performed in a location other than a licensed salon, such services may lawfully be performed only upon clients, residents, or patients, who for reasons of ill health are unable to visit a licensed salon. Such services are not to be performed upon employees or persons who do not reside in the facility, or any other non-qualified persons.
3. Cosmetology services may only be performed in a photography studio salon subject to the following requirements:
  - a. Only hair-arranging services and the application of cosmetic products may be performed in a photography studio salon; and, may only be performed for the purpose of preparing a model or client of the photography studio for a photographic session. Shampooing the hair, hair cutting, hair coloring, permanent waving of the hair, hair relaxing, removing of hair, manicuring, pedicuring, and the performance of any other service defined as cosmetology may not be performed in a photography studio salon.
  - b. All hair-arranging services and applications of cosmetic products to be performed in the photography studio salon shall be performed by a licensed Florida cosmetologist or under the supervision of a licensed cosmetologist employed by the salon. "Under the supervision of a licensed cosmetologist" shall mean that an individual who then holds a current, active Florida license as a cosmetologist shall be physically present at the photography studio salon at all times when hair-arranging services or applications of cosmetic products are being performed.
  - c. When performing hair-arranging services, the photography studio salon shall use either disposable hair-arranging implements or shall use a wet or dry sanitizing system approved by the federal Environmental Protection Agency.

#### 61G5-20.002 Salon requirements.

1. Prior to opening a salon, the owner shall:
  - a. Submit an application on forms prescribed by the Department of Business and Professional Regulation; and
  - b. Pay the required registration fee as outlined in the fee schedule in Rule 61G5-24.005, F.A.C.; and
  - c. Meet the safety and sanitary requirements as listed below and these requirements shall continue in full force and effect for the life of the salon:
    1. Ventilation and Cleanliness: Each salon shall be kept well ventilated. The walls, ceilings, furniture and equipment shall be kept clean and free from dust. Hair must not be allowed to accumulate on the floor of the salon. Hair must be deposited in a closed container. Each salon which provides services for the extending or sculpturing of nails shall provide such services in a separate area which is adequately ventilated for the safe dispersion of all fumes resulting from the services.
2. Toilet and lavatory facilities: Each salon shall provide – on the premises or in the same building

as, and within 300 feet of, the salon – adequate toilet and lavatory facilities. To be adequate, such facilities shall have at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning material, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. Such facilities and all of the foregoing fixtures and components shall be kept clean, in good repair, well-lighted, and adequately ventilated to remove objectionable odors.

3. A salon, or specialty salon may be located at a place of residence. Salon facilities must be separated from the living quarters by a permanent wall construction. A separate entrance shall be provided to allow entry to the salon other than from the living quarters. Toilet and lavatory facilities shall comply with subparagraph (c)2. above and shall have an entrance from the salon other than the living quarters.
  4. Animals: No animals or pets shall be allowed in a salon, with the exception of fish kept in closed aquariums, or trained animals to assist the hearing impaired, visually impaired, or the physically disabled.
  5. Shampoo bowls: Each salon shall have shampoo bowls equipped with hot and cold running water. The shampoo bowls shall be located in the area where cosmetology services are being performed. A specialty salon that exclusively provides specialty services, as defined in Section 477.013(6), F.S., need not have a shampoo bowl, but must have a sink or lavatory equipped with hot and cold running water on the premises of the salon.
  - d. Comply with all local building and fire codes. These requirements shall continue in full force and effect for the life of the salon.
2. Each salon shall comply with the following:
    - a. Linens: Each salon shall keep clean linens in a closed, dustproof cabinet. All soiled linens must be kept in a closed receptacle. Soiled linens may be kept in open containers if entirely separated from the area in which cosmetology services are rendered to the public. A sanitary towel or neck strip shall be placed around the patron's neck to avoid direct contact of the shampoo cape with a patron's skin.
    - b. Containers: Salons must use containers for waving lotions and other preparations of such type as will prevent contamination of the unused portion. All creams shall be removed from containers by spatulas.
    - c. Sterilization and disinfection: The use of a brush, comb or other article on more than one patron without being disinfected is prohibited. Each salon is required to have sufficient combs, brushes, and implements to allow for adequate disinfecting practices. Combs or other instruments shall not be carried in pockets.
    - d. Sanitizers: All salons shall be equipped with and utilize wet sanitizers with hospital-level disinfectant or EPA-approved disinfectant, sufficient to allow for disinfecting practices.
1. A wet disinfection container is any receptacle containing a disinfectant solution and large enough to allow for a complete immersion of the articles. A cover shall be provided.
  2. Disinfecting methods which are effective and approved for salons: First, clean articles with soap and water, completely immerse in a chemical solution that is hospital-level or EPA-approved disinfectant as follows:
    - a. Combs and brushes, remove hair first and immerse in hospital-level or EPA-approved disinfectant;
    - b. Metallic instrument, immerse in hospital-level for EPA-approved disinfectant;
    - c. Instruments with cutting edge, wipe with a hospital-level or EPA-approved disinfectant; or
    - d. Implements may be immersed in a hospital-level or EPA-approved disinfectant solution.
  3. For purposes of this rule, a "hospital level disinfectant or EPA approved disinfectant" shall mean the following:
    - a. For all combs, brushes, metallic instruments, instruments with a cutting edge, and implements that have not come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a hospital-grade bacterial, virucidal and fungicidal disinfectant;
    - b. For all combs, brushes, metallic instruments with a cutting edge, and implements that have come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a tuberculocidal disinfectant, in accordance with 29 C.F.R. 1910.1030.
  4. All disinfectants shall be mixed and used according to the manufacturer's directions.
  - e. After cleaning and disinfecting, articles shall be stored in a clean, closed cabinet or container until used. Undisinfected articles such as pens, pencils, money, paper, mail, etc., shall not be kept in the same container or cabinet. For the purpose of recharging, rechargeable clippers may be stored in an area other than in a closed cabinet or container, provided such area is clean and provided the cutting edges of such clippers have been disinfected.
  - f. Ultraviolet irradiation may be used to store articles and instruments after they have been cleansed and disinfected.
  - g. Pedicure equipment sterilization and disinfection:

The following cleaning and disinfection procedures must be used for any pedicure equipment that holds water, including sinks, bowls, basins, pipeless spas, and whirlpool spas:

    1. **After each client, all pedicure units must be cleaned with a low-foaming soap or detergent with water to remove all visible debris, then disinfected with an EPA-registered hospital-grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant used according to manufacturers instructions for at least ten (10) minutes.** If the pipe-free foot spa has a foot plate, it should be removed and the area beneath it cleaned, rinsed, and wiped dry.

2. At the end of each day of use, the following procedures shall be used:
  - a. All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be sanitized. All visible debris in the screen and the inlet must be removed and cleaned with a low-foaming soap or detergent and water. For pipe-free systems, the jet components or foot plate must be removed and cleaned and any debris removed. The screen, jet, or foot plate must be completely immersed in an EPA-registered, hospital-grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant that is used according to manufacturer's instructions. The screen, jet, or foot plate must be replaced after disinfection is completed and the system is flushed with warm water and low-foaming soap for 5 minutes, rinsed, and drained.
  - b. After the above procedures are completed, the basin should be filled with clean water and the correct amount of EPA-registered disinfectant. The solution must be circulated through foot spa system for 10 minutes and the unit then turned off. The solution should remain in the basin for at least 6 to 10 hours. Before using the equipment again, the basin system must be drained and flushed with clean water.
3. Once each week, subsequent to completing the required end-of-day cleaning procedures, the basin must be filled with a solution of water containing one teaspoon of 5.25 percent bleach for each gallon of water. The solution must be circulated through the spa system for 5 to 10 minutes and then the solution must sit in the basin for at least 6 hours. Before use, the system must be drained and flushed.
4. **A record or log book containing the dates and times of all pedicure cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon and made available for review upon request by a consumer or a department inspector.**
3. No cosmetology or specialty salon shall be operated in the same licensed space allocation with any other business which adversely affects the sanitation of the salon, or in the same licensed space allocation with a school teaching cosmetology or a specialty licensed under Chapter 477, F.S., or in any other location, space, or environment which adversely affects the sanitation of the salon. In order to control the required space and maintain proper sanitation, where a salon adjoins such other business or school, or such other location, space or environment, there must be permanent walls separating the salon from the other business, school, location, space, or environment, and there must be separate and distinctly marked entrances for each.
4. Evidence that the full salon contains a minimum of 200 square feet of floor space. No more than two (2) cosmetologists or specialists may be employed in a salon which has only the minimum floor space.
5. A specialty salon offering only one of the regulated specialties shall evidence a minimum of 100 square feet used in the performance of the specialty service and shall meet all the sanitation requirements stated in this section. No more than one specialist or cosmetologist may be employed in a specialty salon with only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.
6. For purposes of this rule, "permanent wall" means a vertical continuous structure of wood, plaster, masonry, or other similar building material, which is physically connected to a salon's floor and ceiling, and which serves to delineate and protect the salon.

### 61G5-20.003 Inspections.

The Department of Business and Professional Regulation shall cause an inspection of all proposed salons to determine if all the requirements have been met. Each licensed salon shall be inspected at least biennially by the department. No

person shall, for any reason intentionally or directly inhibit an authorized representative of the department from performing said inspections.

### 61G5-20.004 Display of documents.

1. All holders of a cosmetology or specialty salon license shall display within their salons in a conspicuous place which is clearly visible to the general public upon entering the salon the following documents:
  - a. The current salon license,
  - b. A legible copy of the most recent inspection sheet for the salon.
2. All holders of a cosmetology or specialty salon license shall require and ensure that all individuals engaged in the practice of cosmetology, any specialty, hair braiding, hair wrapping, or body wrapping display at the individual's work station their current license or registration at all times when the individual is performing cosmetology, specialty, hair braiding, hair wrapping, or body wrapping services.

- The license or registration on display shall be the original certificate or a duplicate issued by the department and shall have attached a 2 inch by 2 inch photograph taken within the previous two years of the individual whose name appears on the certificate. The certificate with photograph attached shall be permanently laminated as of July 1, 2007.
3. By July 1, 2008, all holders of a cosmetology or specialty salon license shall display at each footbath a copy of the Consumer Protection Notice regarding footbaths, sanitation, and safety. Copies of this notice (revised 10/15/07, and incorporated herein by reference) may be obtained from the Department of Business and Professional Regulation at 1940 North Monroe St., Tallahassee, FL 32399-0783, and the Call Center by calling (850)487-1395.

## **61G5-20.006 Transfer of ownership or location of a salon.**

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No salon license may be transferred from the name of one licensee to another. A salon license may be transferred from one location to another only by filing a new application and fee and

obtaining departmental approval, pursuant to the requirements of Rule 61G5-20.002, F.A.C., prior to transferring the license.

## **61G5-20.007 Communicable disease.**

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

## **61G5-20.008 employment of applicants for licensure as a cosmetologist prior to licensure; employment of applicants for registration as a specialist prior to registration.**

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1. Holders of a cosmetology salon license who wish to permit an applicant for licensure as a cosmetologist by examination to perform cosmetology services in their salon pursuant to Rule 61G5-18.0055, F.A.C., shall:
  - a. Prior to permitting an applicant to perform cosmetology services in their salon, obtain from the applicant a copy of the completed application for licensure by examination submitted to the department by the applicant, and a copy of the notification by the department to the applicant that he or she has been scheduled to take the licensure examination. The cosmetology salon license holder shall not permit an applicant to practice cosmetology or perform cosmetology services in the salon until after the date of the licensure examination as indicated on the notification from the department.
  - b. Upon learning or in any way becoming aware that an applicant who is performing cosmetology services in their salon pursuant to Rule 61G5-18.0055, F.A.C., has either failed to take the first licensure examination as scheduled by the department, or has failed to achieve a passing grade on the first licensure examination taken by the applicant, immediately cease to permit the applicant to further perform cosmetology services until the applicant provides to the cosmetology salon license holder a copy of the completed application for reexamination submitted to the department by the applicant for the next available licensure examination immediately following the licensure examination which the applicant failed to take or pass.
  - c. Upon learning or in any way becoming aware that an applicant who is performing cosmetology services in their salon pursuant to Rule 61G5-18.0055, F.A.C., has either failed to take the next available licensure examination immediately following the licensure examination which the applicant failed to pass, immediately cease to permit the applicant to further perform cosmetology services until the applicant provides to the cosmetology salon license holder proof of having been issued a cosmetology license by the department.
  - d. Ensure that all cosmetology services performed by the applicant in the salon are performed in accordance with the conditions as set forth in Rule 61G5-18.0055, F.A.C.
  - e. Display in a conspicuous place at the cosmetology salon location in which the applicant performs cosmetology services under Rule 61G5-18.0055 a copy of the completed application for licensure by examination submitted to the department by the applicant, and a copy of the completed application for reexamination submitted to the department by the applicant if such reexamination is required under Rule 61G5-18.0055, F.A.C.
2. Holders of a cosmetology or specialty salon license who wish to permit an applicant for registration as a specialist to perform specialty services in their salon pursuant to Rule 61G5-29.004, F.A.C., or who wish to permit applicants for registration as a hair braider or hair wrapper to perform hair braiding or hair wrapping services in their salon pursuant to Rule 61G5-31.006, shall:
  - a. Prior to permitting an applicant to perform any specialty services or hair braiding or hair wrapping services in their salon, obtain from the applicant a copy of the completed application for registration submitted to the department by the applicant;
  - b. Upon learning or in any way becoming aware that an applicant who is performing specialty services in their salon pursuant to Rule 61G5-29.004, F.A.C., or performing hair braiding or hair wrapping services in their salon pursuant to Rule 61G5-31.006, F.A.C., has been notified that his or her application is incomplete, or has been determined by the board to be not qualified for registration as a specialist, shall immediately cease to permit the applicant to further perform specialty services;
  - c. Ensure that all specialty services performed by the applicant in the salon are performed in accordance with the conditions as set forth in Rule 61G5-29.004, F.A.C., and all other applicable laws and rules of the board;

- d. Ensure that all hair braiding and hair wrapping services performed by the applicant in the salon are performed in accordance with all applicable laws and rules of the board;
- e. Display in a conspicuous place at the cosmetology or specialty salon location in which the applicant performs

specialty services pursuant to Rule 61G5-29.004, F.A.C., or hair braiding or hair wrapping services pursuant to Rule 61G5-31.006, a copy of the completed application for registration as a specialist or application for registration as a hair braider or hair wrapper submitted to the department by the applicant.

### 61G5-20.010 Mobile salons.

1. The operation of all mobile cosmetology salons shall meet and at all times remain in compliance with all local laws and ordinances regulating business establishments in all areas in which the mobile salon operates, with all applicable requirements of the Americans with Disabilities Act relating to accommodations for persons with disabilities, and with all applicable OSHA requirements.
2. Each mobile salon shall meet and at all times remain in compliance with the requirements of this rule, all licensure and operating requirements specified in Chapters 455 and 477, F.S., and all other rules of the board and the department which apply to cosmetology salons at fixed locations except to the extent those rules of the board conflict with this rule.
3. To facilitate inspections by the department:
  - a. Prior to the beginning of each month, each mobile salon license holder shall file with the board a written monthly itinerary which lists the locations where and the dates and hours when the mobile salon will be operating.
  - b. The salon name and salon license number shall be in lettering at least five inches in height and shall be visibly displayed and clearly legible on at least two exterior sides of each mobile salon.
  - c. If a mobile salon is in a motor vehicle, the vehicle's identification number shall be included on the mobile salon's application for licensure and shall also be listed on the mobile salon's monthly itinerary required in paragraph (a) of this subsection.
  - d. Each mobile salon shall have a telephone or other means of telecommunication by which it can be contacted by the department personnel. The salon's telephone number shall be included on the mobile salon's application for licensure and shall also be listed on the mobile salon's monthly itinerary required in paragraph (a) of this subsection.
  - e. Each salon shall be operated only at the times and places specified in its monthly itinerary.
  - f. Each mobile salon license holder shall maintain a permanent business address in the inspection area of the local district office at which records of appointments, itineraries, license numbers of employees, and vehicle identification numbers of the license holder's mobile salon shall be kept and made available for verification purposes by department personnel, and at which correspondence from the department can be received. Post Office box or private mail box addresses may not be used for these purposes.
4. Due to the inherent problems of providing water and sewage service to mobile salons, the following requirements shall apply:
  - a. Each mobile salon shall be equipped with a functional restroom which includes a self-contained, flush chemical toilet with a holding tank. The restroom, shall also be in substantial compliance with the toilet and lavatory requirements specified in Rule 61G5-20.002, F.A.C.
  - b. Each mobile salon shall have storage capacity for at least 35 gallons of clean water for each cosmetologist working in the mobile salon and a total storage capacity for waste water equal to or greater than the mobile salon's total capacity for clean water.
  - c. Operation of a mobile salon shall promptly cease:
    1. When the mobile salon's clean water supply is depleted or so diminished that further cosmetology service cannot be completed;
    2. When the mobile salon's waste water storage capacity is reached;
    3. When the mobile salon's restroom is in need of servicing.
  - d. No mobile salon shall operate or resume operation unless it has a sufficient amount of clean water as well as waste water capacity necessary for completing all cosmetology services undertaken and its restroom is functional.
  - e. In disposing of sewage and waste water, each mobile salon shall comply with applicable state and local environmental and sanitation regulations.
5. No cosmetology services shall be performed and no patrons shall remain within a mobile salon while it is in motion.
6. Applicants for licensure of a mobile salon shall be subject to and shall pay the same fees which licensed salons at fixed locations are subject to.

## CHAPTER 61G5-25

### LICENSURE STATUS AND NOTICE OF ADDRESS CHANGE

- 61G5-25.001 Active status
- 61G5-25.002 Inactive status; Reactivation
- 61G5-25.003 Delinquent status

61G5-25.005 Notice to the department of mailing address and place of practice of licensee

## 61G5-25.001 Active status.

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

## 61G5-25.002 Inactive status; reactivation.

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1. Any licensee or registrant may elect at the time of license renewal to place the license or registration into inactive status by filing with the board a completed application for inactive status as defined by Rule 61G5-25.001(2), F.A.C., and by paying the inactive status fee.
2. An inactive status licensee or registrant may change to active status at any time provided the licensee or registrant meets the continuing education requirements of Rule 61G5-32.001, F.A.C., pays the reactivation fee, and if the request to change licensure status is made at any time other than at the beginning of a licensure cycle, pays the additional processing fee. However, a licensee or registrant whose license or registration has been in inactive status for more than two consecutive biennial licensure cycles shall be required to submit a statement affirming that the licensee or registrant has read within the last thirty (30) days and is familiar with the laws and rules for the practice of cosmetology in the state of Florida before the license or registration can be placed into active status.
3. Any inactive licensee or registrant who elects active status is not eligible to elect to return to inactive status until the next licensure renewal period.
4. A cosmetologist or specialist may not work with an inactive or delinquent license or registration.

## 61G5-25.003 Delinquent status.

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1. The failure of any license or registration holder to elect active or inactive status before the license or registration expires shall cause the license or registration to become delinquent.
2. The delinquent status licensee or registrant must affirmatively apply for active or inactive status during the licensure cycle in which the licensee or registrant becomes delinquent. The failure by the delinquent status licensee or registrant to cause the license or registration to become active or inactive before the expiration of the licensure cycle in which the license or registration became delinquent shall render the license or registration null and void without further action by either the board or the department.
3. The delinquent status licensee or registrant who applies for active or inactive license or registration status shall:
  - a. file with the Board a completed application for either active or inactive status as defined in subsection 61G5-25.001(2), F.A.C.;
  - b. pay to the board either the active status or inactive status fee, the delinquency fee, and, if the request to change licensure status is made at any time other than at the beginning of a licensure cycle, pays the additional processing fee; and
  - c. if active status is elected, demonstrate compliance with the continuing education requirements found in Rule 61G5-32.001, F.A.C.

## 61G5-25.005 Notice to the department of mailing address and place of practice of licensee.

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1. It shall be the duty of each licensee or registrant to provide written notification to the department of the licensee’s or registrant’s current mailing address and place of practice. For purposes of this rule, “place of practice” means the address of the physical location where the licensee or registrant practices cosmetology or a specialty.
2. Any time that the current mailing address or place of practice of any licensee or registrant changes, written notification of the change shall be provided to the department within ninety (90) days of the change. Written notice shall be sent to the following address: Florida Board of Cosmetology, Department of Business and Professional Regulation, Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida 32399-0790.
3. It shall be a violation of this rule for a licensee or registrant to fail to advise the department within ninety (90) days of a change of mailing address. It shall not be a violation of this rule to fail to advise the department of a change of one’s place of practice within ninety (90) days.

## CHAPTER 61G5-29

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### SPECIALTY LICENSING

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61G5-29.001 Definitions

61G5-29.002 Specialty registration

61G5-29.004 Supervised specialty practice exception

61G5-29.013 Registration renewal procedures

## 61G5-29.001 Definitions.

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1. “Specialty registration” means a registration to practice one or more of the following specialties: manicuring/pedicuring/nail extension, facials (skin care and hair removal).
2. “Certificate of completion” means a certificate from one of the following:
  - a. A school licensed pursuant to Chapter 1005, F.S., or the equivalent licensing authority of another state.
  - b. A specialty program within the public school system.
  - c. A specialty division within the Cosmetology Division of the Florida School for the Deaf and the Blind, provided the training programs comply with minimum curriculum requirements established by the board.
3. “Facials” means:
  - a. The massaging or treating of the face, neck or scalp with or without the use of mechanical devices using oils, creams, lotions or other cosmetic products which are used to cleanse and condition the skin, to prevent or correct problems or conditions of the face, neck, and scalp and to color and beautify the face, neck and scalp or enhance their features; and,
  - b. Skin care services for the body as defined in Section 477.013(13), F.S.
4. “Cosmetic demonstration” means the application or removal of cosmetic products for the purposes of demonstration of the cosmetic products as part of a sales or promotion program rendered without compensation for the service from the individual or individuals who are the recipients or audience of the demonstration.
5. “Cosmetic products” means any external preparation which is intended to cleanse, tone, color or beautify the face or neck, including but not limited to skin cleansers, astringents, skin fresheners, lipstick, eyeliner, eye shadow, foundation, rouge or cheek color, mascara, face powder or corrective stick.
6. “Simple adhesive” as used in Section 477.013(6)(a), F.S., means a substance by which artificial nails (such as “press on nails”) can be attached to and then easily detached from a patron with slight pressure only, without the application of any nail primer or solvents of any kind, and without removing the natural oils from or roughing of such patron’s nails.

## 61G5-29.002 Specialty registration.

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1. An applicant who has received a certificate of completion in manicuring/pedicuring/nail extension shall be registered as a specialist in that field.
2. An applicant who has received a certificate of completion in facials (skin care and hair removal) shall be registered as a specialist in that field.

## 61G5-29.004 Supervised specialty practice exception.

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1. Following the submission of a complete application for registration as a specialist which included proof of the successful completion of all educational requirements for the specialty applied for and the payment of all applicable application and registration fees, and pending the issuance by the Department of a registration as a specialist under Chapter 477, F.S., an applicant for registration as a specialist shall be eligible to perform specialty services in the specialty for which the applicant has applied for registration subject to the following conditions:
  - a. All specialty services to be performed by the applicant under this exception shall be performed under the supervision of a registered specialist. “Under the supervision of a registered specialist” shall mean that an individual who then holds a current, active Florida registration as a specialist in the same specialty for which the applicant has applied, or an individual who then holds a current, active Florida license as a cosmetologist shall be physically present at all times when the applicant is performing specialty services.
  - b. All specialty services performed by the applicant under this exception shall be performed in a licensed cosmetology or specialty salon. All times during which the applicant is performing specialty services in the salon, the license for the cosmetology or specialty salon shall be in a current and active status.
2. Prior to beginning the performance of specialty services under this exception, all applicants shall provide to the cosmetology or specialty salon license holder or his or her representative a copy of the completed application for registration as a specialist submitted to the department by the applicant.
3. Upon being notified by the department that his or her application is incomplete, or that he or she has been determined to be not qualified for registration as a specialist, an applicant shall immediately inform the cosmetology or specialty salon license holder or his or her representative of the notification; and shall immediately cease performing specialty services under this exception until the applicant shall have corrected any deficiencies in their earlier application as noted by the department, or shall have submitted a new application which demonstrates that the applicant is qualified for registration as a specialist, and shall have paid all applicable application and registration fees.

## 61G5-29.013 Registration renewal procedures.

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

## CHAPTER 61G5-30

### DISCIPLINARY GUIDELINES

61G5-30.001 Disciplinary guidelines  
61G5-30.004 Citations

61G5-30.005 Mediation

#### 61G5-30.001 Disciplinary guidelines.

1. The board shall act in accordance with the following guidelines when it finds the enumerated violations in disciplinary cases. The board shall impose a penalty within the range of each applicable disciplinary violation set forth below unless the board finds an aggravating or mitigating circumstance, in which case the board may deviate from the guideline penalty.

2. VIOLATION	PENALTY RANGE
a. Unlicensed cosmetology or specialty practice. (477.0265(1)(a) or 477.029(1) (a), F.S.)	For an individual who was never licensed, a fine of \$500. For a licensee or registrant who fails to properly renew, a fine of \$50 for every month or partial month during which the individual was unlicensed or unregistered, up to a maximum of \$500.
b. Unlicensed salon and delinquent salon license. (477.0265(1)(b)1. or 477.029(1)(b), F.S.)	For a salon which has never been licensed, or for which the salon license has expired, a fine of \$500. For a salon license which has become delinquent, a fine of \$50 for every month or partial month of delinquency during which the salon has operated, up to a total of \$500.
c. Permitting a person without a license or registration, unless exempt, to perform cosmetology services or any specialty in a salon. (477.0265(1)(b)2., F.S.)	For a violation involving a person who was never licensed or registered in Florida, a fine of \$250 to \$500. For a violation involving a person who failed to properly renew or whose exemption has terminated, a fine of \$50 for every month or partial month during which the violation took place, up to \$500.
d. Permitting an employee to practice cosmetology or a specialty without being duly licensed, registered, or otherwise authorized. (477.0265(1)(d) or 477.029(1) (c), F.S.)	For employing a person who was never licensed or registered in Florida, or who is not exempt, a fine of \$250 to \$500. For employing a person who failed to properly renew or whose exemption has terminated, a fine of \$50 for every month or partial month during which the person was employed, up to \$500.
e. Engage in willful or repeated violations of Chapter 477, F.S., or any rule adopted by the board. (477.0265(1)(c), F.S.)	For a first offense, a fine of \$500. For a subsequent offense, a fine of \$500 and suspension or revocation of any license or registration issued pursuant to Chapter 477, F.S.
f. Obtain or attempt to obtain a license or registration for money, other than the required fee, or any other thing of value or by fraudulent misrepresentations. (477.0265(1)(e), F.S.)	A fine of \$500 and denial or revocation of the license or registration.
g. Using or attempting to use a suspended or revoked cosmetology license or specialty registration to practice cosmetology or a specialty. (477.0265(1)(f) or 477.029(1) (g), F.S.)	A fine of \$500 and suspension for one year of any license or registration issued pursuant to Chapter 477, F.S.

h. Advertising or implying that skin care services or body wrapping are related to massage therapy, except as allowed by statute. (477.0265(1)(g), F.S.)	A fine of \$100 to \$200 for the first offense; a fine of \$500 for subsequent offenses.
i. Use or possess a product containing a liquid nail monomer containing any trace of methyl methacrylate (MMA). (477.0265(1)(h), F.S.)	A fine of \$500 for the first offense; a fine of \$500 and suspension or revocation for a subsequent offense.
j. License or registration obtained by fraud or false or forged evidence. (477.028(1)(a), 477.028(2)(a) or 477.029(e), F.S.)	A fine of \$500 and revocation of the salon license, cosmetology license, or specialty registration.
k. Guilty of fraud, deceit, gross negligence, incompetency, or misconduct in practice or instruction of cosmetology or specialty, or in operation of the salon. (477.028(1)(b) or 477.028(2) (b), F.S.)	A fine of \$200 to \$500 and suspension or revocation of the salon license, cosmetology license, or specialty registration.
l. License or registration holder is guilty of aiding, assisting, procuring, or advising any unlicensed person to practice as a cosmetologist. (477.028(1)(c), F.S.)	A fine of \$250 for the first offense. A fine of \$500 and revocation or suspension of salon license, cosmetology license, or specialty registration for a subsequent offense.
m. Present license of another as his or her own license. (477.029(1)(d), F.S.)	A fine of \$500 and a reprimand for the first offense. A fine of \$500 and refusal to certify for licensure for a subsequent offense.
n. Impersonate any other licenseholder of like or different name. (477.029(1)(f), F.S.)	A fine of \$500 and a 6-month suspension of any other license or registration held pursuant to Chapter 477, F.S.
o. Violate or refuse to comply with:	
1. Any provision of Chapter 455, F.S., or final order of the board or the department;	A fine of \$500 and suspension, revocation, or refusal to certify to the department for licensure.
2. Any provision of Chapter 477, F.S., or a rule of the board or the department except as otherwise provided;	A fine of \$100 to \$200 for the first violation. A fine of \$300 to \$500 for a subsequent violation. A fine of \$500 and suspension or revocation of license or registration for a refusal to comply.
3. Salon requirements subsections 61G5-20.002(2)-(6), F.A.C., relating to sanitation and safety;	A fine of \$50 per violation for less than three violations. A fine of \$250 for three to four violations. A fine of \$500 for five or more violations. A fine of \$250 for a salon operating without sterilization equipment.
4. Display of documents Rule 61G5-20.004, F.A.C., relating to display of licenses and inspection sheets. (477.029(1)(h)-(i), F.S.)	A fine of \$100 for each violation for the first offense. A fine of \$200 to \$300 for each subsequent offense.

3. When the board finds that any person licensed or registered under Chapter 477, F.S., has committed any of the acts set forth in Section 477.028, F.S., it is recommended that the board issue a final order imposing a revocation of the license or registration involved in any such violation.
4. Based upon consideration of the following factors, the board may impose disciplinary action other than the penalties recommended above:
  - a. The danger to the public;
  - b. The length of time since date of violation;
  - c. The number of complaints filed against the licensee;
  - d. The length of time licensee or registrant has practiced;
  - e. The actual damage, physical or otherwise, caused by the violation;
  - f. The deterrent effect of the penalty imposed;
  - g. The effect of the penalty upon the licensee's or registrant's livelihood;
  - h. Any efforts for rehabilitation;
  - i. The actual knowledge of the licensee or registrant pertaining to the violation;
  - j. Attempts by licensee or registrant to correct or stop violations or refusal by licensee or registrant to correct or stop violations;
  - k. Related violations against a licensee or registrant in another state including findings of guilt or innocence, penalties imposed and penalties served;
  - l. Actual negligence of the licensee or registrant pertaining to any violations;
  - m. Penalties imposed for related offenses under subsection (1) above;
  - n. Any other mitigating or aggravating circumstances.

5. Penalties imposed by the board pursuant to Rule 61G5-30.001, F.A.C., may be imposed in combination or individually but may not exceed the limitations enumerated below:
  - a. Issuance of a reprimand or censure.
  - b. Imposition of an administrative fine not to exceed \$500 for each count or separate offense.
  - c. Placement on probation for a period of time and subject to such reasonable conditions as the board may specify.
  - d. Revocation or suspension of any license or registration issued pursuant to Chapter 477, F.S.
  - e. Refusal to certify to the department an applicant for licensure or registration.
6. The provisions of subsections (1) through (5) above shall not be construed so as to prohibit civil action or criminal prosecution as provided for in Section 477.0265(2) or Section 477.031, F.S., and the provisions of subsections (1) through (5) above shall not be construed so as to limit the ability of the board to enter into binding stipulations with accused parties as per Section 120.57(3), F.S.
7. In every case the board imposes a monetary fine, it shall also suspend the respondent's license(s). However, to enable the respondent to pay the fine, the suspension shall be stayed for the time period specified in the board's final order in accordance with Rule 61G5-17.016, F.A.C. If the fine is paid within that time period, the suspension shall not take effect; if the fine is not paid within that time period, then the stay shall expire and the suspension shall take effect. Thereafter, upon payment of the fine, the suspension shall be lifted.

## 61G5-30.004 Citations.

1. Definitions. As used in this rule:
  - a. "Citation" means an instrument which meets the requirements set forth in Section 455.224, F.S., and which is served upon a subject for the purpose of assessing a penalty in an amount established by this rule;
  - b. "Subject" means the licensee, applicant, person, partnership, corporation, or other entity alleged to have committed a violation designated in this rule.
2. In lieu of the disciplinary procedures contained in Section 455.225, F.S., the department is hereby authorized to dispose of any violation designated herein by issuing a citation to the subject within six months after the filing of the complaint which is the basis for the citation.
3. Citations shall be issued for the first offense violations only.
4. The board hereby designates the following as citation violations, which shall result in a penalty of fifty dollars (\$50.00):
  - a. Except as otherwise provided herein, any violation of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C. – however, if it is an initial offense and there are no other violations, then the subject shall be given a Notice of Noncompliance;
  - b. Practicing cosmetology or a specialty with an inactive or expired license for one month or part of a month;
  - c. Operating a salon with a delinquent license for one month or part of a month;
  - d. Employing a person to practice cosmetology or a specialty with an inactive or expired license for one month or part of a month.
  - e. Unless otherwise permitted in Chapter 477, F.S., performing cosmetology services in a salon which does not have a license in violation of Section 477.0263(1), F.S.
5. The board hereby designates the following as citation violations, which shall result in a penalty of one hundred dollars (\$100.00):
  - a. Transferring ownership or changing location of a salon without the approval of the department pursuant to Rule 61G5-20.006, F.A.C., provided the transfer of ownership or change of location has not exceeded 90 days and the salon owner can provide proof that a completed application has been filed with the department;
  - b. Practicing cosmetology or a specialty with an inactive or expired license for more than one month but not more than two months;
  - c. Operating a salon with a delinquent license for more than one month but not more than two months;
  - d. Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than one month but not more than two months;
  - e. Two violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.
6. The board hereby designates the following as citation violations, which shall result in a penalty of one hundred and fifty dollars (\$150.00):
  - a. Practicing cosmetology or a specialty with an inactive or expired license for more than two months but not more than three months;
  - b. Operating a salon with a delinquent license for more than two months but not more than three months;
  - c. Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than two months but not more than three months.
7. The board hereby designates the following as citation violations, which shall result in a penalty of two hundred dollars (\$200.00):
  - a. Practicing cosmetology or a specialty with an inactive or expired license for more than three months but not more than four months;
  - b. Operating a salon with a delinquent license for more than three months but not more than four months;
  - c. Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than three months but not more than four months;
  - d. Five or more violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.
8. The board hereby designates the following as citation violations, which shall result in a penalty of two hundred and fifty dollars (\$250.00):

- a. Operating a salon without a wet sanitizer as required by paragraph 61G5-20.002(2)(d), F.A.C.;
  - b. Three or more violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.;
  - c. Practicing cosmetology or a specialty with an inactive or expired license for more than four months but not more than five months;
  - d. Operating a salon with a delinquent license for more than four months but not more than five months; and
  - e. Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than four months but not more than five months.
9. The board hereby designates the following as citation violations, which shall result in a penalty of three hundred dollars (\$300.00):
- a. Practicing cosmetology or a specialty with an inactive or expired license for more than five months but not more than six months;
  - b. Operating a salon with a delinquent license for more than five months but not more than six months;
  - c. Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than five months but not more than six months; and
  - d. Five or more violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.
10. The board hereby designates the following as citation violations, which shall result in a penalty of three hundred and fifty dollars (\$350.00):
- a. Practicing cosmetology or a specialty with an inactive or expired license for more than six months but not more than seven months;
  - b. Operating a salon with a delinquent license for more than six months but not more than seven months; and
  - c. Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than six months but not more than seven months.
11. The board hereby designates the following as citation violations, which shall result in a penalty of four hundred dollars (\$400.00):
- a. Practicing cosmetology or a specialty with an inactive or expired license for more than seven months but not more than eight months;
  - b. Operating a salon with a delinquent license for more than seven months but not more than eight months; and
  - c. Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than seven months but not more than eight months.
12. The board hereby designates the following as citation violations, which shall result in a penalty of four hundred and fifty dollars (\$450.00):
- a. Practicing cosmetology or a specialty with an inactive or expired license for more than eight months but not more than nine months;
  - b. Operating a salon with a delinquent license for more than eight months but not more than nine months; and
  - c. Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than eight months but not more than nine months.
13. The board hereby designates the following as citation violations, which shall result in a penalty of five hundred dollars (\$500.00):
- a. Practicing cosmetology or a specialty without a license;
  - b. Operating a salon without a license;
  - c. Employing a person to practice cosmetology or a specialty without a license;
  - d. Practicing cosmetology or a specialty with an inactive or expired license for more than nine months but not more than twelve months;
  - e. Operating a salon with a delinquent license for more than nine months but not more than twelve months; and
  - f. Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than nine months but not more than twelve months.

### **61G5-30.005 Mediation.**

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



## Chapter 7: Environmental Issues

1 CE Hour

By: Staff Writer

### Learning objectives

- ◆ Know the hazards of indoor air pollution.
- ◆ Recognize the most effective means for reducing indoor air pollutants.
- ◆ Understand the health risks associated with poor indoor air quality.
- ◆ Discuss common-sense ways to reduce water and energy consumption in your salon.

### REDUCING AIR POLLUTION FROM NAIL SALONS

#### Why do nail salons need to reduce air pollution?

People who are exposed to toxic air pollutants at sufficient concentrations, for sufficient durations, may increase their chances of getting cancer or experiencing other serious health effects, such as reproductive problems, birth defects, and aggravated asthma. Pollution prevention can reduce the impact of air pollution by using materials, processes, or practices that reduce or eliminate air pollution at the source.

Nail salons offer manicure and pedicure services to their customers. These activities include shaping, polishing, and otherwise maintaining natural and artificial nails, all of which may release pollutants into the air and may contribute to health concerns in the salon and in the community. The best nail salons implement pollution prevention strategies not only to comply with federal, state, local, and tribal laws but also to go beyond compliance and further minimize impacts on human health and the environment.

#### What kinds of air pollutants may come from nail salons?

- The products used in nail salons usually contain solvents and other chemicals that may have adverse health effects on workers and customers. **Many nail salon products contain solvents, which can release volatile organic compounds (VOC) and some toxic air pollutants.**
- Chemicals in these substances can also react in the air to form groundlevel ozone (smog), which has been linked to a number of respiratory effects.
- Exposure to some artificial nail products, such as ethyl methacrylate, can cause asthma. Ethyl methacrylate is commonly used as an alternative to methyl methacrylate monomer.
- Some nail salon products may also contain toxic air pollutants. While federal, state, local, and tribal regulations limit the amount of emissions from nail salons, dangerous releases of VOC and toxic air pollutants can occur if a nail salon is not in compliance with regulations.
- Filing artificial nails generates particle pollution (dust). This dust can cause eye irritation and redness.

#### How can nail and beauty salons reduce air pollution?

Making changes in nail salon work practices can stop pollutants at the source and increase production efficiency. By evaluating and improving work practices, nail salons can decrease emissions, reduce production costs, and protect employee and public health.

Examples of changes in work practices that help reduce air pollution include:

- **Keep containers closed.**
  - Keep stock containers closed at all times except when dispensing product.
  - Dispense only what is needed.
- **Provide adequate ventilation.**
  - Use a dedicated ventilation system for rooms where product stock is kept.
- **Contain vapors.**
  - Install a local exhaust ventilation system at each manicure station to reduce vapors and nail dust filings.

- Ventilation systems should not be shared with neighboring businesses.
- **Minimize dust**
  - Workers should wear a mask when filing nails or working with nail powders.
  - Dust-controlling filing techniques, such as using oil on nails when filing, should be practiced to reduce the amount of particle pollution generated.

- **Practice proper waste disposal.**
  - Place chemical-soaked gauze pads into sealed bags.
  - Change trash can liners daily.
- **Substitute materials.**
  - Use acrylic nails that do not require a primer.
  - Use formaldehyde-free nail hardeners and extending top coats.

## Source control

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Usually the most effective way to improve indoor air quality is to eliminate individual sources of pollution or to reduce their emissions. Some sources, like those that contain asbestos, can be sealed or enclosed; others, like gas stoves, can be adjusted to decrease the amount of emissions. In many cases, source

control is also a more cost-efficient approach to protecting indoor air quality than increasing ventilation because increasing ventilation can increase energy costs.

**For most indoor air quality problems in a building, source control is the most effective solution.**

## Ventilation improvements

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Another approach to lowering the concentrations of indoor air pollutants in your workplace is to increase the amount of outdoor air coming indoors. Most commercial heating and cooling systems, including forced air heating systems, do not mechanically bring fresh air into the building. Opening windows and doors or operating window or attic fans, when the weather permits, or running a window air conditioner with the vent control open increases the outdoor ventilation rate. Local fans installed in a bath, break or utility room that exhaust outdoors remove contaminants directly from the room where the fan is located and also increase the outdoor air ventilation rate.

It is particularly important to take as many of these steps as possible while you are involved in short-term activities that can generate high levels of pollutants – for example, painting, paint stripping, heating with kerosene heaters, or engaging in maintenance like sanding. You might also choose to do some of these activities outdoors, if you can and if weather permits.

Advanced designs of new structures are starting to feature mechanical systems that bring outdoor air into the building. Some of these designs include energy-efficient heat recovery ventilators (also known as air-to-air heat exchangers).

## Air cleaners

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There are many types and sizes of air cleaners on the market, ranging from relatively inexpensive tabletop models to sophisticated and expensive whole-building systems. Some air cleaners are highly effective at particle removal, while others, including most tabletop models, are much less so. Air cleaners are generally not designed to remove gaseous pollutants.

The effectiveness of an air cleaner depends on how well it collects pollutants from indoor air (expressed as a percentage efficiency rate) and how much air it draws through the cleaning or filtering element (expressed in cubic feet per minute). A very efficient collector with a low air-circulation rate will not be effective, nor will a cleaner with a high air-circulation rate but a less efficient collector. The long-term performance of any air cleaner depends on maintaining it according to the manufacturer's directions.

Another important factor in determining the effectiveness of an air cleaner is the strength of the pollutant source. Tabletop air cleaners, in particular, may not remove satisfactory amounts of

pollutants from strong nearby sources. People with a sensitivity to particular sources may find that air cleaners are helpful only in conjunction with concerted efforts to remove the source.

Over the past few years, there has been some publicity suggesting that indoor plants have been shown to reduce levels of some chemicals in laboratory experiments. There is currently no evidence, however, that a reasonable number of houseplants remove significant quantities of pollutants in homes and offices. Indoor plants should not be over-watered because overly damp soil may promote the growth of microorganisms, which can affect allergic individuals.

At present, EPA does not recommend using air cleaners to reduce levels of radon and its decay products. The effectiveness of these devices is uncertain because they only partially remove the radon decay products and do not diminish the amount of radon entering a structure. EPA plans to do additional research on whether air cleaners are, or could become, a reliable means of reducing the health risk from radon.

## What is eco-efficiency?

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Eco-efficiency is a common-sense approach that businesses can undertake to reduce costs and increase profits by saving

on resources such as water and energy. It involves changing current practices and finding alternatives. It also includes

maximizing the use of renewable resources. Quite simply, you will find that by introducing conservation strategies into your everyday business, you are able to do more with less, while maintaining product and services quality and reducing resource

use, waste and pollution. The ultimate goal of eco-efficiency is to establish sustainable businesses while keeping environmental solutions in mind.

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## Limit chemical exposure

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

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## Solid waste

Reducing solid waste from a salon is one of the easiest ways to “green” your business. Here are some straightforward ways to accomplish this:

- Replace paper towels with reusable cloth towels.
- Ask your suppliers to provide their products in refillable or recyclable containers.
- Provide clients with refillable containers, and offer a discounted refill service for gels, shampoos, conditioners, skin care and nail products.
- Ask your suppliers for alternative packaging that uses less packing material.
- Completely empty product bottles before discarding.
- Ask your suppliers to take back cardboard and plastic bottles for recycling.
- If appropriate, make packaging (e.g., Styrofoam peanuts and cardboard) available to other business or organizations ([www.nsmaterials.com](http://www.nsmaterials.com)). It is important to make sure that used containers and boxes are clean, and that they do not contain chemicals.
- Additionally, recycling bins and compost collection containers should be installed in every business. This can facilitate recycling of paper and many plastics, as well as separation of organic materials like coffee grinds and food materials. Talk to your waste hauler or landlord to ensure that separated materials are reaching the appropriate destination, and not being recombined after hauling.

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## Water/energy considerations

Water and energy is consumed in every hair and beauty salon. So it makes good business sense as well as good environmental sense to reduce energy and water use wherever possible.

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## Water conservation

The following are some easy water conservation practices:

- Use water only as necessary. Check for and repair any leaks in the piping. Remind employees to turn off faucets and report leaks.
  - Install flow restrictors, aerators, toilet dams, urinal flushing controls, or other low-flow devices. Install automatic shutoffs on faucets and fountains.
  - Use appropriate settings on equipment and appliances to maximize water efficiency.
  - Use cold water instead of hot water wherever possible. Hot water may be a big cost item in small shops.
- Consider steps to reduce heat loss, and therefore energy use related to your hot water. These include:
- Improving tank insulation.
  - Using heat traps or insulating pipes where hot water flows.
  - Using solar energy to heat water. Hot water temperature should be kept to a minimum comfortable level to minimize the use of electricity, oil or propane required for heating.

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## Reuse

- Give used magazines to other organizations, friends and customers.
- Make empty containers and cardboard available to other businesses.
- Require suppliers to take back empty refillable containers.

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## Heating, ventilation and air conditioning

- Control temperature settings whenever possible. Turn heat down or off during off hours. Limit access to thermostats. On older units, install timers or computer controls.
- Conduct routine maintenance on heating and ventilation equipment to ensure it is operating efficiently; replace old equipment with newer, more efficient equipment.

- Improve building envelope (ceilings, floors, walls, weatherstripping, caulking, doors seals, replace broken or cracked windows, storm windows, vestibules).
- Use daylight control measures, such as blinds or curtains, to reduce loads on HVAC systems.
- Ensure enough air is circulating to clear hazardous fumes from the air (six to 10 fresh air changes per hour)

but modify settings when air changes are not needed as frequently. This will reduce loads on HVAC systems.

### Did you know?

If a faucet drips once every second, over 2,500 gallons of water are wasted in one year!

## Lighting

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At present, electricity is responsible for about 25 percent of the nation's total energy consumption. Of that, about 20 percent is due to lighting. Thus, lighting represents a significant portion of energy consumption. However, conventional lighting technology, consisting primarily of incandescent bulbs and fluorescent tubes, is remarkably inefficient. Incandescent bulbs, which represent the major residential lighting source, convert only about 5-6 percent of their power consumption into visible light. The rest is converted to waste heat, which contributes significantly to building cooling loads. Fluorescent lighting, which dominates industrial and commercial areas, is considerably better, with 25 percent energy efficiency, but nonetheless wastes a significant amount of energy as heat, as well.

New lighting products are rapidly entering the marketplace and promise much greater energy efficiency, superior lighting or lumens and much longer life span than the conventional incandescent or fluorescent systems that have been around for years.

One of the newer lighting choices that we all may be familiar with is the compact fluorescent lamp or CFL. CFLs are small fluorescent light bulbs that can be screwed into a regular light socket, use about 75 percent less energy than standard incandescent bulbs and last up to 10 times longer. According to the U.S. Environmental Protection Agency (EPA), if every American home replaced just one light bulb with an Energy Star qualified CFL, it would save enough energy to light more than 3 million homes for a year and prevent greenhouse gas emissions equivalent to more than 800,000 cars.

Each CFL does contain a very small amount of mercury – usually around 5 milligrams, or about the amount that would cover the tip of a ball-point pen. In comparison, a mercury fever thermometer usually contains about 500 milligrams of mercury. If a CFL or other fluorescent lamp should break in your salon, the Florida Department of Environmental Protection recommends the following guidelines for cleanup:

### 1. Ventilate the room.

- Open a window.
- Leave the room and restrict access for at least 30 minutes.
- If available, point a floor or pedestal fan at the open window. Using a ceiling fan will not be as helpful at moving the air out of the window.

### 2. Pick up all materials you can.

- Wear disposable gloves.
- Carefully scoop up the fragments and powder with stiff paper or cardboard.
- Sticky tape (such as duct tape) can be used to pick up small pieces and powder.
- Wipe the area clean with a damp paper towel or disposable wet wipe.

### 3. Double bag and recycle.

- Place the broken CFL and cleanup materials in doubled plastic bags and seal the bags.
- Take the materials to a local household hazardous waste center or collection event, a fluorescent lamp recycling facility, or put into the household trash stored outside if no other recycling options are available.

### 4. Wash your hands.

Florida has first-rate household hazardous waste programs that accept fluorescent bulbs in nearly every county. To find a place to recycle these bulbs and other household hazardous waste items, visit [www.earth911.org](http://www.earth911.org) or call 1-800-CLEANUP to use your zip code to learn about the recycling options in your area of Florida.

Other energy efficient lighting products available are solid state technologies such, as light-emitting diodes (LEDs) and organic light-emitting diodes or OLEDs.

It is estimated that converting existing lighting to energy efficient lighting can cut a salon's lighting energy consumption by up to 50 percent.

## Laundry

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Doing laundry can use a surprising amount of energy and water resources. By using newer, high efficiency machines, water use can be reduced by up to 50 percent and electrical use by as much as 40 percent. Washing machines that tumble clothes, much like a traditional dryer does, are the most efficient. Be sure to look for Energy Star symbols when considering any new appliance.



# Chapter 8: OSHA: Protecting the Health of You and Your Client

1 CE Hour

By: Staff Writer

## Learning objectives

- ◆ Understand OSHA's blood-borne pathogen standard.
- ◆ Describe a material safety data sheet (MSDS).
- ◆ Know the purpose of an MSDS.
- ◆ Know how to safely work with chemicals.
- ◆ Be aware of how workplace injuries can occur.

## Summary of OSHA's blood-borne pathogen standard

**In March 1992, OSHA's blood-borne pathogen standard, 29 CFR 1910.1030, took effect. This standard was designed to prevent more than 200 deaths and 9,000 blood-borne infections every year.** While the standard was primarily aimed at hospitals, funeral homes, nursing homes, clinics, law enforcement agencies, emergency responders, and HIV/HBV research laboratories, anyone who can "reasonably expect to come in contact with blood or potentially infectious materials" as part of their job is covered by the standard. OSHA's summary of the standard is below.

**Purpose:** Limits occupational exposure to blood and other potentially infectious materials because any exposure could result in transmission of blood-borne pathogens which could lead to disease or death.

**Scope:** Covers all employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials. OSHA has not attempted to list all occupations where exposures could occur. "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

Infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. They also include any unfixed tissue or organ other than intact skin from a human (living or dead), human immunodeficiency virus (HIV)- containing cell or tissue cultures, organ cultures and HIV or hepatitis B (HBV)-containing culture medium or other solutions as well as blood, organs or other tissues from experimental animals infected with HIV or HBV.

**Exposure control plan:** Requires employers to identify, in writing, tasks and procedures as well as job classifications

where occupational exposure to blood occurs – without regard to personal protective clothing and equipment. It must also set forth the schedule for implementing other provisions of the standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan must be accessible to employees and available to OSHA. Employers must review and update it at least annually or more often if necessary to accommodate workplace changes.

**Methods of compliance:** Mandates universal precautions, (treating body fluids/materials as if infectious) emphasizing engineering and work practice controls. The standard stresses hand-washing and requires employers to provide facilities and ensure that employees use them following exposure to blood. It sets forth procedures to minimize needlesticks, minimize splashing and spraying of blood, ensure appropriate packaging of specimens and regulated wastes and decontaminate equipment or label it as contaminated before shipping to servicing facilities.

Employers must provide, at no cost, and require employees to use appropriate personal protective equipment such as gloves, gowns, masks, mouthpieces and resuscitation bags and must clean, repair and replace these when necessary. Gloves are not necessarily required for routine phlebotomies in volunteer blood donation centers but must be made available to employees who want them.

The standard requires a written schedule for cleaning, identifying the method of decontamination to be used, in addition to cleaning following contact with blood or other potentially infectious materials. It specifies methods for disposing of contaminated sharps and sets forth standards for containers for these items and other regulated waste. Further, the standard includes provisions for handling contaminated laundry to minimize exposures.

**HIV and HBV research laboratories and production facilities:** Calls for these facilities to follow standard

microbiological practices and specifies additional practices intended to minimize exposures of employees working with concentrated viruses and reduce the risk of accidental exposure for other employees at the facility. These facilities must include required containment equipment and an autoclave for decontamination of regulated waste and must be constructed to limit risks and enable easy clean up. Additional training and experience requirements apply to workers in these facilities.

**Hepatitis B vaccination:** Requires vaccinations to be made available to all employees who have occupational exposure to blood within 10 working days of assignment, at no cost, at a reasonable time and place, under the supervision of licensed physician/licensed health care professional and according to the latest recommendations of the U.S. Public Health Service (USPHS). Prescreening may not be required as a condition of receiving the vaccine. Employees must sign a declination form if they choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee. Should booster doses later be recommended by the USPHS, employees must be offered them.

**Post-exposure evaluation and follow-up:** Specifies procedures to be made available to all employees who have had an exposure incident plus any laboratory tests must be conducted by an accredited laboratory at no cost to the employee. Follow-up must include a confidential medical evaluation documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood if he/she consents, post-exposure prophylaxis, counseling and evaluation of reported illnesses. Health care professionals must be provided specified information to facilitate the evaluation and their written opinion on the need for hepatitis B vaccination following the exposure. Information such as the employee's ability to receive the hepatitis B vaccine must be supplied to the employer. All diagnoses must remain confidential.

**Hazard communication:** Requires warning labels including the orange or orange-red biohazard symbol affixed to containers of regulated waste, refrigerators and freezers and other containers which are used to store or transport blood or other potentially infectious materials. Red bags or containers may

be used instead of labeling. When a facility uses universal precautions in its handling of all specimens, labeling is not required within the facility. Likewise, when all laundry is handled with universal precautions, the laundry need not be labeled. Blood which has been tested and found free of HIV or HBV and released for clinical use, and regulated waste which has been decontaminated, need not be labeled. Signs must be used to identify restricted areas in HIV and HBV research laboratories and production facilities.

**Information and training:** Mandates training within 90 days of effective date, initially upon assignment and annually – employees who have received appropriate training within the past year need only receive additional training in items not previously covered. Training must include making accessible a copy of the regulatory text of the standard and explanation of its contents, general discussion on blood-borne diseases and their transmission, exposure control plan, engineering and work practice controls, personal protective equipment, hepatitis B vaccine, response to emergencies involving blood, how to handle exposure incidents, the post-exposure evaluation and follow-up program, signs/labels/color-coding. There must be opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter. Laboratory and production facility workers must receive additional specialized initial training.

**Record keeping:** Calls for medical records to be kept for each employee with occupational exposure for the duration of employment plus 30 years, must be confidential and must include name and Social Security number; hepatitis B vaccination status (including dates); results of any examinations, medical testing and follow-up procedures; a copy of the health care professional's written opinion; and a copy of information provided to the health care professional. Training records must be maintained for three years and must include dates, contents of the training program or a summary, trainer's name and qualifications, names and job titles of all persons attending the sessions. Medical records must be made available to the subject employee, anyone with written consent of the employee, OSHA and NIOSH – they are not available to the employer. Disposal of records must be in accord with OSHA's standard covering access to records.

## Safety and health add value

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OSHA is committed to assuring – so far as possible – that every working man and woman in the nation has safe and healthful working conditions. OSHA believes that providing workers with a safe workplace is central to their ability to enjoy health, security and the opportunity to achieve the American dream. Addressing safety and health issues in the workplace also saves the employer money and adds value to the business. Recent estimates place the business costs associated with occupational injuries at close to \$170 billion – expenditures that come straight out of company profits.

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

- Lower workers' compensation insurance costs.
- Reduced medical expenditures.
- Smaller expenditures for return-to-work programs.

- Fewer faulty products.
- Lower costs for job accommodations for injured workers.
- Less money spent for overtime benefits.

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

- Increased productivity.
- Higher quality products.
- Increased morale.
- Better labor/management relations.
- Reduced turnover.
- Better use of human resources.

Employees and their families benefit from safety and health because:

- Their incomes are protected.
- Their family lives are not hindered by injury.
- Their stress is not increased.

## OSHA and you

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OSHA has not formulated any rules and regulations that deal specifically with the cosmetology industry. While no specific rules exist, individuals engaged in the practice of cosmetology are expected to abide by basic rules contained within the Code of Federal Regulations (29 CFR) that deal with workplace safety and health. These rules describe the responsibilities of employers and employees in dealing with hazardous chemicals, personal protective devices, proper ventilation, prevention from over exposure to dusts, and overall health and safety plans.

One regulation that directly impacts the cosmetology profession is placed on the manufacturers of many of the products that you may use in your business. The federal government requires that product manufacturers make available to customers material safety data sheets (MSDS). Each MSDS must contain basic information on the each product manufactured. There is no standard format for an MSDS, but each one must contain the following:

- Identity chemicals that may present physical or chemical hazards.

## Labels

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Each container of a hazardous substance must have a label attached to it. The label must be in English and state the product name, risk and safety phrases. The label may also state the ingredient's chemical name.

If a hazardous substance is transferred from one container into a second container, and the substance is not entirely used immediately, you must ensure that the second container is

## Working with hazardous chemicals

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The issue of most concern to cosmetologists is chemical exposure in the workplace. According to National Institute for Occupational Safety and Health (NIOSH), the chemicals used in a hair salon can cause a range of allergies and lung problems, from hairspray-induced coughs to rashes caused by certain chemicals in hair dye. Dyes and bleaches can cause dermatitis, or skin rashes, among some salon professionals.

**Dermatitis** (a general term meaning inflammation of the skin): There are two types of dermatitis. Irritant contact dermatitis results from contact with irritant substances, such as water and detergents in shampoo. Allergic contact dermatitis occurs when a person develops an allergic response to a chemical.

Implementing an accident prevention program will allow a small business to learn firsthand that the cost of accident prevention is far lower than the cost of accidents. Consultation offers free help in identifying workplace hazards and establishing or improving safety and health management systems corporate-wide.

- Physical hazards, i.e., volatility, evaporation rate and interaction with other chemicals.
- Health hazards, i.e., possible physical side effects of product usage.
- Primary routes of entry into the body.
- Permissible exposure limits.
- Carcinogen (cancer causing) hazard of the chemical.
- Precautions and handling procedures.
- Control and protection measures.
- Emergency and first aid procedures.
- Storage and disposal information.

Your local product supplier is required by federal law to provide you with an MSDS for each product you purchase from them. It is the legal responsibility of salon owners to collect MSDS for each product that you use in your business and to make them available for reference. The following page is a sample of OSHA form 174 (MSDS) Sheet.

properly labeled. Chemicals must not be decanted into a food or beverage container.

If the contents of a container are unknown, it should be labeled:

### **CAUTION DO NOT USE UNKNOWN SUBSTANCE**

Store all unknown substances in isolation until its contents can be identified and properly labeled. If the substance cannot be identified, dispose of it. You should contact the Environmental Protection Agency for advice on disposal requirements.

**Asthma** (a respiratory disease, which narrows the air passages and results in breathing difficulties): Chemicals used in the hairdressing, nail and beauty industry may aggravate pre-existing asthma or cause occupational asthma.

Hazardous substances can enter the body through the skin, by inhalation or by swallowing. Acute health effects, such as eye and throat irritation, may occur almost immediately. Chronic health effects, such as allergic contact dermatitis, take some time to develop.

The likelihood of a hazardous substance causing health effects depends on a number of factors, including:

- The toxicity of the substance.
- The amount of substance that workers are exposed to.

- The length of exposure.
- The frequency of exposure.
- The route of entry into the body, e.g., skin absorption, inhalation or ingestion.

Here are a few tips to avoid exposure to hazardous chemicals:

## Substitution

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- Replace a substance with an alternative product that contains a less hazardous substance. Health information found in an MSDS may assist in the selection of a less hazardous substance.
- Replace pressurized aerosol containers, with pump sprays, e.g., pressurized wrap catalyst, hairsprays.

## Redesign

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- Make sure there is good ventilation so that exposure to airborne contaminants can be prevented or minimized, e.g., local exhaust ventilation.
- Protect against eye splash by installing splash shields in areas where chemicals are mixed.

## Administrative controls

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- Make sure MSDSs are available for all chemicals used in the salon.
- Make sure workers are provided with suitable information, training and supervision on the safe use of chemicals and PPE (personal protective equipment).
- Store chemicals away from energy sources, such as fuse boxes, naked flames, heat and intense light sources.
- Store flammable chemicals in a cool place in a securely locked fireproof cabinet.
- Make sure chemicals are out of reach of children.
- Make sure procedures are in place for the cleanup of spills using a suitable absorbent material. Refer to the MSDS.
- Clean up chemical spills promptly.
- Make sure that spilled chemicals and equipment used for chemical clean up are disposed of appropriately. Contact the Environmental Protection Agency for further advice.
- Purchase chemicals in ready-to-use packages rather than transferring from large containers.
- Do not eat, drink or smoke in areas that contain chemicals.
- Wash hands with a pH neutral soap or barrier cream before eating, drinking or smoking.

## Personal protective equipment

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- Provide gloves, glasses, aprons and respiratory protection as required by your hazardous substances risk assessment. Guidance can be found in the MSDS.
- Provide workers with training on the fit, maintenance and use of personal protective equipment.
- Make sure workers apply barrier creams on exposed skin areas if bothered by skin irritation.
- Make sure workers cover broken skin with a waterproof dressing.
- Make sure workers wear eye protection and covered shoes to protect against chemical splashes.
- Other control measures apply specifically to each industry.

## Salon industry

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Many products used in salons are classed as hazardous substances. Some products, such as shampoos, are not classified

as “hazardous” but may still cause adverse health effects, such as dermatitis.

## Specific control measures

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Do not use products that are known to contribute to dermatitis or cause sensitization, such as:

- **Formaldehyde/formalin** (present in low concentration in some shampoos as a preservative).
- **P-phenylene diamine and paratoluene diamine** (present in some hair colors and tints – also known as PPD and PTD).
- **Glycerol monothioglycolate** (present in some “acid” permanent wave solutions – also known as GMTG).
- **Thioglycolic acid** (present in some hair straighteners).
- Do not use nickel-plated equipment with permanent wave solutions containing ammonium thioglycolate. Use high quality stainless steel or plastic equipment.

Below is an example of an M.S.D.S.



The Clorox Company  
 7200 Johnson Drive  
 Pleasanton, California 94588  
 Tel. (510) 847-8100

## Material Safety Data Sheet

<b>Product:</b> CLOROX GERMICIDAL BLEACH							
<b>Description:</b> CLEAR, LIGHT YELLOW LIQUID WITH CHLORINE ODOR							
<b>Other Designations</b>	<b>Manufacturer</b>						
EPA Registration No. 5813-1 Sodium hypochlorite solution Liquid chlorine bleach Clorox Liquid Bleach	The Clorox Company 1221 Broadway Oakland, CA 94612						
<b>Emergency Telephone No.</b>							
Rocky Mountain Poison Center (800) 446-1014 For Transportation Emergencies Chemtrec (800) 424-9300							
<b>II Health Hazard Data</b>	<b>III Hazardous Ingredients</b>						
Causes substantial but temporary eye injury. May irritate skin. May cause nausea and vomiting if ingested. Exposure to vapor or mist may irritate nose, throat and lungs. The following medical conditions may be aggravated by exposure to high concentrations of vapor or mist; heart conditions or chronic respiratory problems such as asthma, chronic bronchitis or, obstructive lung disease. Under normal consumer use conditions the likelihood of any adverse health effects are low.  <b>FIRST AID:</b> <b>EYE CONTACT:</b> Immediately flush eyes with plenty of water. If irritation persists, see a doctor. <b>SKIN CONTACT:</b> Remove contaminated clothing. Wash area with water. <b>INGESTION:</b> Drink a glassful of water and call a physician. <b>INHALATION:</b> If breathing problems develop remove to fresh air.	<table border="1"> <thead> <tr> <th>Ingredients</th> <th>Concentration</th> <th>Worker Exposure Limit</th> </tr> </thead> <tbody> <tr> <td>Sodium hypochlorite CAS # 7881-52-9</td> <td>5.25%</td> <td>not established</td> </tr> </tbody> </table> <p>None of the ingredients in this product are on the IARC, NTP or OSHA carcinogen list. Occasional clinical reports suggest a low potential for sensitization upon exaggerated exposure to sodium hypochlorite if skin damage (e.g. irritation) occurs during exposure. Routine clinical tests conducted on intact skin with Clorox Liquid Bleach found no sensitization in the test subjects.</p>	Ingredients	Concentration	Worker Exposure Limit	Sodium hypochlorite CAS # 7881-52-9	5.25%	not established
Ingredients	Concentration	Worker Exposure Limit					
Sodium hypochlorite CAS # 7881-52-9	5.25%	not established					
<b>IV Special Protection and Precautions</b>	<b>V Transportation and Regulatory Data</b>						
<b>Hygienic Practices:</b> Wear safety glasses. With repeated or prolonged use wear gloves.  <b>Engineering Controls:</b> Use general ventilation to minimize exposure to vapor or mist.  <b>Work Practices:</b> Avoid eye and skin contact and inhalation of vapor or mist.  <b>Keep out of reach of children.</b>	<b>U.S. DOT Hazard Class:</b> Not restricted  <b>U.S. DOT Proper Shipping Name:</b> Hypochlorite solution with not more than 7% available chlorine. Not Restricted per 49CFR172.101(c)(12)(iv)  <b>Section 313 (Title III Superfund Amendment and Reauthorization Act):</b> As a consumer product, this product is exempt from supplier notification requirements under Section 313 Title III of the Superfund Amendment and Reauthorization Act of 1988 (reference 40 CFR Part 372).						
<b>VI Spill or Leak Procedures</b>	<b>VII Reactivity Data</b>						
<b>Small Spills</b> (<5 gallons) (1) Absorb, containerize, and landfill in accordance with local regulations. (2) Wash down residual to sanitary sewer.*  <b>Large Spills</b> (>5 gallons) (1) Absorb, containerize, and landfill in accordance with local regulations; wash down residual to sanitary sewer.* -OR- (2) Pump material to waste drum(s) and dispose in accordance with local regulations; wash down residual to sanitary sewer.*  * Contact the sanitary treatment facility in advance to assure ability to process washed-down material.	Stable under normal use and storage conditions. Strong oxidizing agent. Reacts with other household chemicals such as toilet bowl cleaners, rust removers, vinegar, acids or ammonia containing products to produce hazardous gases, such as chlorine and other chlorinated species. Prolonged contact with metal may cause pitting or discoloration.						
<b>VIII Fire and Explosion Data</b>	<b>IX Physical Data</b>						
Not flammable or explosive. In a fire, cool containers to prevent rupture and release of sodium chlorate.	Boiling point ----- 212°F, 100 C° Specific Gravity (H <sub>2</sub> O) ----- 1085 Solubility in Water ----- complete pH ----- 11.4						

# EVERYDAY HAZARDS FACING THE COSMETOLOGIST

## Manual tasks

The manual tasks performed in the hairdressing, nail and beauty industry can be physically demanding and are responsible for the majority of musculoskeletal disorders. Disorders can include

lower back pain, neck and shoulder pain, tendonitis of the shoulder or wrist, leg discomfort and carpal tunnel syndrome.

## How do manual task injuries occur?

Injuries from manual tasks result from ongoing wear and tear to the joints, ligaments, tendons, muscles and discs. Although uncommon, injuries can be caused by a one-off overload situation.

- Performing repetitive movements that are fast and/or involve a lot of muscular effort.

Over a period of time, damage can gradually build up through:

- Holding fixed positions for a prolonged time.

If insufficient breaks are taken, muscle fatigue can lead to inflammation and tissue damage. Injury is more likely to occur when this happens repeatedly.

## COMMON MANUAL TASK RISK FACTORS IN THE BEAUTY INDUSTRY

Risk factor	Contribution to injury	Examples of work problems
Working postures.	Awkward postures require greater muscular effort and lead to greater fatigue, particularly when holding a position for a long time.  Awkward postures occur when joints are working away from the normal position.	<ul style="list-style-type: none"> <li>• Back bent or twisted, e.g., washing hair.</li> <li>• Neck bent forward or twisted, e.g., applying color.</li> <li>• Shoulders raised.</li> <li>• Upper arms held out to the sides and away from the body, e.g., massage, cutting hair.</li> <li>• Wrist bent or twisted, e.g., setting rollers, stabilizing hand when filing nails.</li> </ul>
Repetition and duration.	Continually repeating a movement, particularly with a forceful exertion, increases the risk of injury.  Long durations of awkward postures or repetitive work are also a risk.	<ul style="list-style-type: none"> <li>• Rolling hair.</li> <li>• Applying color.</li> <li>• Filing nails.</li> <li>• Prolonged sitting or standing.</li> <li>• Prolonged bending or leaning, e.g., electrolysis.</li> </ul>
Work area design.	The work area design and layout may require workers to bend or reach to perform tasks.	<ul style="list-style-type: none"> <li>• Equipment and materials not located close to the worker causing workers to bend, reach or twist.</li> <li>• Non-adjustable chairs and benches.</li> <li>• Work surfaces too high or too low.</li> <li>• Poor lighting.</li> <li>• Hard, slippery floors.</li> <li>• Work surfaces too wide or narrow.</li> <li>• Leaning or supporting elbows or arms on work surfaces.</li> </ul>
Use of tools.	Poor design and excessive use of hand tools contributes to disorders of the wrist, elbow and shoulder.	<ul style="list-style-type: none"> <li>• Working with heavy tools.</li> <li>• Difficult or awkward hand grips.</li> </ul>
Load handling.	Supporting a weight while holding arms away from the body increases stress to the back and shoulders.	<ul style="list-style-type: none"> <li>• Working with heavy tools e.g., holding a blow dryer away from the body.</li> <li>• Holding a body part while waxing.</li> <li>• Carrying heavy boxes of product to storage.</li> </ul>
Individual factors.	For new, young, older, pregnant and inexperienced workers, the risk of injury is increased. The type of clothes people wear can also have an impact.	<ul style="list-style-type: none"> <li>• Lack of training in specific tasks.</li> <li>• No period of physical adjustment provided.</li> <li>• Wearing shoes with an elevated heel.</li> </ul>
Work organization.	Continuous work of a similar nature, poor equipment maintenance and inadequate rest breaks can result in fatigue and lead to injury.	<ul style="list-style-type: none"> <li>• Too little task variation.</li> <li>• Inadequate rest breaks.</li> <li>• Insufficient staff to cope with peak periods.</li> </ul>

## What are the risk factors?

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Risk factors are part of the demands of a job that affect the worker and can contribute to injury. These are set out in the table above.

## CONTROL MEASURES/DESIGN CONTROLS

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### Redesign the work area

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- Provide adequate lighting for the task to decrease bending the back or neck.
- Make sure there is enough room for easy movement around furniture and work areas.
- Provide non-slip surfaces that are comfortable for standing, e.g., cork.
- Provide adjustable styling chairs and stools to avoid working with arms above shoulder height or constantly bending head forward.
- Provide adjustable tables/benches/massage couches.
- Place required work items within reach and close to waist height.
- Provide trolleys with castors to reduce carrying.
- Provide padding on table for nail work to protect elbows and underside of arms from nerve damage, e.g., a towel.
- Make sure the work surface for nail work is wide enough so that you do not bump knees with your client or have to stretch to reach client's hands.
- Provide access to chairs in lunchroom or office so workers can rest from prolonged standing.

### Select well-designed tools

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- Discuss the selection and purchase of new tools and equipment with staff prior to purchase.
- Make sure that tools such as blow dryers are as light as possible.
- Provide scissors with bent-shaped handles that keep your wrists straight and do not dig into the hand.

### Redesign work methods

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Work as close as possible to the client to reduce bending and reaching.

### Administrative controls

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- Make sure workers alternate tasks so that different muscles are used, e.g., recover from cutting hair by folding towels, sweeping floors or reception duties, variation in artificial nail filing techniques.
- Manage the number of bookings per worker, particularly those involving demanding tasks, e.g. highlighting hair.
- Make sure workers take short breaks frequently to give wrists, shoulders or back a rest.
- Make sure workers alternate between sitting and standing when performing tasks such as cutting or drying hair, waxing, facials.
- Make sure all tools are maintained so they do not need extra effort to use.
- Train workers to do tasks so that problem working postures are avoided or kept to a minimum.

### Personal protective equipment

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Wear footwear with low heels and shock-absorbing soles or inserts.

### Noise and vibration

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**The main risk to health from noise exposure, other than permanent loss of hearing, is stress and fatigue.** Noise levels of most equipment, such as hair dryers and radios, in the health and beauty industry are generally not high enough to cause hearing loss. However, some workers and clients may find the noise levels annoying.

If a worker has used a personal security alarm in an emergency situation, he or she should be tested by an audiologist or ear, nose or throat specialist to establish whether or not hearing damage has occurred.

Equipment, such as hand-held hair dryers, body massagers and electric nail files and drills, emit vibration. Workers who use this equipment are at risk of developing Raynaud's disease and carpal tunnel syndrome; the onset of these conditions depends on:

- Type of equipment used.
- Length of use.
- Postures when using the equipment.

Employers should consult with workers and take steps to minimize risk from exposure to noise and vibration at work.

## Control measures

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### Substitution

- Replace existing equipment with equipment that emits a lower level of noise and vibration.

### Redesign

- Rearrange the layout of the workplace to separate noisy work activities from less noisy activities.
- Install sound absorbing material on ceiling and walls to reduce the sound level.

### Administrative controls

- Adopt a "buy quiet" policy for all new equipment.
- Make sure all equipment is maintained and in a good condition.
- Make sure workers vary working postures regularly to minimize exposure to vibration, e.g., alternate the equipment between hands.
- Provide workers with training and information about noise and vibration.



## Chapter 9: Sanitation and Sterilization

3 CE Hours

By: Staff Writer

### Learning objectives

- ♦ Describe recent events that require your knowledge of sanitation techniques.
- ♦ Explain the difference between pathogenic and nonpathogenic bacteria.
- ♦ Contrast disinfectants and antiseptics and explain the significance of those differences.
- ♦ List the steps necessary to properly sanitize your hands and to disinfect, handle and store tools appropriately.
- ♦ List infection-control responsibilities in the practice of cosmetology in Florida.
- ♦ List infection-control responsibilities according to universal sanitation precautions.
- ♦ Contrast sanitation and sterilization and explain the significance of those differences.
- ♦ Describe the proper way to use an autoclave.

### Why do I have to complete sanitation continuing education?

Salon professionals need to be aware that we have reached a time where, quite simply, antibiotic-resistant organisms can kill, and the frequency of infections from them are increasing. Due to the sheer nature of people touching people in a salon

atmosphere, the killer organisms can occur in your facility if you aren't informed and following the proper procedures. The following articles/studies emphasize how important sanitation is in your salon.

### Methicillin-resistant *Staphylococcus aureus* in a beauty salon (Summary from the Centers for Disease Control, November 2008)

In September 2005, a medical microbiologist from a regional medical microbiology laboratory in the Netherlands reported to the municipal health department a recurring MRSA – methicillin-resistant *Staphylococcus aureus* – infection in a stylist. From December 2004 onward, the woman had recurrent infections on the legs, buttocks and groin resulting in incision and drainage of lesions. When an abscess developed in the genital area in July 2005, MRSA was cultured from a wound swab. In December 2005, the stylist was declared MRSA-free after antimicrobial treatment.

Swabs were taken three times in one-week intervals from nose, throat, perineum and wounds and used for enrichment culture of MRSA. In March 2006, the woman was tested again for MRSA colonization; test results showed that she had been reinfected or that therapy had failed. The stylist had eczema. Because of the “hands on” nature of her work, she was advised to temporarily stop providing services to customers.

The municipal health department conducted a risk assessment of the woman's household contacts and the beauty salon. The Netherlands does not require that MRSA infections be reported. Therefore, the municipal health department depends upon the consent and full cooperation of index patients and contacts for further investigation of outbreaks. Consequently, in this instance, household contacts for screening were identified but had not presented themselves for screening. Contacts who had

complaints sought treatment at the emergency department, where the observant infection control practitioner (ICP) and microbiologists related them to the MRSA outbreak. Nurses obtained specimens by swabbing each patient's nose, throat, and wounds. A case was defined as a patient who had a culture-confirmed MRSA infection during the outbreak period July 2005-December 2006 and a direct epidemiologic link to the index patient.

In April 2006, a salon customer was hospitalized with an abscess of the breast caused by MRSA; in July 2006, another customer who had had boils since February 2006 was found to be MRSA positive. Both customers had been given wax treatments by the stylist during the period in which she had an infected hair follicle in her armpit. Swabs taken from this site showed that the stylist was infected with the same MRSA strain as before. Concern arose about the risk for infection to customers through instruments, materials (wax), or contact with other employees. The index patient and the other six employees of the salon regularly provided services to each other.

A nurse and the infection control practitioner of the municipal health department visited the salon in June 2006 to check on hygiene protocols and to advise on preventive measures to reduce risk for further transmission. All working procedures and protocols were investigated, and the salon was advised to clean and disinfect instruments and procedure rooms. More

specifically, the practitioner observed a total waxing procedure performed by the staff. Ten swabs were taken from used wax, wax implements and the treatment room. All six employees were screened and informed about MRSA and the current situation. Arrangements were also made to test 22 regular customers who had received wax treatments by the index patient in the previous two months.

In the following weeks, these customers were screened at the municipal health office and informed about MRSA. Of the 22 regular customers, 21 completed a questionnaire and 19 were actually screened for MRSA by culturing samples from nares and throats.

All employees and the 19 selected regular customers were negative for MRSA colonization. All environmental swabs were also negative for MRSA. It was noted that the 70 percent alcohol used to disinfect the skin after waxing was diluted with water because customers had complained about the stinging effect of the alcohol on treated skin. Furthermore, it became apparent that after performing waxing treatments, the stylist would touch the waxed skin of customers with ungloved hands to check for remaining hairs. She did not wash her hands after removing the gloves.

During the outbreak investigation, more background information became available from those who were MRSA colonized or infected and who could be indirectly linked to the stylist or her customers. During the week that the first infected customer was identified (in April 2006), another customer was hospitalized with an abscess in the groin.

Unfortunately, no culture was taken from this patient. The partner of the second infected customer was also infected with MRSA that was related to an abscess on his leg. By the end of 2006, an MRSA-positive couple was identified as a contact of the second infected customer. In August 2006, another couple was reported to be MRSA positive; both had abscesses on the thighs. Because no further epidemiologic data could be obtained, whether the couple's infection was linked to the beauty salon is not clear.

A total of 45 persons who had been in direct or indirect contact with the stylist were screened for MRSA: three family

members, three roommates, 11 other persons (including secondary contacts), six beauty salon employees, and 22 customers (including regular customers). Fifteen persons had skin infections and 10 of them were colonized with MRSA (stylist, family member, roommate, ex-partner of the roommate, customers and partners of customers). Although skin infections never developed in the stylist's family members, tests did show MRSA colonization in one of them. The stylist's boyfriend, a native of the United States, had already lived for two years in the Netherlands.

Although he had skin lesions, no *S. aureus* was found. The girlfriend of a sport mate who regularly exercised with the partner of a customer was colonized with MRSA at the end of 2006. She had emigrated recently from the United States to the Netherlands, but her first screening test results were negative. The mean age of the patients was 29 years (range 21-40 years).

Eleven people were found to be MRSA positive. Of these 11, three persons with a direct link to the beauty salon (the stylist and two customers), six with an indirect link (family member, roommate, ex-partner of roommate, partner of a customer, sport mate of partner of a customer and his partner), and a couple from whom no epidemiologic data could be obtained were infected with the same MRSA strain as the stylist.

Outbreaks of CA-MRSA strains have been reported with increased frequency. Several reports involved outbreaks among competitive sports participants, military personnel, prisoners, Native Americans and drug users. Skin treatments in a beauty salon likely led to MRSA transmission as a result of contact with an infected stylist. Clearly, the study and others show that CA-MRSA is an emerging problem in the community setting.

In the Netherlands, patients are generally only tested after recurrent infections. Unless outbreaks occur in a defined group, MRSA remains undetected in the general population because reporting is not mandatory. Although the prevalence of MRSA is still low, local microbiologic laboratories should report outbreaks, when detected, to the local municipal health department for further investigation. More research is necessary to better understand the risk factors involved in these outbreaks. You will learn more about MRSA later in this chapter.

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## Deaths from dirty salons

Most salon professionals are surprised when they hear that people can actually die if proper sanitations techniques are not followed. Licensees think that these types of infections occur

only in health care settings. The following summarized articles describe how deaths have been suspected in dirty salons in Texas and California:

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## A case in California

An infection contracted from a pedicure may have caused the death of Gerry Ann Schabarum, wife of former California State Assemblyman and longtime Los Angeles County Supervisor Pete Schabarum.

According to the Pasadena Weekly, Schabarum had been battling a staphylococcus infection for more than a year and

because she suffered from rheumatoid arthritis, it was able to take hold in her body.

"It is tragic that another life may have been lost because of an unsanitary salon," said Sen. Leland Yee (D-San Francisco/San Mateo), the author of legislation signed into law to help clean up dirty salons. "While progress has been made to address these

outbreaks, clearly more needs to be done to protect the health of nail salon consumers.”

In September 2007, Gov. Arnold Schwarzenegger signed Yee’s AB 409 into law. AB 409 allows the Board of Barbering and Cosmetology to immediately suspend any license without advance hearing if the action is necessary to protect the public health and safety. A licensee found in violation could be placed on probation for one year, required to undertake remedial training in health and safety laws and regulations, subject to re-inspection at the cost of establishment owner, as well as new citation fines.

## Mother blames pedicure for daughter’s death

SAN JOSE, CALIF. – The mother of a woman who died in June 2006 has sued a nail salon alleging an infection from a pedicure contributed to her daughter’s death. Jessica Mears, of Sunnyvale, died in late June at age 43. Her mother, Diana Mears, filed a wrongful death lawsuit in Santa Clara County Superior Court against Top Hair and Nails Salon of Mountain View.

The suit claims Jessica Mears contracted a bacterial infection during a 2004 pedicure at the salon that left a large lesion on her left calf. Jessica Mears had lupus, a chronic disease that compromises the immune system, and the lesion never completely healed, said Robert Bohn Jr., the San Jose attorney representing Diana Mears.

## Family is sure pedicure led to woman’s death

Kimberly Jackson believed something as simple as a pedicure caused what eventually led to her death. A MRSA staph bacteria that is sometimes found in salons is extremely aggressive. David Jackson is confident that his ex-wife got the infection from a dirty salon during a pedicure. David said Kimberly went to the salon in June 2005 and was receiving a pedicure when she looked down and saw that she was cut by a pumice stone

## Violations continue

Brad Watson from WFAA TV has done several undercover investigations and has found that while improvements have been made, many salons continue unsanitary practices.

Watson’s investigations showed evidence of salon professionals not washing hands between customers, illegal

## Other recent salon incidents

These cases are not isolated. Below is list of other recent reported injuries from salon mistakes.

- An unnamed woman nearly died after getting a bikini wax and then contracting a life threatening bacteria, *Streptococcus pyogenes*.
- Paula Abdul’s injury made worldwide news, and she nearly lost her thumb because of an infection following a manicure.

“AB 409 was a good first step, but we need more inspectors and we need better testing,” said Yee. “Currently, only visual inspections are made at salons; I plan to pursue further legislation that will require bacterial testing at salons to make sure consumers are protected from potentially deadly infections.”

There has been a dramatic rise in the number of people complaining of persistent lesions and infections after visiting salons. California has been especially hard-hit by the outbreak, with hundreds of women reporting cases of a rare bacterial infection linked to pedicures and manicures.

A number of women have reported similar infections following pedicures. They are believed to be caused by harmful bacteria that accumulate in improperly cleaned whirlpool footbaths. An outbreak traced to a single salon in Santa Cruz County affected more than 100 pedicure customers in October 2000. Another outbreak of skin infections, involving 33 different salons and over 140 customers in Santa Clara County, was reported in November 2004.

No previous deaths in California had been attributed to bacteria from pedicures, according to California’s Department of Consumer Affairs.

and was bleeding. Several days later, she sought out medical help for an infection on the foot and was treated over a course of seven months. Doctors treated it with a strong combination of antibiotics, but on February 12, 2006, she lost her life.

The Texas Department of Licensing and Regulation (TDLR) could not link the death to the salon, but the family is confident that it is the source of the infection.

blades, improper cleaning and disinfecting of spa chairs, and the potential cross-contamination of creams/lotions and reuse of buffing blocks, which expose a customer to the previous customer’s nail and skin tissue.

- Kristina Preston was diagnosed with herpes after receiving a manicure, and was awarded \$3 million in a settlement.
- Reba Burgess (Kansas City) had to have a finger amputated after receiving an infection as a result of poor sanitation techniques.
- Jeanine Camerlengo (New York) contracted herpetic heratoconjunctivitis after an eyebrow waxing.

- A woman (Aurora, Colo.) was awarded \$3.75 million after contracting herpes in a salon.
- Geremie Hoff (St. Louis) was awarded \$6,000 because of a bad hair treatment.
- Mary Reddish (Georgia) was awarded \$15,000 because of a bad hair treatment.

## Are cases being unreported?

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Many doctors believe that salon bacterial infections are not being linked or reported to state agencies, health departments or the CDC. Dallas County's Chief Epidemiologist, Dr. John Carlo, has been quoted as saying that serious infections are often mistaken as other illnesses, such as bites from insects or spiders. Dr. Carlo believes that an emerging threat is at hand.

Dermatologist Shelley A. Sekula, MD, has suggested that states need to modify current cosmetology and barbering industry regulations.

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

Based on her experience in Texas, it is Dr. Sekula's belief that legislators and public health officials need to look seriously at the risks that threaten both clients and operators of the beauty industry. "Poorly trained technicians using dirty instruments are a cause of great concern for consumers," said Dr. Sekula.

The health risks associated with the beauty industry include viral infections such as HIV, hepatitis B and C, and warts; bacterial infections such as staphylococcus, streptococcus, and pseudomonas; fungal infections such as athlete's foot, nail fungus and yeast; and reactions to nail, hair and facial products such as hand eczema, eyelid dermatitis, chemical burns and loss of hair or nails; and toxicity from acrylic and lacquer fumes and inappropriate use of chemical peeling solutions.

Although each of these risks poses considerable health problems for consumers, there are simple ways beauty establishments can

modify their current practices and reduce the potential transmission of infectious diseases. Dr. Sekula explained that using disposable instruments whenever possible, properly sterilizing instruments, employing proper hand washing practices, and teaching the Center for Disease Control's (CDC) "universal precautions" in cosmetology and barber schools would virtually eliminate the risks of contracting viral, bacterial and fungal infections.

"Since there is an inherent risk that customers may accidentally be cut during a routine hair or nail appointment, it makes sense to use sterile instruments," said Dr. Sekula. "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. Unfortunately, we are finding that not all salons are following this simple rule of thumb.

"As more and more consumers frequent hair and nail salons each year, the risk of becoming infected with hepatitis, HIV and other transmittable diseases increases as well," said Dr. Sekula.

Among the diseases that have the potential to be transmitted at a hair or nail salon, hepatitis B and C pose the biggest threat to public health. There are over 5 million people infected with hepatitis in the U.S. Every year, approximately 100,000 people in the U.S. contract hepatitis B – which is 100 times more contagious than HIV. Between 28,000 and 140,000 people contract hepatitis C. Hepatitis B can be infectious for at least a week on surfaces commonplace to salons, such as headrests, chairs and tools and instruments.

There is now evidence that hepatitis C, which prior to 1990 was commonly transmitted through blood transfusions, can be transmitted by razors, nail files and barber's scissors, among other things.

## Your responsibilities

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As a salon professional, you have responsibilities to the state and your profession to learn and use appropriate precautionary measures and cleaning procedures, to protect both you and your clients, reduce the incidence of bacterial, viral, and fungal infection, and prevent the spread of disease. You, your instruments and workstation must be kept as clean as possible, meaning no shortcuts or omissions of any precautionary measures discussed in this chapter. Violations can result in penalization by the state of Florida, as well as infection.

The remainder of this chapter will review these subjects:

- The biology of pathogens, how they function, reproduce, and infect.
- Universal sanitation and sterilization precautions.
- State of Florida regulations that apply to cosmetology.
- The difference between decontamination, sanitation, sterilization, and disinfection.
- How to effectively disinfect tools and surfaces in your environment, and sanitize hands.

## Microorganisms and infectious agents

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Microorganisms are tiny living particles (organisms) with many different characteristics. They live in our air, water and earth, and are found everywhere on the planet. Some microorganisms are

associated with infection or disease; others are harmless or even helpful. Bacteria, viruses and parasites are three major categories of microorganisms that you encounter every day.

## Bacteria

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Bacteria are tiny one-celled vegetable microorganisms (plants) that can be seen only with a microscope. The most plentiful organisms on the earth, bacteria are found virtually everywhere around us, existing in dust, dirt and decay, our skin and body tissues, the air we breathe and the water we drink. Bacteria produce slimy fluids or waxy coatings, which moisten them and help them survive in inhospitable environments. Fimbri, hairlike tendrils that anchor the bacteria to an object, make bacteria sticky, requiring one to use some degree of pressure when scrubbing, to break the hold of these tenacious fibers. Bacteria exist in one of two modes: an active, vegetative mode, and an inactive, spore-forming mode. In the active stage, bacteria grow and multiply at an astonishing speed.

Reproducing through binary fission (a process in which one bacteria splits into two), bacteria produce millions of copies within hours. Bacteria are only able to reproduce when the environment meets their specific needs in temperature and degree of moisture. They require a warm, damp, usually dark and often dirty environment that provides a supply of food adequate to sustain the bacteria and provide fuel for reproduction. If conditions are not favorable for reproduction, the bacteria will move into a spore-forming stage, producing spores with tough outer surfaces that are almost impervious to wind, heat, cold, harsh cleaners or disinfectants. These characteristics help spores survive for long periods between reproductive phases.

While there are hundreds of different kinds of bacteria, they are primarily sorted into one of two types, according to the danger they pose to us. Potentially harmful bacteria are

called pathogenic; harmless or beneficial bacteria are called nonpathogenic. **The great majority (about 70 percent) of bacteria are nonpathogenic.** Called saprophytes, these organisms do not produce disease and carry out necessary functions, such as decomposing dead matter, for example. Nonpathogenic bacteria also exist in the human digestive tract and in the mouth and intestines, where they facilitate digestion by breaking down food.

A much smaller minority (about 30 percent) of organisms are pathogenic organisms, also called **microbes** or **germs**. These are harmful and produce disease when they invade animal or plant life. Pathogenic bacteria commonly exist in the salon environment. Bacterial infection occurs when a body is exposed to and cannot successfully fight off bacterial invasion.

**General infections** typically begin as **local infections**, which may start as a boil or pimple accompanied by pus (a compilation of bacteria, decayed tissue, waste and blood cells) that is often associated with infection. Bacterial toxins from local infections can spread to different parts of the body through the bloodstream, increasing the likelihood of general infection.

Pathogenic bacteria are distinguished by their characteristic shapes: **Bacilli** are rod-shaped, and the most common bacteria, causing diseases such as influenza, tetanus and diphtheria. **Spirilla** are spiral-shaped bacteria, and **cocci** are round bacteria that produce pus. Cocci rarely move on their own, but are usually transported through the air in dust particles or other substances. Bacilli and spirilla are both capable of self-movement (**motility**), using hairlike projections (**flagella** or **cilia**) to propel themselves.

## Methicillin-resistant staph aureas (MRSA)

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Methicillin-resistant Staphylococcus aureus (MRSA), the virus that killed Kimberly Jackson as noted previously, is caused by bacteria known as staphylococcal aureas. Staph aureas is a common bacteria found on skin and mucous membranes. In MRSA, a type or strain of Staph aureas has become resistant to antibiotics in the penicillin family, which includes methicillin.

People can become either colonized or infected with MRSA. In colonization, people have MRSA on their skin or mucous

membranes without signs of infection. With infection, the bacteria have entered the body and have begun to multiply and cause damage to the organ or body tissue involved. Signs of infection include fever, warmth, redness of the area, pain, and an elevated white blood cell count. **MRSA is spread by direct contact with affected areas and is normally not spread by casual contact.** Good hand-washing and the use of gloves for contact with mucous membranes will avoid transferring the bacteria from one person to another.

## How common are staph and MRSA infections?

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Staph bacteria are one of the most common causes of skin infection in the United States and are a common cause of pneumonia, surgical wound infections and bloodstream

infections. The majority of MRSA infections occur among patients in hospitals or other health care settings. But they are becoming more common in the community setting.

## What does a staph or MRSA infection look like?

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Staph bacteria, including MRSA, can cause skin infections that may look like a pimple or boil and can be red, swollen, painful, or have pus or other drainage. Infections that are

more serious may cause pneumonia, bloodstream infections, or surgical wound infections.

## Are certain people at increased risk for community-associated staph or MRSA infections?

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Factors that have been associated with the spread of MRSA skin infections include: close skin-to-skin contact, openings

in the skin such as cuts or abrasions, contaminated items and surfaces, crowded living conditions and poor hygiene.

## HOW CAN I PREVENT STAPH OR MRSA SKIN INFECTIONS?

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### Practice good hygiene

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- Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
- Keep cuts and scrapes clean and covered with a bandage until healed.
- Avoid contact with other people's wounds or bandages.
- Avoid sharing personal items such as towels or razors.
- Practice good disinfection techniques.

### If I have a staph or MRSA skin infection, what can I do to prevent others from being infected?

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You can prevent spreading staph or MRSA skin infections to others by following these steps:

- **Cover your wound.** Keep wounds that are draining or have pus covered with clean, dry bandages. Follow your health care provider's instructions on proper care of the wound. Pus from infected wounds can contain staph and MRSA, so keeping the infection covered will help prevent the spread to others. Bandages or tape can be discarded with the regular trash.
- **Clean your hands.** You, your family and others in close contact should wash their hands frequently with soap and warm water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.
- **Do not share personal items.** Avoid sharing personal items such as towels, washcloths, razors, clothing or uniforms that may have had contact with the infected wound or bandage. Wash sheets, towels and clothes that become soiled with water and laundry detergent. Drying clothes in a hot dryer, rather than air-drying, also helps kill bacteria in clothes.
- **Talk to your doctor.** Tell any health care providers who treat you that you have or had a staph or MRSA skin infection.

## Viruses

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Viruses are infectious biological entities that are very small – much smaller than bacteria – and cause disease by entering a healthy cell, maturing and reproducing. Unlike bacteria, viruses do not survive for any length of time without the protection of a living cell. Viruses are dangerous because their replication inside the cell eventually causes the death of that cell. They are parasites, taking the cell's nutrients and destroying the cell in the process. The cell is then used to breed hundreds, thousands and even millions of new mature infectious viruses that leave to infect other cells. Viruses cause diseases like hepatitis, influenza and measles, and are the source of colds, chicken pox, cold sores and genital herpes, mononucleosis, hepatitis and HIV/AIDS.

Viruses are a particular concern in salons because of their potential severity and the way they spread. Viruses occupy the surfaces of objects you touch, including door handles, coffee mugs and scissors; they can be inhaled on tiny dust particles or travel on the minute amount of saliva expelled in a cough. Viral infections can be transmitted from one person to another through casual contact with an infected individual or contact with what he or she touched. Both hand-to-surface and hand-to-hand contact are highly effective methods for transferring virus particles from one individual to another.

Viruses are hardy organisms. They can live for up to 48 hours on the surfaces of toys, coffeemakers, doorknobs, computer keyboards and other hard surfaces in a salon. It can take up to a week for that virus that infected you to produce symptoms.

**Plant parasites**, such as fungus or mold, mildew and **yeasts**, are multicellular organisms that are as prevalent as bacteria and consume both live and dead tissue to survive. Fungi usually prefer a damp environment, but can also survive in a warm, dry climate. They reproduce and spread a number of different ways, and can invade the human body easily, requiring no break in the skin.

Ringworm and athlete's foot are two common contagious diseases that are spread by fungi. Another is favus, which affects the scalp. Cosmetologists should not serve any individual with signs of any fungal infection. If you have a fungal infection, do not work and seek treatment immediately. If you think a client has ringworm, identified by a ring-shaped, circular pattern on the skin, or athlete's foot, do not provide service to the individual, as it is highly contagious. Tell the individual to consult a physician for treatment.

## Precautions with plant parasites

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Fungal infections can be stubborn. Many affect the skin, but fungal infections can also cause severe respiratory infections. More common versions of fungal infections are those caused by yeast, including nail fungus, athlete's foot, jock itch and ringworm. Both over-the-counter and prescription treatments are available for relief from the unpleasant, itchy symptoms of many yeast infections.

Plant parasites, like fungus and mold, are contagious, with nail fungus a significant risk to clients receiving nail services, as fungi can spread, not only from one nail to another but also from a client to a technician or the reverse, given improper sanitation techniques at a salon. Nail fungus appears as discoloration of the nail plate (on either the fingernails or toenails), initially appearing white, but growing darker over time. Clients with nail fungus should be referred to a physician for treatment.

Molds and mildews **do not** infect fingernails, and rarely, if ever, appear under the nail.

## Animal parasites

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Animal parasites may be single-cell (**protozoans**) like amoebas or malaria, or multicell, like mites or lice. Protozoans consume both plant and animal tissue, and are found in blood and body fluids, water and food. Multicell animals, such as lice and mites, can hide in the hair and burrow under the skin. Be aware of the signs of scabies, identified by bite marks on a client; Rocky Mountain spotted fever, or typhus, caused by rickettsia; and animal parasites carried by fleas, lice and ticks that are even smaller than bacteria.

## Modes of contamination

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

Humans have some level of immunity against infection, but our level of protection varies with age, health and a range of other factors. Skin is our first line of defense. When there are no cuts or scrapes, skin is excellent protection against pathogens.

In the vast majority of cases, bacteria, fungi and viruses enter the body through the portals of the nose and mouth, small tears or openings in the skin, and to a lesser extent, the eyes and ears. Once inside the body, the pathogen reproduces rapidly at a rate that can overwhelm the immune system, resulting in disease.

Transmission may occur through direct or indirect contact. For example, indirectly inhaling contaminated droplets in the air (airborne transmission), or touching a contaminated surface and then touching one's nose, eyes or a mucous membrane is an easy

way for transmitting germs. Try to avoid touching your face during the day, and always wash your hands between clients.

Greenish bacterial infections, which may appear yellowish or yellow-green initially, can continue to stain the nail plate long after an infection has subsided, and are sometimes mistakenly attributed to mold. Nails can harbor dangerous bacteria, which can thrive on the oils and moisture that exist between an improperly prepared or unsanitized nail plate and an applied enhancement.

Clients with nail fungus or other infections should not receive nail services, but can be assisted in removing an artificial nail from the infected natural nail. If you are asked to expose the natural nail, follow these precautionary steps:

- Wear gloves during the removal of artificial nails.
- Follow the manufacturer's instructions for removal.
- Discard any implements, including orangewood sticks, items with porous surfaces, and any abrasives used.
- Disinfect all implements and work surfaces.
- Refer the client to a physician for treatment once the natural nail is exposed.

For any individual with a visible communicable disease, like pediculosis (head lice), open sores or marks suggesting scabies, it is recommended that the person furnish a statement signed by a physician that the disease or condition is not in an infectious, contagious or communicable stage. The same is true if the cosmetologist has symptoms or indications of a visible disease, lice or open sores; he or she should not practice cosmetology until obtaining a statement signed by a physician stating that the disease or condition is not in an infectious, contagious or communicable stage.

Yeast, scabies, lice and many other skin infections do not require an open sore or mucosal surface to infect. Athlete's foot contaminates through indirect transmission. When someone with athlete's foot walks barefoot on a wet bathroom floor, for example, the person leaves behind spores that will stick to the foot of anyone else walking barefoot on that floor, infecting the individual even if he or she has no cuts or openings on the feet.

Fungi, like athlete's foot, will survive for some time on a damp or wet floor. Spa shower stalls and soaking baths that retain small amounts of water must be thoroughly cleaned and disinfected with the appropriate disinfectant.

The primary modes of travel for common contagions are:

- Unclean hands.
- Unclean implements.
- Open sores.
- Pus.
- Mouth and nose discharge.

- Shared cups or towels.
- Coughing or sneezing.
- Spitting.

Pathogenic bacteria can also enter the body through:

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

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

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

Microbes also contaminate ventilation systems; to discourage their growth, vents, filters, humidifiers and dehumidifiers should be cleaned and maintained regularly. Investigate any mildew or musty odors, which are a good indication of microbe growth. Germs in a ventilation system easily spread throughout a salon, landing on people, surfaces and implements, whenever the blower or fan turns on.

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## Viruses

Viruses cause:

- All colds and flu.
- Most coughs.
- Most sore throats.

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## Bacteria

Bacteria cause:

- Most ear infections.
- Some sinus infections.

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## Drug-resistant bacteria

Each time you take an antibiotic, bacteria are killed. Sometimes bacteria may be resistant or become resistant. Resistant bacteria do not respond to the antibiotics and continue to cause infection.

Each time you take an antibiotic unnecessarily or improperly, you increase your chance of developing drug-resistant bacteria. So it is really important to take antibiotics only when necessary.

Germs not only float through the air, settling constantly on salon surfaces, such as sinks and countertops, they can also “hitchhike” on human skin, hair and clothing, contaminating anything with which they come into contact.

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

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

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

Antibiotics cannot kill viruses. This is a common misconception. Many of us demand antibiotics from our doctor when we have a severe cold, but antibiotics in that situation can actually do you more harm than good.

- Urinary tract infections.

Antibiotics do kill specific bacteria.

Because of these resistant bacteria, some diseases that used to be easy to treat are now becoming nearly impossible to treat.

## What do you need to know about antibiotics?

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- Remember that antibiotics don't work against colds and flu, and that unnecessary antibiotics can be harmful.
- Talk to your health care provider about antibiotics and find out about the differences between viruses and bacteria – and when antibiotics should and shouldn't be used.
- If you do get an antibiotic, be sure to take it exactly as prescribed; that may help decrease the development of resistant bacteria.
- Antibiotic resistance is particularly dangerous for children, but it can occur in adults as well.

One final note is that taking antibiotics appropriately and getting immunized will help prevent having to take more dangerous and more costly medications. If we use antibiotics appropriately, we can avoid developing drug resistance. We just need to take our medicine exactly as it is prescribed and not expect to take antibiotics every time we're sick.

## THE PROBLEM OF ANTIBIOTIC RESISTANCE

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### Overview

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The triumph of antibiotics over disease-causing bacteria is one of modern medicine's greatest success stories. Since these drugs first became widely used in the World War II era, they have saved countless lives and blunted serious complications of many feared diseases and infections. After more than 50 years of widespread use, however, many antibiotics don't pack the same punch they once did.

Over time, some bacteria have developed ways to outwit the effects of antibiotics. Widespread use of antibiotics is thought to have spurred evolutionary changes in bacteria that allow them to survive these powerful drugs. While antibiotic resistance benefits the microbes, it presents humans with two big problems: It makes it more difficult to purge infections from the body, and it heightens the risk of acquiring infections in a hospital.

Diseases such as tuberculosis, gonorrhea, malaria and childhood ear infections are now more difficult to treat than they were decades ago. Drug resistance is an especially difficult problem for hospitals because they harbor critically ill patients who are more vulnerable to infections than the general population and therefore require more antibiotics. Heavy use of antibiotics in these patients hastens the mutations in bacteria that bring about drug resistance. Unfortunately, this worsens the problem

by producing bacteria with greater ability to survive even our strongest antibiotics. These even stronger drug-resistant bacteria continue to prey on vulnerable hospital patients.

To help curb this problem, the Centers for Disease Control and Prevention (CDC) provides hospitals with prevention strategies and educational materials to reduce antimicrobial resistance in health care settings.

According to CDC statistics:

- Nearly 2 million patients in the United States get an infection in the hospital each year. Those patients, about 90,000, die each year as a result of their infection – up from 13,300 patient deaths in 1992.
- More than 70 percent of the bacteria that cause hospital-acquired infections are resistant to at least one of the drugs most commonly used to treat them.
- Persons infected with drug-resistant organisms are more likely to have longer hospital stays and require treatment with second- or third-choice drugs that may be less effective, more toxic and more expensive.

In short, antimicrobial resistance is driving up health care costs, increasing the severity of disease and increasing the death rates from certain infections.

### Environment forces evolutionary change

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A key factor in the development of antibiotic resistance is the ability of infectious organisms to adapt quickly to new environmental conditions. Bacteria are single-celled creatures that, compared with higher life forms, have small numbers of genes. Therefore, even a single random gene mutation can greatly affect their ability to cause disease. And because most microbes reproduce by dividing every few hours, bacteria can evolve rapidly.

A **mutation** that helps a microbe survive exposure to an antibiotic drug will quickly become dominant throughout the microbial population. Microbes also often acquire genes, including those that code for resistance, from each other.

The advantage microbes gain from their innate adaptability is augmented by the widespread, and sometimes inappropriate,

use of antibiotics. A physician wishing to placate an insistent patient ill with a cold or other viral condition sometimes inappropriately prescribes antibiotics. And when a patient does not finish taking a prescription for antibiotics, drug-resistant microbes not killed in the first days of treatment can proliferate. Hospitals also provide a fertile environment for drug-resistant germs as close contact among sick patients and extensive use of antibiotics force bacteria to develop resistance. Another controversial practice that some believe promotes drug resistance is adding antibiotics to agricultural feed.

## A growing problem

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For all these reasons, antibiotic resistance has been a problem for nearly as long as we've been using antibiotics. Not long after the introduction of penicillin, a bacterium known as *Staphylococcus aureus* began developing penicillin-resistant strains.

Today, antibiotic-resistant strains of *Staphylococcus aureus* bacteria as well as various enterococci – bacteria that colonize the intestines – are common and pose a global health problem in hospitals. More and more hospital-acquired infections are resistant to the most powerful antibiotics available, methicillin and vancomycin. These drugs are reserved to treat only the most intractable infections in order to slow development of resistance to them. There are several signs that the problem is increasing:

- In 2003, epidemiologists reported in *The New England Journal of Medicine* that 5-10 percent of patients admitted to hospitals acquire an infection during their stay, and that the risk for a hospital-acquired infection has risen steadily in recent decades.
- Strains of *S. aureus* resistant to methicillin are endemic in hospitals and are increasing in non-hospital settings such as locker rooms. Since September 2000, outbreaks of methicillin-resistant *S. aureus* infections have been

reported among high school football players and wrestlers in California, Indiana and Pennsylvania, according to the CDC.

- The first *S. aureus* infections resistant to vancomycin emerged in the United States in 2002, presenting physicians and patients with a serious problem. In July 2002, the CDC reported that a Michigan patient with diabetes, vascular disease and chronic kidney failure had developed the first *S. aureus* infection completely resistant to vancomycin. A similar case was reported in Pennsylvania in September 2002.
- Increasing reliance on vancomycin has led to the emergence of vancomycin-resistant enterococci infections. Prior to 1989, no U.S. hospital had reported any vancomycin resistant enterococci, but over the next decade, such microbes have become common in U.S. hospitals, according to CDC.
- A 2003 study in *The New England Journal of Medicine* found that the incidence of blood and tissue infections known as sepsis almost tripled from 1979 to 2000.

Other federal agencies are involved in combating the problem of drug-resistant microbes. See the links below for more information.

## Centers for Disease Control and Prevention

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<http://www.cdc.gov/drugresistance/community/>

## Food and Drug Administration

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<http://www.fda.gov/oc/opacom/hottopics/antiresist.html>

## National Library of Medicine Medline Database

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<http://www.nlm.nih.gov/medlineplus/antibiotics.html>

## Public Health Action Plan to Combat Antimicrobial Resistance

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<http://www.cdc.gov/drugresistance/actionplan/index.htm>

## APUA: Alliance for the Prudent Use of Antibiotics Antibacterial Agents Information Sheet

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- What is an antibacterial and how are antibacterials classified?
- What are some common antibacterials?
- How common are antibacterials in consumer products?
- Is the use of antibacterial agents regulated in the U.S.?
- What is the difference between bacteriostats, sanitizers, disinfectants and sterilizers?
- How beneficial are antibacterials?
- Are antibacterial agents safe?
- Do antibacterials create resistant bacteria?
- Can the widespread use of antibacterial agents lead to bacteria that are more resistant?
- Are there other concerns about the use of antibacterial agents?
- When are antibacterials useful?

## What is an antibacterial and how are antibacterials classified?

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In its broadest definition, an antibacterial is an agent that interferes with the growth and reproduction of bacteria. While

antibiotics and antibacterials both attack bacteria, these terms have evolved over the years to mean two different things.

Antibacterials are now most commonly described as agents used to disinfect surfaces and eliminate potentially harmful bacteria. Unlike antibiotics, they are not used as medicines for humans

or animals, but are found in products such as soaps, detergents, health and skin care products and household cleaners.

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## What are some common antibacterials?

Antibacterials may be divided into two groups according to their speed of action and residue production. The first group contains those that act rapidly to destroy bacteria, but quickly disappear (by evaporation or breakdown) and leave no active residue behind (referred to as non-residue-producing). Examples of this type are the alcohols, chlorine, peroxides

and aldehydes. The second group consists mostly of newer compounds that leave long-acting residues on the surface to be disinfected and thus have a prolonged action (referred to as residue producing). Common examples of this group are triclosan, triclocarban and benzalkonium chloride.

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## How common are antibacterials in consumer products?

All products that claim to kill bacteria and/or viruses have some kind of antibacterial agent. Alcohols, chlorine and peroxides have been used for many decades in health care and cleaning products. Within the past two decades, the residue-producing antibacterials once used almost exclusively in health care institutions have been added to increasing numbers of household products, particularly soaps and cleaning agents. A recent survey reported that 76 percent of liquid soaps from 10

states in the U.S. contained triclosan, and approximately 30 percent of bar soaps contained triclocarban.

Many cleaning compounds contain quaternary ammonium compounds. Because these compounds have very long chemical names, they often are not easily recognized as antibacterial agents on packaging labels. More recently, triclosan has been bonded into the surface of many different products with which humans come into contact, such as plastic kitchen tools, cutting boards, highchairs, toys, bedding and other fabrics.

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## Is the use of antibacterial agents regulated in the U.S.?

Whether an antibacterial agent is regulated depends upon its intended use and its effectiveness. The U.S. Food and Drug Administration (FDA) regulates antibacterial soaps and antibacterial substances that will either be used on the body or in processed food, including food wrappers and agents added to water involved in food processing. If a substance

is not intended for use on or in the body, it is registered by the U.S. Environmental Protection Agency (EPA) under the Federal Insecticide, Fungicide and Rodenticide Act. Substances are registered either as public health or as non-public health antimicrobial agents.

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## What is the difference between bacteriostats, sanitizers, disinfectants and sterilizers?

The EPA classifies public health antimicrobials as bacteriostats, sanitizers, disinfectants and sterilizers based on how effective they are in destroying microorganisms. Bacteriostats inhibit bacterial growth in inanimate environments. Sanitizers are substances that kill a certain percentage of test microorganisms in a given time span. Disinfectants destroy or irreversibly inactivate all test microorganisms, but not necessarily their

spores. Sterilizers destroy all forms of bacteria, fungi and other microorganisms and their spores.

Disinfectants can be further categorized as broad- or limited-spectrum agents. A broad-spectrum disinfectant destroys both gram-negative and gram-positive bacteria. A limited-spectrum disinfectant must clearly specify the specific microorganisms against which it works.

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## How beneficial are antibacterials?

Antibacterials are definitely effective in killing bacteria, but there is considerable controversy surrounding their health benefits. The non-residue-producing agents have been used for many years and continue to be effective agents for controlling disease organisms in a wide variety of health care and domestic settings.

When used under strict guidelines of application, the residue-producing agents have proven effective at controlling bacterial and fungal infection in clinical settings such as hospitals, nursing homes, neonatal nurseries and other health care facilities where

there may be a high risk of infection. A certain few consumer products have demonstrated effectiveness for specific conditions: antibacterial toothpaste helps control periodontal (gum) disease; antibacterial deodorants suppress odor-causing bacteria; and antidandruff shampoos help control dandruff. However, to date, there is no evidence to support claims that antibacterials provide additional health benefits when used by the general consumer.

## Are antibacterial agents safe?

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When used as directed for external surfaces, antibacterial agents are considered to be relatively non-toxic. However, some may cause skin and eye irritation, and all have the potential for doing harm if not stored or used properly. Furthermore,

evaluations of risk are based on single agents and do not consider the effects of multiple uses or multiple compounds.

Recently, triclosan has been reported in surface waters, sewage treatment plants, the bile of fish and breast milk, but the significance of these findings is presently unknown.

## Do antibacterials create resistant bacteria?

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Because of their rapid killing effect, the non-residue-producing antibacterial agents are not believed to create resistant bacteria. Resistance results from long-term use at low-level concentrations, a condition that occurs when consumers use residue-producing agents such as triclosan and triclocarban. Until recently, it was accepted that these agents did not affect a specific process in bacteria, and because of this, it was unlikely that resistant bacteria could emerge. However, recent laboratory evidence indicates that triclosan inhibits a specific step in the formation of bacterial lipids

involved in the cell wall structure. Additional experiments found that some bacteria can combat triclosan and other biocides with export systems that could also pump out antibiotics. It was demonstrated that these triclosan-resistant mutants were also resistant to several antibiotics, specifically chloramphenicol, ampicillin, tetracycline and ciprofloxacin.

Resistance to antibacterials has been found where these agents are used continuously (as in the hospital and food industry); however, at the present time, this modest increase in resistance has not yet created a clinical problem.

## Can the widespread use of antibacterial agents lead to bacteria that are more resistant?

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Many scientists feel that this is a potential danger, but others argue that the laboratory conditions used in the research studies do not represent the “real world.” So far, studies of antibacterial use in home products such as soap, deodorant and toothpaste

have not shown any detectable development of resistance. However, such products have only been in use for a relatively short time, and studies of their effects are still extremely limited.

## Are there other concerns about the use of antibacterial agents?

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Yes, experts believe that the use of these agents creates a false sense of security that may cause individuals to become lax in their hygiene habits. Antibacterial use should not be considered an alternative to normal hygiene, except where normal hygiene practices are impossible.

It should always be remembered that most bacteria are harmless and in many cases, even beneficial. Very few bacteria actually cause disease. Antibacterials are not discriminating, and an all-out attack on bacteria in general is unjustified. Constant use of disinfecting agents tends to disrupt the normal bacteria that act

as barriers against invading pathogens. This may cause shifts in bacterial populations and create a “space” for disease-causing bacteria to enter and establish infection.

In addition, some scientists have gathered evidence showing that overly hygienic homes during early childhood may be linked to the appearance of allergies later in life. In this “hygiene hypothesis,” allergies develop because the childhood immune system fails to mature properly due to lack of contact with immune-stimulating bacteria. This hypothesis remains controversial and requires further research for validation.

## When are antibacterials useful?

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While there is no evidence that the routine use of antibacterials confer a health benefit, they are useful where the level of sanitation is critical and additional precautions need to be taken to prevent spread of disease.

Thus, they are important in hospitals, day care centers, salons and health care facilities and other environments with high concentrations of infectious bacteria. In the home environment, they may be needed for the nursing care of sick individuals with specific infections, or for those whose immune systems have been weakened by chronic disease, chemotherapy or transplants. Under these circumstances, antibacterials should be

used according to protocol, preferably under the guidance of a health care professional.

Please visit the following link to learn more about antibiotics:  
<http://www.cdc.gov/ncidod/op/antibiotics.htm>.

## Decontaminating your environment

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You have a responsibility to control exposure to pathogens by decontaminating your environment and tools. Remember that pathogens collect any time an object or surface is exposed to air.

Doorknobs, handles, the telephone, money, cabinets, the cash register – all are surfaces touched by co-workers and

clients that may harbor harmful pathogens, so all must be decontaminated to some degree. Cleaning is only the first step of the process. The following sections review the meaning of sanitation, sterilization, and disinfection, terms that are commonly used interchangeably, but have very different meanings and require different procedures.

## Sanitation

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**Sanitation** is the lowest level of decontamination. Sanitation will reduce germs on a surface, but will not kill all organisms. Sanitation provides a minimum level of cleanliness, protecting public health by preventing the spread of some, but not all, bacteria and fungi. Instruments that are sanitized are **not** sterile. Countertops and workstations should also be sanitized, wiped down with soap and water; this process should not be confused with, and does not replace, disinfection, which requires an appropriate disinfectant. Remember that soap and water will kill most of the bacteria on your hands, workstation or chair, but will not kill all the bacteria or fungal spores.

The term “sanitation” is most often used in reference to cleaning the hands. Hand washing is absolutely essential to controlling bacteria and the most effective way to prevent the spread of infectious agents from one person to another. Hands cannot be sterilized, because it is impossible to remove all

microorganisms from the surface of the skin. Water and soap, in fact, are not sterile, and can introduce new bacteria and infectious agents.

Your hands are populated by both **resident** and **transient** organisms. **Resident organisms** are a normal part of your skin’s environment, their natural habitat. They grow and multiply in an oxygen environment, and rarely cause infection or harm the individual who is their host. These organisms cannot be removed easily by hand washing. Sanitation controls minimize exposure to **transient** organisms. These organisms, like E. coli and salmonella, cause dangerous infections in humans. In contrast to resident organisms, transient organisms cannot live long on the surface of our skin. They function poorly in an oxygen environment, usually surviving less than 24 hours. These organisms can be removed easily through the process of hand washing, using friction, soap and water.

## Wash your hands

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[http://www.cdc.gov/Features/Hand\\_washing/](http://www.cdc.gov/Features/Hand_washing/)

Hand-washing is a simple thing, and it’s the best way to prevent infection and illness.

Clean hands prevent infections. Keeping hands clean prevents illness at home, at school, and at work. Hand hygiene practices are key prevention tools in health care settings, in day care facilities, in schools and public institutions, and for the safety of our food.

In health care settings, hand washing can prevent potentially fatal infections from spreading from patient to patient and

from patient to health care worker and vice-versa. The basic rule in the hospital is to cleanse hands before and after each patient contact by either washing hands or using an alcohol-based hand rub.

At home, hand washing can prevent infection and illness from spreading from family member to family member and sometimes throughout a community. In the home, the basic rule is to wash hands before preparing food and after handling uncooked meat and poultry; before eating; after changing diapers; after coughing, sneezing, or blowing one’s nose into a tissue; and after using the bathroom.

## Wash your hands: The right way

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When washing hands with soap and water:

- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for 15-20 seconds. Need a timer? Imagine singing “Happy Birthday” twice through to a friend.
- Rinse hands well under running water.
- Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.
- Always use soap and water if your hands are visibly dirty.

If soap and clean water are not available, use an alcohol-based hand rub to clean your hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast-acting.

When using an alcohol-based hand sanitizer:

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

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

## Hand-washing: The beginning of infection control

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<http://www.cdc.gov/Features/HandWashing/>

Ignaz Semmelweis, an Austrian-Hungarian physician, first demonstrated over 150 years ago that hand hygiene can prevent the spread of disease. Hand hygiene as a practice includes performing hand-washing, or using antiseptic hand wash, alcohol-based hand rub or surgical hand hygiene/antiseptics.

Dr. Semmelweis worked in a hospital in Vienna whose maternity patients were dying at such an alarming rate that they begged to be sent home. Most of those dying had been treated by student physicians who worked on corpses during an anatomy class before beginning their rounds in the maternity ward.

Because the students did not wash their hands effectively between touching the dead and the living – hand washing was an unrecognized hygienic practice at the time – pathogenic bacteria from the corpses regularly were transmitted to the mothers via the students' hands.

The result was a death rate five times higher for mothers who delivered in one clinic of the hospital than for mothers who delivered at another clinic not attended by the student physicians.

In an experiment considered quaint at best by his colleagues, Dr. Semmelweis insisted that his students wash their hands before treating the mothers – and deaths on the maternity ward fell fivefold.

Unquestioned today as the most important tool in the health care worker's arsenal for preventing infection, hand-washing was not readily accepted in Dr. Semmelweis's era. Indeed, his pleas to make hand-washing a routine practice throughout the hospital were largely met with derision. Another 50 years would pass before the importance of hand-washing as a preventive measure would be widely accepted by the medical profession. Sanitation is now a standard, and thousands of lives have been saved because of Dr. Semmelweis's discovery.

## Cleaning agents for hands

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

Detergents are manufactured for the express purpose of cleaning specific substances off specific items, and are created using chemicals that can be very harsh to skin. In contrast to detergents that do not leave a residue or require rinsing, soaps leave a coating or residue on the body, typically one designed to make skin smoother or more attractive. Soaps also remove less fat from the skin than detergents, which have a drying quality and may strip the skin. Be sure to use the appropriate cleaning agent for the job. Different cleaning and disinfecting agents have many different properties. Always read the ingredients, instructions and recommendations for use on the item's label.

## Sterilization and disinfection

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

**Disinfection** is the process of killing specific microorganisms, bacteria or germs using physical or chemical processes.

**Disinfectants** are chemical agents that destroy organisms on contaminated instruments or surfaces. Disinfectants can be dangerous and must be used with caution. Disinfectants are used to destroy bacteria on equipment and implements, but they should not be used on the skin. In a salon atmosphere, disinfectants must be able to kill viruses, fungus and dangerous bacteria.

## Disinfectants

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

disinfectants are especially effective for salon use and are capable of killing viruses, dangerous bacteria and fungus.

Disinfectants can be hazardous if prepared incorrectly. Consult the manufacturer's material safety data sheets (MSDS) for information on preparing the solution; check the listing of chemicals in the disinfectant and how they can pose safety hazards, if any. Be certain to follow manufacturers' instructions and all written directions for the preparation and use of a specific disinfectant. Remember to follow all directions when using this type of disinfectant or any other disinfectant.

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

**Household disinfectants**, commonly used to clean offices and homes, may be used to clean floors, doorknobs, walls, etc., as

directed on the container label, but should not be used in place of a hospital-grade salon disinfectant, which is required to disinfect instruments.

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

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## What are efficacy tests?

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

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

It is a good idea for you to require the manufacturer and/or distributor of a disinfectant or disinfectant-cleaner to provide efficacy data to you before you select it for use in your salon.

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## What factors affect how well a disinfectant works?

There are six main factors:

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

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

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

Step 1: Add together active ingredient percentages from the label:

For example, 5.07 percent + 3.38 percent = 8.45 percent total active ingredients.

Step 2: Multiply by 10,000:

$$8.45 \times 10,000 = 84,500$$

Step 3: Divide the result of Step 2 by the dilution rate (128 in this example):

$$84,500 / 128 = 660 \text{ ppm.}$$

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

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## Introduction to the autoclave

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

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

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

## How the autoclave works

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

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

## Autoclave safety procedures

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All potentially infectious materials must be autoclaved before being washed or stored. Personnel who operate the autoclave must be trained to understand proper packaging, loading, labeling as well as operation and emergency procedures. This training should also be documented by the principal owner of the salon. Autoclaves generate high heat and pressure; therefore, all users must understand and respect the associated risks. Always manipulate hot items with a thick glove designed for this purpose. At the completion of the cycle, allow the autoclave unit to cool down before opening. Then, stand back and crack the door slowly to allow the excess steam to escape. Some older autoclaves have little or no heat shielding.

Warning signs alerting users to these hot surfaces should be placed next to the autoclave to remind personnel of this hazard. Do not stack or store combustible materials such as cardboard, plastic containers or flammable liquids next to the autoclave.

Most autoclaves have a safety interlocking system that prevents the instrument from working if the door is not properly closed; however, some older units may not have such a built-in safety mechanism. Should the autoclave that services your salon not have an interlocking system, special precautions must be observed to ensure that the door is properly sealed before the process begins. If steam is leaking around the door during the sterilization process, the door has not been sealed properly. In this event, shut down the system as safely as possible. Let the unit cool and reset the door. Give special attention to making sure that the door is sealed tight, and restart the run. If this problem persists, the unit needs to be serviced by a qualified technician.

Never leave unsterilized material inside the autoclave or sitting in the autoclave room overnight. Never autoclave materials that contain toxic agents or volatile chemicals.

## Autoclave operation parameters

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The parameters for the sterilization cycle will depend upon the amount and type of material. The cycle time should be developed for a worst-case scenario. Denser loads will take longer than less dense loads of the same weight. The exact operating procedure for each autoclave model and various loads will differ; therefore, the responsible user should write a complete standard operating procedure (SOP) for the steam sterilization operation. This SOP should include the sterilization

procedure for each type of load autoclaved. It is prudent practice to document each autoclave load in an autoclave log.

This log should include the type of load, amount, run program, date, time and operator's name. Keep charts or printout strips in the logbook as documentation of the autoclave operation. Each autoclave unit should have preventative maintenance and be placed on a preventative maintenance schedule with a qualified repair technician. It should be inspected annually. The service technician will ensure that the unit operates safely and properly.

## Other recommended guidelines

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Here are some more guidelines you should follow:

1. Do not overfill an autoclave bag. Steam and heat cannot penetrate as easily to the interior of a densely packed autoclave bag.
2. Whether you are using autoclave bags or not, be sure you do not overload an autoclave. An overpacked autoclave chamber does not allow efficient steam distribution. Considerably longer sterilization times may be required to achieve decontamination if an autoclave is tightly packed.
3. Do not mix contaminated and clean items together during the same autoclave cycle.

If there is a spill inside the autoclave chamber, allow the unit to cool before attempting to clean up the spill.

# STEPS IN CLEANING YOUR INSTRUMENTS IN AN AUTOCLAVE

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## Step 1

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

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

## Step 2

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

## Step 3

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

## Step 4

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

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

## Step 5

Because there are many types of autoclaves in use around the world, it is difficult to provide guidance on the specific instructions of operating each. Follow the manufacturer's instructions whenever possible. In general, sterilize items for 20 minutes at 121 degrees C (270 degrees F) and 106 kPa (15 lb/in<sup>2</sup>) pressure. (Do not begin timing until the autoclave reaches the desired temperature and pressure.)

## Conclusions

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While the autoclave is extremely efficient in sterilizing instruments, the process requires much longer than chemical disinfection. Therefore, it is highly recommended that you have several sets of instruments. You must not ever shorten the

## Cleaning your autoclave

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Unfortunately, even your autoclave needs cleaning. Experts believe about 25 to 35 percent of repairs could be avoided if autoclaves were cleaned on a regular basis.

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

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

- 15 lb/in<sup>2</sup> (15 pounds per square inch).
- 106 kPa (106 kilopascals).
- 1 atm (1 atmosphere).
- 1 kgf/cm<sup>2</sup> (1 kilogram of force per square centimeter).
- 776 torr.
- 776 mm Hg (776 millimeters of mercury).

## Step 6

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

## Step 7

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

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

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

## Step 8

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

length of time your instruments are in the autoclave or open the autoclave before it has completed sterilizing. Opening an autoclave in the middle of a cleaning can result in severe burns.

- First, be sure to unplug your autoclave. Then, move your autoclave to a sink. Remove trays or racks. Sometimes trays can be somewhat difficult to remove, so call your service representative or manufacturer if you need help.
  - **TIP:** It may help to have a slightly warm chamber for the cleaning process.

- Pick up the unit and empty the sterilizer chamber. Replace the unit back on the counter top and pour some cleaner into the chamber. You may purchase a cleaner from the manufacturer or buy some CLR™ from your hardware store. If you must use a manufacturer’s cleaning solution to maintain a warranty, by all means do so.
- Let the cleaning solution soak in for a few minutes and then scrub with a scouring pad. Pour out the solution and rinse

with water. Now, pour a small amount of solution in the reservoir with water and run two to three cycles and cancel drying cycles. After completion, drain the reservoir and refill with distilled water and run another cycle. Drain one more time and refill.

- Wipe the door gasket weekly with a wet damp towel and clean the cabinet gasket as well. Your autoclave is now ready for use. Repeat this cleaning about every 10 days or so.

## Cleaning the salon computers and reception areas

---

Almost all modern salons now work with computers and computer appointment books. These computer appointment books are generally at the reception desk and are also found in break areas so that salon workers can view their schedules.

Few people think about the germ havens these areas have become. Experts say the computer keyboard, phone and desk areas of salons are major germ areas that must be sanitized.

Believe it or not, you could put your fingers on a toilet seat and collect fewer germs than the average desk or keyboard. Charles Gerba, a microbiologist at the University of Arizona, counted bacteria on several surfaces.

He found the office toilet seat had an average of 49 germs per square inch. When he looked at keyboards, he found 3,295 bacteria per square inch, 60 times higher than the toilet seat. Even worse were tops of desks at 21,000 bacteria per square inch and telephones at 25,000 per square inch. People are constantly coughing and sneezing on them. Germs from

unwashed hands can remain alive for days. In other words, if you share computer keyboards in your salon, a phone or a desk, you are sharing germs.

To combat the problem, you must assign cleaning duties to staff. First, you should remove the screws on the underside of the keyboard and separate the two parts. Brush the debris away and then wipe with a sanitizing cloth.

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

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

## Disease and infestation

---

Salons and schools should not knowingly permit a person afflicted with an infection or parasitic infestation capable of being transmitted to a patron to serve patrons or train in the establishment or school.

In addition, salons and schools should not knowingly require or permit a licensee or student to work upon a person with an infection or parasitic infestation capable of being transmitted to the licensee or student.

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

- Cold, influenza or other respiratory illness accompanied by a fever, until 24 hours after resolution of the fever.
- Streptococcal pharyngitis (“strep throat”), until 24 hours after treatment has been initiated, and 24 hours after resolution of symptoms.
- Purulent conjunctivitis (“pink eye”), until examined by a physician and approved for return to work.
- Pertussis (“whooping cough”), until five days of antibiotic therapy has been completed.

- Varicella (“chicken pox”), until the sixth day after onset of rash or sooner if all lesions have dried and crusted.
- Mumps, until nine days after onset of parotid gland swelling.
- Tuberculosis, until a physician or local health department authority states that the individual is noninfectious.
- Impetigo (bacterial skin infection), until 24 hours after treatment has begun.
- Pediculosis (head lice), until the morning after first treatment.
- Scabies, until after treatment has been completed. No person working or training in an establishment or school should massage any person upon a surface of the skin or scalp where such skin is inflamed, broken (e.g., abraded, cut) or where a skin infection or eruption is present.

The cosmetology industry is booming and one of the only factors that has a chance to harm your industry is if clients do not feel safe. Therefore, you must make safe sanitation techniques a part of your daily routine and encourage co-workers to do the same.

## Conclusion

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As you can see from the preceding section, sanitation issues have a direct impact on the health and welfare of clients and the livelihood of the salon professional. The importance of maintaining proper

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

## FLORIDA NAIL TECHNICIANS

### Final Examination Questions

Select True or False for questions 1-35 and mark your answers on the Final Examination Answer Sheet found on page 105 or complete your test online at [Cosmetology.EliteCME.com](http://Cosmetology.EliteCME.com).

There will be an additional \$4.95 convenience fee added for all tests completed by phone.

1. Maslow's lower order of needs includes air, warmth and shelter.  
 True     False
2. Difficult people tend to contribute to a positive atmosphere.  
 True     False
3. A stereotype is a form of prejudice.  
 True     False
4. Tension or stress may manifest itself over time in physical symptoms like stomachaches or headaches, and stress-related behavior, including impatience, anger, sadness, and overreaction.  
 True     False
5. The "acute stress response" is an evolutionary reaction to threatening situations.  
 True     False
6. Blame is the best way to resolve a difficult situation.  
 True     False
7. Learning to depersonalize communication and behavior means the realization that, in most cases, the difficulties you encounter are all about you.  
 True     False
8. Difficult people may feel victimized by the world around them – that no one is on their side and everyone is against them.  
 True     False
9. The most common forms of business are the sole proprietorship, partnership, and corporation.  
 True     False
10. An employee is someone who leases space from an existing business and operates their own business as an independent contractor.  
 True     False
11. Tips are considered taxable income and are subject to federal income taxes.  
 True     False
12. Nails contain bundles of nerves and a network blood vessels.  
 True     False
13. Healthy nails are naturally shaped many different ways and may be concave or convex, square or fanned, arched or tubular.  
 True     False
14. Fungal infections can occur when moisture is trapped between an unsanitized natural nail and artificial products like tips, wraps, gels, or acrylic nails.  
 True     False
15. Beau's lines may be caused by poor blood circulation or impairment of the heart.  
 True     False
16. Eggshell nails are very thin, fragile nails where the nail plate separates from the nail bed and curves at the free edge.  
 True     False
17. Workers' compensation is not insurance; rather, it is social insurance, much the same as unemployment compensation and social security.  
 True     False
18. In most cases, individuals receiving a workers' compensation benefit check will receive 66⅔ percent of their average weekly wage.  
 True     False
19. Workers' compensation benefits are taxable by the Internal Revenue Service (IRS) and must be reported as income.  
 True     False
20. According to the Centers for Disease Control (CDC), one new HIV case is diagnosed every 9½ minutes in the United States.  
 True     False
21. Once a person is classified HIV positive, that person will always be HIV positive.  
 True     False
22. The risks of HIV transmission at a salon indeed are much lower than those for Staph and other harmful – and sometimes deadly – bacteria and germs.  
 True     False
23. Wasting syndrome refers to unwanted weight loss that is equal to less than 5 percent of a person's body weight.  
 True     False

24. Cosmetology services may be performed by a licensed cosmetologist in a location other than a licensed salon, including, but not limited to, a nursing home, hospital, or residence, when a client for reasons of ill health is unable to go to a licensed salon.
- True       False
25. After each client, all pedicure units must be cleaned with a low-foaming soap or detergent with water to remove all visible debris, then disinfected with an EPA-registered hospital-grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant used according to manufacturer's instructions for at least ten (10) minutes.
- True       False
26. A record or log book containing the dates and times of all pedicure cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon and made available for review upon request by a consumer or a department inspector.
- True       False
27. Many nail salon products contain solvents, which can release volatile organic compounds (VOC) and some toxic air pollutants.
- True       False
28. For most indoor air quality problems in a building, source control is the least effective solution.
- True       False
29. OSHA's blood-borne pathogen standard was designed to prevent more than 200 deaths and 9,000 blood-borne infections every year.
- True       False
30. The main risk to health from noise exposure, other than permanent loss of hearing, is stress and fatigue.
- True       False
31. Seventy-five percent of all bacteria are classified as pathogenic or harmful.
- True       False
32. Methicillin-resistant Staph aureas (MRSA) is almost always spread by casual contact.
- True       False
33. Sterilization is the least effective level of decontamination.
- True       False
34. Antiseptics do not kill microorganisms and should not be confused with disinfectants.
- True       False
35. Bleach can be used as an effective disinfectant, but it is not a cleaning agent and is far too harsh for day-to-day disinfection, as it will damage instruments.
- True       False

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- ✓ Review the course materials and complete the final examination answer sheet.
- ✓ Complete the course evaluation.
- ✓ Submit your final examination answer sheet along with your payment to Elite online, by fax, or by mail.

**Step 2:** Receive your certificate of completion.

- ✓ If submitting your course online you will be able to print your certificate immediately.
- ✓ If submitting your course by fax or mail a certificate will be e-mailed to you.

**Step 3:** Once you have received your certificate of completion you can renew your license online at <https://www.myfloridalicense.com/wl11.asp?mode=0&SID=>, or mail in your renewal. You should receive your renewal notice within 90 days of the expiration date. In order to avoid late fees, your CE and license renewal must be completed before October 31.

#### Board Contact Information:

Florida Department of Business and Professional Regulation  
1940 N. Monroe Street  
Tallahassee, FL 32399

Phone: (850) 487-1395  
Website: <http://www.myfloridalicense.com>





# Course Evaluation

We value your opinion!  
Please take a minute to complete the course evaluation  
so that we can better serve you in the future.  
Any comments would be greatly appreciated.

Fill in circles below numbers  
0=Not likely at all, 5=Neutral and  
10=Extremely likely

- How likely is it that you would recommend Elite .....0 1 2 3 4 5 6 7 8 9 10  
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
- The course material was presented in a clear, concise  
and well-organized format .....0 1 2 3 4 5 6 7 8 9 10  
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
- I would rate this course.....0 1 2 3 4 5 6 7 8 9 10  
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
- The content of this course met my expectations.....0 1 2 3 4 5 6 7 8 9 10  
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
- The material presented met the course's stated objectives ..... Yes No
- I found this course affordable ..... Yes No

Please list any recommendations that you may have for this course \_\_\_\_\_

\_\_\_\_\_

Please list any course subjects you would like to see in the future \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

I agree to allow Elite Continuing Education to use my above comments.

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

*Thank you for choosing Elite for your continuing education!*



P.O. Box 37  
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