

COURSE SECTION - 1

HIV/AIDS Salon Update for License Renewal

(1 Credit Hour)

Course Learning Objectives

The purpose of this course and the outcome expected is for participants to develop:

- An increased understanding of the HIV virus and AIDS and related issues
- A full knowledge of the Modes of HIV Transmission
- The practical skills needed to apply various Infection Control Procedures
- The knowledge of the core concepts of Clinical Management, testing and treatment of HIV/AIDS
- A complete understanding of the skills necessary to execute HIV infection prevention practices
- A more accurate perception of the attitudes people have towards HIV/AIDS
- The ability to choose appropriate behavior in dealing with persons who may have the virus or syndrome
- A well-developed understanding of communicable illnesses that can be spread from person to person.

Course Overview:

The purpose of this course is to provide the participant with knowledge about HIV/AIDS and other communicable diseases. Although there are concerns about many diseases, specific attention is being given to HIV infection and AIDS because of the varied and complicated issues they bring to our workplace and the community. Effective HIV and AIDS education can help prevent new infections by providing people with information about HIV and how it is spread from one person to another, and in doing so equipping individuals with the knowledge to protect themselves from becoming infected with the virus. HIV education for the salon professional provides the knowledge needed to protect clients from exposure to infectious materials and thereby to protect the spread from client to client. If you have been wondering what is going on with HIV/AIDS now days this course is going to answer that question.

There was a time in the past when HIV was the main subject of every evening news channel for years. Now you rarely hear anything on the news, you'd almost think HIV/AIDS just disappeared. Unfortunately, nothing could be further from the truth. It is still a looming threat to anyone that is sexually active. This course takes a look at what HIV is, its origin, where it's been and new trends that are emerging according to the latest available 2020 Global Report and other recent scientific data. Within the course material is a review of why and how HIV infection ultimately results in AIDS, the modes of transmission, and how to prevent its spread. This course also explores the various types of testing available for the virus and where the tests can be obtained. Other important information examined in this course is methods of medical treatments commonly prescribed including the clinical management of persons who are infected with HIV.

The ever-present issue of AIDS discrimination still acts to contribute to this dreaded disease. As a result, in this course a special focus is given to the stigma associated with HIV/AIDS and how it has played a major role in the spread, which still as recent as 2020, has been found to obstruct the management of

HIV/AIDS worldwide. The negative issues that result from the stigma of HIV/AIDS are not just global, they also affect people on a personal level. For this reason, laws have been passed to protect persons who are HIV positive. This course looks at the rights and protections afforded by law. Due to the problematic nature of HIV/AIDS co-infection with other diseases, particularly STD's and STI's how and why this happens and how to prevent it is explored within the pages of this course with an emphasis on new strands of TB.

Aside from sexually transmitted diseases and disorders there are disorders and other disease-causing bacteria that should always be a constant concern to salon professionals. This course covers various other communicable disorders and diseases that can affect the salon environment. As a salon professional it is important that you recognize them and know the appropriate course of action when confronted with a situation involving any condition that could be contagious. In summation, this course looks at some basic infection control practices to reduce and eliminate the spread of infection through infection control practices.

Care and Prevention for People Living with HIV Advances in treatment: In the mid-1990s, the introduction of highly effective antiretroviral therapy greatly extended the life expectancy of people living with HIV and caused a dramatic drop in AIDS deaths. However, without medical care, HIV still leads to AIDS and early death. Since the beginning of the epidemic, nearly 700,000 people with AIDS in the United States have died, and even today, nearly 13,000 people with AIDS in the United States die each year.

Bloodborne Pathogens

Bloodborne Pathogens means pathogenic microorganisms such as viruses or bacteria that are present in human blood and can cause disease in humans. There are many different bloodborne pathogens. These pathogens include, but are not limited to,

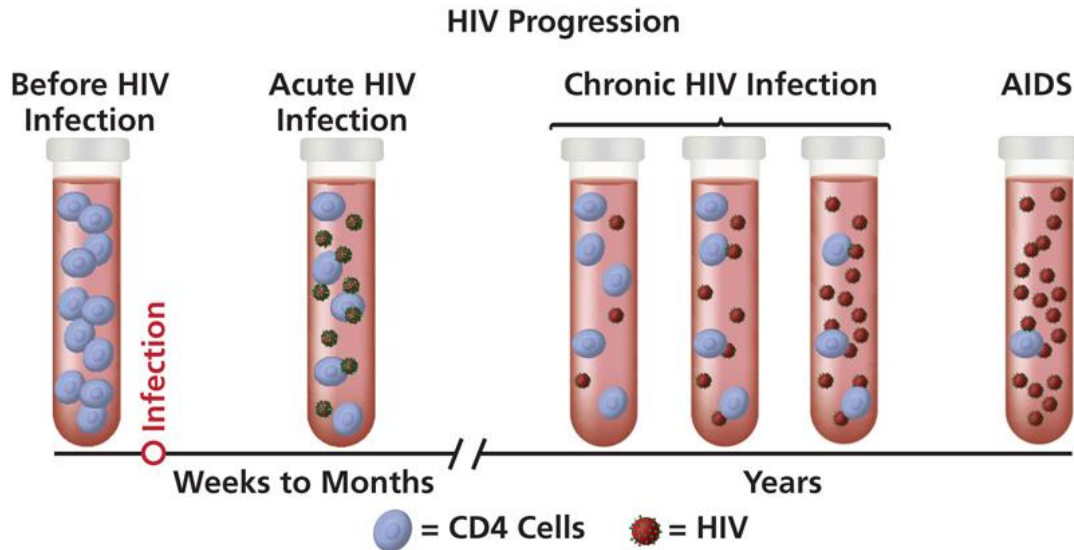
malaria, syphilis, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV).

A Virus Called HIV Causes AIDS

HIV stands for human immunodeficiency virus. The term AIDS applies to the most advanced stages of HIV infection. HIV has been identified as the virus that causes AIDS (acquired immunodeficiency syndrome). Evidence indicates that AIDS is caused by the human immunodeficiency virus (HIV), which was discovered in 1983. HIV is spread from one person to

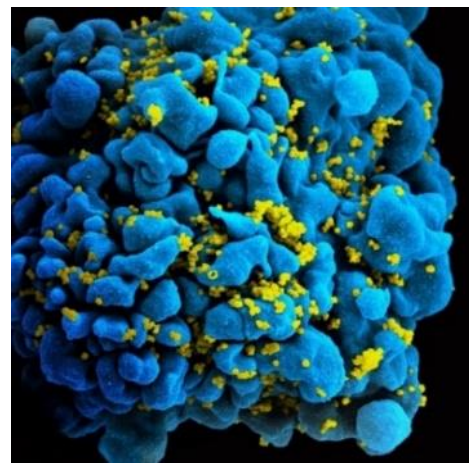
another through sharing of needles, unprotected sexual contact, blood and body fluids. HIV infection could be described as having 3 stages: acute/early, middle and advanced (AIDS).

The HIV virus attacks a person's immune system and, over time, destroys it. By the time an individual begins to experience diseases and infections as the consequence of the destructive process of HIV, his/her T-cell count is commonly below 200 per milliliter. An individual develops AIDS when his/her immune system can no longer successfully fight off disease and infection, and if not attended to, the person will die from complications.



HIV does not discriminate, and anybody can acquire the virus. People infected with HIV may seem and feel healthy for an extended period. Not uncommonly, it can take up to 10 years for a person infected with HIV to develop AIDS. Thus, infected people may spend a decade not knowing that they are infected yet are all the while infecting others. Symptoms of infection differ from one person to another. Some people get fevers and diarrhea others get swollen glands.

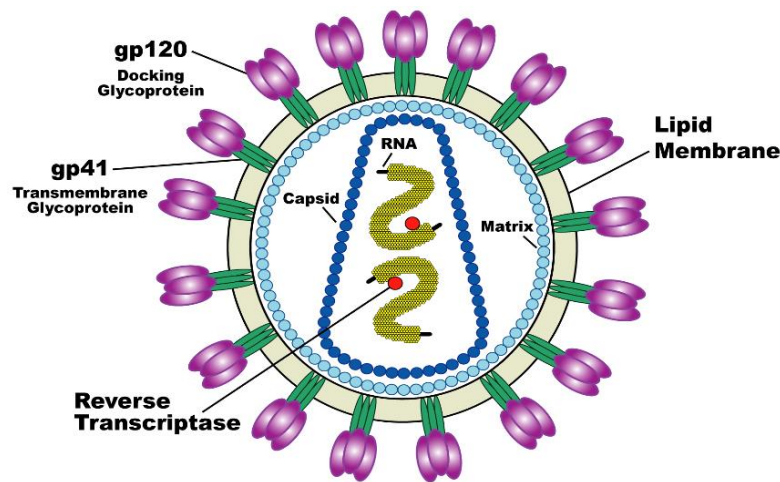
Commonly, people infected lose weight for no apparent reason while the virus cripples the body's defenses. At the time people develop AIDS, they might have illnesses that people not infected would usually resist. It is necessary to take a blood test in order to determine if an individual is infected with HIV.



T-cell infected with HIV

The Centers of Disease Control and Prevention (CDC) are responsible for tracking the spread of AIDS in the United States. The CDC defines a person with AIDS as someone with:

- A positive HIV antibody or antigen test,
- A T-cell (CDR) count of fewer than 200 CD4+ T cells per cubic millimeter of blood. (Healthy adults usually have CD4+ T-cell counts of 1,000 or more.) and,
- A diagnosis of one or more opportunistic diseases or conditions associated with AIDS.



THE STRUCTURE OF HIV

In addition, the definition includes 26 clinical conditions that affect people with advanced HIV disease, known as OI's or opportunistic infections.

Modes of HIV Transmission

For more than 30 years, scientists have made new discoveries about HIV infection and AIDS. But one piece of information has never changed – how the disease spreads. Scientists have confirmed and reconfirmed this for more than 30 years. The basic facts about HIV transmission and prevention are sound. They can be trusted.

These are some of the common ways, in which HIV is spread. The most effective method of HIV transmission is blood to blood. However, a sufficient amount of HIV blood must gain entry into the bloodstream to cause infection. Records have shown that contact between infected blood and intact skin (i.e. no breaks in the skin, lesions, or open sores) cannot transfer the virus from one person to another. Conversely, having vaginal, anal, or oral sex without a latex condom, or sharing needles or syringes will. It should also be known that AIDS if untreated, can be transmitted from an infected mother to her baby during pregnancy, childbirth, and, although rarely, also through breast-feeding.

Risky Behavior

HIV can infect anyone who practices risky behaviors such as:

- Sharing drug needles or syringes
- Having sexual contact, including oral, with an infected person without using a condom
- Having sexual contact with someone whose HIV status is unknown

Infected Blood

HIV also is spread through contact with infected blood. Before donated blood was screened for evidence of HIV infection and before heat-treating techniques to destroy HIV in blood products were introduced, HIV was transmitted through transfusions of contaminated blood or blood components. Today, because of blood screening and heat treatment, the risk of getting HIV from such transfusions is extremely small.

Contaminated Needles

HIV is frequently spread among injection drug users by the sharing of needles or syringes contaminated with very small quantities of blood from someone infected with the virus.

Although possible, it is rare for a patient to give HIV to a health care worker by accidental sticks with contaminated needles or other medical instruments.

Mother to Child

Women can transmit HIV to their babies during pregnancy or birth. Approximately one-quarter to one-third of all untreated pregnant women infected with HIV will pass the infection to their babies. HIV also can be spread to babies through the breast milk of mothers infected with the virus. If the mother takes certain drugs during pregnancy, she can significantly reduce the chances that her baby will get infected with HIV. If health care providers treat HIV-infected pregnant women and deliver their babies by cesarean section, the chances of the baby being infected can be reduced to a rate of 1 percent. HIV infection of newborns has been almost eradicated in the United States due to appropriate treatment.

Saliva

Although researchers have found HIV in the saliva of infected people, there is no evidence that the virus is spread by contact with saliva. Laboratory studies reveal that saliva has natural properties that limit the power of HIV to infect, and the amount

of virus in saliva appears to be very low. Research studies of people infected with HIV have found no evidence that the virus is spread to others through saliva by kissing. HIV, however, can infect the lining of the mouth, and instances of HIV transmission through oral intercourse have been reported. Scientists have found no evidence that HIV is spread through sweat, tears, urine, or feces.

Casual Contact

Studies of families of HIV-infected people have shown clearly that HIV is not spread through casual contact such as the sharing of food utensils, towels and bedding, swimming pools, telephones, or toilet seats. HIV is not spread by biting insects such as mosquitoes or bedbugs.

Sexually Transmitted Infections

If you have a sexually transmitted infection (STI) such as syphilis, genital herpes, chlamydial infection, gonorrhea, or bacterial vaginosis appears, you may be more susceptible to getting HIV infection during sex with infected partners.

Early Symptoms of the HIV Virus

Many people who are HIV-positive do not have symptoms of HIV infection. Often people only begin to feel sick when they progress toward AIDS (Acquired Immunodeficiency Syndrome). Sometimes people living with HIV go through periods of being sick and then feel fine.

It is important to remember that some symptoms of HIV infection are similar to symptoms of many other common illnesses, such as the flu, or respiratory or gastrointestinal infections.

Early Stages of HIV: Signs and Symptoms

As early as 2-4 weeks after exposure to HIV (but up to 3 months later), people can experience an acute illness, often described as "the worst flu ever." This is called *acute retroviral syndrome* (ARS), or primary HIV infection, and it's the body's natural response to HIV infection.

During primary HIV infection, there are higher levels of virus circulating in the blood and HIV is present in large quantities in genital fluids. In this period, people are very infectious, and can more easily transmit the virus to others.

Symptoms can include:

- Fever
- Chills
- Rash
- Night sweats
- Muscle aches
- Sore throat
- Fatigue
- Swollen lymph nodes
- Ulcers in the mouth

It is important to remember, however, that not everyone gets ARS when they become infected with HIV.

Enlarged lymph nodes (glands of the immune system easily felt in the neck and groin); these symptoms usually disappear within a week to a month and are often mistaken for those of another viral infection. More persistent or severe symptoms may not appear for 10 years or more after HIV first enters the body in adults, or within 2 years in children born with HIV infection. This period of "asymptomatic" infection varies greatly in each individual. Some people may begin to have symptoms within a few months, while others may be symptom-free for more than 10 years.

Even during the asymptomatic period, the virus is actively multiplying, infecting, and killing cells of the immune system. The virus can also hide within infected cells and lay dormant. The most obvious effect of HIV infection is a decline in the number of CD4 positive T (CD4+) cells found in the blood; the immune system's key infection fighters. The virus slowly disables or destroys these cells without causing symptoms.

While the virus itself can sometimes cause people to feel sick, most of the severe symptoms and illnesses of HIV disease come from the *opportunistic infections* that attack a damaged immune system. As a person's immune system worsens, a variety of complications start to take over. For many people, the first signs of infection are large lymph nodes or "swollen glands" that may be enlarged for more than 3 months.

Other symptoms often experienced months to years before the onset of AIDS include:

- Lack of energy
- Weight loss
- Frequent fevers and sweats
- Persistent or frequent yeast infections (oral or vaginal)
- Persistent skin rashes or flaky skin
- Pelvic inflammatory disease in women that does not respond to treatment
- Short-term memory loss

Some people develop frequent and severe herpes infections that cause mouth, genital, or anal sores, or a painful nerve disease called shingles.

Opportunistic Infections

HIV doesn't kill anybody directly. Instead, it weakens the body's ability to fight disease. Infections, which are rarely seen in those with normal immune systems, are deadly to those with HIV. People with HIV can get many infections (called opportunistic infections, or OIs), sometimes referred to as opportunistic diseases. Most opportunistic infections generally do not affect healthy people. In people with AIDS, these infections are often severe and sometimes fatal because the immune system is so ravaged by HIV that the body cannot fight off certain bacteria, viruses, fungi, parasites, and other microbes.

Types of OI's include:

- Bacterial and Mycobacterial
- Fungal Infections
- Malignancies

- Protozoal Infections
- Viral Infections
- Neurological Conditions

Symptoms of Opportunistic Infections

Common symptoms in people with AIDS include:

- Coughing and shortness of breath
- Seizures and lack of coordination
- Difficult or painful swallowing
- Mental symptoms such as confusion and forgetfulness
- Severe and persistent diarrhea
- Fever
- Vision loss
- Nausea, abdominal cramps, and vomiting
- Weight loss and extreme fatigue
- Severe headaches
- Coma

Cancers

People with AIDS are also particularly prone to developing various cancers, especially those caused by viruses such as Kaposi's sarcoma and cervical cancer, or cancers of the immune system known as lymphomas. These cancers are usually more aggressive and difficult to treat in people with AIDS. Signs of Kaposi's sarcoma in light-skinned people are round brown, reddish, or purple spots that develop in the skin or in the mouth. In dark-skinned people, the spots are more pigmented.

Health care providers use radiation, chemotherapy, or injections of alpha interferon—a genetically engineered protein that occurs naturally in the human body—to treat Kaposi's sarcoma or other cancers associated with HIV infection.

During the course of HIV infection, most people experience a gradual decline in the number of CD4+ T cells, although some may have abrupt and dramatic drops in their CD4+ T-cell counts. A person with CD4+ T cells above 200 may experience some of the early symptoms of HIV disease. Others may have no symptoms even though their CD4+ T-cell count is below 200.

Many people are so debilitated by the symptoms of AIDS that they cannot hold a steady job nor do household chores. Other people with AIDS may experience phases of intense life-threatening illness followed by phases in which they function normally. Many of these illnesses are very serious, and they need to be treated. Some can be prevented.

Prevention and Safe Practices

HIV is an extremely dangerous disease, that you may have less of a chance of contracting if you follow some basic guidelines for prevention. The following facts about HIV and AIDS will educate you on how to protect yourself.

If you are sexually active and want to avoid HIV, you must have sex only with a partner who does not shoot drugs, does not share needles or syringes, is not infected, and is monogamous. Are you asking if this is even possible? Remember that these things are impossible to know for sure about someone unless they never leave your side. There is never a 100% guarantee that a partner will not participate in risky sexual behavior unbeknownst to you.

You can safeguard yourself from the virus. Some of the primary methods are:

- Do not use drugs or alcohol. They keep you from making wise decisions and thinking clearly.
- Do not have sex. You can get infected from one sexual experience.
- Never share any kind of needle or syringe.
- If you do have sex, learn and use safe sex practices.
- Birth control pills and diaphragms will not protect you from HIV or other STD's.

Effectiveness of Condoms

Condoms are classified as medical devices and are regulated by the Food and Drug Administration (FDA). There are many different types and brands of condoms available—however, only latex or polyurethane condoms provide a highly effective mechanical barrier to HIV. In laboratories, viruses occasionally have been shown to pass through natural membrane (“skin” or lambskin) condoms, which may contain natural pores and are therefore not recommended for disease prevention (they are documented to be effective for contraception). Condom manufacturers in the United States test each latex condom for defects, including holes, before it is packaged.

Condoms do not absolutely exclude the possibility of becoming infected because they can rupture, tear, or even slide off. Latex condoms are approximately 90% effective at preventing pregnancy and the passage of almost all sexually transmitted diseases. For condoms to provide maximum protection, they must be put on prior to genital contact, they must be used *consistently* (every time) and *correctly*, from beginning to end, each time you have vaginal, anal, or oral sex.

Blood Donations

It is impossible for a donor to get HIV from giving blood or plasma. In the United States, every piece of equipment (needles, tubing, containers) used to draw blood is sterile and brand new. It is used only once and then destroyed.

The likelihood of acquiring HIV from a blood transfusion in the U.S. is currently remote. At the beginning of the epidemic, some people contracted the virus through infected blood in the nation's blood supply. Subsequently, safeguards were implemented and the risk of getting an HIV contaminated transfusion has diminished significantly, being now estimated at two in one million units of blood.

No Approved Vaccine for HIV

There is no approved vaccine for HIV or a cure for AIDS. However, there are several medications that are now available to help treat the symptoms of AIDS and permit patients to live more comfortably. None of these medications can exclude a person from becoming infected with HIV, nor can they cure AIDS. On the other hand, people can take an active role in the prevention of HIV infection by understanding the facts and following the guidelines.

Diagnosis through Blood Tests

The only way a person can know if he or she has been infected with HIV is to be tested. Specific blood tests are required to look for, and to verify the presence of HIV antibodies in the blood. In nearly all cases, the body develops antibodies to combat the virus that enters the blood stream. If it is possible that you may be infected with HIV, you should consider taking an antibody blood test and get counseling both before and after being tested.

Accepted blood tests are over 99% accurate. Still, there is usually a window period of a few weeks to a few months subsequent to a person becoming infected before enough antibodies develop to be detected.

Exposure to HIV

To find out when you should be tested, discuss it with your testing site staff or personal physician. The tests commonly used to detect HIV infection look for antibodies produced by your body to fight HIV. Most people will develop detectable antibodies within 3 months after infection, the average being 20 days. In rare cases, it can take 6-12 months. During the time between exposure and the test, it is important to avoid any behavior that might result in exposure to blood, semen, or vaginal secretions.

HIV Positive Test Results

If you test positive for HIV, immediate medical treatment and a healthy lifestyle can help you stay well. There are now many drugs that treat HIV infection and AIDS-related illnesses. Prompt medical care may help delay the onset of AIDS and prevent some life-threatening conditions. Persons that test positive for HIV should take several important steps to protect his or her health:

- ⚠ See a doctor, even if you do not feel sick. Try to find a doctor who has experience in treating HIV.
- ⚠ Have a TB (tuberculosis) test done. You may be infected with TB and not know it. Undetected TB can cause serious illness, but it can be successfully treated if caught early.
- ⚠ Smoking cigarettes, drinking too much alcohol, or using illegal drugs (such as cocaine) can weaken your immune system. Cessation programs are available that can help you reduce or stop using these substances.

- ⚠ Have a screening test for sexually transmitted diseases (STDs). Undetected STDs can cause serious health problems. It is also important to practice safe-sex behaviors so you can avoid getting STDs.

Treatment

Medical science has made progress in the treatment of HIV infection and the associated opportunistic infections (OIs) that come along with HIV. Expanded use of medications for preventing toxoplasmosis, tuberculosis, *Mycobacterium avium* complex (MAC) and, *Pneumocystis carinii* pneumonia (PCP), for example, has helped reduce the number of people with HIV who ultimately develop serious illness and die from AIDS.

Also, several new compounds in the latest class of drugs, called protease inhibitors, have been federally approved to treat HIV infection. These drugs, when taken in combination with previously approved drugs such as AZT, 3TC and ddI, reduce the level of HIV particles circulating in the blood to very low levels in infected individuals. Treatment results using these drugs have been hopeful, as these drug combinations are more effective than any previously available therapies.

The Food and Drug Administration (FDA) has approved several drugs for treating HIV infection. The first group of drugs used to treat HIV infection, called nucleoside reverse transcriptase (RT) inhibitors, interrupts an early stage of the virus making copies of it. These drugs may decelerate the spread of HIV in the body and slow down the onset of opportunistic infections. This class of drug is referred to as nucleoside.

ARV

ARV stands for antiretroviral. Antiretroviral medications are designed to inhibit the reproduction of HIV in the body. If ARV treatment is effective, the deterioration of the immune system and the onset of AIDS can be delayed for years. It is recommended that ARV drugs be used in combinations of at least three drugs.

HAART

Because HIV can become resistant to any of these drugs, health care providers must use a combination treatment to effectively suppress the virus. HAART stands for highly active antiretroviral therapy. It is the combination of at least three ARV drugs that attack different parts of HIV or stop the virus from entering blood cells. Even among people who respond well to HAART, the treatment does not get rid of HIV. The virus continues to reproduce but at a slower pace. Researchers have credited HAART as being a major factor in significantly reducing the number of deaths from AIDS in this country. While HAART is not a cure for AIDS, it has greatly improved the health of many people with AIDS and it reduces the amount of virus circulating in the blood to nearly undetectable levels.

Attitudes in the US towards HIV/AIDS

Defining HIV-related stigma and discrimination

UNAIDS defines HIV-related stigma and discrimination as: “a ‘process of devaluation’ of people either living with or associated with HIV and AIDS. Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status.” It is important to note that even if a person feels stigma towards another, he or she can decide to not act in a way that is unfair or discriminatory.

Stigma and discrimination are major “roadblocks” to universal access to HIV prevention, treatment, care and support. Since the beginning of the epidemic, stigma, discrimination, and gender inequality have been identified as major obstacles to effective responses to HIV. Yet there has never been serious political and programmatic commitment to doing anything about them. Despite the pervasiveness of HIV-related stigma and discrimination in national HIV epidemics and their harmful impact in terms of public health and human rights, they remain seriously neglected issues in most national responses to HIV. Unless this changes, universal access will not be achieved. National AIDS programs and the international community have embraced the goal of universal access to HIV prevention, treatment, care and support. To achieve this goal, countries will need to address the obstacles that stigma and discrimination pose to the prevention, treatment, care and support for people infected with HIV.

In many countries and communities, the stigma associated with HIV and the resulting discrimination can be as devastating as the illness itself: abandonment by spouse and/ or family, social ostracism, job and property loss, school expulsion, denial of medical services, lack of care and support, and violence. These consequences, or fear of them, mean that people are less likely to come in for HIV testing, disclose their HIV status to others, and adopt HIV preventive behavior, or access treatment, care and support. If they do, they could lose everything.

Promote laws supporting the rights of people living with HIV and legal measures against domestic violence, which can be a consequence of HIV stigma. Enforcement of existing laws is a fundamental tool for persons infected with HIV to combat discrimination.

Appropriate behavior in dealing with HIV Positive People

A discussion on the appropriate behavior in dealing with persons who are or who may be infected with the HIV virus or who have the AIDS syndrome is not complete, free of pointing out the laws that protect HIV positive individuals from discrimination. Appropriate behavior toward HIV positive people and the law are interconnected. Appropriate behavior is always best appreciated when it comes from the heart and with sensitivity. People with HIV infection or AIDS also feel anxious about their health and about how coworkers will treat them. They want to live and work without being singled out or harassed. They need your understanding and sensitivity.

Regrettably, not everyone is compassionate or caring. Realistically though ... it's no secret; some people are just downright rude, and some are even mean and hateful. An unfortunate by product made necessary by people who fit this group, are the many laws, which have been established to protect HIV positive people from unfair treatment.

These laws, not unlike the disease itself, tend to be complicated and can be perplexing. They are designed to protect the rights of HIV positive people, by making certain conduct compulsory so as to compel certain behavior or face the risk of costly legal actions.

Because discrimination laws are complex and compound, without a complete understanding of them, people not intending to be malicious can inadvertently behave contrary to that of which is required by these laws. The only way to protect from legal actions stemming from conduct contrary to the law is to understand what the laws call for. As always, the information in this program is not intended as legal advice. The courts make decisions on a case-by-case basis. Before you get involved in anything that pertains to the information given here, to protect yourself from becoming subject to a court review it is best advised that you consult with an attorney about any questions you may have. This information is intended as a general overview of current laws that protect the rights of HIV positive people, with the expectation you will develop a better understanding of both voluntary behavior toward people with HIV/AIDS, and compulsory behavior toward people with HIV/AIDS, the latter of which if followed can help protect you from unwanted and extremely costly legal actions.

HIV Positive Coworkers or Customers

If someone you know has HIV infection or AIDS, you may feel anxious. That is a normal reaction. People with HIV infection or AIDS also feel anxious about their health and about how coworkers will treat them. Be supportive of coworkers with HIV infection or AIDS. If you have a close relationship, you can let the person know you are concerned and offer support.

1. Most people with HIV infection or AIDS are able to function normally and independently. They want to live and work without being singled out or harassed. They need your understanding and sensitivity.
2. Let the person with HIV infection or AIDS decide whom to tell about their situation. Do not spread rumors or gossip about someone with HIV infection or AIDS.
3. People infected with the virus have damaged immune systems. Be careful not to expose them to your colds or coughs. Even a minor cold can be dangerous to someone with HIV infection or AIDS.
4. Your coworkers may have a spouse, family member, life-partner or close friend with the virus. Be supportive of them.

Discrimination

Forms of Discrimination to HIV Positive People

- ✘ Denying a person with AIDS the opportunity to participate;
- ✘ Providing different or separate benefits or services;
- ✘ Continual harassment;
- ✘ Pre-employment inquiries about health status or disability;
- ✘ Questions as to the nature of a disability in the sale or rental of housing;
- ✘ Questions about sexual behavior or sexual orientation;
- ✘ Denial of housing based on a disability;
- ✘ Discrimination based on associating with a person with AIDS;
- ✘ Failure to make reasonable changes for benefits;
- ✘ Violating the confidentiality of a person with AIDS or HIV infection;
- ✘ Failure to stop discrimination;
- ✘ Retaliation for a complaint
- ✘ Keeping medical examination records

Rules Protecting HIV Positive Individuals

1. The ADA also requires employers to make "reasonable accommodations" or their disabled workers. "Reasonable accommodations" mean adapting the workplace to the employee's disability so that he/she can continue working.
2. The person with the disability must identify him or herself as having a disability and must request the accommodation.
3. In Florida, any person who maliciously, or for monetary gain, breaches the confidentiality of sexually transmitted.
4. Disease information commits a felony of the third degree.
5. HIV positive people cannot be fired for using health or disability benefits.
6. Plan participants and beneficiaries cannot be discharged, fined, suspended, expelled, disciplined, or discriminated against for exercising any right or prospective rights under a plan.
7. Treatment of employees with AIDS or who is HIV positive should be consistent with treatment of other employee medical conditions.
8. The Employee Retirement Income Security Act of 1974 (ERISA) prohibits forced retirement of an employee with AIDS or HIV infection; denial of short or long-term disability payments; denial of disability pension, or discontinuation of health insurance.
9. The Americans with Disabilities Act does also prohibit discrimination in the terms and conditions of employment, including health and disability insurance benefits.
10. An employer may not ask or require a job applicant to take a medical examination before making a job offer. It cannot make any pre-offer inquiry about a disability or the nature or severity of a disability.

Tuberculosis

Tuberculosis (TB) is a contagious disease, caused by a bacterium called *Mycobacterium tuberculosis*. TB usually attacks the lungs (pulmonary TB), or vocal cords (laryngeal TB), but can also affect other parts of the body such as the lymph nodes, kidneys, bones, joints, etc. (extra-pulmonary TB).

Until covid-19, Tuberculosis (TB) was second only to HIV/AIDS as the greatest killer worldwide due to a single infectious agent. In 2019, 10 million people fell ill with TB and 1.8 million died from TB. The estimated number of people falling ill with tuberculosis each year is declining, although very slowly. The TB death rate increased in 2019 and expected to climb. TB is a leading killer of people living with HIV causing one quarter of all deaths. It can affect anyone of any age and can be fatal.

TB disease can now be treated, cured, and prevented. Antibiotic treatment for *infectious TB disease* will kill the bacteria in the sputum, usually after a few weeks of taking the pills. The person is no longer infectious to others and can usually go back to their normal routine as soon as they feel up to it. However, scientists have never come close to wiping it out and TB remains one of the most serious diseases worldwide.

TB Transmission

Tuberculosis is not transmitted by contact with a person's,

- clothing,
- bed linens,
- dishes and cooking utensils.,
- sitting on a toilet seat, or
- handshakes with someone who has TB.

The TB bacteria is spread the same way that cold and flu viruses are *spread through the air*. Tuberculosis infection may result after close contact with a person who has *infectious TB disease*. The greatest risk of *TB transmission* occurs when TB bacteria are found in the person's sputum (phlegm). A person with *infectious TB disease*, who is not taking tuberculosis medication, has the bacteria in their nose, throat, and lung secretions and they are propelled into the air whenever they cough, sneeze, laugh, talk, or spit. If another person breathes in these germs, there is a chance they will become infected by the TB germ.

A person with TB infection has breathed TB bacteria into his/her lungs. The tubercle bacilli a person inhales may or may not cause tuberculosis. The human immune system has a variety of ways to capture and kill these bacteria. If the immune system is successful in doing so, the person will not become ill with TB. Many people who have TB infection never develop TB disease.

If the immune system does not kill the TB bacteria, the bacteria can remain alive but inactive in the body. This is called *TB infection*. A person with TB infection is not and does not feel

sick and cannot spread TB to others. However, they may progress to TB disease in the future, especially if their immune system weakens. Treatment of TB infection can prevent TB disease. People with both TB and HIV infection have a much greater chance of developing TB disease.

Inhaled bacilli, however, may survive the immune system. They may travel throughout the body to organs other than the lungs. In about 5 percent of all cases, a person develops tuberculosis within twelve to twenty-four months of being exposed to TB bacteria.

Emerging Strains of TB: MDR-TB and XDR-TB

The World Health Organization (WHO) has expressed concern over the emergence of virulent drug-resistant strains of tuberculosis (TB) and is calling for measures to be strengthened and implemented to prevent the global spread of the deadly TB strains. This follows research showing the extent of XDR-TB, a newly identified TB threat that leaves patients (including many people living with HIV) virtually untreatable using currently available anti-TB drugs.

What is MDR-TB and XDR-TB

TB can usually be treated with a course of four standard, or first-line, anti-TB drugs. Standard anti-TB drugs have been used for decades, and resistance to the medicines is growing. Disease strains that are resistant to a single anti-TB drug have been documented in every country surveyed. If the first-line, anti-TB drugs are misused or mismanaged, multi-drug resistant TB (MDR-TB) can develop. MDR-TB takes longer to treat with second-line drugs, which are more expensive and have more side-effects.

If these drugs are also misused or mismanaged, extensively drug-resistant TB (XDR-TB) can develop. Because XDR-TB is resistant to first- and second-line drugs, treatment options are seriously limited and so are the chances of cure.

MDR-TB (Multidrug Resistant TB) describes strains of tuberculosis caused by bacteria that are resistant to at least the two main first-line TB drugs - isoniazid and rifampicin. XDR-TB or Extensively Drug Resistant TB (also referred to as Extreme Drug Resistance) is MDR-TB that is also resistant to three or more of the six classes of second-line drugs.

The description of XDR-TB was first used earlier in 2006, following a joint survey by WHO and the US Centers for Disease Control and Prevention (CDC).

TB and HIV Co-infection

HIV is a virus that weakens the cells in the immune system required to fight *TB infection*. A person who has TB and HIV infection is at a very high risk of *TB infection progressing to TB disease*. Adults with TB infection have about a 10 % chance of developing TB disease in their lifetime. Adults with TB and HIV infection have a 10 % risk of developing TB disease every year.

TB infection also makes HIV infection progress to AIDS faster. Because their immune system is weak, people with TB and HIV infection may not respond to TB skin tests and their chest x-ray may look normal even if they have TB disease. A person with HIV infection is more likely to develop TB outside the lungs. TB disease may spread from the lungs to the lymph nodes or even to the brain. The symptoms may not be typical, delaying the diagnosis of TB disease and the treatment of TB disease.

Symptoms of TB Disease

People with *TB disease* of the lungs or vocal cords feel sick. They usually have symptoms such those listed below and may cause the following:

- a bad cough that lasts longer than 2 weeks
- pain in the chest
- coughing up blood or sputum (phlegm)
- weakness or feeling very tired
- weight loss
- no appetite
- chills
- fever
- night sweats

By the time they see a doctor, they may need to be hospitalized. In the hospital, they are kept in a special isolation room to protect other patients and health-care workers from becoming infected with TB. They are asked to wear a mask if they must leave the room.

Extrapulmonary Tuberculosis

TB disease outside the lungs is most often found in the lymph. Most people with TB disease outside the lungs feel sick or weak, lose weight, and have fever and night sweats. In addition, they may have symptoms from the affected area. Some of the tissues and organs in which Extrapulmonary tuberculosis may appear are the following:

- **Bones** (the spine and the ends of the long bones)
- **Kidneys** (kidneys, bladder, the prostate gland (in men), and other nearby organs and tissues)
- **Female reproductive organs** (infection of the ovaries)
- **Abdominal cavity** (membrane lining the abdominal cavity)
- **Joints** (hips and knees. Less commonly, the wrist, hand, and elbow joints) may become painful and inflamed.
- **Meninges** (tissues that cover the brain and the spinal cord. causes tubercular meningitis)
- **Skin, intestines, adrenal glands, and blood vessels** (aorta infection)
- **Miliary tuberculosis** (when very large numbers of tubercle bacilli spread throughout the body).

TB Testing

Because people with TB infection do not feel sick and may not know they have been exposed to TB. Having a TB skin test is the best way to find out if you have been infected. Not all people need a TB test. You should get a TB test if you are at increased risk.

The TB Skin Test

The TB skin test is a way to find out if a person has TB infection. Although there is more than one TB skin test, the preferred method of testing is to use the Mantoux test. A significant reaction to the Mantoux skin test indicates the presence of Tuberculosis. This test can prove the presence of TB, even when there are no symptoms of tuberculosis or the presence TB organisms in the sputum (the expectorated material coughed up from the respiratory tree). The disease itself is characterized by the appearance of symptoms, the presence of organisms in the sputum, as well as a significant reaction to a Mantoux skin test.

QuantiFERON-TB Gold Test and T-SPOT.TB test

TB blood tests: TB blood tests (also called interferon-gamma release assays or IGRAs) measure how the immune system reacts to the bacteria that cause TB. An IGRA measures how strong a person's immune system reacts to TB bacteria by testing the person's blood in a laboratory.

Most people infected with the germ that causes TB never develop active TB. If active TB does develop, it can occur anytime from 2 months after infection to many years later. The risk of active disease lessens as time passes. A person with TB disease may remain contagious until he/she has been on appropriate treatment for several weeks. However, a person with TB infection, but not disease, cannot spread the infection to others, since there are no TB germs in the sputum.

Treatment for TB

In the past, treatment of tuberculosis was primarily supportive. Patients were kept in isolation, away from the healthy population. They were encouraged to rest and to eat well. If these measures failed, surgery was used. Today, surgical procedures are used much less often. Instead, drug therapy has become the primary means of treatment. Patients with TB can now safely rest at home; they pose no threat to other members of the household.

Directly Observed Therapy

Directly observed therapy (DOT) is a component of case management that helps to ensure that clients adhere to therapy. DOT means that a health care worker personally watches the client swallow each dose of TB medication. DOT ensures an accurate account of how much medication the client took. It also provides a mechanism for the early detection of medication adverse reactions or non-adherence.

Drug Therapy

People with active TB disease must complete a course of curative therapy. Initial treatment includes at least four anti-TB drugs for a minimum of 6 months. Medications may be altered based on laboratory test results. A physician must determine the exact medication plan. People with medical risk factors should be skin tested for TB, and their skin test results should be noted in their medical record. Drugs provide the most effective treatment for TB patients.

It is especially important to keep taking TB drugs to complete treatment, otherwise drug-resistant TB may develop. Contact tracing is done to find and skin test family, friends and coworkers to look for the spread of TB infection.

Surgery

Treatment for TB can require surgery. Surgery is sometimes used to treat tuberculosis when medication is not effective. One form of surgery involves the introduction of air into the chest. This procedure causes the lung to collapse. In a second procedure, one or more ribs may be removed. A third procedure involves the removal of all or part of a diseased lung. Other forms of surgery may be used in cases of extrapulmonary tuberculosis.

Prevention of TB

Seek treatment if TB infection has occurred. The most important way to stop the spread of tuberculosis is to cover the mouth and nose when coughing, and to take all the TB medication exactly as prescribed by the physician. It is also essential that health officials directly oversee the administration of TB medications to people who, due to mental illness or incapacity, are unable to follow the prescribed regimens themselves.

People infected with TB should be evaluated for a course of preventive therapy, which usually includes treatments of an anti-tuberculosis medication for 6 to 12 months. A physician must determine the exact preventive therapy plan.

Because HIV infection weakens the immune system, persons with TB infection and HIV infection have an extremely high risk of getting TB disease. HIV infection strongly increases the risk for tuberculosis infection. TB disease occurs in 7%–10% of patients with HIV infection each year. The increase in numbers of patients with both HIV infection and TB has raised the potential for increasing transmission of drug-resistant *tuberculosis* strains.

HIV infection, when it occurs in tandem with TB infection, without treatment, can work together to shorten the life of an infected person. It should be noted that TB is one of the few diseases related to HIV infection that is easily prevented and cured with medication. Conversely, in addition to spreading the disease to others, an untreated person will become severely ill or die.

Other medical risk factors, which increase the chance of developing TB disease, include diabetes mellitus, prolonged corticosteroid therapy, Immuno-suppressive therapy, cancer, silicosis, as well as being 10 percent or more below ideal body weight.

Hepatitis

The word hepatitis simply means inflammation of the liver. Hepatitis is characterized as a severe inflammation of the liver. It can result from medications, alcohol, or other means including the viruses that cause herpes, mumps, measles, and infectious mononucleosis. Those infected will usually develop liver disease, according to the national Centers for Disease Control and Prevention.

Viral Hepatitis

Hepatitis A (HAV), Hepatitis B (HBV), or Hepatitis C (HCV), are the forms of hepatitis commonly referred to by health professionals when they speak of viral hepatitis.

The Differences between Hepatitis A, B and C

Although hepatitis A, B and C have some similarities, the viruses are significantly different. Hepatitis A (HAV) is found in the stool (feces) of persons with hepatitis A.

HAV is usually spread from person to person by putting something in the mouth (even though it may look clean) that has been contaminated with the stool of a person infected with hepatitis A.

Symptoms usually appear within 2-6 weeks but are not followed by the chronic problems that hepatitis B and C viruses can cause. The hepatitis B and C viruses can infect a person if his/her mucous membranes or blood is exposed to an infected person's blood, saliva, wound exudates, semen or vaginal secretions. Symptoms appear more gradually than in hepatitis A.

Unlike the hepatitis A virus, the hepatitis B and C viruses can stay in the body sometimes for a lifetime and may eventually cause chronic and serious liver diseases.

Infection Control

Because the different viruses that cause hepatitis enter the body in different ways, there are several steps you can take to protect yourself from infection.

Practicing Universal Precautions, proper handwashing, and good personal hygiene are good first steps in the prevention and spread on many infectious diseases as you read on the steps and practices you can follow to help control the spread of infection are included for you.

The Symptoms of Viral Hepatitis

The list of signs and symptoms mentioned in various sources for Viral Hepatitis includes the symptoms listed below:

Initial Infection:

- ☒ No symptoms - in some cases
- ☒ Mild symptoms - in some cases

Early Symptoms of Hepatitis Include:

- ☒ fatigue
- ☒ headache
- ☒ tenderness in the upper right abdomen
- ☒ sore muscles & joints
- ☒ loss of appetite
- ☒ an altered sense of taste & smell
- ☒ nausea,
- ☒ vomiting
- ☒ diarrhea
- ☒ low-grade fever
- ☒ malaise

Later symptoms of Hepatitis Include:

- ☒ jaundice - abnormally yellow skin & eyes caused by bile entering the blood
- ☒ darkened urine;
- ☒ light-colored or gray stool
- ☒ yellowing skin
- ☒ yellowing eyes
- ☒ foamy urine

Diagnosis of Hepatitis

Although health providers use information about a person's symptoms, health history and behaviors to help make a diagnosis, only blood tests can confirm the diagnosis and pinpoint which type of hepatitis a person has.

Treatments for Viral Hepatitis

Since there is no medication that can treat the initial illness that viral hepatitis causes, health professionals manage symptoms as they occur and try to help the body's immune system fight the infection. If you have viral hepatitis, your health care provider may tell you to:

- Avoid alcohol and other drugs, large doses of vitamins, and prescription drugs metabolized by the liver (sometimes including birth control pills)
- Drink high-calorie fluids such as fruit juices and eat a balanced diet that includes dairy products; meat, poultry or seafood; breads and cereals; and fruits and vegetables (To control nausea, try eating several smaller meals)
- Limit activity if your hepatitis is symptomatic; this typically means bed rest at first, progressing to normal activity as symptoms disappear.

Your health professional may recommend hospitalization if you experience severe vomiting or do not feel better after several weeks. There are now medications that you can now take that will cure hepatitis C. You should know that researchers are making gains in treating the chronic liver disease associated with both hepatitis B and C.

Prevention is still the best option. The list of treatments mentioned in various sources for Viral Hepatitis includes the following list. Always seek professional medical advice about any treatment or change in treatment plans.

Hepatitis A (HAV)

Hepatitis A: is a liver disease caused by the hepatitis A virus (HAV). Hepatitis A can affect anyone. In the United States, hepatitis A can occur in situations ranging from isolated cases of disease to widespread epidemics. Hepatitis A infects 125,000 - 200,000 people each year and can be easily transmitted. Hepatitis A is passed in the stool of infected persons. Transmission is from person-to-person contact or through contaminated food and water. You can become infected by eating or drinking something that has been contaminated by someone who has the disease.

Symptoms of HAV

Symptoms occur 2-6 weeks after infection and can persist from several days to six months. The virus typically causes some illness and has been known to be mistaken for a stomach virus, although occasionally symptoms are more serious. It is seldom fatal and does not cause permanent liver damage. A person with hepatitis A is considered infectious, which means they can transmit the virus to others as early as two weeks before symptoms appear. The hepatitis A virus does not cause the permanent, chronic symptoms that other hepatitis viruses can cause.

Behavior Practices Associated with Hepatitis A Infection

- Eating contaminated food, such as undercooked shellfish from contaminated water or food handled by someone who has hepatitis A.
- Using silverware, cups or glasses that an infected person touched with unwashed hands.
- Changing diapers or linens that contain stool from someone with hepatitis A and neglecting to wash your hands.
- Sharing food with an infected person or drinking water contaminated with sewage.
- Oral or anal sexual contact with an infected person.
- Traveling to developing countries where the disease is common.
- Sharing needles can also put you at risk. The hepatitis A virus can be transmitted through blood if needles are shared. However, poor hygiene, amongst drug users, may account for the high prevalence seen in the drug community.

Preventive Practices

Practice good personal hygiene. Always wash your hands after any contact with blood, when cleaning or after using the toilet, and before preparing or eating food. Avoid foods that could be contaminated, such as uncooked shellfish or food that's been prepared by someone who has the virus. When traveling to developing countries, drink only bottled or boiled water, don't use ice, which can expose you to hepatitis A, and don't eat raw fruits or vegetables unless they've been peeled. Foods should be washed thoroughly, and then cooked at temperatures high enough to kill germs.

Preventing the Spread of Hepatitis A

If you think you may be infected with hepatitis A.

- Always wash your hands well after using the toilet.
- Don't prepare or handle food for others while you are infectious.
- Avoid sexual contact with other people until you have fully recovered.

Treatment

Hepatitis A Vaccine - Two-Dose Schedules

It is also a good idea to get the hepatitis A vaccine. Several inactivated and attenuated hepatitis A vaccines have been developed and evaluated in human clinical trials and in nonhuman primate models of HAV infection; however, only inactivated vaccines have been evaluated for efficacy in controlled clinical trials (36,109).

The vaccines currently licensed in the United States are HAVRIX® and VAQTA®. Both are inactivated vaccines.

Exposure to Hepatitis A

If you think you've been directly exposed to the hepatitis A virus, visit your health care provider immediately for treatment. Some treatments can help ward off the infection if administered in time (hepatitis A vaccine and IgG). All people who have close household or sexual contact with an infected person also need treatment.

Hepatitis B (HBV)

More than 400 million people worldwide are chronically infected with hepatitis B virus (HBV). Effective therapy is necessary to prevent the progression of chronic hepatitis B to cirrhosis, hepatocellular carcinoma, and death.

In the United States, approximately 800,000 people are infected with HBV annually, from which some cases become fatal. "Hepatitis" means "inflammation of the liver," and its name implies, Hepatitis B is a virus that infects the liver. Hepatitis B is transmitted through blood-to-blood contact. Hepatitis B initially causes inflammation of the liver, but it can lead to more serious conditions, the virus can cause lifelong infection,

cirrhosis (scarring) of the liver and liver cancer, liver failure, and death.

The Hepatitis B virus is very resilient, and it can survive in dried blood for as many as seven days. Because of this fact, this virus tends to be of primary concern for employees such as custodians, laundry personnel, housekeepers, funeral directors, and not uncommonly salon professionals, along with other employees who may come in contact with blood or potentially infectious materials.

Symptoms of HBV

With both forms of hepatitis, an infected person may experience different degrees of symptoms. Some may exhibit no signs of the disease, while others may suffer months of severe symptoms. The symptoms of HBV are like a mild "flu". Initially there is a sense of fatigue, possible stomach pain, loss of appetite, and even nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin and eyes), and darkened urine often develop.

Transmission of Hepatitis B

Just as the human immunodeficiency virus (HIV), is a bloodborne pathogen of primary concern so is the hepatitis B virus (HBV), and hepatitis C virus (HCV). Hepatitis B is one of the fastest-spreading sexually transmitted infections (STI) and can be spread by sharing needles or by any behavior in which a person's mucus membranes are exposed to an infected person's blood, semen, vaginal secretions, or saliva.

Risk Behaviors for Contracting HBV

1) **Practicing unsafe sex.** The more partners with whom you have vaginal, anal or oral contact, the higher your risk of becoming infected with hepatitis B.

2) **Sharing needles.** An estimated 60-80 percent of the people who share needles is or has been infected with hepatitis B.

3) **Close, frequent contact with the blood, semen, vaginal secretions, or saliva of infected persons.** Occasionally, people who share living quarters for a long time with others who have hepatitis B have gotten infected.

Prevention of Hepatitis B

A safe, effective vaccine that prevents hepatitis B is available. Although seldom fatal, 10 percent of people who get hepatitis B are infected for life and run a high risk of developing serious, long-term liver diseases such as cirrhosis of the liver or liver cancer which can cause serious complications or death. If you or someone you know practices behaviors that can spread hepatitis B, ask a medical professional about the vaccine.

It is administered in a series of three injections over a six-month period. Approximately 95% of persons who receive the three injections obtain full immunity after receiving the vaccine.

Hepatitis C (HCV)

Hepatitis C (Hep C) is a serious, blood-borne disease that has been under the radar. It's not talked about much, so even though it affects millions, it's almost been forgotten. People live with it for years or even decades with no symptoms, while Hep C slowly damages their liver. By the time symptoms do appear, liver damage is often advanced. Left untreated, Hep C can cause liver damage, liver cancer, and even death.

1 in 30 Baby Boomers (born 1945–1965) has Hepatitis C, and most don't even know it. Baby Boomers are 5 times more likely than other age groups to have Hepatitis C. Each year more people die of Hepatitis C than AIDS

Hepatitis C isn't part of a routine blood work. The Centers for Disease Control and Prevention (CDC) recommends that all Baby Boomers get tested for Hep C. That's why it's important to get tested, so you can know for sure.

Symptoms of HCV

Incubation time for hepatitis C is estimated to be 2 to 26 weeks. Symptoms of hepatitis C are almost the same as hepatitis B.

Symptoms of hepatitis C include:

- Headache
- Nausea
- Vomiting
- Loss of appetite
- Dark yellow urine or light-colored gray stools
- Persistent nausea or pains in the stomach
- Lingering fever
- Yellowish eyes or skin known as jaundice
- Fatigue, or tiredness
- Diarrhea

Prevention of Hepatitis C

Since hepatitis C is transmitted in much the same way as hepatitis B, you can help avoid infection by using some of the same precautions. Always use barrier protection during sexual contact; practice good personal hygiene; and never share needles, razors, toothbrushes or pierced earrings with anyone. All donated blood is screened for the virus.

Transmission of Hepatitis

Risk Behaviors for Contracting HCV

Risk behaviors follow the same fundamentals, as does HIV, as hepatitis B and hepatitis C are also bloodborne pathogens, and transmission occurs in almost the exact same ways. You are at risk if you share needles; or have sexual contact without barrier protection with infected partners.

Hepatitis C Treatment

In years past there was no cure for Hepatitis C, but in more recent years there has been groundbreaking new treatments that have gain FDA approval for the treatment of Hepatitis C and now Hep C in most cases can be stopped and even cured.

Some patients learn they have hepatitis when they donate blood and a blood test shows elevated liver enzymes. It is important to request that during a routine medical exam that the blood be tested for Hepatitis C.

Once diagnosed, health professionals recommend the following:

- See a doctor regularly.
- Consult with a physician about treatment with the newest line of Hepatitis C drugs.
- If liver damage is present, get vaccinated against hepatitis A, a food- and water-borne virus.
- Don't start any new medicines or use over-the counter, herbal, or other drugs without consulting with a doctor.
- Stop using alcohol and any drugs that are taxing to the liver.

Co-infection with HIV and Hepatitis C Virus

About one quarter of HIV-infected persons in the United States are also infected with hepatitis C virus (HCV). HCV is one of the most important causes of chronic liver disease in the United States and HCV infection progresses more rapidly to liver damage in HIV infected persons. HCV infection may also impact the course and management of HIV infection. The latest U.S.

Public Health Service/ Infectious Diseases Society of America (USPHS/IDSA) guidelines recommend that all HIV-infected persons should be screened for HCV infection. Prevention of HCV infection for those not already infected and reducing chronic liver disease in those who are infected are important concerns for HIV-infected individuals and their health care providers.

Syphilis

Syphilis, a bacterial infection, is primarily a sexually transmitted disease (STD). Any person that is sexually active can be infected with syphilis, although there is a greater incidence among young people between the ages of 15 and 30 years. It is more prevalent in urban areas.

Symptoms of Syphilis

The first sign of syphilis is generally one or more painless sores that become visible at the site of initial contact. It might be accompanied by swollen glands, which develop within a week after the appearance of the first sore. The sore will persist for 1 to 5 weeks and will vanish by itself, even if no medical care is obtained. Roughly 6 weeks after the sore first appears, a person will enter the second stage of the disease. The most likely symptom during this stage is a rash, which might appear on any part of the body: trunk, arms, legs, palms, soles, etc. Other, more generalized symptoms include fatigue, swollen glands, fever, headaches, loss of appetite, and sore throat. These symptoms will last 2 to 6 weeks and will disappear with or without medical care.

After the second stage of the disease, the only way syphilis can be detected is through a blood test, although secondary symptoms might sporadically occur again. Persons having syphilis for over four years may suffer from illness in the skin, bones, central nervous system, and heart, and may experience a reduced life expectancy, impaired health, and eventually can limit occupational efficiency.

Symptoms can emerge from 10 to 90 days after an individual becomes infected, though usually within 3 to 4 weeks. Symptoms often go unnoticed or are thought to be minor abrasions or heat rash, thus treatment is not sought. When, and for how long is a person able to spread syphilis? Syphilis is considered contagious for a duration of up to 2 years, perhaps more. The extent of communicability depends on the existence of infectious lesions (sores), which may or may not be visible. There is no natural immunity to syphilis and prior infection lends no defense to the patient.

Treatment of Syphilis

Syphilis is treated with penicillin or tetracycline. The amount of medication a patient must take, and treatment depends on the stage of syphilis. Expectant women with a history of allergic reaction to penicillin should undergo penicillin desensitization, followed by appropriate penicillin therapy. Untreated syphilis can lead to destruction of soft tissue and bone, heart failure, insanity, blindness, and a variety of other conditions, which may be mild to incapacitating.

Equally as important, a pregnant woman with untreated syphilis will transmit the disease to her unborn child, which may result in death or deformity of the child.

Transmission of Syphilis

Syphilis is spread by sexual contact with an infected individual, except for congenital syphilis, which is spread from mother to fetus. Transmission by sexual contact requires exposure to moist lesions of skin or mucous membranes.

Prevention of Syphilis

There are several ways to prevent the spread of syphilis:

- Limit your number of sex partners.
- Use a condom.
- Carefully wash genitals after sexual relations.
- If you think you are infected, avoid any sexual contact and visit your local STD clinic, a hospital, or your doctor.
- Notify all sexual contacts immediately so they can obtain examination and treatment.
- All pregnant women should receive at least one prenatal blood test for syphilis.

Pediculosis

Pediculosis is an infestation of the hairy parts of the body or clothing with the larvae, eggs, or adult lice. The crawling stages of this insect consume human blood, which causes excessive itching in areas of infestation. Head lice are usually located on the scalp, crab lice in the pubic area, and body lice along seams of clothing, traveling to the skin to feed. Anyone can become louse infested under appropriate conditions.

Transmission of Pediculosis

Pediculosis is easily transmitted from person to person through direct contact. Head lice infestations are commonly found in school settings or institutions. Crab lice infestations can be found among sexually active individuals. Body lice infestation generally can be found in people living in unsanitary conditions, and lacking hygiene where clothing is infrequently changed or laundered. For both head lice and body lice, transmission can occur during direct contact with an infested individual, or through sharing of clothing, combs or brushes. While other means are possible, crab lice are most often transmitted through sexual contact.

Symptoms of Infestation

Usually, the first evidence of an infestation is the itching or scratching in the area of the body where the lice feed. Scratching at the back of the head or around the ears should lead to an examination for head louse eggs (nits) on the hair. Itching around the genital area should lead to an examination for crab lice or their eggs. Scratching can be sufficiently intense to result in secondary bacterial infection in these areas. It may take as long as 2 to 3 weeks or longer for a person to notice the intense itching associated with this infestation.

Treating Pediculosis

Medicated shampoos or cream rinses containing lindane or pyrethrin are used to kill lice. Products containing lindane are available only through a physician's prescription. Lindane is a nerve poison, an organochlorine pesticide, an insecticide, and is suspected of being a carcinogen. In the U.S. the Environmental Protection Agency, (EPA) recently banned all agricultural uses of lindane. Lindane is not recommended for infants, young children, and pregnant or lactating women.

Patients who have conditions, such as HIV infection, or take certain medications that may lower the seizure threshold may be at greater risk for serious adverse events.

There are many safer and more effective treatments available. The pyrethrins are a pair of natural organic compounds that have potent insecticidal activity. Products containing pyrethrin are available over the counter. Pyrethrins are particularly harmful to aquatic life but are far less toxic to mammals and birds than many synthetic insecticides.

Although considered to be amongst the safest insecticides, pyrethrins are still known to irritate eyes, skin, and respiratory systems. Re-treatment after 7 to 10 days is recommended to assure that no eggs have survived. Nit combs are available to help remove nits from hair. Dose and duration of shampoo treatment should be followed according to label instructions.

Prevention of Pediculosis

Physical contact with infested individuals and their belongings, especially clothing, headgear, combs, and bedding, should be avoided. Health education on the life history of lice, proper treatment, and the importance of laundering clothing and bedding in hot water (140°F for 20 minutes), or dry cleaning to destroy lice and eggs, is extremely valuable. In addition, regular inspection of children, especially of children in schools, institutions, and summer camps, is crucial in detecting infestation.

Ringworm

Ringworm is a skin infection caused by a fungus that affects the scalp, skin, fingers, toenails, or feet. Anyone can get ringworm. Children are more susceptible to certain varieties, while adults may be more affected by others.



Symptoms of Ringworm

Ringworm of the scalp usually begins as a small pimple, which becomes larger in size, leaving scaly patches of temporary baldness. Infected hairs become brittle and break off easily. Occasionally, yellowish cup-like, crusty areas are seen. With ringworm of the nails, the affected nails become thicker, discolored, and brittle, or they will become chalky and disintegrate. Ringworm of the body appears as flat, spreading, ring-shaped areas. The edge is reddish and may be both dry and scaly, or moist and crusted. As it spreads, the center area clears and appears normal. Ringworm of the foot appears as a scaling or cracking of the skin, especially between the toes.

Treatment of Ringworm

The incubation period is unknown for most of these agents; however, ringworm of the scalp is usually seen 10 to 14 days after contact, and ringworm of the body is seen 4 to 10 days after initial contact. Your doctor may prescribe fungicidal tablets to swallow, or powders that can be applied directly to the affected areas.

Prevention of Ringworm

Towels, hats, and clothing of the infected individual should not be shared with others. Young children who are infected should minimize close contact with other children until they are effectively treated.

Transmission of Ringworm

Transmission of these fungal agents can occur by direct skin-to-skin contact with infected people or pets, or indirectly by contact with such items as barber clippers, hair from infected people, shower stalls or floors.

STD's and STI's

Sexually Transmitted Diseases and Infections

Sexually transmitted diseases (STD) are also referred to as sexually transmitted infections (STI). More than 300 million new cases of curable sexually transmitted infections (STI) occur each year, with a global distribution that closely mirrors that of HIV.

Each new infection not only increases HIV transmission risk but also carries the potential of other serious complications including fetal loss, stillbirths, infertility, ectopic pregnancy and severe congenital infections. Syphilis alone, when present during pregnancy, results in fetal loss in a third of cases, and half the surviving infants suffer congenital disability.

The STDs, HIV Co-infection Connection

Sexually Transmitted Diseases (STDs), also known as sexually transmitted infections or STI, come in a variety of types. There are fungi, bacteria, parasites, and viruses. As explained in the previous section on the subject of Tuberculosis, HIV can affect persons carrying the virus with an increase of multiple medical conditions.

Carriers stand an increase chance of contracting many airborne diseases. Germs in their environment can become increasingly troublesome, much more so than for persons not infected. As time continues persons with the HIV virus experience a breakdown in their immune system, followed by a break down in their health.

The continued weakening of the infected individuals' ability to fight off sicknesses eventually progresses to an accelerated rate. As persons infected with the HIV virus are more susceptible to all types of infections, and illness from the environment, they are equally more susceptible to infections from fungi, bacteria, parasites, and viruses they may come in contact with during a sexual encounter. For this reason, it is fitting to review the subject of STDs.

Several STDs cause lesions or open sores to occur which may serve as portals of entry directly into the blood stream and better facilitate HIV infection.

1. Some STDs are co-factors, which assist in the immune system malfunction leading to AIDS.
2. People who leave themselves open to STD infections also leave themselves open to eventual HIV infection.

Prevention and Treatment

Sexually active individuals should get routine checkups. Some STD's do not produce immediate symptoms. A long time may pass before signs that there is something wrong appear, alerting the infected individual.

Moreover, the sexually active should use every precaution to protect from contracting any one of the many STD's from their sexual partner. This should be a given, but it is not always the case. Fidelity and loyalty are a valued part of a relationship; however, statistics show infidelity occurs in some relationships.

Getting Tested for STDs

For those, which are fungal or bacterial infections, you can be tested as soon as two weeks after exposure. For the viral

infections, you will have to wait for your body to produce enough antibodies to that specific virus to take what is called a "titer" blood test. That time is generally 3 months after exposure.

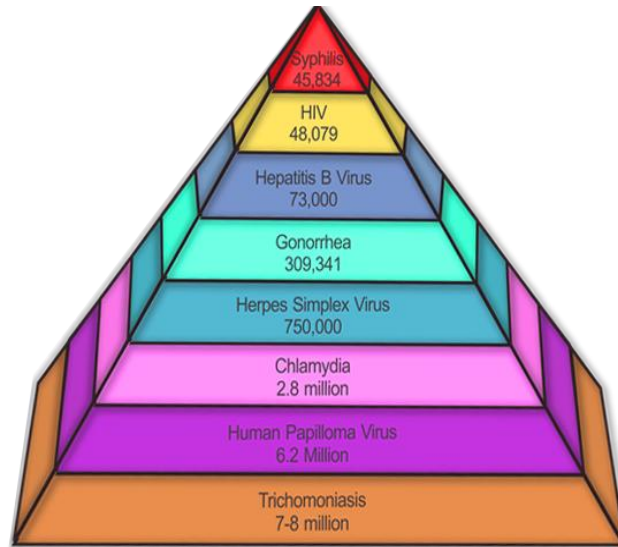
An important rule of thumb: should you experience any symptoms after sexual contact, it is advisable to seek the advice of a physician as soon as possible.

Currently Within the state of Florida, all Public Health Departments offer STD testing. The Florida HIV/AIDS Hotline has a listing of STD test sites throughout the state of Florida. Contact information for a state-run test site could be found on the Internet by doing a search.

STDs and STI's Index

- Acquired Immunodeficiency Syndrome (AIDS)
- Syphilis
- Gonorrhea
- Genital Herpes
- Genital Warts
- Chlamydia
- Trichomoniasis (Trich)
- Candida/Vaginal Thrush
- Pediculosis Pubis (pubic lice)
- Scabies
- Moluscum Contagiosum
- Hepatitis A
- Hepatitis B
- Hepatitis C

Annual STI Rates in the U.S.



COURSE SECTION 1 - HIV/AIDS Assessment Question

1. HIV is spread from one person to another through sharing of needles, unprotected sexual contact, blood, and body fluid.

True False

COURSE SECTION - 2

Laws and Rules

(2 Credit Hours)

Course Outline:

- Course Learning Objectives
- Course Overview
- 2022 Florida Statutes Chapter 477 Cosmetology
- 2022 Florida Statutes Professional Regulation Chapter 455.227(1)(t) Self-reporting
- Florida Administrative Code Rules 61G-5 Cosmetology
- Florida Administrative Code Rules 61-6 Biennial Licensing

Course Objectives:

The purpose of this course and the outcome expected is for participants to:

- Learn the most recent laws being drafted and passed concerning the cosmetology profession
- Learn laws and rules of the Board that protect the health, safety, and welfare of the consumer
- Understand the laws and rules of the Board that determine where and when individuals may legally practice cosmetology and specialties
- Achieve a basic conception of the Board of Cosmetology, how its members are appointed, and their duties
- Demonstrate an understanding of the laws and rules of the Board, which specify prohibited conduct, and the penalties for failure to follow the laws and rules
- Learn salon requirements and inspections
- Be familiar with the dates, fees, and requirements for renewal of cosmetology licenses, salon licenses, and specialty license
- Recognize the duties and responsibilities required of you under Florida law

Course Overview:

Several areas of law govern the practice of cosmetology in the State of Florida. The areas featured in this course have been carefully selected to meet the requirements set forth in: **61G5-32.001(1) (e) CONTINUING EDUCATION**, in which is described the mandatory subject matter for continuing education curricula regarding state and Federal law. Those subjects being divided into the following parts:

- A. 2022 Florida Statutes Chapter 477 Cosmetology
- B. Florida Administrative Code Chapter 61G-5 Cosmetology
- C. Florida Administrative Code Rules 61-6 Biennial Licensing

This course looks at the laws that govern the cosmetology industry. The laws included are the most current revisions and

are up to date. The statutes and administrative code selected for this section gives the laws and rules that directly impact licensees practicing in this profession. In this section the laws for practicing cosmetology are examined. The Board of Cosmetology, structure, makeup, purpose, and powers are covered in the Florida Statutes that grant the powers and procedures of the Board. This section will also cover the laws that set forth the fees, renewal requirements, licenses for salon. Laws on safety and health and the welfare of the consumer are reviewed along with the penalties and fines for failing to comply with the laws of this section.

As a Florida licensed professional, you are responsible to be knowledgeable about the laws you are subject to. It is the purpose of this course that you learn the most current laws regarding the cosmetology industry, and that you understand it is up to you to maintain awareness of any pertinent laws not covered by this subject matter.

Always keep in mind that laws change and that not finding out about the change does not lessen your duty to obey the law. In short, in between renewal take the time to visit the web where you can review the laws that affect you. The way the Florida Administrative Code is posted on the Internet has changed over the years, you can now easily search and find topics of law that pertain to the beauty industry as they are actively in legislation and the newest version of the current law is available online at myflorida.com

Other sections or chapters of the Florida Statutes and Florida Administrative Code 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. It should also be mentioned that the History of the laws contained in this course has not been included. To review the history visit <http://www.leg.state.fl.us/>

Important Notice about Self Reporting

Effective October 1, 2009, Section **455.227(1)(t)**, Florida Statutes, requires that a licensee must report to the board within 30 days after a licensee is convicted or found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, regardless of adjudication, a crime in any jurisdiction.

This self-reporting rule is still in effect in the 2022 Florida Statutes and must be abided by in instances described in the law.

If you previously reported a criminal conviction or plea to DBPR, you do not need to report it again.

The form to complete and submit to the DBPR can be accessed at the following link:

http://www.myfloridalicense.com/dbpr/pro/documents/criminal_self-reporting_document.pdf

PART A

The 2022 Florida Statutes (including Special Session A)

477.012 Purpose

477.013 Definitions

477.0135 Exemptions

477.014 Qualifications for practice

477.015 Board of Cosmetology

477.016 Rulemaking

477.017 Legal services

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

477.0201 Specialty registration; qualifications; registration renewal; endorsement

477.0212 Inactive status

477.023 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.

477.012 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 or commercial hair, including the use of hair extensions or wefts, for compensation without cutting, coloring, permanent waving, relaxing, removing, or chemical treatment.

(10) “Hair wrapping” means the wrapping of manufactured materials around a strand or strands of human hair, for compensation, without cutting, coloring, permanent waving, relaxing, removing, weaving, chemically treating, braiding, using hair extensions, or performing any other service defined as cosmetology.

(11) “Photography studio salon” means an establishment where the hair-arranging services and the application of cosmetic products are performed solely for the purpose of preparing the model or client for the photographic session without shampooing, cutting, coloring, permanent waving, relaxing, or removing of hair or performing any other service defined as cosmetology.

(12) “Body wrapping” means a treatment program that uses herbal wraps for the purposes of cleansing and beautifying the skin of the body, but does not include:

(a) The application of oils, lotions, or other fluids to the body, except fluids contained in presoaked materials used in the wraps; or

(b) Manipulation of the body’s superficial tissue, other than that arising from compression emanating from the wrap materials.

(13) “Skin care services” means the treatment of the skin of the body, other than the head, face, and scalp, by the use of a sponge, brush, cloth, or similar device to apply or remove a chemical preparation or other substance, except that chemical peels may be removed by peeling an applied preparation from the skin by hand. Skin care services must be performed by a licensed cosmetologist or facial specialist within a licensed cosmetology or specialty salon, and such services may not involve massage

therapy, as defined in s. 480.033, through manipulation of the superficial **tissue**.History.—s. **ch. 2021-143**.

477.0135 Exemptions.—

(1) This chapter does not apply to the following persons when practicing pursuant to their professional or occupational responsibilities and duties:

(a) Persons authorized under the laws of this state to practice medicine, surgery, osteopathic medicine, chiropractic medicine, massage therapy, naturopathy, or podiatric medicine.

(b) Commissioned medical or surgical officers of the United States Armed Forces hospital services.

(c) Registered nurses under the laws of this state.

(d) Persons practicing barbering under the laws of this state.

(e) Persons employed in federal, state, or local institutions, hospitals, or military bases as cosmetologists whose practices are limited to the inmates, patients, or authorized military personnel of such institutions, hospitals, or bases.

(f) Persons whose practice is limited to the application of cosmetic products to another person in connection with the sale, or attempted sale, of such products at retail without compensation from such other person other than the regular retail price of such merchandise.

(2) A license is not required of any person whose occupation or practice is confined solely to shampooing.

(3) A license or registration is not required of any person whose occupation or practice is confined solely to cutting, trimming, polishing, or cleansing the fingernails of any person when said cutting, trimming, polishing, or cleansing is done in a barbershop licensed pursuant to chapter 476 which is carrying on a regular and customary business of barbering, and such individual has been practicing the activities set forth in this subsection prior to October 1, 1985.

(4) A photography studio salon is exempt from the licensure provisions of this chapter. However, the hair-arranging services of such salon must be performed under the supervision of a licensed cosmetologist employed by the salon. The salon must use disposable hair-arranging implements or use a wet or dry sanitizing system approved by the federal Environmental Protection Agency.

(5) A license is not required of any individual providing makeup, special effects, or cosmetology services to an actor, stunt person, musician, extra, or other talent during a production recognized by the Office of Film and Entertainment as a qualified production as defined in s. 288.1254(1). Such services are not required to be performed in a licensed salon. Individuals exempt under this subsection may not provide such services to the general public.

(6) A license is not required of any individual providing makeup or special effects services in a theme park or entertainment complex to an actor, stunt person, musician, extra, or other talent, or providing makeup or special effects services to the general public. The term “theme park or entertainment complex” has the same meaning as in s. 509.013(9).

(7) A license or registration is not required for a person whose occupation or practice is confined solely to hair braiding as defined in s. 477.013(9).

(8) A license or registration is not required for a person whose occupation or practice is confined solely to hair wrapping as defined in s. 477.013(10).

(9) A license or registration is not required for a person whose occupation or practice is confined solely to body wrapping as defined in s. 477.013(12).

(10) A license or registration is not required for a person whose occupation or practice is confined solely to applying polish to fingernails and toenails.

(11) A license or registration is not required for a person whose occupation or practice is confined solely to makeup application, which includes, but is not limited to, application of makeup primer, face paint, lipstick, eyeliner, eye shadow, foundation, rouge or cheek color, mascara, strip lashes, individual lashes, face powder, corrective stick, and makeup remover; but does not include manual or chemical exfoliation, semipermanent lash application, lash or brow tinting, permanent makeup application, microblading, or hair removal.

History.—ss. **ch. 2021-143**.

477.014 Qualifications for practice.

No person other than a duly licensed cosmetologist shall practice cosmetology or use the name or title of cosmetologist.

477.015 Board of Cosmetology. --

(1) There is created within the department the Board of Cosmetology consisting of seven members, who shall be appointed by the Governor, subject to confirmation by the Senate, and whose function it shall be to carry out the provisions of this act.

(2) Five members of the board shall be licensed cosmetologists and shall have been engaged in the practice of cosmetology in this state for not less than 5 years. Two members of the board shall be laypersons. Each board member shall be a resident of this state and shall have been a resident of this state for not less than 5 continuous years.

(3) The Governor may at any time fill vacancies on the board for the remainder of unexpired terms. Each member of the board shall hold over after the expiration of his or her term until a successor is duly appointed and qualified. No board member shall serve more than two consecutive terms, whether full or partial.

(4) Before assuming his or her duties as a board member, each appointee shall take the constitutional oath of office and shall file it with the Department of State, which shall then issue to such member a certificate of his or her appointment.

(5) The board shall, in the month of January, elect from its number a chair and a 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. --

(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.

477.17 Legal services. —

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

477.018 Investigative services. --

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

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

477.0201 (1) A person desiring to be licensed as a cosmetologist shall apply to the department for licensure.

(2) An applicant shall be eligible for licensure by examination to practice cosmetology if the applicant:

(a) Is at least 16 years of age or has received a high school diploma;

(b) Pays the required application fee, which is not refundable, and the required examination fee, which is refundable if the applicant is determined to not be eligible for licensure for any reason other than failure to successfully complete the licensure examination; and

(c)1. Is authorized to practice cosmetology in another state or country, has been so authorized for at least 1 year, and does not qualify for licensure by endorsement as provided for in subsection (5); or

2. Has received a minimum of 1,200 hours of training as established by the board, which shall include, but shall not be limited to, the equivalent of completion of services directly related to the practice of cosmetology at one of the following:

a. A school of cosmetology licensed pursuant to chapter 1005.

b. A cosmetology program within the public school system.

c. The Cosmetology Division of the Florida School for the Deaf and the Blind, provided the division meets the standards of this chapter.

d. A government-operated cosmetology program in this state. The board shall establish by rule procedures whereby the school or program may certify that a person is qualified to take the

required examination after the completion of a minimum of 1,000 actual school hours. If the person then passes the examination, he or she shall have satisfied this requirement; but if the person fails the examination, he or she shall not be qualified to take the examination again until the completion of the full requirements provided by this section.

(3) Upon an applicant receiving a passing grade, as established by board rule, on the examination and paying the initial licensing fee, the department shall issue a license to practice cosmetology.

(4) If an applicant passes all parts of the examination for licensure as a cosmetologist, he or she may practice in the time between passing the examination and receiving a physical copy of his or her license if he or she practices under the supervision of a licensed cosmetologist in a licensed salon. An applicant who fails any part of the examination may not practice as a cosmetologist and may immediately apply for reexamination.

(5) Renewal of license registration shall be accomplished pursuant to rules adopted by the board.

(6) The board shall certify as qualified for licensure by endorsement as a cosmetologist in this state an applicant who holds a current active license to practice cosmetology in another state.

(7)(a) The board shall prescribe by rule continuing education requirements intended to ensure protection of the public through updated training of licensees and registered specialists, not to exceed 10 hours biennially, as a condition for renewal of a license or registration as a specialist under this chapter. Continuing education courses shall include, but not be limited to, the following subjects as they relate to the practice of cosmetology: human immunodeficiency virus and acquired immune deficiency syndrome; Occupational Safety and Health Administration regulations; workers' compensation issues; state and federal laws and rules as they pertain to cosmetologists, cosmetology, salons, specialists, specialty salons, and booth renters; chemical makeup as it pertains to hair, skin, and nails; and environmental issues. Courses given at cosmetology conferences may be counted toward the number of continuing education hours required if approved by the board.

(b) The board may, by rule, require any licensee in violation of a continuing education requirement to take a refresher course or refresher course and examination in addition to any other penalty. The number of hours for the refresher course may not exceed 48 hours.

History.—s. ch. 2020-160.

477.0201 Specialty registration; qualifications; registration renewal; endorsement. --

(1) Any person is qualified for registration as a specialist in any specialty practice within the practice of cosmetology under this chapter who:

(a) Is at least 16 years of age or has received a high school diploma.

(b) Has received a certificate of completion for:

1. One hundred and eighty hours of training, as established by the board, which shall focus primarily on sanitation and safety, to practice specialties as defined in s. 477.013(6)(a) and (b);

2. Two hundred and twenty hours of training, as established by the board, which shall focus primarily on sanitation and safety, to practice the specialty as defined in s. 477.013(6)(c); or

3. Four hundred hours of training or the number of hours of training required to maintain minimum Pell Grant requirements, as established by the board, which shall focus primarily on sanitation and safety, to practice the specialties as defined in s. 477.013(6)(a)-(c).

(c) The certificate of completion specified in paragraph (b) must be from one of the following:

1. A school licensed pursuant to s. 477.023.

2. A school licensed pursuant to chapter 1005 or the equivalent licensing authority of another state.

3. A specialty program within the public school system.

4. A specialty division within the Cosmetology Division of the Florida School for the Deaf and the Blind, provided the training programs comply with minimum curriculum requirements established by the board.

(2) A person desiring to be registered as a specialist shall apply to the department in writing upon forms prepared and furnished by the department.

(3) Upon paying the initial registration fee, the department shall register the applicant to practice one or more of the specialty practices within the practice of cosmetology.

(4) Renewal of registration shall be accomplished pursuant to rules adopted by the board.

(5) The board shall adopt rules specifying procedures for the registration of specialty practitioners desiring to be registered in this state who have been registered or licensed and are practicing in states which have registering or licensing standards substantially similar to, equivalent to, or more stringent than the standards of this state.

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

History.—ss. ch. 2020-160.

477.0212 Inactive status. --

(1) A cosmetologist's license that has become inactive may be reactivated under s. 477.019 upon application to the department.

(2) The board shall adopt rules relating to licenses that become inactive and for the renewal of inactive licenses. The rules may not require more than one renewal cycle of continuing education to reactivate a license. The board shall prescribe by rule a fee not to exceed \$50 for the reactivation of an inactive license and a fee not to exceed \$50 for the renewal of an inactive license.

477.023 Schools of cosmetology; licensure. --

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

477.025 Cosmetology salons; specialty salons; requisites; licensure; inspection; mobile cosmetology salons. --

(1) No cosmetology salon or specialty salon shall be permitted to operate without a license issued by the department except as provided in subsection (11).

(2) The board shall adopt rules governing the licensure and operation of salons and specialty salons and their facilities, personnel, safety and sanitary requirements, and the license application and granting process.

(3) Any person, firm, or corporation desiring to operate a cosmetology salon or specialty salon in the state shall submit to the department an application upon forms provided by the department and accompanied by any relevant information requested by the department and by an application fee.

(4) Upon receiving the application, the department may cause an investigation to be made of the proposed cosmetology salon or specialty salon.

(5) When an applicant fails to meet all the requirements provided herein, the department shall deny the application in writing and shall list the specific requirements not met. No applicant denied licensure because of failure to meet the requirements herein shall be precluded from reapplying for licensure.

(6) When the department determines that the proposed cosmetology salon or specialty salon may reasonably be expected to meet the requirements set forth herein, the department shall grant the license upon such conditions as it shall deem proper under the circumstances and upon payment of the original licensing fee.

(7) No license for operation of a cosmetology salon or specialty salon may be transferred from the name of the original licensee to another. It may be transferred from one location to another only upon approval by the department, which approval shall not be unreasonably withheld.

(8) Renewal of license registration for cosmetology salons or specialty salons shall be accomplished pursuant to rules adopted by the board. The board is further authorized to adopt rules governing delinquent renewal of licenses and may impose penalty fees for delinquent renewal.

(9) The board is authorized to adopt rules governing the periodic inspection of cosmetology salons and specialty salons licensed under this chapter.

(10)(a) The board shall adopt rules governing the licensure, operation, and inspection of mobile cosmetology salons, including their facilities, personnel, and safety and sanitary requirements.

(b) Each mobile salon must comply with all licensure and operating requirements specified in this chapter or chapter 455 or rules of the board or department that apply to cosmetology salons at fixed locations, except to the extent that such requirements conflict with this subsection or rules adopted pursuant to this subsection.

(c) A mobile cosmetology salon must maintain a permanent business address, located in the inspection area of the local department office, at which records of appointments, itineraries, license numbers of employees, and vehicle identification numbers of the license holder's mobile salon shall be kept and made available for verification purposes by department

personnel, and at which correspondence from the department can be received.

(d) To facilitate periodic inspections of mobile cosmetology salons, prior to the beginning of each month each mobile salon license holder must file with the board a written monthly itinerary listing the locations where and the dates and hours when the mobile salon will be operating.

(e) The board shall establish fees for mobile cosmetology salons, not to exceed the fees for cosmetology salons at fixed locations.

(f) The operation of mobile cosmetology salons must be in compliance with all local laws and ordinances regulating business establishments, with all applicable requirements of the Americans with Disabilities Act relating to accommodations for persons with disabilities, and with all applicable OSHA requirements.

(11) Facilities licensed under part II of chapter 400 or under part I of chapter 429 are exempt from this section, and a cosmetologist licensed pursuant to s. 477.019 may provide salon services exclusively for facility residents.

477.026 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**.

(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.

History.—s. ch. 2020-160.

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, as performed under this chapter, have any relationship to the practice of massage therapy as defined in s. 480.033, 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.

History.—ss. **ch. 2021-143**.

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 complies with or satisfies all terms and conditions of the final order.

477.029 Penalty. --

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

History.—s. ch. 2020-160.

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.

PART B

FLORIDA ADMINISTRATIVE CODE

CHAPTER 61G5 BOARD OF COSMETOLOGY

LAW CHANGES

When a law is repealed, it means, “The law has been rescinded or annulled by authoritative act”. In other words, that law is no longer a law. The board of cosmetology has taken steps to repeal laws in the Florida Administrative code chapter 61G5 - Cosmetology, with the goal to reduce the redundancy of the Administrative Code with the Florida Statutes. Multiple laws have been eliminated from chapter 61G5, which are also found in the Florida Statutes streamlining the FAC thereby making the laws governing the Florida cosmetology industry easier to follow.

It needs to be understood that although many of these FAC rules have been repealed like rules are still part of the Florida Statutes consequently the laws that have been removed from the Administrative Code for the purpose of curbing redundancy are still active under the Florida Statutes and must continue to be up held.

CHAPTER 61G5-17 ORGANIZATION, PURPOSE, MEETINGS, PROBABLE CAUSE DETERMINATION, PROCEDURES

61G5-17.006 General Information and Forms (Repealed).

61G5-17.008 Probable Cause Determination.

61G5-17.009 Meetings and Election of Officers (Repealed).

61G5-17.0095 Unexcused Absences.

61G5-17.010 Notice of Meetings (Repealed).

61G5-17.011 Agenda (Repealed).

61G5-17.013 Emergency Meetings (Repealed).

61G5-17.016 Time for Payment of Administrative Fines.

61G5-17.017 Board Member Compensation.

61G5-17.018 Investigators; Criteria for Selection. (*Repealed 1-7-15*)

61G5-17.020 Security and Monitoring Procedures for Licensure Examination.

61G5-17.0201 Licensure Examinations and Examination Procedures for Handicapped Candidates.

61G5-17.021 Designation of Official Reporter (Repealed).

61G5-17.023 Final Orders (Repealed).

61G5-17.006 General Information and Forms

Repealed 9-3-12

61G5-17.008 Probable Cause Determination.

The determination as to whether probable cause exists to believe that a violation of the provisions of Chapter 455 or 477, F.S., or of the rules promulgated thereunder has occurred, shall be made by the Department of Business and Professional Regulation.

61G5-17.009 Meetings and Election of Officers.

Repealed 9-3-12

61G5-17.0095 Unexcused Absences.

Unexcused absences shall include any absence other than: one caused by serious illness of a member preventing attendance; death or serious illness of a family member; unavoidable travel delays or cancellations preventing attendance; or any conflict, extraordinary circumstances or event approved by the chairperson of the board. Members shall communicate the reason for any absence to the Executive Director prior to the meeting and the reason for the absence shall be made part of the minutes of that meeting.

61G5-17.010 Notice of Meetings.

Repealed 9-3-12.

61G5-17.011 Agenda.

Repealed 9-3-12

61G5-17.013 Emergency Meetings.

Repealed 9-3-12.

61G5-17.016 Time for Payment of Administrative Fines.

In cases where the Board imposes costs and/or an administrative fine for violation of Chapter 455 or 477, F.S., or the rules promulgated thereunder, the costs and/or fine shall be paid to the Department of Business and Professional Regulation within thirty (30) days of its imposition by order of the Board unless otherwise stated by the Board.

61G5-17.017 Board Member Compensation.

In addition to receiving fifty dollars (\$50.00) compensation per day for attending official meetings of the board, a board member shall also be eligible to receive compensation for the following "other business involving the board":

- (1) All joint Board or committee meetings required by statute, Board rule or Board action;
- (2) Official meetings or workshops called by the chairman at which either a committee composed of two
- (2) or more board members or a quorum of the board is present pursuant to Chapters 120 and 477, F.S.;
- (3) Meetings of Board members with Department staff or contractors of the Department at the Department's or the Board's request. Any participation or meeting of members noticed or unnoticed will be on file in the Board Office;

(4) Meetings or conferences which the board member attends at the request of the Secretary or the Secretary's designee;

(5) Administrative hearings or legal proceedings at which the board member appears as witness or representative of the board at the request of counsel to the board;

(6) All activity of Board members, if authorized by the Board, when grading, proctoring or reviewing examinations given by the Department;

(7) All participation in Board authorized meetings with professional associations of which the Board is a member or invitee. This would include all meetings of national associations or registration boards of which the Board is a member as well as Board authorized participation in meetings of national or professional associations or organizations involved in educating, regulating or reviewing the profession over which the Board has statutory authority;

(8) Any and all other activities which are Board approved and which are necessary for Board members to attend in order to further protect the public health, safety and welfare, through the regulation of which the Board has statutory authority;

(9) In the event that a board member is present for a meeting or hearing defined above, and the meeting is cancelled without prior notice, the attending board member will be eligible for compensation provided the member was present at the scheduled time. Specific Authority 455.207(4) FS. Law

61G5-17.018 Investigators; Criteria for Selection.

Repealed 1-7-15

61G5-17.019 Public Comment.

The Board of Cosmetology invites and encourages all members of the public to provide comment on matters or propositions before the Board or a committee of the Board. The opportunity to provide comment shall be subject to the following:

- (1) Members of the public will be given an opportunity to provide comment on subject matters before the Board after an agenda item is introduced at a properly noticed board meeting.
- (2) Members of the public shall be limited to 3 minutes to provide comment. This time shall not include time spent by the presenter responding to questions posed by Board members, staff or board counsel. The chair of the Board may extend the time to provide comment if time permits.
- (3) A member of the public shall notify board staff in writing of his or her interest to be heard on a proposition or matter before the Board. The notification shall identify the person or entity, indicate support, opposition, or neutrality, and identify who will speak on behalf of a group or faction of persons consisting of three or more persons. Any person or entity appearing before the Board may use a pseudonym if he or she does not wish to be identified.

61G5-17.020 Security and Monitoring Procedures for Licensure Examination.

Repealed 9-3-12

61G5-17.0201 Licensure Examinations and Examination Procedures for Handicapped Candidates.

Repealed 9-3-12

61G5-17.021 Designation of Official Reporter.*Repealed 9-3-12.***61G5-17.023 Final Orders.***Repealed 9-3-12***CHAPTER 61G5-18 COSMETOLOGIST****61G5-18.00015 Cosmetologist and Compensation Defined.****61G5-18.001 Who May Apply.****61G5-18.002 Manner of Application (Repealed)****61G5-18.003 Cosmetology Examination****61G5-18.004 Re-examination.****61G5-18.005 Examination Review Procedure (Repealed)****61G5-18.0055 Supervised Cosmetology Practice Exception (Repealed)****61G5-18.007 Endorsement of Cosmetologists.****61G5-18.008 Cosmetologist License Renewal.****61G5-18.011 Initial Licensure or Registration Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; Course Content and Approval Requirements.****61G5-18.00015 Cosmetologist and Compensation Defined.**

(1) A cosmetologist is a person who is licensed to perform the mechanical or chemical treatment of the head, face, and scalp for aesthetic rather than medical purposes, including, but not limited to, hair shampooing, hair cutting, hair arranging, hair braiding, hair coloring, permanent waving, and hair relaxing, for compensation. Cosmetologists and full and facial specialists may also perform skin care services and non-invasive hair removal including wax treatments, but not including electrolysis as that term is defined in Chapter 478, F.S. Nail and full specialists may perform manicures and pedicures that include hand and foot massages.

(a) For the purposes of this act “compensation” is defined as the payment of money or valuable consideration directly or indirectly paid or promised, expressly or impliedly, or the intent to collect or receive payment of money or the intent to collect or receive anything of value in exchange for cosmetology services.

(b) For the purposes of this act “medical purposes” is defined as any form of bodily intrusion into the orifices, skin, muscles, or any other tissues of the body. Bodily intrusion includes but is not limited to skin perforation by any means, including the application of permanent makeup, the use of laser and intense pulsed light (IPL) treatments, ultrasound and high intensity focused ultrasound (HIFU) treatments, radiation, plasma pen, Hyaluron pen, injections, and FDA approved medical devices, all of which are beyond the scope of a cosmetology license and full and facial registrations.

(2) Practice Definitions: In the practice of cosmetology and its specialties, the following definitions apply:

(a) “Chemical exfoliation” is the use of products containing chemicals that either loosen or dissolve dead cell buildup.

Examples of exfoliating chemicals are alpha hydroxy acids (AHAs), which are gentle, naturally occurring acids that remove dead skin cells.

(b) “Lash lift” or “Eyelash perm” is a treatment where chemical products are applied to natural lashes, lifting or curling the lashes to make them look longer and fuller. A tint is sometimes also applied. Florida licensed cosmetologists and full and facial specialists may provide lash lifting and perming services provided the chemical products used are a gel form of ammonium thioglycolate.

(c) “Makeup application” includes makeup primer, face paint, lipstick, eyeliner, eye shadow, foundation, rouge or cheek color, mascara, strip lashes, individual lashes, face powder, corrective stick, and makeup remover. Makeup application does not require a cosmetology license or a full or facial specialist registration.

(d) “Manual exfoliation” is the physical removal of dead skin cells through light abrasion using a sponge or cloth with or without the use of a granulated scrub, or using a dermaplaning #10 blade. All sharps must be disposed of in a biohazard sharps container.

(e) “Massaging” in the practice of cosmetology is limited to the face, scalp, neck, hands, and feet and includes manipulation of the skin for the application of creams or lotions for aesthetic purposes with the hands or a smooth object such as a small stone. Manipulation of an individual’s soft body tissue for the purposes of improving health or well-being, therapeutic massages, reflexology massages, and massaging the torso are outside the scope of a cosmetology license or full and facial specialist registrations.

(f) “Mechanical exfoliation” is the physical removal of surface epidermal cells by means that include but are not limited to brushing machines, granulated scrubs, peel-off masques, peeling creams or drying preparations that are rubbed off, and microdermabrasion. Microdermabrasion is a type of mechanical exfoliation that involves using a closed vacuum to shoot aluminum oxide or other crystals at the skin with a hand-held device that exfoliates dead cells.

(g) “Microblading” is a form of semi-permanent tattooing that involves using tiny, fine-point needles that make up a small disposable blade and handle that deposit pigment simultaneously under your skin. Microblading is beyond the scope of a Florida cosmetology license or full or facial specialist registration.

(h) “Microneedling” or “collagen induction treatment or therapy” is a procedure that uses a multi-needled device to create microchannels in the skin 0.25 – 2.5 mm deep to stimulate the body’s natural wound healing process while minimizing cellular damage. This piercing of the skin is beyond the scope of a Florida licensed cosmetologist or registered full or facial specialist.

(i) “Semipermanent lashes” are lash extensions that are applied directly onto existing eyelashes with a glue that is specially formulated to not damage the lash or irritate the eyes. This process generally takes about 2 hours to apply and must be

maintained. A cosmetology license or a full or facial specialist registration is required to apply these lashes to a client.

(j) "Strip lashes" and "individual lashes" are full, partial, or small clusters of false lashes applied with an adhesive. This process takes very little time to apply, and, as they are not long-lasting, they are usually applied for a specific event.

Last amended 10/20/2021

61G5-18.001 Who May Apply.

(1) Individuals desiring to be licensed as a cosmetologist shall meet all required qualifications as specified in Section 477.019, F.S.

(2) If an applicant for licensure by examination meets all required qualifications except the required minimum hours of training, he or she shall be entitled to take the licensure examination to practice cosmetology if the applicant has received a minimum of 1,000 hours of training established by the Board, and has been certified by the Director of the school or program in which he or she is currently enrolled to have achieved the minimum competency standards of performance as prescribed in Chapter 61G5-22, F.A.C., for the hours completed.

61G5-18.002 Manner of Application.

Repealed 9-3-12

61G5-18.003 Cosmetology Examination.

(1) The Cosmetology examination shall consist of two parts, a written theory examination and a written clinical examination, both parts must be successfully completed prior to licensure.

(2)(a) The written theory examination shall be administered by the Department. The following subjects will be tested on the examination and will be weighted approximately as designated:

Category Weight

1. General Safety and Sanitation Procedures 34%
2. Client Services 24%
3. Facial, Make-up, and Hair Removal 16%
4. Manicuring and Pedicuring 16%
5. Professional/Legal and Ethical Laws and Rules 10%

(b) Passing Grade. Candidates' scores will be converted to a scale of 0 to 100; the minimum passing score as determined by the Board shall be set at 75 on that scale. All forms of the examination are statistically equated so that the relative passing scores remain equivalent.

(3) The second part of the examination shall be a written clinical examination administered by the Department. The following subjects will be tested on the examination and will be weighted approximately as follows:

Category Weight

- (a) Hair Coloring and Lightening 39%
- (b) Permanent Waving and Chemical Relaxing 34%
- (c) Scalp and Hair Care 5%
- (d) Hair Cutting/Shaping 10%
- (e) Hair Styling 12%

(4) Passing Grade. Candidates' scores will be converted to a scale of 0 to 100; the minimum passing score as determined by the Board shall be set at 75 on that scale. All forms of the examination are statistically equated so that the relative passing scores remain equivalent.

(5) In rounding percentages, any percentage which is point five (.5) or above shall be rounded up to the next number. Percentages less than point five (.5) shall be rounded down to the next whole number.

(6) An accurate record of each examination shall be made and the record, together with all examination papers, shall be filed with the Secretary of the Department and shall be kept for reference and inspection for a period of not less than two (2) years immediately following the examination.

(7) An applicant shall be permitted to use a strict translation dictionary in taking the examination. Such a dictionary shall give only the translation of words from one language to another without giving any definition or explanation of any word.

61G5-18.004 Re-examination.

(1) Any applicant who fails the examination shall be entitled to re-examination pursuant to the terms and conditions set forth in this rule. Those applicants not achieving a passing grade on each part will have failed that part of the examination and shall be required to retake and pass only that part failed in order to be licensed as a cosmetologist, provided however that the applicant must pass both parts of the examination within a two-year period. If any applicant fails to achieve a passing grade on all parts within the 2 years as provided in this rule, the applicant shall be required to retake and successfully complete the full examination. In rounding percentages, any percentage, which is, point five (.5) or above shall be rounded up to the next whole number. Percentages less than point five (.5) shall be rounded down to the next whole number.

(2) Any person desiring to be reexamined for licensure as a cosmetologist shall apply to the Department in writing upon forms prepared and furnished by the department and shall pay a reexamination fee as required by Rule 61G5-24.006, F.A.C.

(3) Those applicants who qualified to take the examination after completion of only 1,000 hours of training pursuant to Section 477.019(1)(b), F.S., and failed, shall be entitled to reexamination only upon completion of the full requirements provided for in Section 477.019, F.S.

(4) An applicant who has twice failed the examination or any part thereof, shall return to an approved school of cosmetology for a minimum of 40 hours of remedial instruction prior to taking any part of the examination for the third time. An applicant who fails any portion for the third time shall return to an approved school of cosmetology for 80 hours of remedial instruction

61G5-18.005 Examination Review Procedure.

Repealed 9-3-12

61G5-18.0055 Supervised Cosmetology Practice Exception.

Repealed 9-3-12

61G5-18.007 Endorsement of Cosmetologists.

The Department of Business and Professional Regulation shall issue a license to an applicant without examination who:

- (1) Makes application and pays to the Department the fee specified in Rule 61G5-24.002, F.A.C.;
- (2) Demonstrates the applicant has completed a board approved HIV/AIDS course; and
- (3) Demonstrates the applicant holds a current active license to

practice cosmetology under the law of another state.

61G5-18.008 Cosmetologist License Renewal.

A cosmetologist shall renew his or her license on or before October 31 each biennial year, according to the fee schedule as outlined in Rule 61G5-24.008, F.A.C.

Last amended 1/24/2021

61G5-18.011 Initial Licensure or Registration Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; Course Content and Approval Requirements.

(1) Each applicant for initial licensure or registration under Chapter 477, F.S., shall complete a board-approved educational course on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), and shall submit proof thereof in the form of a certificate of completion from the provider of such course with the application. A copy of the certificate will satisfy this requirement. Completion of such course shall be a condition of licensure or registration. Except as provided in subsection (2) below, no person shall be granted an initial license or registration unless he or she complies with this rule.

(2) If an applicant for initial licensure or registration under Chapter 477, F.S., has not completed a board-approved educational course on HIV and AIDS at the time of application, but has completed all other requirements for licensure or registration, he or she may request an additional 6 month period in which to complete this requirement. Such request shall be submitted at the time of filing the application for licensure or registration; and, will be made by filing a written affidavit showing good cause to grant the request. Upon the filing of such affidavit, the applicant shall be granted one, 6 month period in which to complete a board-approved educational course on HIV and AIDS. The applicant shall be required to submit proof of the completion of this course in the form of a certificate of completion from the provider of such course to the department within the 6 month period. A copy of the certificate will satisfy this requirement. Failure to submit such proof during the 6 month period shall cause any previously issued license or registration to become null and void without further action by the Board.

(3) All educational courses on HIV and AIDS which are taught to fulfill the requirements for initial licensure or registration under Chapter 477, F.S., shall be approved by the Board. To be considered for the Board's approval, courses on HIV and AIDS shall consist of 4 hours combined education of:

(a) Education on the modes of transmission, infection control procedures, clinical management, and prevention of HIV and AIDS;

(b) Discussion of attitudes towards HIV and AIDS as well as appropriate behavior in dealing with persons who may have the virus or syndrome.

(4) All proposed HIV and AIDS educational courses shall be submitted for presentation to the Board at least 30 days prior to the next scheduled board meeting at which the course is to be considered for approval. No course may be taught for credit until it has received the Board's approval.

(5) The Board approves the following courses for purposes of fulfilling the requirements for initial licensure or registration under Chapter 477, F.S.:

(a) Courses approved by any other board in accordance with Section 381.0034, 381.0035, 455.2226, 455.2228, F. S.;

(b) Basic AIDS educational courses presented by the Florida Department of Health or other state health departments, provided they meet the requirements set forth in subsection (3).

(6) Home study or video courses shall be approved by the Board, provided they meet the requirements set forth in subsection (3). Home study courses must require a 75% passing score on a post course test to be graded by the course provider.

(7) At any time, the Board shall deny or rescind its approval of a course offered for initial licensure if it finds that: such approval was the result of fraud; the course which is being provided fails to cover the information required by statute or subsection (3) or fails to meet other requirements specified in this rule; or the course significantly varies from the course proposal that was approved by the Board. Before rescinding approval of a course, the Board shall give the course provider notice and an opportunity to be heard. If the Board denies or rescinds its approval of a course because of the course provider's fraud in obtaining such approval, then the course provider shall thereafter be barred from presenting any other course to licensees for credit unless the course provider demonstrates to the Board that he or she has been sufficiently rehabilitated to be trusted to provide such courses to licensees in the future.

CHAPTER 61G5-20

COSMETOLOGY SALONS

61G5-20.001 Salon Defined.

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

61G5-20.00175 Fashion Photography.

61G5-20.002 Salon Requirements.

61G5-20.003 Inspections.

61G5-20.004 Display of Documents.

61G5-20.005 Salon License Renewal.

61G5-20.006 Transfer of Ownership or Location of a Salon (Repealed).

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) "Special events" are weddings, fashion shows, and other

organized public or private events with a duration of no more than three consecutive days, and where cosmetology services are essential to the event, and the cosmetologist does not provide services to the general public.

(2) Cosmetology or specialty services may be performed by a licensed cosmetologist or specialist in a location other than a licensed salon, including a hospital, nursing home, residence, or similar facility, when a client for reasons of ill health is unable to go to a licensed salon. Such services are not to be performed upon employees or person who do not reside in the facility, or any other non-qualified persons. Arrangements for the performance of cosmetology services pursuant to this subsection shall be made only through a licensed salon.

(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 only for the purpose of preparing a model or client of the photography studio for a photographic session. Shampooing the hair, hair cutting, hair coloring, permanent waving of the hair, hair relaxing, hair removal, manicuring, pedicuring, and the performance of any other service defined as cosmetology may not be performed in a photography studio salon.

(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.

(4) Hair shampooing, hair cutting, hair arranging, nail polish removal, nail filing, nail buffing, and nail cleansing may be performed in a location other than a licensed salon when the service is performed by a person who holds the proper license. The licensee shall use either disposable implements or a wet or dry sanitizing system approved by the federal Environmental Protection Agency.

(5) The following procedures shall be followed when performing cosmetology services outside of a licensed salon:

(a) Information as to the name and contact information of the client and the address at which the services are to be performed shall be recorded in an appointment book.

(b) For services required to be scheduled through a salon, the appointment book shall remain at the salon and be made available upon request to any investigator or inspector of the Department.

(c) For services in subsection (4) that have been scheduled directly with the licensed cosmetologist or specialist, the

appointment book shall remain with the provider.

Last amended 10/18/2021

61G5-20.002 Salon Requirements.

(1) Definitions: For the purposes of this rule, the following definitions apply:

(a) "Clean" means the removal of visible debris from a surface such as washing with soap/water.

(b) "Disinfect" means the use of a chemical to destroy potential pathogens.

(c) "Sterilize" means the complete destruction of all microbial life, commonly achieved through the use of heat and/or pressure.

(d) "Wet disinfection container" means a tub or jar with a lid, filled with disinfectant and large enough for all items to be completely immersed.

(e) "Infection control" means the process for reducing the risk of spreading disease causing pathogens.

(2) 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 covered waste receptacle. Each salon which provides services for the extending or sculpturing of nails shall provide such services in a separate area which is adequately ventilated for the safe dispersion of all fumes resulting from the services.

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 service animals and fish kept in closed aquariums.

5. Shampoo Bowls: Each salon shall have shampoo bowls equipped with hot and cold running water. The shampoo bowls shall be located in the area where cosmetology services are being

performed. A specialty salon that exclusively provides specialty services, as defined in Section 477.013(6), F.S., need not have a shampoo bowl, but must have a sink or lavatory equipped with hot and cold running water on the premises of the salon.

(d) Comply with all local building and fire codes. These requirements shall continue in full force and effect for the life of the salon.

(3) Each salon shall comply with the following:

(a) Linens: Each salon shall keep clean linens in a closed, dustproof cabinet. All soiled linens must be kept in a closed receptacle. Soiled linens may be kept in open containers if entirely separated from the area in which cosmetology services are rendered to the public. A sanitary towel or neck strip shall be placed around the patron's neck to avoid direct contact of the shampoo cape with a patron's skin.

(b) Containers: Salons must use containers for waving lotions and other preparations of such type as will prevent contamination of the unused portion. All creams shall be removed from containers by spatulas.

(c) Disinfection: The use of a brush, comb or other article on more than one patron without being disinfected is prohibited. Each salon is required to have sufficient combs, brushes, and implements to allow for adequate disinfecting practices. Combs or other instruments shall not be carried in pockets.

(d) Disinfectants: All salons shall be equipped with and utilize disinfecting solutions with hospital level disinfectant or EPA approved disinfectant, sufficient to allow for disinfecting practices.

1. A wet disinfection container is any receptacle containing a disinfectant solution and large enough to allow for a complete immersion of the articles. A cover shall be provided.

2. Disinfecting methods which are effective and approved for salons: First, clean articles with soap and water, completely immerse in a chemical solution that is hospital level or EPA approved disinfectant as follows:

a. Combs and brushes, remove hair first and immerse in hospital level or EPA approved disinfectant;

b. Metallic instrument, immerse in hospital level for EPA approved disinfectant;

c. Instruments with cutting edge, wipe with a hospital level or EPA approved disinfectant; or

d. Implements may be immersed in a hospital level or EPA approved disinfectant solution.

e. Shampoo bowls, facial beds, and neck rests, clean and disinfect between each use.

3. For purposes of this rule, a "hospital level disinfectant or EPA approved disinfectant" shall mean the following:

a. For all combs, brushes, metallic instruments, instruments with a cutting edge, and implements that have not come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a hospital grade bacterial, virucidal and fungicidal disinfectant;

b. For all combs, brushes, metallic instruments with a cutting edge, and implements that have come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a disinfectant, in accordance with 29 C.F.R. 1910.1030.

4. All disinfectants shall be mixed and used according to the manufacturer's directions.

(e) After cleaning and disinfecting, articles shall be stored in a clean, closed cabinet or container until used. 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 Disinfection:

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

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

2. At the end of each day of use, the following procedures shall be used:

a. All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be disinfected. All visible debris in the screen and the inlet must be removed and cleaned with a low-foaming soap or detergent and water. For pipe-free systems, the jet components or foot plate must be removed and cleaned, and any debris removed. The screen, jet, or foot plate must be completely immersed in an EPA registered, hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant that is used according to manufacturer's instructions. The screen, jet, or foot plate must be replaced after disinfection is completed and the system is flushed with warm water and low-foaming soap for 5 minutes, rinsed, and drained.

b. After the above procedures are completed, the basin should be filled with clean water and the correct amount of EPA registered disinfectant. The solution must be circulated through foot spa system for 10 minutes and the unit then turned off. The solution should remain in the basin for at least 6 to 10 hours. Before using the equipment again, the basin system must be drained and flushed with clean water.

3. Once each week, subsequent to completing the required end-of-day cleaning procedures, the basin must be filled with a solution of water containing one teaspoon of 5.25% bleach for each gallon of water. The solution must be circulated through the spa system for 5 to 10 minutes and then the solution must sit in the basin for at least 6 hours. Before use, the system must be drained and flushed.

4. A record or log book containing the dates and times of all pedicure cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon and made available for review upon request by a consumer or a Department inspector.

(4) 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.

(5) Evidence that the full or specialty salon contains a minimum of **100** square feet of floor space. No more than one (1) cosmetologist or specialist may be employed in a salon which has only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.

(6) Full and specialty salons, regardless of size and number of operators, shall meet all the sanitation requirements stated in this section.

(7) 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 annually 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 or specialty display at the individual's work station their current license or registration at all times when the individual is performing cosmetology or a specialty. The license or registration certificate on display shall be current and shall have attached a 2" by 2" photograph taken within the previous two years of the individual whose name appears on the certificate. The certificate with photograph attached shall be permanently laminated.

(3) All holders of a cosmetology or specialty salon license shall display at each footbath a copy of the Consumer Protection Notice regarding footbaths, sanitation, and safety. Copies of this notice, revised 10/15/07, and incorporated herein by reference, may be obtained from the Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, FL 32399-0790, and the Call Center by calling (850)487-1395, or at

http://www.myfloridalicense.com/dbpr/pro/cosmo/documents/cosmo_consumer_protection_flier_thepriceofbeauty.pdf.

61G5-20.005 Salon License Renewal.

All salon licenses shall be renewed on or before November 30 of each biennial (even-numbered) year, by meeting all the current requirements for salon licensure as expressed in Rule Chapter 61G5-20, F.A.C., and by paying the renewal fee specified in Rule 61G5-24.009, F.A.C. A salon license is delinquent if not renewed by the November 30 renewal date. To renew a delinquent license, a licensee shall pay delinquent fee as outlined in Rule 61G5-24.009, F.A.C. (in addition to the biennial renewal fee). A delinquent salon license shall expire at the end of the biennium in which it becomes delinquent. After a salon license has expired at the end of the biennium, a new salon license application, the delinquent fee as outlined in Rule 61G5-24.009 and all fees as outlined in Rule 61G5-24.005, F.A.C., must be filed with the Board. Until such new license is issued for and received by the salon, all cosmetology and specialty services shall cease

61G5-20.006 Transfer of Ownership or Location of a Salon. *Repealed 9-3-12.*

61G5-20.007 Communicable Disease.

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

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

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

(1) Holders of a cosmetology salon license who wish to permit an applicant for licensure as a cosmetologist by examination to perform cosmetology services in their salon shall:

- (a) Prior to permitting an applicant to perform cosmetology services in their salon, obtain from the applicant proof that they have passed all parts of the examination for licensure as a cosmetologist within the two years as provided by Rule 61G5-18.004, F.A.C.;
- (b) Display in a conspicuous place at the cosmetology salon in which the applicant performs cosmetology services a copy of the cosmetology examination passing certificate(s).

(2) Holders of a cosmetology or specialty salon license who wish to permit an applicant for registration as a specialist to perform

specialty services in their salon pursuant to Rule 61G5-29.004, F.A.C., shall:

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

61G5-20.010 Mobile Salons.

- (1) The operation of all mobile cosmetology salons shall meet and at all times remain in compliance with all local laws and ordinances regulating business establishments in all areas in which the mobile salon operates, with all applicable requirements of the Americans with Disabilities Act relating to accommodations for persons with disabilities, and with all applicable OSHA requirements.
- (2) Each mobile salon shall meet and at all times remain in compliance with the requirements of this rule, all licensure and operating requirements specified in Chapters 455 and 477, F.S., and all other rules of the Board and the Department which apply to cosmetology salons at fixed locations except to the extent those rules of the Board conflict with this rule.
- (3) To facilitate inspections by the Department:
 - (a) Prior to the beginning of each month, each mobile salon license holder shall file with the Board a written monthly itinerary, which lists the locations where and the dates and hours when the mobile salon will be operating.
 - (b) The salon name and salon license number shall be in lettering at least five inches in height and shall be visibly displayed and clearly legible on at least two exterior sides of each mobile salon.
 - (c) If a mobile salon is in a motor vehicle, the vehicle's 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 wastewater 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 wastewater 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 wastewater capacity necessary for completing all cosmetology services undertaken and its restroom is functional.
 - (e) In disposing of sewage and wastewater, 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 61G5-24 FEE SCHEDULE

61G5-24.001 Collection and Payment of Fees (Repealed).

61G5-24.002 Original Cosmetologist Licensure Fee, Cosmetologist Examination and Endorsement Fees, Initial Specialist Registration; Application and Endorsement Fees.

61G5-24.005 Salon License Fee.

61G5-24.006 Cosmetologist Reexamination Fee.

61G5-24.008 Biennial Renewal Fee for Cosmetologists and Specialists.

61G5-24.009 Biennial Renewal Fee and Delinquent Fee for Salon License.

61G5-24.010 Delinquent License and Specialty Registration Fee.

61G5-24.011 Processing Fee; Change of Status.

61G5-24.016 Reactivation Fee for Cosmetologists and Specialists.

61G5-24.017 Inactive Status License and Specialty Registration Fees.

61G5-24.018 Examination Review Fee (Repealed).

61G5-24.001 Collection and Payment of Fees.

Repealed 9-3-12

61G5-24.002 Original Cosmetologist Licensure Fee, Cosmetologist Examination and Endorsement Fees, Initial Specialist Registration; Application and Endorsement Fees.

(1) The following fees are adopted by the Board:

(a) The fee for original licensure as a cosmetologist shall be forty dollars (\$40.00) and shall be paid by all applicants for licensure.

(b) The examination fee for licensure as a cosmetologist by examination shall be fifty dollars (\$50.00). When the examination is not conducted by a professional testing service pursuant to Section 455.2171, F.S., the entire examination fee shall be payable to the Department. When the examination is conducted by a professional testing service pursuant to Section 455.2171, F.S., forty-nine dollars and fifty cents (\$49.50) shall be payable to the professional testing service.

(c) The application fee for licensure as a cosmetologist by endorsement shall be fifty dollars (\$50.00).

(d) The fee for initial registration as a specialist shall be forty dollars (\$40.00), and shall be paid by all applicants for registration.

(e) The application fee for registration as a specialist shall be thirty dollars (\$30.00).

(f) The fee for registration as a specialist by endorsement shall be twenty-four dollars (\$24.00).

(2) Applicants for licensure as a cosmetologist by examination shall pay both the original licensure fee and that part of the examination fee which is payable to the Department at the time of their application. Any part of the examination fee which is payable to a professional testing service shall be paid to that service upon notification by the Department that the applicant's application for licensure by examination has been approved. Applicants for licensure as a cosmetologist by endorsement shall pay both the original licensure fee and the application fee at the time of their application. Applicants for registration as a specialist shall pay both the initial registration fee and the application fee at the time of their application. Applicants for registration as a specialist by endorsement shall pay both the initial registration fee and the fee for registration as a specialist by endorsement at the time of their application.

Last amended 10/19/2022

61G5-24.005 Salon License Fee.

The salon license fee shall be forty dollars (\$40.00). In addition, a non-refundable application fee of fifty dollars (\$50.00) shall be submitted with the salon license application.

61G5-24.006 Cosmetologist Reexamination Fee.

When the examination for licensure as a cosmetologist is not conducted by a professional testing service pursuant to Section 455.2171, F.S., the reexamination fee shall be fifty dollars (\$50.00) and shall be payable to the Department. When the examination for licensure as a cosmetologist is conducted by a professional testing service pursuant to Section 455.2171, F.S., the reexamination fee shall be eighteen dollars and fifty cents (\$18.50) which shall be payable to the Department; and, fifteen dollars and seventy five cents (\$15.75) per part of the licensure

examination to be retaken by the applicant, which shall be payable to the professional testing service.

Last amended 10/19/2022

61G5-24.008 Biennial Renewal Fee for Cosmetologists and Specialists.

The fee for biennial renewal of a cosmetologist's license shall be forty dollars (\$40.00). The fee for biennial renewal of a specialist's registration shall be forty dollars (\$40.00).

61G5-24.009 Biennial Renewal Fee and Delinquent Fee for Salon License.

(1) The fee for a biennial renewal of a salon license shall be forty dollars (\$40.00).

(2) A salon license which is renewed within twenty-four months of the expiration of the license shall be renewed upon payment of a delinquent fee of twenty-five dollars (\$25.00) (in addition to the biennial renewal fee).

61G5-24.010 Delinquent License and Specialty Registration Fee.

A licensee who is delinquent in applying for renewal shall pay a delinquent fee of twenty-five dollars (\$25.00). A registrant who is delinquent in applying for renewal shall pay a delinquent fee of twenty-five dollars (\$25.00). Such fee shall be in addition to the renewal.

61G5-24.011 Processing Fee; Change of Status.

A licensee or registrant who is applying for a change in licensure or registration at any time other than during the licensure or registration renewal period, shall pay a processing fee of five dollars (\$5.00).

61G5-24.016 Reactivation Fee for Cosmetologists and Specialists.

The fee for reactivation of an inactive license or specialty registration shall be fifty dollars (\$50.00). Such fee shall be in addition to the biennial renewal fee prescribed in Rule 61G5-24.008, F.A.C.

61G5-24.017 Inactive Status License and Specialty Registration Fees.

(1) The fee for renewal of an inactive license shall be forty dollars (\$40.00).

(2) The fee for renewal of an inactive registration shall be forty dollars (\$40.00).

61G5-24.018 Examination Review Fee.

Repealed 9-3-12.

CHAPTER 61G5-25 LICENSURE STATUS AND NOTICE OF ADDRESS CHANGE

61G5-25.001 Active Status.

61G5-25.002 Inactive Status; Reactivation.

61G5-25.004 Null and Void Status.

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

61G5-25.001 Active Status.

(1) The department shall renew an active cosmetology license or specialty registration upon timely receipt of the completed application for status, the biennial renewal fee, and certification that the licensee or registrant has demonstrated participation in the continuing education required by Rule 61G5-32.001, F.A.C.

(2) The term “completed application” for purposes of active status or inactive status shall mean either a completed renewal notice or a written request from the licensee or registrant accompanied by a statement affirming compliance with the applicable requirements for renewal.

61G5-25.002 Inactive Status; Reactivation.

(1) Any licensee or registrant may elect at the time of license renewal to place the license or registration into inactive status by filing with the Board a completed application for inactive status as defined by Rule 61G5-25.001(2), F.A.C., and by paying the inactive status fee.

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

(3) Any inactive licensee or registrant who elects active status is not eligible to elect to return to inactive status until the next licensure renewal period.

(4) A cosmetologist or specialist may not work with an inactive or delinquent license or registration.

61G5-25.004 Null and Void Status.

The Null and Void status licensee who applies for active or inactive status shall apply to the Department by submitting Form DBPR COSMO 7 Application for License/Registration from Null and Void (Expired License/Registration), incorporated by Rule 61-35.011, F.A.C.

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

(1) It shall be the duty of each licensee or registrant to provide written notification to the Department of the licensees 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 SPECIALTY LICENSING

61G5-29.001 Definitions.

61G5-29.002 Specialty Registration (Repealed).

61G5-29.003 Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) Training for Initial Registration (Repealed).

61G5-29.004 Supervised Specialty Practice Exception.

61G5-29.011 Endorsement of Specialty Registration.

61G5-29.012 Who May Apply (Repealed).

61G5-29.013 Registration Renewal Procedures.

61G5-29.001 Definitions.

(1) “Specialty Registration” means a registration to practice one or more of the following specialties: manicuring/pedicuring/ nail extension, facials (skin care and hair removal).

(2) “Certificate of Completion” means a certificate from one of the following:

(a) A school licensed pursuant to Chapter 1005, F.S., or the equivalent licensing authority of another state.

(b) A specialty program within the public school system.

(c) A specialty division within the Cosmetology Division of the Florida School for the Deaf and the Blind, provided the training programs comply with minimum curriculum requirements established by the board.

(3) “Facials” means:

(a) The massaging or treating of the face, neck or scalp as defined in Section 477.013(6)(c), F.S., 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;

(b) Skin care services for the body as defined in Section 477.013(13), F.S.; and,

Facials shall be performed only by individuals licensed pursuant to Sections 477.019 and 477.0201, F.S., and performed in schools licensed pursuant to Chapter 1005, F.S., or salons licensed pursuant to Section 477.025, F.S.; and,

(c) Facial and skin care services consistent with those permitted to be performed by cosmetologists and full and facial specialists by Chapter 477, F.S., and the rules adopted by the board, and as further defined and set forth with specificity in Rule 61G5-18.00015, F.A.C.

(4) “Cosmetic Demonstration” means the application or removal of cosmetic products for the purposes of demonstration of the

cosmetic products as part of a sales or promotion program rendered without compensation for the service from the individual or individuals who are the recipients or audience of the demonstration.

(5) “Cosmetic products” means any external preparation which is intended to cleanse, tone, color or beautify the face or neck, including but not limited to skin cleansers, astringents, skin fresheners, lipstick, eyeliner, eye shadow, foundation, rouge or cheek color, mascara, face powder or corrective stick.

(6) “Simple Adhesive” as used in Section 477.013(6)(a), F.S., means a substance by which artificial nails (such as “press on nails”) can be attached to and then easily detached from a patron with slight pressure only, without the application of any nail primer or solvents of any kind, and without removing the natural oils from or roughing of such patron’s nails.

Last Amended 1/10/2022

61G5-29.002 Specialty Registration.

Repealed 9-3-12.

61G5-29.003 Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) Training for Initial Registration.

Repealed 9-3-12.

61G5-29.004 Supervised Specialty Practice Exception.

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

(a) All specialty services to be performed by the applicant under this exception shall be performed under the supervision of a registered specialist. “Under the supervision of a registered specialist” shall mean that an individual who then holds a current, active Florida registration as a specialist in the same specialty for which the applicant has applied, or an individual who then holds a current, active Florida license as a cosmetologist shall be physically present at all times when the applicant is performing specialty services.

(b) All specialty services performed by the applicant under this exception shall be performed in a licensed cosmetology or specialty salon. All times during which the applicant is performing specialty services in the salon, the license for the cosmetology or specialty salon shall be in a current and active status.

(2) Prior to beginning the performance of specialty services under this exception, all applicants shall provide to the

cosmetology or specialty salon license holder or his or her representative a copy of the completed application for registration as a specialist submitted to the Department by the applicant including a copy of the Certificate of Completion provided to the applicant by the applicant’s training program.

(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. *Last Amended 1/23/2023*

61G5-29.011 Endorsement of Specialty Registration.

The Department of Business and Professional Regulation shall issue a registration to a person who:

- (1) Makes application and pays to the Department the fee specified in Rule 61G5-24.002, F.A.C.;
- (2) Is currently registered or licensed to practice and is currently practicing one of the specialties as defined in Section 477.013(6) and (7), F.S., under the law of another state;
- (3) Demonstrates that the other state’s qualifications and requirements are comparable to or more stringent than those required by Florida Law (Chapter 477, F.S.) and Rule 61G5-22.015, F.A.C.

61G5-29.012 Who May Apply.

Repealed 9-3-12.

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.

61G5-30.006 Notice of Non Compliance.

61G5-30.001 Disciplinary Guidelines.

(1) The Board shall act in accordance with the following guidelines when it finds the enumerated violations in disciplinary cases. The Board shall impose a penalty within the range of each applicable disciplinary violation set forth below unless the Board finds one or more aggravating or mitigating circumstances, in which case the Board may deviate from the guideline penalty. A penalty shall be imposed for each separate violation and/or offense. The penalty range indicated is for a single offense. A second or subsequent offense refers to a violation in which prior action has been taken by the Department either in the form of a citation, as set forth in Section 455.224, F.S., and Rule 61G5-30.004, F.A.C., or as prior discipline before the Board. Refer to the statutory and rule citations for a full description of each violation.

(2) VIOLATION	PENALTY RANGE For first and subsequent offenses unless otherwise indicated.
(a) A person without an active license or registration who engages in the practice of, or holds oneself out to practice, cosmetology or a specialty. (Section 477.0265(1)(a) or 477.029(1)(a), F.S.)	<p>1. For a person who was never licensed or otherwise authorized to practice, or whose license or registration has been revoked, a fine of \$500.</p> <p>2. For a licensee or registrant who fails to properly renew and continues to provide services, a fine of \$100 for every month or partial month during which the individual was delinquent, unlicensed, or unregistered, up to a maximum of \$500. A second delinquent offense shall include suspension for 60 days upon renewal, and a third offense shall include suspension for 90 days upon renewal, revocation, or denial of license.</p> <p>3. For a person who provides services with a suspended license or registration, a fine of \$500. A second offense shall include a consecutive suspension for up to 90 days. A third offense shall include a consecutive suspension for up to one year and/or revocation.</p>
(b) Operating an unlicensed salon or a salon otherwise not duly licensed; salon operating without a license. (Section 477.0265(1)(b)1., 477.029(1)(b), or 477.025(1), F.S.)	<p>1. For a salon that has never been licensed, or for which the salon license has been suspended or revoked, a fine of \$500.</p> <p>2. For a salon in which the license which has become delinquent, a fine of \$100 for every month or partial month of delinquency during which the salon has operated, up to a maximum of \$500.</p> <p>3. For a salon operating on a suspended license, a fine of \$500 and/or a consecutive suspension for up to 60 days. A second or subsequent violation shall include suspension for up to one year or revocation.</p> <p>4. For a salon operating on a revoked license: A fine of \$500 and/or refusal to certify to the department an application for licensure.</p>
(c) A licensed salon or a person operating a salon that permits a person without a license or registration, unless exempt, to perform cosmetology or specialty services in the salon. (Section 477.0265(1)(b)2., F.S., or Rule 61G5-20.001, F.A.C.)	<p>1. For a violation involving a person providing services who was never licensed or registered in Florida, or whose license or registration has been suspended or revoked, a fine of \$500. The second and subsequent offenses shall include salon suspension for up to 60 days or revocation.</p> <p>2. For a violation involving a person providing services who failed to properly renew or whose exemption has terminated, a fine of \$100 for every month or partial month during which the violation took place, up to a maximum of \$500.</p>
(d) A salon that permits an employee without a valid, active license or registration to practice	1. For employing a person who was never licensed or registered in Florida, whose license is suspended or revoked, or who is not exempt, a fine of \$500.

cosmetology or a specialty. (Section 477.0265(1)(c) or 477.029(1)(c), F.S.)	<p>A second offense shall include suspension for up to 60 days. A third offense shall include suspension for up to one year or revocation.</p> <p>2. For employing a person who failed to properly renew or whose exemption has terminated, a fine of \$100 for every month or partial month during which the person was employed, up to a maximum of \$500. A second offense shall include suspension for up to 60 days. A third offense shall include suspension for up to one year or revocation.</p>
(e) A person or salon who obtains or attempts to obtain a license or registration for money, other than the required fee, or any other thing of value or by fraud, fraudulent misrepresentation, or the use of false or forged information. (Section 477.0265(1)(d), 477.028(1), 477.028(2), or 477.029(1)(e), F.S.)	A fine of \$500 and revocation of, or refusal to certify to the department an application for, a salon or cosmetology license or specialty registration.
(f) A person who uses or attempts to use a suspended or revoked cosmetology license or specialty registration to practice cosmetology or a specialty. (Section 477.0265(1)(e) or 477.029(1)(g), F.S.)	<p>1. Suspended license: A fine of \$500 and/or a consecutive suspension for up to one additional year of a cosmetology license or specialty registration, and/or revocation for a third or subsequent offense.</p> <p>2. Revoked license: A fine of \$500 and/or refusal to certify to the department an application for licensure to practice the same profession.</p>
(g) A person who advertises or implies that skin care services are related to massage therapy, except as allowed by statute. (Section 477.0265(1)(f), F.S.)	A fine of \$250 for the first offense; a fine of \$500 for subsequent offenses.
(h) Use or possess a product containing a liquid nail monomer containing any trace of methyl methacrylate (MMA). (Section 477.0265(1)(g), F.S.)	<p>1. A fine of \$500 for the first salon offense and reinspection of the premises within two weeks of the issuance of the Final Order. For a second salon offenses, a fine of \$500 and suspension for up to 60 days with a reinspection of the premises prior to reinstatement of the license. For a third or subsequent salon offense, a fine of \$500 and suspension for up to 90 days with a reinspection of the premises prior to reinstatement of the license, and/or revocation.</p> <p>2. A fine of \$500 for an individual offense.</p>
(i) Violate or refuse to comply with an Order of the Board or the Department. (Section 477.029(1)(i), F.S.)	A fine of \$500 and compliance within 30 days or within a time set by the Board.
(j) A person or salon guilty of fraud, deceit, gross negligence, incompetency, or misconduct in the practice or instruction of cosmetology or a specialty, or in operation of the salon. (Section 477.028(1)(b) or 477.028(2)(b), F.S.)	<p>1. For Fraud or Deceit – A fine of \$500 and suspension for up to two years and/or revocation of the salon or cosmetology license or specialty registration, or refusal to certify to the department an application for licensure to practice the same profession.</p> <p>2. For Gross Negligence – A fine of \$500 and suspension followed by supervised probation as determined by the Board, or revocation of the salon or cosmetology license, or specialty registration, or refusal to certify to the department an application for licensure to practice the same profession.</p> <p>3. For Incompetency or Misconduct – For the first offense, a fine of \$250 to \$500 for the holder of a cosmetology license or specialty registration, and/or the owner of the salon, and the Board shall specify up to 6 hours of continuing education in addition to any other continuing education requirement.</p>

	For subsequent offenses, a fine of \$500 and suspension or revocation and/or refusal to certify to the department an application for licensure to practice the same profession.
(k) A cosmetology or salon license or specialty registration holder is guilty of aiding, assisting, procuring, or advising any unlicensed person to practice as a cosmetologist. (Section 477.028(1)(c), F.S.)	A fine of \$500 for the first offense. A fine of \$500 and/or suspension for up to one year or revocation of salon license, cosmetology license, or specialty registration for a subsequent offense.
(l) Person who presents the license of another as his or her own license. (Section 477.029(1)(d), F.S.)	A fine of \$500 and a reprimand for the first offense. A fine of \$500 for subsequent offenses and/or suspension or revocation, or refusal to certify to the department an application for licensure.
(m) A person who impersonates any other licenseholder of like or different name. (Section 477.029(1)(f), F.S.)	A fine of \$500 and a six month suspension of any other license or registration held pursuant to Chapter 477, F.S., and/or refusal to certify to the department an application for licensure to practice the same profession.
(n) Failure to meet or maintain salon facility safety, sanitary, building code, or fire code requirements. (Paragraphs 61G5-20.002(2)(c), (d), F.A.C.)	A fine of \$100 to \$500 and compliance within 60 days with reinspection; suspension of salon license upon failure to timely comply with facility requirements.
(o) Failure to meet minimum salon requirements for cleanliness, disinfection procedures, and log book. (Subsections 61G5-20.002(3), (6) F.A.C.)	A fine of \$100 per violation for up to three violations. A fine of \$500 for four or more violations and suspension of the license pending successful reinspection prior to reinstatement of the license.
(p) Salon operated in the same licensed space allocation with any other business; lack of permanent wall separating salon. (Subsection 61G5-20.002(4), F.A.C.)	Suspension of salon license until compliant as evidenced by successful reinspection prior to reinstatement of the license.
(q) Failure of a full or specialty salon to provide adequate floor space for services. (Subsection 61G5-20.002(5), F.A.C.)	A fine of \$100 for each individual noncompliant service area up to a maximum of \$500 per inspection, with reinspection in two weeks; suspension until compliant after reinspection if not timely compliant.
(r) Person or salon violation of required display of licenses, inspection sheets, and/or consumer notices. (Rule 61G5-20.004, F.A.C.)	A fine of \$100 for each violation for the first offense; for subsequent offenses, a fine of \$250 for each violation up to a maximum of \$500.
(s) Practicing beyond the scope of a cosmetology license or specialty registration as set forth in Chapter 477, F.S. or the rules adopted thereto. (Section 455.227(1)(o), F.S.)	A fine of \$500 and/or suspension for up to six months for the first offense. For the second offense, a fine of \$500 and/or suspension for up to one year. For a third or subsequent offense, a fine of \$500 and suspension for one year and/or revocation of the license or registration under which the violation occurred.
(t) Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession. (Section 455.227(1)(c), F.S.)	A fine of \$500 and/or revocation for the first or second offense. For a subsequent offense, a fine of \$500 and/or suspension for up to six months of a salon or cosmetology license or specialist registration and/or revocation.
(u) Failing to report in writing to the board within 30 days after the licensee is convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction. (Section 455.227(1)(t), F.S.)	A fine of \$100 for the first offense. For a second failure to report, a fine of \$300. A fine of \$500 for each subsequent failure to report.
(v) Failing to report to the department any person who the licensee knows is in violation of	A fine of \$500 for the first failure to report. For a second or subsequent failure to report, a fine of \$500 and/or suspension of a salon, cosmetology, or

the laws and rules of the department or the board. (Section 455.227(1)(i), F.S.)	specialist license or registration for up to six months.
(w) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding. (Section 455.227(1)(r), F.S.)	A fine of \$500 and/or suspension for up to six months for the first or second offense. For subsequent offenses including up to revocation.
(x) Violate or refuse to comply with any provision of Chapter 455, F.S., except as otherwise provided herein. (Section 477.029(1)(i), F.S.)	A fine of \$500 and/or suspension, revocation, or refusal to certify to the department for licensure.
(y) Violate or refuse to comply with any provision of Chapter 477, F.S., or a rule of the Board except as otherwise provided herein. (Section 477.029(1)(i), F.S.)	A fine of \$300 for the first violation. A fine of \$500 and/or suspension for up to 30 days for any subsequent violation. A fine of \$500 and/or suspension or revocation of license or registration for a third or subsequent violation.

(3) Based upon consideration of the following factors, the Board may impose disciplinary action other than the penalties recommended above:

- (a) The danger to the public;
- (b) The length of time since date of violation;
- (c) The number of prior 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 (2), above;
- (4) Penalties imposed by the Board pursuant to Rule 61G5-30.001, F.A.C., may be imposed in combination or individually but may not exceed the limitations enumerated below:
 - (a) Issuance of a reprimand or censure.
 - (b) Imposition of an administrative fine not to exceed \$500 for each count or separate offense.
 - (c) Placement on probation for a period of time and subject to such reasonable conditions as the Board may specify.
 - (d) Revocation or suspension of any license or registration issued pursuant to Chapter 477, F.S.
 - (e) Refusal to certify to the Department an applicant for licensure or registration.
- (5) The provisions of subsections (1) through (5), above, shall not be construed so as to prohibit civil action or criminal prosecution as provided for in Section 477.0265(2) or 477.031, F.S., and the provisions of subsections (1) through (5), above, shall not be construed so as to limit the ability of the Board to enter into binding stipulations with accused parties as per Section 120.57(3), F.S.

(6) In every case the Board imposes a monetary fine and/or assesses costs, 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 and costs are 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.

Last amended 2/1/2022

61G5-30.004 Citations.

- (1) Definitions. As used in this rule;
 - (a) "Citation" means an instrument which meets the requirements set forth in Section 455.224, F.S., and which is served upon a subject for the purpose of assessing a penalty in an amount established by this rule;
 - (b) "Subject" means the licensee, applicant, person, partnership, corporation, or other entity alleged to have committed a violation designated in this rule.
- (2) In lieu of the disciplinary procedures contained in Section 455.225, F.S., the Department is hereby authorized to dispose of any violation designated herein by issuing a citation to the subject within six months after the filing of the complaint which is the basis for the citation.
- (3) Citations shall be issued for the first offense violations only.
- (4) The Board hereby designates the following as citation violations, which shall result in a penalty of fifty dollars (\$50.00):
 - (a) Except as otherwise provided herein, any violation of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C. – however, if it is an initial offense and there are no other violations, then the subject shall be given a Notice of Noncompliance;
 - (b) Practicing cosmetology or a specialty with an inactive or expired license for one month or part of a month;
 - (c) Operating a salon with a delinquent license for one month or part of a month;
 - (d) Employing a person to practice cosmetology or a specialty with an inactive or expired license for one month or part of a month.
 - (e) Unless otherwise permitted in Chapter 477, F.S., performing

cosmetology services in a salon which does not have a license in violation of Section 477.0263(1), F.S.

(5) The Board hereby designates the following as citation violations, which shall result in a penalty of one hundred dollars (\$100.00):

(a) Transferring ownership or changing location of a salon without the approval of the Department pursuant to Rule 61G5-20.006, F.A.C., provided the transfer of ownership or change of location has not exceeded 90 days and the salon owner can provide proof that a completed application has been filed with the Department;

(b) Practicing cosmetology or a specialty with an inactive or expired license for more than one month but not more than two months;

(c) Operating a salon with a delinquent license for more than one month but not more than two months;

(d) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than one month but not more than two months;

(e) Two violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.

(6) The Board hereby designates the following as citation violations, which shall result in a penalty of one hundred and fifty dollars (\$150.00):

(a) Practicing cosmetology or a specialty with an inactive or expired license for more than two months but not more than three months;

(b) Operating a salon with a delinquent license for more than two months but not more than three months;

(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than two months but not more than three months.

(7) The Board hereby designates the following as citation violations, which shall result in a penalty of two hundred dollars (\$200.00):

(a) Practicing cosmetology or a specialty with an inactive or expired license for more than three months but not more than four months;

(b) Operating a salon with a delinquent license for more than three months but not more than four months;

(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than three months but not more than four months;

(8) The Board hereby designates the following as citation violations, which shall result in a penalty of two hundred and fifty dollars (\$250.00):

(a) Operating a salon without disinfecting solutions as required by paragraph 61G5-20.002(3)(d), F.A.C.;

(b) Three violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.;

(c) Practicing cosmetology or a specialty with an inactive or expired license for more than four months but not more than five months;

(d) Operating a salon with a delinquent license for more than four months but not more than five months; and

(e) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than four months but not more than five months.

(9) The Board hereby designates the following as citation violations, which shall result in a penalty of three hundred

dollars (\$300.00):

(a) Practicing cosmetology or a specialty with an inactive or expired license for more than five months but not more than six months;

(b) Operating a salon with a delinquent license for more than five months but not more than six months;

(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than five months but not more than six months; and

(d) Four violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.

(10) The Board hereby designates the following as citation violations, which shall result in a penalty of three hundred and fifty dollars (\$350.00):

(a) Practicing cosmetology or a specialty with an inactive or expired license for more than six months but not more than seven months;

(b) Operating a salon with a delinquent license for more than six months but not more than seven months; and

(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than six months but not more than seven months.

(11) The Board hereby designates the following as citation violations, which shall result in a penalty of four hundred dollars (\$400.00):

(a) Practicing cosmetology or a specialty with an inactive or expired license for more than seven months but not more than eight months;

(b) Operating a salon with a delinquent license for more than seven months but not more than eight months; and

(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than seven months but not more than eight months.

(12) The Board hereby designates the following as citation violations, which shall result in a penalty of four hundred and fifty dollars (\$450.00):

(a) Practicing cosmetology or a specialty with an inactive or expired license for more than eight months but not more than nine months;

(b) Operating a salon with a delinquent license for more than eight months but not more than nine months; and

(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than eight months but not more than nine months.

(13) The Board hereby designates the following as citation violations, which shall result in a penalty of five hundred dollars (\$500.00):

(a) Practicing cosmetology or a specialty without a license;

(b) Operating a salon without a license;

(c) Employing a person to practice cosmetology or a specialty without a license;

(d) Practicing cosmetology or a specialty with an inactive or expired license for more than nine months but not more than twelve months;

(e) Operating a salon with a delinquent license for more than nine months but not more than twelve months; and

(f) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than nine months but not more than twelve months.

61G5-30.005 Mediation.

(1) "Mediation" means a process whereby a mediator appointed by the department acts to encourage and facilitate resolution of a legally sufficient complaint. It is an informal and 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.

61G5-30.006 Notice of Non Compliance.

(1) In accordance with Section 455.225(3), F.S., when a complaint is received, the agency may provide a licensee with a notice of non compliance for an initial offense of a minor violation. Failure of a licensee to take action in correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings. "Minor violations" as used in Section 455.225(3), F.S., are defined as follows:

- (a) Violations of Rule 61G5-20.004, F.A.C.
- (b) Violations of subsection 61G5-18.011(1), F.A.C., in failing to maintain a copy of his or her certificate of course completion in instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
- (c) Violations of paragraph 61G5-20.008(2)(a), F.A.C., in failing to retain copies of an employee's high school diploma or G.E.D. equivalency certificate and cosmetology school diploma or certificate of completion.
- (d) An initial offense and no other violations of Rule 61G5-20.002, F.A.C.

(2) In accordance with Section 120.695, F.S., the agency shall issue a notice of non compliance as first enforcement action against a licensee for a minor violation of a rule. Pursuant to Section 120.695(2)(b), F.S., the Board designates the following rules for which a violation would be a minor violation of a rule for which a notice of non compliance is issued:

- (a) Violations of Rule 61G5-20.004, F.A.C.
- (b) Violations of subsection 61G5-18.011(1), F.A.C., in failing to maintain a copy of his or her certificate of course completion in instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
- (c) Violations of paragraph 61G5-20.008(2)(a), F.A.C., in failing to retain copies of an employee's high school diploma or GED equivalency certificate and cosmetology school diploma or certificate of completion.
- (d) An initial offense and no other violations of Rule 61G5-20.002, F.A.C.

PART C

FLORIDA ADMINISTRATIVE CODE

CHAPTER 61 Departmental

61-6.010 Random Audit of License Renewal Requirements.

61-6.002 Delinquent Status

61-6.003 Inactive Status.

61-6.004 Reactivation.

61-6.005 Licensee's Obligation.

61-6.021 Licensee Name Change.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

The following are selected excerpts of rules of the Department of Business and Professional Regulation (DBPR) that directly affect the practice of licensees regulated by the laws and rules in this booklet. These are being provided for your convenience; however, the exclusion of the remaining sections of Chapter 61, Florida Administrative Code cannot be construed to mean that they do not affect a license directly or indirectly. Chapter 61, F.A.C., is the governing rules of DBPR. A complete copy of Chapter 61, F.A.C., is available on the Internet under www.MyFlorida.com>Find an Agency>State>Elections>Florida Administrative Code>FAC Online.

61-6.010 Random Audit of License Renewal Requirements.

(1) No later than six (6) months after the beginning of a licensure period, each board shall initiate a random audit of licensees to determine their compliance with license renewal requirements. This audit shall be conducted by the appropriate office of the Department of Business and Professional Regulation.

(2) Each licensee randomly selected for audit shall be so notified by email or regular mail, and each selected licensee shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.

(3) If notification is returned to the Department because of an incorrect email or mailing address, the Department shall attempt again to notify the licensee after making a reasonable effort to determine the licensee's correct email or mailing address. The licensee so notified shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.

(4) If notification sent to the licensee by regular mail is returned to the Department unclaimed or refused, the Department shall by certified mail attempt to notify the licensee of the information contained in the original mailing. The licensee so notified shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.

(5) If a licensee's documentation of compliance with the requirements for license renewal is not sufficient, the Department shall notify the licensee, by email or regular mail, of the deficiencies, and the licensee shall ensure that the Department receives all documentation specified by the

Department no later than twenty-one (21) days from the licensee's receipt of notice.

(6) Commencing on the twenty-second (22) day after a licensee selected for audit receives notice, the board may grant the licensee up to thirty (30) additional days in which to obtain appropriate documentation and supply that documentation to the Department if: (1) the licensee's written request was received by the board within twenty-one (21) days of the licensee's receipt of notice of audit or receipt of documentation deficiency, (2) the licensee's written request stated with particularity the reasons an extension should be granted, and (3) the board's written notification as to the length of the extension granted was received by the Department office conducting the audit no more than ten (10) days after the twenty-one (21) day compliance period had lapsed.

(7) The Department may take whatever action is appropriate against any licensee selected for audit who:

(a) Has not kept the Department informed of an accurate mailing and email address,

(b) Does not cooperate in the audit, or

(c) The audit reveals has not met the requirements for license renewal. Amended 9-1-21.

61-6.002 Delinquent Status.

(1) Any license renewal application except for a license described in Rule 61-6.006, Florida Administrative Code, which for any reason is not submitted in a timely and complete manner shall revert to delinquent status.

(2) Each application for renewal shall be considered timely filed if the application has been postmarked by the post officer prior to midnight on the date of expiration of the license or has been delivered by the close of business on the date of expiration of the license. If that date falls on a Saturday, Sunday, or legal holiday, the day of expiration shall be the first working day after the expiration date on the license. In order to be complete, the application must have all appropriate spaces filled, be signed by the licensee and include a money order or a sufficiently funded check in the correct amount. Any renewal which does not comply with the above conditions shall become delinquent.

61-6.003 Inactive Status.

A licensee may choose inactive status by filing with the department a written notice, which may be indicated on the renewal form, accompanied by the appropriate fee. Such notice and fee must be received in accordance with subsection 61-6.002(2), Florida Administrative Code, to be timely.

61-6.004 Reactivation.

(1) A delinquent status licensee may apply for active or inactive status any time during the biennial licensure cycle. As defined by rule of the board, or the Department when there is no board, a complete application, the renewal fee, and a delinquent fee shall be required. The license of a delinquent licensee that does not achieve active or inactive status before the end of the current biennial licensure period shall be null, and subsequent licensure will require meeting all the requirements for initial licensure.

(2) A licensee who has inactive status may reactivate at any time by notifying the Department of his/her desire to do so, completing the appropriate form(s), and by paying the current required fees set by appropriate rule, and meeting any other conditions imposed by the board, or Department when there is no board, as required in Section 455.271, F.S.

61-6.005 Licensee's Obligation.

It shall be the duty of licensees, active and inactive, to keep the Department informed of any information, which the Department requires, including but not limited to his/her current mailing address.

61-6.021 Licensee Name Change.

(1) Licensees shall direct their requests for name changes on the master file of the Department to the board office of their profession or to the Bureau of Licensure, 1940 North Monroe Street, Tallahassee, Florida 32399-2205.

(2) Name change requests shall be in writing and shall be documented. An original, a certified copy, a duplicate copy of an original or a duplicate of a certified copy of an original document which shows the legal name change shall be accepted unless the Department has a question about the authenticity of the document raised on its face, or because the genuineness of the document is uncertain, or because of another matter related to the application.

(3) Documents acceptable by the Department for request of a license name change include a marriage license, a court order (e.g., adoption, divorce decree, name change, or federal identity change), a certificate of status, or a certificate of authorization.

(4) Documents unacceptable for a request of a license name change include all documentation other than those listed above.

COURSE SECTION 2 – Laws and Rules Assessment Question's

2. It is unlawful to practice or attempt to practice cosmetology on a suspended license.

True False

3. The Department of Business and Professional Regulations can inspect salons to determine if all requirements have been met.

True False

COURSE SECTION -3

Workers' Compensation

(.5 Credit Hours)

Course Outline:

Course Learning Objectives
Course Overview:
Florida Workers' Compensation Program
Workers' Compensation History
Florida Workers' Compensation System
Tort reform and Florida workers compensation
Employee Facts
Important Workers' Compensation Information
Medical Benefits
Wage Replacement Benefits
Anti-Fraud Reward Program
Employee Assistance Office
Insurer Responsibilities
Statute of Limitations
Petition for Benefit
Injured Worker Responsibilities
Legal Representation
Return to Work
Commonly Asked Questions and Answers

Course Learning Objectives:

The purpose of this course and the outcome expected is for participants to:

- Learn the History of workers' compensation
- Gain a basic knowledge workers' compensation vocabulary
- Learn about changes in Florida workers' compensation
- Review important workers' compensation information
- Review commonly asked questions and the answers regarding Workers' Compensation
- Understand the differences between Employees and Independent Contractors
- Know about the drug-free workplace program and how it works.

Course Overview:

This course looks at the Florida law governing workers' compensation. Covered in this course is a section on the history of worker's compensation, important definitions used in worker's compensation law and the laws relevant to the beauty industry. Commonly asked questions and answers are reviewed, as well as a review on important information regarding worker's compensation rules and responsibilities. Information concerning the drug-free workplace program is highlighted in this section along with the Florida laws governing workers' compensation laws. Included are legislative intent, application, notice requirements, failure to secure compensation, coverage, notice of injury or death, reports, penalties for violations, coercion of employees, application for coverage, reporting payroll, payroll audit procedures, and penalties. Also reviewed here is how tort

reform has affected workers compensation in Florida. The information provided was taken directly from the 2020 Florida Statutes Chapter 440 Workers' Compensation and is updated as the laws change. In this course

Florida Workers' Compensation Program

Workers' compensation programs provide benefits to workers who are injured on the job or who contract a work-related illness. Benefits include cash payments designed to replace a portion of lost wages for time spent away from work, in addition to payments for medical care associated with work-related illness or injury. Workers' Compensation law was enacted to aid in the protection of employees on the job as well as the family unit should the employee die from a work-related accident or illness. The full F.S. Chapter 440 of the law governing workers' compensation is so large we have

consolidated the information to what will help you most in your specific area of employment. As with any questions about legal matters, you should always seek proper legal counsel. The following contains sections of the law, which have more connectivity to the beauty industry. These are but sections of a larger chapter. Should you become affected you should refer to the entire chapter and seek legal counsel.

Workers' Compensation History

The need for a fair and equitable system of workers' compensation evolved out of the industrial revolution. As economic and industrial activities flourished, the number of work injuries also grew. The increasing use of machinery, new concepts of producing goods, and the pressure of increased demand for products resulted in more injury problems without solutions for employers and employees. For the most part, workers who were injured on the job had no recourse other than to sue their employers at common law, an expensive and time-consuming process. The court system was crowded, causing long delays. Compensation for injuries was usually insufficient and uncertain. The employee sometimes was forced to bear the expense of injury himself or had to throw himself on the mercy of welfare.

This problem was first addressed in Europe during the 1800s, and by the turn of the century the movement had spread to the United States and Canada. Laws were enacted to provide workers injured on the job with prompt, equitable, and guaranteed benefits. Injured workers received medical care and disability income irrespective of fault. Employers, in turn, were protected from potentially catastrophic loss by a stated amount of specific benefits for the injuries suffered by the employee. The worker was prohibited from filing suit while the employer was obligated to pay the mandated benefits. Only a few large employers had sufficient resources to guarantee injured employees these mandated benefits without endangering solvency. Therefore, most employers purchased insurance protection against these liabilities. Insurance was a necessity to stabilize the increasing mechanization of the business community. By 1920, all but seven states had enacted workers' compensation laws. Today, each of the 50 states and the District of Columbia has its own program.

Florida Workers' Compensation System

The Florida Workers' Compensation Program was enacted to ensure that workers injured as a result of their employment receive prompt medical and disability benefits and to assist in the successful rehabilitation of the employee so that they may return to work. Funds for this system can come from either: 1.) The purchase of private insurance by the employer or 2.) The employer chooses to be "self-insured". In the case of self-insurance, the employer must be able to demonstrate to the State the ability to pay for any compensation claims that may occur. To ensure that a self-insured employer will pay claims, the State may require the employer to purchase a bond or set aside some other form of security that will cover any possible claims. The amount of bond or security is set by the Division of Workers' Compensation. This is the state

agency charged with administering the workers' compensation program.

Workers' Compensation Changes and Tort Reform

In 2002, according to the National Council on Compensation Insurance, Florida had the highest workers' compensation premium rates of any state. Costs for employers, both the self-insured and those that bought coverage, were rising much faster than either medical costs or wages.

In 2003, Florida passed tort reform to tackle the issue of excessive litigation in workers' compensation cases. The reform law also aimed to contain medical costs for injured workers, which were higher than group health insurance costs for similar injuries.

The New Law Limits Attorney's Fees

The new law limits attorney's fees by requiring attorneys in most cases to base their fees on the value of benefits they secured for their clients. Most of the savings under the reforms were due to less attorney involvement in permanent partial disability claims. These claims often involve injuries that are difficult to diagnose and treat. Litigation in these cases is expensive and can take years, during which workers are generally not employed. By 2009, Florida workers' comp rates were among the lowest in the country for similar occupations. The time required to resolve claims fell significantly, whether or not attorneys were involved. This reduced overall costs and it also reduced the average time before workers returned to gainful employment.

Limiting Medical Costs

Although limits on attorney fees were responsible for most of the savings in Florida, the reforms also included controls on treatment that slowed the rise in medical costs. Before the reforms, for example, an injured worker could get second opinions from a variety of specialists. The reforms limited them to one independent specialist. As a result of the changes, over the 2003 to 2008 period, medical costs in Florida's workers' comp system increased by less than a quarter (22.4 percent). In the other Gulf States, medical costs increased by nearly one-third (31.6 percent).

Employee Facts

Important Workers' Compensation Information

If you are injured because of a work-related accident, your employer's workers' compensation coverage provides medical and partial wage replacement benefits that you may be entitled to.

Medical Benefits

As soon as your carrier knows about your work-related injury, the carrier will:

- Determine the compensability of your injury
- Provide an authorized doctor
- Pay for all authorized medically necessary care and treatment related to your injury

Authorized treatment and care may include:

- Doctor's visits • Hospitalization
- Physical therapy • Medical tests
- Prescription drugs • Prostheses
- Travel expenses to and from your authorized doctor.

Once you reach maximum medical improvement (MMI), you are required to pay a \$10 co-payment per visit for medical treatment. MMI occurs when the physician treating you determines that your injury has healed to the extent that further improvement is not likely.

Wage Replacement Benefits

Your workers' compensation benefits for lost wages will start on the eighth day that you are unable to work. You will not receive wage replacement benefits for the first 7 days of work missed, unless you are out of work for more than 21 days due to your work-related injury. In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida's average weekly wage.

If you qualify for wage replacement benefits, you can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of the injury, and bi-weekly thereafter. You will be eligible for different types of wage replacement benefits, depending on the progress of the claim and the severity of the injury.

- **Temporary Total Benefits:** These benefits are provided because of an injury that temporarily prevents you from returning to work, and you have not reached MMI.

- **Temporary Partial Benefits:** These benefits are provided when the doctor releases you to return to work and you have not reached MMI and earn less than 80% of your pre-injury wage. The benefit is equal to 80% of the difference between 80% of your pre-injury wage and your post-injury wage.

- The maximum length of time you can receive temporary benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.

- **Permanent Impairment Benefits:** These benefits are provided when the injury causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage, to the injury.

- If you return to work at or above your pre-injury wage, the permanent impairment benefit is reduced by 50%.

- **Permanent Total Benefits:** These benefits are provided when the injury causes you to be permanently and totally disabled according to the conditions stated in the law.

- **Death Benefits:** The maximum benefit is \$150,000 for any death resulting from a workplace accident.

- The rate, amount, and the duration of compensation for all wage replacement benefits are detailed in the workers' compensation law.

If you have any questions about your benefits first you should call your claims adjuster or the Employee Assistance Office at 1-800-342-1741.

Employee Assistance Office

The Division of Workers' Compensation, Employee Assistance Office (EAO) helps prevent and resolve disputes between injured workers and employers/carriers. If the insurance carrier does not provide the benefits to which you believe you are entitled, you can call the EAO toll-free hotline at 1-800-342-1741. EAO specialists are knowledgeable about the workers' compensation system and may be able to address your concerns. The EAO has offices located throughout the state that you can call or visit. You can access the EAO statewide map at http://www.fldfs.com/WC/dist_offices.html. In addition, the Division of Workers' Compensation has a website section on "Frequently Asked Questions for Injured Employees," which can be accessed at, <http://www.fldfs.com/WC/faq/faqwrks.html>.

Insurer Responsibilities

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of your claim information to the Division of Workers' Compensation

Statute of Limitations

Once you are injured at work or become aware of a workers' compensation injury, you have 30 days in which to report your injury to your employer. Generally, you have two years from the date of your injury to file a claim. Failure to report your injury within 30 days may be used as a defense against your claim regardless of the two-year statute of limitations for filing a claim. Your eligibility for benefits may also be eliminated one year from the date you last received a wage replacement check or an approved medical care/treatment.

Petition for Benefit

To begin the judicial procedure for obtaining benefits that are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at <http://www.jcc.state.fl.us/jcc/forms.cfm>.

Injured Worker Responsibilities

- Contact your supervisor/employer immediately to notify them of your on-the-job injury.
- Provide the insurance carrier with your personal signature verifying that you have reviewed and understand the mandatory fraud statement. Your benefits shall be suspended if you refuse to provide your signature.

- Report any wages (from all employment) earned to the insurance carrier.
- Keep in communication with the claims adjuster.
- Complete and return forms to the insurance carrier when asked.
- Keep your appointments with your authorized doctor.
- Follow your doctor's treatment plan.
- Notify the insurance carrier of any changes to your address.

Legal Representation

You are not required to have an attorney. If you do hire an attorney to represent you with your workers' compensation claim, the fees and costs may come out of your benefits, unless your employer or workers' compensation carrier is held responsible for paying your attorney fees. Although the Division does not provide legal advice, the Division will answer questions about your rights and responsibilities and may be able to resolve problems you may have with your workers' compensation claim. This help is free and available by contacting the Employee Assistance Office at 1-800-342-1741

Return to Work

If you are unable to perform the skills required for your former job as a result of your work-related injury, you can contact the Department of Education, Division of Vocational Rehabilitation at 850-488-3431 for free re-employment services.

Injured Worker Frequently Asked Questions**Q: 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 thirty (30) days or your claim may be denied.

•Reference: Section 440.185, Florida Statutes

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

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

•Reference: Section 440.185, Florida Statutes

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

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

•Reference: Section 440.185, Florida Statutes

Q: 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.

•Reference: Section 440.13(2), Florida Statutes

Q: 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.

•Reference: Section 440.13(14), Florida Statutes

Q: 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.

•Reference: Section 440.12, Florida Statutes

Q: How much will I be paid?

In most cases, your benefit check, which is paid bi-weekly, will be 66 2/3 percent of your average weekly wage. If you were injured before October 1, 2003, this amount is calculated by using wages earned during the 91-day period immediately preceding the date of your injury, not to exceed the state limit. If you worked less than 90% of the 91-day period, the wages of a similar employee in the same employment who has worked the whole of the 91-day period, or your full-time weekly wage may be used. If you were injured on or after October 1, 2003, your average weekly wage is calculated using wages earned 13 weeks prior to your injury, not counting the week in which you were injured.

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

•Reference: Section 440.02(28) & 440.14, Florida Statutes

Q: Do I have to pay income tax on 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

Q: When will I get my first check?

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

•Reference: Section 440.20, Florida Statutes

Q: If I'm only temporarily disabled, how long can I get these checks?

You can receive Temporary Total, Temporary Partial Disability payments or a combination of the two benefits during the continuance of your disability for no more than a maximum of 104 weeks.

•Reference: Section 440.15(2), Florida Statutes

Q: Can I receive social security benefits and workers' compensation benefits at the same time?

Yes. However, an offset, or reduction in your workers' compensation check may be applied because the law states that the two combined may not exceed 80 percent of your average weekly wage earned prior to your injury. For further information on Social Security, you may contact the Social Security Administration at (800) 772-1213 or visit their website at www.ssa.gov.

•Reference: Section 440.15(9), Florida Statutes

Q: Can I receive Reemployment Assistance and workers' compensation benefits at the same time?

No, not if you are receiving temporary total or permanent total disability benefits as you must be medically able and available for work to qualify for unemployment. For additional information on Reemployment Assistance, you may want to utilize the Reemployment Assistance website at: www.floridajobs.org.

•Reference: Section 440.15(10), Florida Statutes

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

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.

•Reference: Section 440.14, Florida Statutes

Q: 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.

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

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

•Reference: Section 440.205, Florida Statutes

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

A: 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.

•Reference: Section 440.491, Florida Statutes

Q: 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?

A: 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. For the location of the nearest EAO, see District Offices.

•Reference: Section 440.191 & 440.192, Florida Statutes

Q: What is the time limit for filing a Petition for Benefits?

A: In general, there is a two (2) 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 for specific information.

•Reference: Section 440.19(1), Florida Statutes

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

A: If you were injured on or after January 1, 1994, the claim is closed one (1) year from the date of your last medical treatment or payment of compensation. This period of time is referred to as the Statute of Limitations. If you were injured before January 1, 1994, the period is two (2) years.

•Reference: Section 440.19(2), Florida Statutes

Q: Can I get a settlement from my claim?

A: Settlements may be made under certain circumstances and are voluntary; not automatic or mandatory.

•Reference: Section 440.20 (11)(a)(b)(c), Florida Statutes

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

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

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

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

•Reference: Section 440.13 (3)(j), Florida Statutes

Q: 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?

A: 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:

ATTN: Records Privacy Section
200 E. Gaines Street
Tallahassee, FL 32399-4226
dwcrecordsprivacy@myfloridacfo.com
Fax: 850-488-3453

If you have a question and it was not answered in the above section, please contact the Employee Assistance Office at (800) 342-1741, or by e-mail: wceao@fldfs.com

Division of Workers' Compensation
Bureau of Data Quality and Collection

COURSE SECTION 3 - Workers’ Compensation Assessment Question

4. If the injured worker refuses to submit to a drug test, it will be assumed that drugs or alcohol were the cause of the injury.
True False

COURSE SECTION - 4

Occupational Safety and Health

(.5 Credit Hours)

Course Outline:

- Course Learning Objectives
- Course Overview
- OSHA History and Mission
- OSHA Services
- OSHA's Jurisdiction
- Strong, Fair, and Effective Enforcement Program
- Outreach, Education, and Compliance Assistance
- OSHA Regulation
- Safety Data Sheets the New Rules
- Chemical and Physical Data
- Fire and Explosion Data
- Health Hazard Data
- Hazardous Ingredients
- Precautions for Safe Handling and Use
- Product Information
- Special Protection Information
- The Food and Drug Administration
- Inspections and Legal Sanctions
- Hazards the Salon Professional Faces
- Preventing Repetitive Injuries
- Hazardous Chemical Substance List
- OSHA bloodborne pathogens standards

Course Learning Objectives:

The purpose of this course and the outcome expected is for participants to:

- Boost awareness of OSHA history
- Understand OSHA Regulation.
- Understand FDA Regulation.
- Increase knowledge of SDS Sheets under GHS
- Understand the new Global OSHA policy adopted
- Know the changing standards in SDS format
- Learn the recommended safe practices
- Become familiar with hazardous chemicals sometimes used in salons and salon products

Course Overview: In this section participants learn about the Occupational Safety and Health Administration (OSHA), how it came about and its purpose and mission. This course covers areas regulated by the OSHA, which are pertinent to the cosmetology industry. Material included in this section will educate readers on applicable Food and Drug Administration regulations and help to understand the purpose of the safety data sheet (SDS) and the rules relating to them. The course material will recommend proper placement of SDS's and provide suggestions for easy organization of these sheets.

Additionally, important information with regards to chemicals found in many products used in the salon is provided in the form of a commonly used hazardous chemicals list. The list contains the chemical names, their toxic effects, and where they are found.

The Occupational Safety and Health Administration- History and Mission

December 29, 1970 President Richard M. Nixon signed the Occupational Safety and Health Act of 1970. In May of the following year the first standards were adopted to provide a baseline for safety and health protection in American workplaces.

OSHA's core mission is to ensure a safe and healthy workplace for every working man and woman in the Nation by setting and enforcing standards; providing training, outreach, and education; establishing partnerships; and encouraging continual improvement in workplace safety and health.

Since the agency was created in 1971, workplace fatalities have been cut in half and occupational injury and illness rates have declined 40 percent. OSHA is focusing on three strategies:

- 1) Strong, fair, and effective enforcement;
- 2) Outreach, education, and compliance assistance; and
- 3) Partnerships and voluntary programs.

While no rules have been developed by OSHA specifically for the salon, individuals engaged in the practice of cosmetology are expected to abide by all OSHA 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, and prevention from over exposure to dusts, and overall safety and health plans. As well as bloodborne pathogens and OSHA bloodborne Pathogens standards, universal precautions and handling of blood spills.

OSHA Services

You have the right to a safe workplace. The law requires employers to provide their employees with working conditions that are free of known dangers. Workers may file a complaint to have OSHA inspect their workplace if they believe that their employer is not following OSHA standards or that there are serious hazards.

OSHA and its state partners have approximately 2100 inspectors, plus complaint discrimination investigators, engineers, physicians, educators, standards writers, and other technical and support personnel spread over more than 200 offices throughout the country. This staff works to establish protective standards, implement and enforces those standards, and reaches out to employers and employees through technical assistance and consultation programs.

OSHA's Jurisdiction

Nearly every workingman and woman in the nation comes under OSHA's jurisdiction (with some exceptions such as miners, transportation workers, many public employees, and the self-employed). Other users and recipients of OSHA services include occupational safety and health professionals, the academic community, lawyers, journalists, and personnel of other government entities.

Strong, Fair, and Effective Enforcement Program.

OSHA's efforts to protect workers' safety and health are built on the foundation of a strong, fair, and effective enforcement program. OSHA seeks to assist the majority of employers who want to do the right thing while focusing its enforcement resources on sites in high hazard industries -- especially those with high injury and illness rates.

Outreach, Education, and Compliance Assistance

OSHA plays a vital role in preventing on-the-job injuries and illnesses through outreach, through education, and compliance assistance OSHA offers an extensive website at www.osha.gov. It includes a special section devoted to assisting small business as well as interactive e-Tools to help employers and employees. For example, the agency provides a broad array of training and information materials on its record keeping standard as well as materials to assist employers and workers in understanding and complying

OSHA Regulation

OSHA regulates the chemical materials decided to be hazardous, ensuring appropriate warnings, proper labels, emergency planning, precautions for safe handling and use, and other health related issues. The Food and Drug Administration has the responsibility and authority to ensure that all chemicals and cosmetics used in a salon are deemed safe. Chemicals and cosmetics will not cause harm if used properly, and there are many precautions to help ensure that the products you use daily are safe. As a cosmetology professional, you should become educated on the safety rules for proper use and disposal of all chemicals and cosmetics used in the cosmetology profession, as well as, their health hazards, warnings and emergency procedures.

Modification of the Hazard Communication Standard (HCS)

Modification of the Hazard Communication Standard (HCS) to conform with the United Nations' (UN) Globally

Harmonized System of Classification and Labeling of Chemicals (GHS)

What is the Globally Harmonized System?

The Globally Harmonized System (GHS) is an international approach to hazard communication, providing agreed criteria for classification of chemical hazards, and a standardized approach to label elements and safety data sheets. The GHS was negotiated in a multi-year process by hazard communication experts from many different countries, international organizations, and stakeholder groups. It is based on major existing systems around the world, including OSHA's Hazard Communication Standard and the chemical classification and labeling systems of other US agencies.

The result of this negotiation process is the United Nations' document entitled "Globally Harmonized System of Classification and Labeling of Chemicals," commonly referred to as The Purple Book. This document provides harmonized classification criteria for health, physical, and environmental hazards of chemicals. It also includes standardized label elements that are assigned to these hazard classes and categories, and provide the appropriate signal words, pictograms, and hazard and precautionary statements to convey the hazards to users. A standardized order of information for safety data sheets is also provided. These recommendations can be used by regulatory authorities such as OSHA to establish mandatory requirements for hazard communication, but do not constitute a model regulation.

Why did OSHA decide to modify the Hazard Communication Standard to adopt the GHS?

A. OSHA has modified the Hazard Communication Standard (HCS) to adopt the GHS to improve safety and health of workers through more effective communications on chemical hazards. Since it was first promulgated in 1983, the HCS has provided employers and employees extensive information about the chemicals in their workplaces. The original standard is performance-oriented, allowing chemical manufacturers and importers to convey information on labels and safety data sheets in whatever format they choose.

While the available information has been helpful in improving employee safety and health, a more standardized approach to classifying the hazards and conveying the information will be more effective and provide further improvements in American workplaces. The GHS provides such a standardized approach, including detailed criteria for determining what hazardous effects a chemical poses, as well as standardized label elements assigned by hazard class and category.

This will enhance both the employer and the worker comprehension of the hazards, which will help to ensure appropriate handling and safe use of workplace chemicals. In addition, the safety data sheet requirements establish an order of information that is standardized.

The harmonized format of the safety data sheets will enable employers, workers, health professionals, and emergency responders to access the information more efficiently and effectively, thus increasing their utility.

Adoption of the GHS in the US and around the world will also help to improve information received from other countries—since the US is both a major importer and exporter of chemicals, American workers often see labels and safety data sheets from other countries. The diverse and sometimes conflicting national and international requirements can create confusion among those who seek to use hazard information effectively.

For example, labels and safety data sheets may include symbols and hazard statements that are unfamiliar to readers or not well understood. Containers may be labeled with such a large volume of information that important statements are not easily recognized.

Given the differences in hazard classification criteria, labels may also be incorrect when used in other countries. If countries around the world adopt the GHS, these problems will be minimized, and chemicals crossing borders will have consistent information, thus improving communication globally.

Safety Data Sheets

The Hazard Communication Standard (HCS) (29 CFR 1910.1200(g)), revised in 2012, requires that the chemical manufacturer, distributor, or importer provide Safety Data Sheets (SDSs) (formerly MSDSs or Material Safety Data Sheets) for each hazardous chemical to downstream users to communicate information on these hazards. The information contained in the SDS is largely the same as the MSDS, except now the SDSs are required to be presented in a consistent user-friendly, 16-section format. This brief provides guidance to help workers who handle hazardous chemicals to become familiar with the format and understand the contents of the SDSs.

The SDS includes information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical. The information contained in the SDS must be in English (although it may be in other languages as well). In addition, OSHA requires that SDS preparers provide specific minimum information as detailed in Appendix D of 29 CFR 1910.1200. The SDS preparers may also include additional information in various section(s).

Sections 1 through 8 contain general information about the chemical, identification, hazards, composition, safe handling practices, and emergency control measures (e.g., firefighting). This information should be helpful to those that need to get the information quickly. Sections 9 through

11 and 16 contain other technical and scientific information, such as physical and chemical properties, stability and reactivity information, toxicological information, exposure control information, and other information including the date of preparation or last revision. The SDS must also state that no applicable information was found when the preparer does not find relevant information for any required element.

The SDS must also contain Sections 12 through 15, to be consistent with the UN Globally Harmonized System of Classification and Labeling of Chemicals (GHS), but OSHA will not enforce the content of these sections because they concern matters handled by other agencies.

A description of all 16 sections of the SDS, along with their contents, is presented below:

Section 1: Identification

This section identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier.

Section 2: Hazard(s) Identification

This section identifies the hazards of the chemical presented on the SDS and the appropriate warning information associated with those hazards.

Section 3: Composition/Information on Ingredients

This section identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. This section includes information on substances, mixtures, and all chemicals where a trade secret is claimed.

Section 4: First-Aid Measures

This section describes the initial care that should be given by untrained responders to an individual who has been exposed to the chemical.

Section 5: Fire-Fighting Measures

This section provides recommendations for fighting a fire caused by the chemical.

Section 6: Accidental Release Measures

This section provides recommendations on the appropriate response to spills, leaks, or releases, including containment and cleanup practices to prevent or minimize exposure to people, properties, or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard.

Section 7: Handling and Storage

This section provides guidance on the safe handling practices and conditions for safe storage of chemicals.

Section 8: Exposure Controls/Personal Protection

This section indicates the exposure limits, engineering controls, and personal protective measures that can be used to minimize worker exposure. Any special requirements for PPE, protective clothing or respirators (e.g., type of glove material, such as PVC or nitrile rubber gloves; and breakthrough time of the glove material).

Section 9: Physical and Chemical Properties

This section identifies physical and chemical properties associated with the substance or mixture.

Section 10: Stability and Reactivity

This section describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other.

Section 11: Toxicological Information

This section identifies toxicological and health effects information or indicates that such data are not available.

Section 12: Ecological Information (non-mandatory)

This section provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment.

Section 13: Disposal Considerations (non-mandatory)

This section provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS.

Section 14: Transport Information (non-mandatory)

This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea.

Section 15: Regulatory Information (non-mandatory)

This section identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS.

Section 16: Other Information

This section indicates when the SDS was prepared or when the last known revision was made. The SDS may also state where the changes have been made to the previous version. You may wish to contact the supplier for an explanation of the changes. Other useful information also may be included here.

The Food and Drug Administration

FDA regulates over \$1 trillion worth of products, which account for 25 cents of every dollar spent annually by American consumers.

The Food and Drug Administration touches the lives of virtually every American every day. For it is FDA's job to see that the food we eat is safe and wholesome, the cosmetics we use won't hurt us, the medicines and medical devices we use are safe and effective, and that radiation-emitting products such as microwave ovens won't do us harm. Feed and drugs for pets and farm animals also come under FDA scrutiny. FDA also ensures that all of these products are labeled truthfully with the information that people need to use them properly.

FDA is one of our nation's oldest consumer protection agencies. Its approximately 9,000 employees monitor the manufacture, import, transport, storage and sale of about \$1 trillion worth of products each year. It does that at a cost to the taxpayer of about \$3 per person.

First and foremost, FDA is a public health agency, charged with protecting American consumers by enforcing the Federal Food, Drug, and Cosmetic Act and several related public health laws. To carry out this mandate of consumer protection, FDA has some 1,100 investigators and inspectors who cover the country's almost 95,000 FDA-regulated businesses. These employees are located in district and local offices in 157 cities across the country.

Inspections and Legal Sanctions

These investigators and inspectors visit more than 15,000 facilities a year, seeing that products are made right and labeled truthfully. As part of their inspections, they collect about 80,000 domestic and imported product samples for examination by FDA scientists or for label checks. If a company is found violating any of the laws that FDA enforces, the FDA encourages the firm to voluntarily correct the problem or to recall a faulty product from the market. A recall is generally the fastest and most effective way to protect the public from an unsafe product.

When a company can't or won't correct a public health problem with one of its products voluntarily, FDA has legal sanctions it

can bring to bear. The agency can go to court to force a company to stop selling a product and to have items already produced seized and destroyed. When warranted, criminal penalties, which may include prison sentences, are sought against manufacturers that are noncompliant. About 3,000 products a year are found to be unfit for consumers and are withdrawn from the marketplace, either by voluntary recall or by court-ordered seizure. In addition, about 30,000 import shipments a year are detained at the port of entry because the goods appear to be unacceptable.

Hazards the Salon Professional Faces

While the salon profession can be extremely rewarding, it can have its drawbacks, the least of which is the impact that daily work in a salon can have on an individual's overall health. Salon professionals have at least three major complaints about their work: they suffer from back and leg problems, hand and arm stress, and allergic reactions to the chemicals they use in the salon. Moreover, a study by the NIOSH found that cosmetologists in North Carolina who worked full-time and performed a range of chemical services had a moderately increased risk of miscarriage. Another agency study concluded that cosmetologists had a higher risk of developing lung disorders as a result of exposure to hair spray.

Long Periods of Standing

Standing all day can put a strain on feet - especially in salons where concrete floors are the rule. A regular shift for a stylist lasts from eight to ten hours, and hairdressers are usually on their feet for most of that time. This can result in stabbing pains radiating up the legs and development of varicose veins. Lower back, knee and joint pain can also result from several of the repetitive movements that a stylist makes such as leaning over to shampoo clients. Upper back pain is another complaint particularly pain in the shoulder blades that causes the most problems.

Here are a few steps you can take to help alleviate some of these pains:

- Support your weight on both feet. If you lean to one side constantly and do not distribute your weight evenly, it can result in pinched nerves
- Invest in a side chair. To give your feet a rest, invest in one of the versatile working stools available for salon professionals. These are little seats with no arms that can be adjusted according to the client's height. At the same time, these chairs can help raise the cosmetologist to a more appropriate level, which might alleviate the shoulder blade problem.
- Exercise and watch your diet. The more weight you carry, the more strain is placed on your feet, legs, and back.
- Use a rubber mat in your workspace. Covering the floor around your client's chair with a rubber mat will help cushion your feet and protect your back.
- Invest in a good pair of shoes. Experts recommend that employees should wear flat shoes with no more than a 2-inch heel. Ideally, the shoes should have shock absorbent pads, skid resistant soles, and laces, which provide more support. Salon professionals who already have foot pain might want to buy a pair of insoles or orthotic devices, according to the association.

- Get regular massages. Take time to pamper your body. Massage can help alleviate back pain, and massage therapists can determine your specific problems and give you tips on how to avoid them. If pain persists, see your doctor.

Preventing Repetitive Injuries

Many salon professionals also suffer from repetitive strain injuries from the repetitive nature of haircutting and other salon work. These injuries, caused by repeating the same motions hundreds and even thousands of times a day, are a serious hazard. Tendonitis can cause excruciating pain and make it difficult or impossible to perform even the simplest of tasks. Carpal tunnel syndrome, a pinching of the median nerve in the wrist, may cause irreversible nerve damage and require surgery.

If you feel like your fingers and arms are starting to ache, tingle at night, or cramp up for long periods, experts suggest the following precautions:

- Take breaks: When working on a job like this, take breaks as often as possible. Stretch your hands and shoulders. If time allows, try to schedule jobs that take more than a couple of hours over a two-day period.
- Get professional help: See a physician immediately if you suffer numbness or tingling in your fingers: this is a sign of carpal tunnel syndrome. You should also see a doctor if you feel chronic pain or a heavy feeling in the arms or hands, which can signal tendonitis. The treatments may include prolonged rest, physical therapy, and (in the case of carpal tunnel) surgery.
- Invest in ergonomically correct tools: You might want to check out, for example, a relatively new product called swivel-thumb scissors, which allow your thumb to rotate 360 degrees while cutting hair and gives you more mobility in your wrist and elbow, thus relieving pressure on those areas

To investigate occupational exposures to manicurists, potential health effects, and possible interventions to decrease exposures, partnerships with nail technician school programs are being developed to research optimal ventilation and workplace risk reduction practices, and to collect pilot data on ambient mixture exposure levels, biomarkers of internal dose, and health measures to preliminarily characterize the exposures and health of nail technicians. Expected outputs include: (1) feedback provided to manufacturers of a vented table that NIOSH evaluated for ventilation efficiency, potential ways to enhance it (if indicated), and other table features important for nail salon settings; (2) pilot data collected and analyzed to help design potential future intervention studies in nail salons; and (3) educational materials on workplace exposure and risk reduction developed based on these studies, with distribution to nail technician audiences.

Summary of OSHA's Bloodborne Pathogen Standard

In March 1992, OSHA's blood-borne pathogen standard, 29 CFR 1910.1030 took effect. This standard was designed to prevent deaths from blood-borne infections. While the standard was primarily written with terminology common to hospitals, funeral homes, nursing homes, clinics, law enforcement agencies,

emergency responders, and HIV/HBV research laboratories, the rules still equally apply to anyone who can “reasonably expect to come in contact with blood or potentially infectious materials” as part of their job. This includes but is not limited to persons in the beauty and barbering services profession. Moreover, salons that provide permanent make up services, or piercing must follow these laws as well as the biohazard waste disposal requirements.

Below is a general summary of the OSHA bloodborne pathogen standards standard 29 CFR 1910.

Purpose

Limits occupational exposure to blood and other potentially infectious materials because any exposure could result in transmission of bloodborne 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, and amniotic fluid, saliva in dental procedures, anybody 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 needle sticks, 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 to the employee, 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.

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.

HAZARDOUS CHEMICAL SUBSTANCE LIST

Chemical Name	Toxic Effects	Occurrence	Precautions
ACETIC ACID	In weak concentrations, acetic acid can be a mild skin and eye irritant.	Oxidizing materials (trace).	
ACETONE (dimethyl ketone)	Prolonged inhalation can cause headache, dryness, and throat irritation.	Nail glue remover, polish remover, and brush cleaner.	Some alkaline silicates can cause fibrotic changes (scarring) of lung tissue.
ALKYLATED SILICATES	Alkylated Silicates affect skin as mild caustic agents, causing damage to the keratin layer. Chronic exposure to alkalinity can lead to a skin condition that resembles eczema.	Bleach powders.	Aminophenol is a mixture that has three isomers. Para-, Ortho- and Meta-aminophenol.
AMINOPHENOL	A.) Para-aminophenol has high to moderate oral toxicity. A skin and eye irritant. Allergic sensitivities can develop to the material B.) Ortho-aminophenol is found to be moderately toxic when introduced to the system via ingestion. It is a skin and eye irritant. C.) Meta-aminophenol is found to be moderately toxic when introduced to the system via ingestion. It is a skin and eye irritant.	Oxidation hair color.	Overexposure can cause conjunctivitis, swelling of eyelids, coughing, and dyspnea and vomiting. Corneal burns can result from eye contact.
AMMONIA	A powerful eye and respiratory tract irritant.	Alkaline wave lotions bleach oils, oxidation hair dyes, permanent wave solutions, and permanent hair color.	High toxicity via oral and inhalation routes.
AMMONIUM HYDROXIDE	A powerful eye irritant.	Hair spray (trace), waving lotions, thioglycolate	It can be a fire hazard if it is reacted with organic materials or reducing agents such as acids. It is a strong

Chemical Name	Toxic Effects	Occurrence	Precautions
		waving lotions, and oxidation dyes.	oxidizing agent. The material must be stored carefully as it readily decomposes.
AMMONIUM PERSULFATE	A moderate tissue irritant and allergen.	Bleaching agents, pre-lighteners.	This material can cause dermatitis and is a strong allergen.
AMMONIUM THIOGLYCOLATE	High toxicity via oral and inhalation routes.	Permanent waving solution.	A skin and eye irritant.
BENZYL ALCOHOL	Moderate toxicity via ingestion and inhalation.	Permanent waving solutions.	Butane is an asphyxiant. Breathing the gas may cause drowsiness. Butane is a dangerous fire/explosion risk.
BUTANE	Moderate toxicity via inhalation.	Nail enamel dryer, aerosol propellants (MANP)	The material is a strong respiratory irritant.
BUTOXYETHANOL (ethylene glycol monobutyl ether)	Moderately toxic via ingestion, a mild to moderate skin and eye irritant.	Direct non-oxidation dyes.	In high concentrations the material can cause respiratory irritation and narcosis.
n-BUTYL ACETATE	A skin and eye irritant, low toxicity via ingestion, inhalation. It is a mild allergen.	Nail lacquer.	Local exposure yields irritation.
CAMPHOR	High to moderate irritation, ingestion hazard.	Hair relaxer.	A skin and eye irritant.
CETYL ALCOHOL	Low oral toxicity, an irritant.	Hair relaxer.	EDTA is found in products as either tetrasodium or disodium salt. It reacts chemically to "bind" metals.
EDTA (ethylene diamine tetracetic acid)	Eye irritation. High oral toxicity.	Shampoo (trace), Penn neutralizer, and thioglycolate permanent waves, products that remove coatings from hair.	Experimentally, ethanolamine causes severe eye irritation. It is a caustic material, which causes moderate burns. Inhalation tolerance is low.
ETHANOLAMINE	Tissue damage. Oral toxicity.	Waving lotions, oxidation dyes.	Repeated exposure can cause conjunctivitis and corneal clouding. High concentrations can cause congestion of the liver and kidneys. It is a dangerous fire risk.
ETHYL ACETATE	Causes irritation to mucous linings in eyes, respiratory tract and gums. It can act as a mild narcotic. It can also cause dermatitis.	Nail lacquer solvent.	It is oxidized by the liver to form carbon dioxide and water. It is generally not considered an occupational health hazard, however it is a safety hazard due to its flammability.
ETHYL ALCOHOL (S.D. Alcohol)	The term "S.D.A." or "S.D. Alcohol" means "specifically denatured alcohol". S.D.A. is ethyl alcohol, to which another substance, such as methyl isobutyl ketone, has been added, making it unfit for human consumption.	Hair spray, setting lotions, mousse, conditioner, Ethyl alcohol is familiar as the alcohol in beverages.	In low concentrations, the material can cause skin irritation. Products containing hydrogen peroxide must be capped and stored securely.

Chemical Name	Toxic Effects	Occurrence	Precautions
HYDROGEN PEROXIDE	Concentrated solutions are highly toxic and strong irritants. Solutions of 35% can blister the skin. The material is a powerful oxidant, which readily reacts to release oxygen, and can therefore be a dangerous fire and explosion risk.	Oxidation hair dye developer, neutralizers for permanent waves, hair lighteners, and peroxide based neutralizers, permanent wave activator solutions, oxidizers, and enzyme developers.	A dangerous fire risk when exposed to heat, flame or oxidizers.
ISOBUTANE (2-methylpropane)	A simple asphyxiant, this material is otherwise practically non-toxic.	Aerosol propellants.	The material can de-fat and dry the skin. The material is a physical hazard due to its high flammability.
ISOPROPYL ALCOHOL	Eyes, nose, and throat irritant. In high air concentrations it can induce mild narcosis and can cause corneal burns and eye damage.	Permanent dye, hair spray, nail enamel dryer, oil hair dressing, hair styling mousse, setting gels/lotions, bleach oils, semi-permanent and oxidation hair dyes, and peroxide-based neutralizers.	Liquefied petroleum gas is a mixture of propane, isobutane, isobutylene, and other short chain hydrocarbons. The material is a simple asphyxiant, and its chief health hazard is attributable to its high flammability.
GLYCEROL	Low toxicity generally but can be a respiratory irritant when in mist form.	Mousse, oxidation hair colors, permanent hair colors, LPG (liquefied petroleum gas) hairspray propellants.	A moderate fire risk when exposed to heat, flame, or oxidizers.
METHACRYLIC ACID (glacial)	A strong skin irritant	Acrylic, nail-bonding agents.	Vapors can cause lung irritation and pulmonary edema. Prolonged exposure can cause dermatitis, liver and brain damage. It is a suspected carcinogen. The body metabolizes methylene chloride to carbon monoxide. Heavy smokers and those with cardiovascular disease or anemia are at increased risk.
METHYLENE CHLORIDE (dichloromethane)	Very dangerous to the eyes; vapors have narcotic properties, which include fatigue, headache, and dizziness.	Nail enamel dryer, oil hair dressing aerosols.	Serious fire hazard and risk
MINERAL SPIRITS	Moderately irritating to skin, eyes, and mucous membranes.	Hairdressings, hair sprays.	An experimental carcinogen and mutagen.
PHENACETIN	Toxic via inhalation and ingestion routes.	Peroxide-based neutralizers.	This material is a powerful skin irritant, which is implicated as a cause of aplastic anemia and is a suspected carcinogen.
PARA-PHENYLENEDIAMINE	When used in hair dye, it has been known to produce vertigo, anemia, gastritis, exfoliative dermatitis, and is suspect in at least one death.	Oxidation hair dyes, permanent hair dyes, semi-permanent hair dyes.	A skin, eye, and respiratory tract irritant.
PHOSPHORIC ACID	A skin, eye and respiratory tract irritant.	Oxidizers, neutralizers.	The material will liberate oxygen when exposed to heat or chemicals and is therefore a moderate fire risk. It will decompose if not stored properly.

Chemical Name	Toxic Effects	Occurrence	Precautions
POTASSIUM PERSULFATE	A moderate tissue irritant and allergen.	Bleach powders, lightener powders.	A skin and eye irritant.
PROPYLENE GLYCOL	A skin and eye irritant.	Oxidation hair dye base, semi-permanent hair dye base, hair relaxer, and thioglycolate, permanent wave lotion.	This material can cause serious eye and skin injury in susceptible individuals. If the material is in a carrier, which can be absorbed through the skin, local hyperemia (flushing), itching, dermatitis, edema, and possibly corrosion of the skin can occur. Local lymph gland swelling may also occur.
RESORCINOL	Primarily a skin irritant.	Oxidation hair dyes.	Prolonged exposure to crystalline silica dust can lead to fibrotic changes (scarring) of lung tissue, however the health hazard is minimal if exposure is controlled. Fumed silica is found in some products. Colloidal type silica does not pose the toxic risks of the crystalline type.
SILICAS	Silica in dust form can constitute an inhalation hazard.	Frosts, activator powders.	Concentrated solutions are strong irritants to skin and other tissues.
SODIUM BISULFITE	The material is an allergen.	Oxidation shampoos.	Prolonged exposure to dilute solutions can cause burns and ulceration of skin and other tissues and can cause severe eye damage.
SODIUM PEROXIDE	Toxic by ingestion and may cause severe burns to the skin and scalp.	Hair relaxer, thioglycolate permanent waves, waving gel.	An oxidizer, which needs to be stored carefully, as the material decomposes in moist air.
SODIUM PERSULFATE	A strong tissue irritant, toxic by ingestion.	Bleach powders, lightener powders.	Toxic by ingestion.
TETRASODIUM PYROPHOSPHATE	Toxic by ingestion.	Oxidizers (trace).	Hydrogen sulfide gas derived from this material. Irritant to skin and eyes.
THIOGLYCOLIC ACID	Corrosive to mucous membranes.	Waving lotions, oxidation dyes.	The material can react violently with lithium and other metals.
TITANIUM DIOXIDE	A skin irritant, which is also an experimental neoplastic and tumorigenic agent.	Hair relaxers, dyes, nail powder.	Eye irritant, toxic when ingested.
TRICRESYL PHOSPHATE	Eye irritant.	Nail lacquer.	Vapors have narcotic action and can cause headache and nausea. The material is an experimental mutagen.
TOLUENE	Chronic toluene overexposure can lead to changes in the blood-forming organs (bone marrow).	Nail lacquer solvent.	

COURSE SECTION 4 - OSHA Assessment Question

5. The FDA makes sure that the chemicals used in a salon are safe if used properly.

True False

COURSE SECTION -5

Environmental Issues

(1 Credit Hour)

Course Outline:

- Course Learning Objectives
- Course Overview
- Odor Control
- Indoor Air Pollution
- Florida Clean Indoor Air Act
- The Legislative Intent
- Chemicals
- Fire Hazards Protection
- Fire Extinguishers and Proper Usage
- Emergency Fire Exits
- Fixed Extinguishing Systems Rules
- Tanning Beds
- Cleanliness and Appearance
- Chemical Burns

Course Learning Objectives:

The purpose of this course and the outcome expected is for participants to develop competent understanding of:

- Air purification and air purification devices
- Be able to manage odor control in the salon.
- The Florida Clean Indoor Air Act, and the legislative intent.
- To properly identify common salon chemicals
- Know how to safely store chemicals in the proper containers.
- To realize the importance of knowing the location of the salon fire extinguishers
- Comprehend how to use fire extinguishers
- Gain an appreciation for salon cleanliness and appearance
- Learn the regulatory information regarding Tanning beds.
- How to follow practice and procedures for minor chemical burns.

Course Overview: This course addresses issues that impact our environment. In this course, we cover the purification of air in the salon, including the advantages of exhaust systems in providing odor control. The course will further discuss chemicals, chemical storage, use of fire extinguishers, and treatment of minor chemical burns. It will provide information on tanning beds, the governing regulatory administrations, and their standards of cleanliness for tanning beds. Additionally, the appearance and cleanliness of a salon and the salon professional are summarized. Finally, “The Florida Clean Indoor Air Act” and the intent of the lawmakers who passed it will be examined.

Air Purification and Air Purification Devices

As a licensed salon professional, you are accountable not only for protecting the public while practicing in the profession, but for the safety of yourself and your co-workers as well. You are

responsible for following the laws and regulations that protect the environment around you. In today's salon, one of the environmental issues with which we are confronted is ventilation, especially in a full-service salon where nail services are provided. It is possible to offend the clients with the strong odors and fumes given off by many of the products used every day in the salon. To help keep irritating odors down to the lowest possible level in the work area, it is good practice to keep the salon at a cool temperature and leave a fan on to improve the air circulation.

The use of an air purifier is recommended. An air purifier works by removing dusts and vapors from the air and trapping them in an internal filter system. Any type of air purifier or circulation device can improve the air quality in the salon. An air purifying device can completely solve most problems as it removes and captures impurities in the air. It also has many special filters that can assist in the purification process. There are several different types, from the HEPA activated carbon filters to charcoal filters that are small enough to fit on a shelf. To decide on a size is contingent upon the amount of filtering you need to provide for a given space. Each of these different filtration device products comes with a manual containing specifications and the manufacturer's recommendations.

Exhaust systems are also a good idea in that they remove the air from the room and release it at another location, preferably outside, doing away with expensive filters and cutting down on maintenance. As with any system that would help clean the air, it must be used in good working order to improve your air problem. When using acrylic products, you may need an additional filtering system to remove the fumes created.

Odor Control

In today's industry, with a combination of chemicals being used in a salon setting, odor control is key. Special precautions should be taken so that the irritating and obtrusive fumes created in salon services do not infiltrate the salon.

- 1) Nail services should be performed in a closed room with adequate ventilation, whenever possible.
- 2) All cotton balls, paper towels, non-sanitizable files, and other disposable products should be placed in a sealed plastic bag before being properly disposed of as waste.
- 3) All washable towels must be replaced after each client. Soiled towels should be placed in a sealed container until they are cleaned or washed.
- 4) All containers used should be properly sealed when not in use.

Note: Following these procedures will help to control odor in the salon.

Indoor Air Pollution

Indoor Air is the air that everyone breathes while inside. Indoor air quality may be an important environmental concern today. The particles in the air within our homes and offices can drastically affect your health. Tobacco smoke; asthma triggers, carbon monoxide and radon can cause this air to become harmful.

Tobacco smoke contains more than 4,000 chemical substances, 40 of them are known to cause cancer. Asthma triggers are usually small pieces of animal skin, mold, dust mites and cockroaches in the air that cause allergies. Some fumes from household products can also be asthma triggers. Carbon monoxide is an odorless, colorless gas that comes from burning kerosene, coal, oil or wood that usually comes from faulty gas or water heaters and furnaces. And Radon, An odorless and tasteless cancer-causing gas, coming from soil and rock underneath your home that seeps into your home from below ground causing damage to your lungs and even cancer. These are just a few sources of indoor air pollution, which can be responsible for a variety of unpleasant problems, ranging from infection and product contamination to reduced food shelf life and foul odors are caused by smoke, mold and mildew. While some of the indoor pollutants are easy to see and smell, others are difficult, if not impossible, to detect. Such environmental problems can have serious negative health consequences.

Cosmetology workers are exposed daily to an array of potentially hazardous compounds associated with nearly every hair and nail care service they provide. Many of these chemicals used are highly volatile, and salons are often poorly ventilated. Furthermore, the presence of numerous chemical compounds in beauty salons is likely to be continuous and mixed, the chronic effects of which are largely unknown. Clearly, the combination of hazardous chemicals, lagging regulatory standards and enforcements, predominance of minority populations with attributes that may further compromise their breast cancer risk and outcome (including language underscore a needed focus on this workforce as a special population with emerging health needs. Ventilation systems that are up to date and that are maintained properly can help reduce some of the toxic fumes in the salon.

Florida Clean Indoor Air Act

Chapter 386, Florida Statutes “The Florida Clean Indoor Air Act” was enacted in 1985. The Florida Clean Indoor Air Act protects people from the health hazards of secondhand smoke exposure by ensuring that smoke-free workplace policies are enforced.

The Legislative Intent

The purpose of this act is to protect the public health, comfort, and environment by creating areas in public places and at public meetings that are reasonably free from tobacco smoke, providing a uniform statewide maximum code. This should not be interpreted as a requirement for the designation of smoking areas. However, it is the intent of the Legislature to discourage the designation of any area within a government building as a smoking area.

Indoor air quality was further addressed with the creation of the Department of Health Indoor Air Quality Program, which was started in 1994. Its’ goal is to improve the health of Floridians by

reducing exposure to indoor air contaminants. The primary function of this program is to provide support and expertise to Floridians with indoor air problems in residences, schools, salons and public facilities.

The following are examples of some places the Department of Health has treated as enclosed indoor workplaces:

- Public & Private Workplace
- Tenant Building
- Shopping Mall
- Child / Adult Care Center
- Convenient Store
- Beauty / Barber Shop
- Public Library
- Auditorium / Theater
- Health Care Facility
- Educational Facility

DBPR shall enforce the FCIAA in the following workplaces:

- Restaurant Bar & Lounge
- Package Store w/lounge Dog Track
- Billiard VFW
- Bowling Center Elks Lodge
- Bingo Hall American Legion
- Casino Ship Eagles
- Adult Arcade Moose Lodge
- Hotel & Motel Jai Alai
- Horse Track

During inspections, DOH personnel shall document all observed violations of the Florida Clean Indoor Air Act (FCIAA)

Chemicals

When working in a salon setting, you will come in to contact with a large variety of chemicals. Even while using the chemicals safely you could unintentionally create hazards. For this reason, it is important to be aware of all information with regards to safely handling and properly storing products that contain these chemicals. A good start is to make sure you ask your product distributor for the SDS sheets containing information connected with those products. After acquiring the products, a first good step is to assemble your SDS sheets into a folder or binder for easy access and future reference should the need arise. Also, most salons buy products in bulk and, in doing so; you should make sure you have adequate room to store them. The storage area should be adequately ventilated and not subject to extreme heat or cold. Also be certain that when using these chemicals, you close them tightly to prevent spillage during the course of the day. In case of emergency, you can refer back to the SDS sheets. Store products in a well-organized fashion so that products are not easily confused. If you transfer a product out of the original container to another container, make sure the new container is properly labeled for quick and easy identification.

Fire Hazards Protection

Employers should train workers about fire hazards in the workplace and about what to do in a fire emergency. Employers should train employees on how to escape a possible fire

Fire Extinguishers and Proper Usage

Some cosmetic products are flammable or create conditions where fire can occur if there is a spark or open flame. It is always important to read the label warnings on all chemical products used in the salon. It is equally important to make sure your salon has a sufficient number of properly inspected fire extinguishers available in case of a fire. All employees should know the location of the fire extinguishing equipment and how to use the equipment properly. It is important to note not all fire extinguishers can be used on any type of fire. There are 3 basic types of fire extinguishers each of which have somewhat different instructions. The instructions are displayed on the fire extinguisher canister. Look before you use on a fire. It can be hazardous to use the wrong type fire extinguisher on the wrong type fire. The instructions are both text and pictorial and always remember to completely extinguish the fire so it does not rekindle. Chances are that the fire extinguisher once used will not contain enough material to extinguish the fire a second time. For this reason, put the fire out completely the first time and always call the Fire Department.

Emergency Fire Exits

Every workplace must have enough exits suitably located to enable everyone to get out of the facility quickly. Considerations include the type of structure, the number of persons exposed, the fire protection available, the type of industry involved, and the height and type of construction of the building or structure. In addition, fire doors must not be blocked or locked when employees are inside. Delayed opening of fire doors, however, is permitted when an approved alarm system is integrated into the fire door design. Exit routes from buildings must be free of obstructions and properly marked with exit signs.

Develop an emergency action/fire prevention plan. Not every employer is required by OSHA to have an emergency action plan but establishing one for your particular workplace is a good rule to follow.

Fixed Extinguishing Systems Rules

Fixed extinguishing systems throughout the workplace are among the most reliable firefighting tools. These systems detect fires, sound an alarm, and send water to the fire and heat. To meet OSHA standards employers who have these systems must:

- Substitute (temporarily) a fire watch of trained employees to respond to fire emergencies when a fire suppression system is out of service.
- Ensure that the watch is included in the fire prevention plan and the emergency action plan.
- Post signs for systems that use agents (e.g., carbon dioxide, Halon 1211, etc.) posing a serious health hazard.

Tanning Beds

Salons can also offer use of tanning beds in addition to their other services. Bear in mind that customers coming in to use your equipment don't always have safety on their minds. So, you should always keep the beds in good working order by using the correct bulbs and changing them according to the manufacturers' specifications. Sanitizing and disinfecting is a must after each use of the bed, to keep your clients safe. Tanning facilities must only

allow customers to tan once within a 24-hour period. Tanning beds are inspected by the Department of Health, which also requires continuing education for their use. Florida tanning facility operation requirements are found in Chapter 64E-17, Florida Administrative Code and 381.89, of the Florida Statutes.

Cleanliness and Appearance

The Cleanliness of the Salon is always important. The time and money to maintain your salon and equipment are wisely invested since first impressions are always important to your customers. Your equipment and appliances should always have a clean appearance and be in good working order. Cords shouldn't be frayed and should remain out of the way of others, for your safety as well as theirs. Always read the manufacturers specifications and instructions on how to use, clean, and maintain the equipment. With the use of a UL tested surge protector, a number of appliances may be plugged into one outlet for use at the same time. Sanitation and disinfection should continually be practiced. Keeping things clean, sterile, and properly stored will not only save you a lot of time at the end of the day but will also aid in the safety of you and your clients.

Neatness is paramount in your appearance as well as your work area. This will benefit you as well as your client.

Chemical Burns

Chemical burns occur periodically in the distribution of treatments. In order to avoid these problems always follow manufacturers' instructions. If this does occur, and it will periodically, follow basic first aid procedures. Remember that you must have a first aid kit on the premises at all times. Having a first aid kit available is a must in every salon. Keep it up to date and always be sure to replenish the contents when necessary.

When specialist give light superficial peels, it is always possible that a chemical reaction will occur. Again, always follow manufacturers' instructions for all products used and be aware of reactions and their side effects. Remember that every burn is treated differently, and you should use great caution when treating chemical burns. It is important that professional medical care sought by clients who have experienced a service-related burn.

We have provided a checklist for you to use in your workplace. Taking these basic steps will facilitate in the quality of health for you and your customers.

- Do not allow smoking anywhere in the salon.
- Always wash your hands before touching any types of food, eyes, mouth, or other clients.
- Empty your trash on a frequent basis. This will avoid a build-up of vapors or possible contaminants.
- Label all containers. This will avoid possible contamination.
- Store all products in a cool dry area, some products are highly flammable and could ignite if exposed to heat.
- Keep all products containers closed and sealed when not in use.
- Avoid skin contact with acrylic liquids, wraps, adhesives, etc.
- Have an action plan ready to deal with accidents.
- Keep emergency numbers posted by the phone.
- Know the location and type of fire extinguishers in your workplace.

Major Indoor Air Pollutants in Facilities: Health Effects and Sources

Contaminants	Health Effects	Sources
1. Combustion Processes Carbon Monoxide, Nitrogen Oxide, Particulate materials	Eye, throat, and respiratory system irritations, Fatigue, Shortness of breath, Headache, Nausea At higher levels – death	Cigarette smoke Gas ranges Auto, truck, bus exhaust (operating in loading areas or adjacent to buildings)
2. Volatile Organic Compounds (VOCs)* Over 1,000 observed Two of the most common – benzene and chloroform – are carcinogenic Other examples: ethyl and methyl alcohol	Irritation of eyes and upper respiratory tract. Some VOCs may be carcinogenic or have reproductive effects	Building materials Solvents (cleaners, glues, printing presses, copiers, white-out, rubber cement) Printed documents, Vinyl Caulking, Paints, Adhesives, Cosmetics, Telephone cable, Felt tip pens
3. Bioaerosols (Biological agents) Airborne matter of microbiological origin from viruses, bacteria, fungal spores, protozoans, algae, pollen, mold, and dust mites	Three Types of Effects: Infections: Viral and bacterial disease (like Legionnaire's Disease) Immunologic Reactions: Allergic rhinitis Asthma Humidifier fever (flu-like) Hypersensitivity, Pneumonitis, Skin reactions, Reaction to Toxins: Microorganisms produce chemical toxins such as aflatoxin, penicillin, and trichothecenes. The effects of inhaling these potent substances are currently under study.	Humidifiers, Flush toilets, Ice machines, Water accumulation in air conditioners, Water towers, Mildewed papers, Infected individuals, Water-logged carpets, Walls, and Furniture

COURSE SECTION 5 - Environmental Issues Assessment Question

6. None of the products used in a salon are flammable.

True False

COURSE SECTION - 6

Chemical Makeup

(1 credit hour)

Course Outline:

- Course Learning Objectives
- Course Overview
- Chemical Makeup
- pH Facts
- The pH of Hair, Skin and Nails
- Acids & Bases
- Skin and Skin Care Products
- Nails and Nail Extensions
- Chemicals - MMA and the Salon Professional
- Methyl Methacrylate Liquid Monomers
- MMA – Monomer vs. Polymer Powders
- MMA in the Salon
- MMA Product Detection
- Hair and Disorders of the Hair and Scalp
- Conditions Affecting the Nails
- Pathology of Hair, Skin and Nails
- Skin Disorders
- Hives (urticaria)
- Psoriasis
- Growths and Tumors
- Acne
- Skin Cancer
- The Three Types of Skin Cancer
- Dermatitis
- Skin Disorders Common in Children
- Skin Infections
- Bacterial Fungal and Viral Infections
- Permanent Waving
- Hair Coloring and Hair Bleaching
- Chemical Hair Relaxing
- Ammonium Thioglycolate
- Neutralizer
- Sodium Hydroxide
- Chemical Makeup Learning Assessment

Course Learning Objectives:

Upon completion of this course section the participant should have a competent understanding of:

- The facts about pH and how to determine pH
- How the pH scale pertains to skin, hair, and nails
- Acids, what they are and their effects
- Bases, what they are and their affects
- Identify the chemical makeup of skin, hair and nails
- The functions of the skin, and skin facts
- The composition of nails, how they are formed and nail care
- The composition of hair, how it is formed, waving, coloring and bleaching
- MMA law regarding professional nail products
- The anatomy of skin, hair and nails
- The pathology of hair, skin and nails
- Skin Disorders
- Sodium Hydroxide
- Ammonium Thioglycolate
- Neutralizer

Course Overview:

This course explains pH and what it determines, its relation to the skin and hair, correspondingly the relation of pH to products used in the salon. Covered in this course includes details regarding acids and bases, the relationship between acids and bases, as well as, facts about skin and its function. Additionally, this course looks at the composition of nails, the composition of hair, hair care, and chemical treatment for the hair. This course also explains the uses of sodium hydroxide, ammonium thioglycolate and neutralizer.

Chemical Makeup

The Salon Professional is responsible for the care and treatment of their clients. Understanding the chemical effects of products when used both correctly and incorrectly, and how to reverse the effects of undesired results, is valuable to know when working in the beauty industry. To do this you need to understand chemicals and chemical changes. Chemical changes occur when the chemical nature of one or more substances is permanently altered, producing an entirely new substance.

pH Facts

pH is a unit of measurement. The potential hydrogen pH of a liquid refers to its degree of acidity or alkalinity, pH numbers measure the amount of acid or alkali in water-based solution. The pH scale is logarithmic which means each step or number increase by multiples of 10. This is important to understand, as a small difference in pH can be harmful to your client. The pH scale ranges from 0 –14, with 7 being neutral. The lower the pH, below 7, the stronger the acidity; the higher the pH above 7, the higher the degree of alkalinity. Battery acid is lowest on the pH scale, being the strongest acid. Lye has the highest number on the alkalinity side.

There are some services such as permanent waves and tints that rely on high pH chemicals while other products and services are specifically formulated to fall in the acid range on the pH scale.

Shampoos range from 6 to 10.5. Neutralizers range from 5 to 10. Hair softening products run from 6 to 9.6, and depilatories are strongly alkaline at 11.5.

The pH of Hair, Skin and Nails

On the pH scale hair, skin and nails falls on average between 4.5 and 5.5. What this is measuring is not the pH of the actual hair, skin and nails, but of the protective film of oily acidic secretions which coats and lubricates the surface of the skin, hair and nails. This combination of oils and water-soluble materials is referred to as our acid mantle. The acid mantle is produced by the skin system so the coating on the hair and nails comes from the skin. As an example, the average pH on the surface of the scalp is 4.8; however, as we measure the pH on the hair at further distances from the scalp the pH value increases. This shows that less of the acid mantle reaches the ends of longer hair. The scalp's oils keep the hair lubricated and shiny. The scalp's acidity keeps the fiber compact and strong. Products with a pH of 4.5 to 5.5 are compatible with the natural biology of the hair and scalp. These products maintain a mildly acidic environment, which closely resembles the environment of our acid mantle. These type products are given the familiar term "acid balanced."

Conversely high pH products such as alkaline permanent wave or tints when applied to the hair is absorbed through the cuticle layer into the inner layer of the hair called the cortex. The high pH causes the cortex layer to swell. This swelling force the rigid cuticle layers to be stretched. The hair is in a very delicate condition now and vulnerable to excess stretching and breaking. This condition is necessary for permanent waves to successfully curl the hair and for tints to deposit color molecules into the cortex for lasting color. Therefore, a high pH is essential for some chemical services to work properly.

Acids

Acids are substances containing hydrogen and a non-metallic element such as nitrogen or sulphur. An acid solution will turn blue litmus paper red. (Litmus paper is treated with a chemical that reacts to acids and bases by changing colors.) Some well-known acids include hydrochloric acid, Sulphuric acid, nitric acid and acetic acid.

Bases

Bases, also known as alkaline, are substances containing hydrogen, oxygen, and a metal such as sodium. They are bitter to the taste, soapy to the touch, and in solution will turn red litmus paper blue. Sodium hydroxide and potassium hydroxide are common bases used in the manufacturing of soaps. Salts are formed by the addition of acids to bases. Water is also formed in this manner because of the natural alteration of hydrogen and oxygen. Some common salts are sodium chloride, magnesium sulfate, and potassium nitrate.

Skin

The skin is the largest organ of the body. It has three divisions, the epidermis, (which is the outside layer), the dermis— (also called true skin), and the subcutis (also called the subcutaneous or adipose layer). Skin varies in thickness. The thinnest can be found on the lips and eyelids. The thickest are on the palms of the

hands and soles of the feet. Skin will toughen by exposure. Friction and pressure will cause it to increase its thickness. Warmth will cause it to relax and cold will contract it.

Skin Care Products

There are many products available to estheticians for the care and beautification of skin. They cover all types of skin from oily to dry to combinations. Cleansers come in both milk-type cleansers and rinseable detergent-type foaming cleansers. Toners include clarifying lotions, fresheners and astringents. Day creams are most often moisturizers containing various levels of sunscreen. Night treatments are fluids providing hydration to adult skin. Exfoliates are water-based products with a humectant mixed with some sort of abrasive agent such as almond meal or polyethylene granules. Exfoliates are used to remove dead skin cells from the top layer of skin.

Nails

Your fingernails and your toenails consist of protective plates covering the top surfaces of the last bone joint of each finger and toe. Just like hair, they are composed of horny epidermal cells, which, instead of being shed separately in the form of flakes, as in the case of skin, are first built up into a definite protective structure.

Nail Extensions

Nail extension products have quickly entered the industry and provide the consumer with long, well-groomed nails. They last longer than the natural nail but, along with this fast-growing art, the risk of getting a fungal infection of the nail bed has emerged. Extreme care must be given to the maintenance of these artificial nails to protect the client against the danger of infection. The technical process to produce these types of nails is a very complex one, which includes polymerization or copolymerization of monomers in the presence of a polymer, a catalyst, and a polymerization promoter. A monomer— a molecule with a low molecular weight is able to react with other molecules of low weight to create a polymer. A polymer is any of two or more compounds joined together. A plasticizer, an opacifier, a pigment, and filler may also be included. Artificial nails were developed from the materials used by dentists. The basic ingredients include a vinyl compound (methyl methacrylate), a catalyst, and a plasticizer.

You must always be very thorough in sanitary practices in this part of your work. Infection may occur at any time from a pricked or cut finger. Diseases may be transmitted by close contact between manicurist and client. Proper sanitation of the hands is absolutely necessary. All implements must be disinfected after each use. The manicurist must never give a manicure where a slight infection is noticed.

Chemicals - MMA and the Salon Professional

It is important for all salon workers, not just for the nail technicians, to be aware of the dangers from the use of MMA (methyl methacrylate) monomer and its dangers to the skin and nail. **You should remember from the section on Florida Cosmetology law that MMA is illegal to use in all Florida salons and violators that are caught face stiff fines and disciplinary measures.**

Methyl Methacrylate Liquid Monomers

In years past, methyl methacrylate (MMA) was a routinely used ingredient in professional nail products. These products were often referred to as “dental acrylics” or “porcelain nails”. However, from the start there seem to be serious problems resulting from the use of MMA. The Food and Drug Administration (FDA) had received so many complaints related to the use of MMA that in the late 1970s, the FDA was forced to take action against a number of the manufacturers of these products.

MMA-related complaints ranged from skin allergy to permanent loss of the nail plate. It can also cause loss of sensation in the fingertips. As the problem became more serious, the FDA warned manufacturers the further use of MMA in nail enhancement products formulated with MMA were considered too dangerous for use in the beauty industry.

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 – Monomer vs. Polymer Powders

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 Plexiglas or Lucite and is considered safe for use on natural nails.

MMA in the Salon

Why do Salons still use MMA? MMA is popular because it sets up fast and adheres like no other product can or should. Above all, it is cheap. You can purchase a gallon at a fraction of the cost of the name brand ethyl methacrylate monomer. MMA nails bond so firmly to the natural nail and are so hard that instead of snapping safely off the natural nail when jammed or caught, they hold tight, causing painful breaks and rupture of the natural nail.

Additionally, MMA can cause serious skin reactions and incessant nail damage, not excluding permanent nail loss.

Studies indicate that long-term exposure to the nail technician and other salon employees can result in permanent damage to the liver and respiratory system.

MMA Product Detection

To determine if a product has MMA as part of its composition here are three simple things to watch for:

- Produces nail extensions that are extraordinarily durable and extremely hard to file, even with unyielding abrasives.

- Produces nail extensions that will not dissolve for removal in solvents designed for acrylics.
- Exhibits a powerful and peculiar odor that is considerably different than that of other acrylic liquids.

The Nail Manufacturers Council fully supports the FDA’s position and recommends against nail technicians using liquid monomers, which are formulated with MMA. They believe that the significant danger to salon employees 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.**

Hair

Hair protects the body from heat loss and ultraviolet rays. The root of the hair shaft is termed the hair follicle. A nerve ending surrounds the bulb of each hair follicle below the skin. Additionally, glands secrete an oily substance directly onto the hair follicle, lubricating the hair shaft and providing an acid pH environment that protects the hair. This as in skin is called the acid mantle.

Hair is composed of three different layers; the first is the medulla (the center, the pith or marrow of the hair shaft), the cortex (the middle layer, containing pigment or color), and the cuticle (the outside layer). The chemical composition of hair is 50.65% carbon, 6.36% hydrogen, 17.14% nitrogen, 5.00% sulphur, and 20.85% oxygen. It made up of the protein keratin (also found in skin and nails). The joining of amino acids forms keratin protein. The fact that the acids join at some places along the protein chain makes keratin relatively resistant to change.

Like other mammals, humans are covered by hair. Human body hair is much finer than that of our mammalian counterparts, and is concentrated primarily on our heads, underarms, and genital regions. Most men, and some women, also have hair on their faces. Each hair grows from an individual follicle that is adjacent to a sebaceous gland. Sebaceous glands produce sebum, which moisturizes skin and hair and is a barrier to toxins. Sebum also manufactures the body's vitamin D, triggered by exposure to the sun

Disorders of the Hair and Scalp

The condition and appearance of the hair and scalp are influenced by many factors, including physical health, nutrition, blood circulation, emotional state, function of the endocrine glands, and medications consumed. Common disorders of the hair and scalp include vegetable and animal parasitic infections, staphylococci infections, which cause furuncles (boils), and the following conditions, which may affect the hair follicles and/or sebaceous glands.

Alopecia is the formal term for any abnormal hair loss. It should not be confused with natural hair loss, which occurs when the hair has grown to its full length, falls out, and is replaced by a new hair. Alopecia senilis is hair loss associated with old age, alopecia prematura may occur any time before middle age, and is characterized by slow thinning over time.

Alopecia areata is relatively sudden, patchy hair loss, including the spotty baldness that is associated with anemia and typhoid fever, among other conditions. Tension alopecia is caused by tight braiding or hairstyles that pull the hair's roots.

Canities is the formal term for gray hair, which is caused by the loss of pigment. Acquired canities is usually associated with aging, while congenital canities, a condition existing at birth, includes albinism.

Dandruff (or *pityriasis*) is a condition in which small white flakes or scales appear on the scalp and hair. Excessive dandruff can lead to baldness, if the condition is severe and neglected. Dandruff may be due to microbial infection, poor circulation, nerve stimulation, or diet, and may be associated with specific shampoos, or insufficient rinsing of shampoos. Pityriasis capitis simplex, or dry type dandruff is characterized by an itchy scalp and white scales scattered throughout the hair. Pityriasis steatoides, a greasy or waxy type of dandruff, is characterized by a scaly skin surface mixed with sebum and may include bleeding or oozing of the sebum when scales tear off. Refer the client to a physician for medical attention. Dandruff is considered contagious and may spread through the common use of brushes, hair clips, or styling implements.

Fragilitas crinium is the formal term for brittle hair, which may include split ends. Conditioner may improve hair flexibility.

Hair loss occurs naturally as part of hair growth and regeneration. In women, childbirth, stress, crash dieting, emotional stress and shock can cause greater than normal hair loss, though it is usually temporary. Some older women experience female-pattern hair loss with thinning of the crown and hairline.

Hirsutism (or *hypertrichosis*) is excess hair on the body. Genetic background and age can impact how much hair a woman has on the cheeks, upper lip, arms and legs. There are a variety of methods to cope with unwanted hair, such as tweezing, waxing, shaving, bleaching, depilatories and electrolysis. Electrolysis is the only permanent hair-removal method and is typically among the most expensive and time-consuming means of removal.

Monilethrix is the formal term for beaded hair, which breaks between the nodes or beads. Hair and scalp treatments may prove helpful.

Tinea capitis (ringworm) is a fungal infection that forms a scaly, ring-like lesion on the scalp. It is highly contagious.

Trichoptilosis is the formal term for split ends.

Trichorrhexis nodosa, or knotted hair, is characterized by dry, brittle hair with nodular swellings along the length of the hair shaft. Hair breaks easily, but condition may be remedied somewhat by conditioners.

Conditions Affecting the Nails

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 further information regarding the following nail conditions, refer to these web sites and the resources listed at the end of this course book:

Pathology of Hair, Skin and Nails

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, hair and scalp, 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.

Skin Disorders

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.

Hives (urticaria)

Hives 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/or adrenaline injections.

Psoriasis

Psoriasis is a skin disorder that affects over three 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 regarding the cause of psoriasis, which may be due to a genetic component, immune system abnormalities, and/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 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.

Growths and Tumors

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.

Acne

Acne is caused when skin cells plug a hair follicle. Usually results in blackheads or whiteheads if the plug is near the surface of the skin. Pimples result when sebum forms behind the cell plug, pushing it out of the skin. Hormones, stress, and use of cosmetics may all play a role in the production of acne. Acne can be treated with prescription and non-prescription drugs, depending on the severity of the condition. In some cases, gentle cleansing and a topical benzoyl peroxide solution can be very helpful. In more severe cases, antibiotics or Retin-A can be prescribed by a dermatologist. While often associated with puberty, acne is common in adults of all ages.

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% 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.

Skin Cancer

More than 500,000 Americans develop skin cancer each year, with more than 90 percent of these cases occurring on body parts that are commonly exposed to the elements.

Fair skin and blue eyes (both characteristics of low melanin production) are associated with increased risk of skin cancer. Skin cancer is also correlated with geographic location, with skin cancer more prevalent among light skinned people exposed to constant high levels of UV radiation, cumulative exposure to the sun, or other sources of UV radiation, such as tanning beds and sunlamps, over many years.

The Three Types of Skin Cancer

There are three types of skin cancer, basal cell carcinoma, squamous cell carcinoma, and malignant melanoma. Basal cell carcinoma, the most common, is slow growing, and rarely invades other tissues. Squamous cell carcinoma is found mostly on areas exposed to sunlight, such as the head, face and hands. It can spread to other parts of the body, so early detection is important. Malignant melanoma is the deadliest form of cancer, with the highest risk of spreading to other parts of the body.

In all three types of skin cancer, the first indicator is usually a noticeable change in a skin growth or the surface of the skin. It can take the form of a new mole, a change in an existing mole, or a sore that fails to heal. A small, smooth, shiny or waxy bump, a red bump that bleeds, or a flat red spot that is rough, dry or scaly can all be signs of skin cancer. Remembering "ABCD" when evaluating your moles can help you assess whether they might be cancerous. "A" for asymmetry, or irregularly shaped; "B" for jagged borders; "C" for color variations, especially blue-black; and "D" for a diameter greater than 5 mm (the size of a No. 2 pencil eraser). Regularly scan your skin and take note of any changes. Your physician should also scan your skin as a regular part of your physical. Treatments for skin cancer include surgical excisions of the tumor, cryosurgery, topical chemotherapy and laser therapy are some of the treatments available for skin cancers.

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, 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.

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.

Skin Infections

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

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.

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.

Impetigo is a bacterial skin infection common in babies and young children. Streptococcus bacteria enter through a small cut

or bite, causing the infected area to become covered with blisters that form a honey-colored or gray crusty rash on the face, near the mouth and nose. Topical treatments or oral antibiotics may be prescribed, depending on the severity of the infection.

Fungal Infections

A fungus related to ringworm and jock itch causes athlete's foot. 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.

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

Viral Infections

Canker sores, the cause of which is 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.

Permanent Waving

Manufacturers have developed their own system of waving the hair based on varying strengths of waving solutions for different hair textures, porosity, and different methods of application. Alkaline waves have a pH of approximately 8.5 to 9.5. The high alkalinity softens and swells the hair fibers, making it easier for the chemicals of the wave to penetrate the hair structure. Because of the high alkalinity, cautious and skillful use of the perm is essential to prevent damage to the hair structure. There are pH-normalizing conditioners that are made to return hair to its natural pH after chemical services. It is a good idea to use one after giving an alkaline permanent wave. Always follow the manufacturer's instructions to achieve the best results. A waving lotion containing thioglycolic acid, ammonia, borax, 93% water, and ethanolamine, or sodium lauryl sulfate, is used to soften the cuticle and penetrates the cortex layer, thereby allowing the hair

to be reshaped to the size of the curling rod. Neutralizers stop the action of the waving lotion and re-harden the hair in a curled position on the rod. Chemicals in the neutralizer product can contain sodium or potassium bromate, sodium perborate, or hydrogen peroxide.

Hair Coloring

When high alkaline solutions are used, such as tints and bleaching solutions, they will change the pH of the hair and skin. In this situation, as with alkaline permanent waves, this is desirable.

“Temporary”, “semi-permanent” and “permanent” hair colorings are the three categories to which all hair tints belong. Permanent hair colorings, synthetic organic dyes or, aniline-derivative dyes, are derived from aniline, which is a coal tar product. These preparations penetrate the cuticle and pass into the cortex, changing the melanin pigment. Other types of permanent hair colorings are the pure vegetable dyes, metallic or mineral dyes, and compound dyestuffs. These are combinations of vegetable dyes with certain metallic salts and other dyestuffs. The metallic salts are used as a mordant to fix the color. Compound dyes coat the hair shaft and are progressive in action, rendering the hair unsatisfactory for permanent waving. It is important when providing salon services such as colors or permanent waving, which change the pH, to neutralize any extra alkalinity and bring the pH back to 4.5 to 5.5. This minimizes the swelling, prolongs the quality of the service and strengthens the hair. Remember that pH products work together to assure successful results and beautiful hair. To control damage that might occur from color and perming services finish with products that have a pH lower than 5.5. You use chemicals and products every day. It is important to know what these products do to the hair and why. The pH scale is a measuring tool that lets us select and control products and services. Knowledge of pH enables you to leave the hair and skin in a natural and healthy condition.

Hair Bleaching

Hair bleaching is the process of stripping the natural pigments from hair. Many products are available on the market today—from off-the-scalp bleach to high-lift-on-the-scalp bleach, lightening and depositing of color. Most manufacturers of hair coloring products have formulated developers to be used with their products. Remember, it is important that you always follow the manufacturer’s instructions, for the product used.

Chemical Hair Relaxing

Chemical hair relaxing is the process of permanently relaxing the basic structure of excessively curly hair so that it takes on a

straight form. The basic products used in chemical relaxing are a chemical relaxer, a neutralizer (also known as a neutralizing shampoo, or stabilizer), and a petroleum cream, which must be used as a protective base for the client’s scalp during a sodium hydroxide chemical relaxing process. The most common relaxing agents are listed below. This has a softening and swelling action on hair fibers. As the relaxing cream penetrates into the cortical layer, the cross bonds (sulphur and hydrogen) are broken. The action of the comb, brush, or the hands in smoothing the hair while distributing the chemical, straightens and softens hair. Manufacturers vary the sodium hydroxide content from 5-10% and the pH factor from 10 or higher. In general, the more sodium hydroxide used, and the higher the pH, the faster the chemical reaction will take place, with a corresponding increase of danger to damage the hair.

- **Ammonium Thioglycolate:**

Although ammonium thioglycolate is moderately less dramatic in its action than sodium hydroxide, it is also capable of softening and relaxing excessively curly hair in somewhat the same manner.

- **Neutralizer:**

The neutralizer is also called a stabilizer or fixative. It stops the action of any chemical relaxer that remains in the hair after rinsing. At the same time, the neutralizer reforms the cystine (sulphur) cross bonds in their new position and re-hardens the hair.

- **Sodium Hydroxide:**

This has a softening and swelling action on hair fibers. As the relaxing cream penetrates into the cortical layer, the cross bonds (sulphur and hydrogen) are broken. The action of the comb, brush, or the hands in smoothing the hair while distributing the chemical, straightens and softens hair. Manufacturers vary the sodium hydroxide content from 5-10% and the pH factor from 10 or higher. In general, the more sodium hydroxide used, and the higher the pH, the faster the chemical reaction will take place, with a corresponding increase of danger to damage the hair.

COURSE SECTION 6 - Chemical Makeup Assessment Question

7. An acid would have a number greater than 7 on the pH scale.
True False

COURSE SECTION -7

Infection Control: Principles and Practice Sanitation and Sterilization

(3 Credit Hours)

Course Outline

- Course Learning Objectives
- Course Overview
- Sanitation, Disinfection, and Sterilization
- The Responsibility is yours
- Contagious Diseases
- Bacteria and Harmful Bacteria
- Pathogenic Bacteria Classification
- Growth and Reproduction
- Active Stage and Spore-Forming Stage
- Bacterial Infections
- How Bacteria Enter Our Bodies
- Sources of Contagious Bacteria
- Filterable Viruses
- Fungi
- Other Parasites
- Immunity and Human Carrier
- Standard /Universal Precautions
- Expanded or Transmission-Based Precautions
- Sanitation and Disinfection Recommendations
- Sanitizing Hands and Cleaning Agents for Hands
- Cleaning Combs and Brushes
- Sanitizing Combs and Brushes
- Disinfecting Metallic Implements with Chemical Solutions
- Handwashing and Drying — Prevents Infection
- The dangers of not washing your hands
- Proper hand-washing techniques
- Proper hand washing with soap and water
- Hand washing Review
- Proper use of an alcohol-based hand sanitizer
- When should you wash your hands?
- Always wash your hands
- How to Sterilize
- Disinfection with Chemical Agents
- Ultraviolet Ray Sanitizers
- Antiseptics and Disinfectants
- Boric Acid
- Using Chemical Disinfectants
- Other Antiseptics and Disinfectants
- Cleaning Metallic Implements
- Disinfecting Metallic Implements
- Storing Metallic Implements
- Sanitizing Electrodes & Sharp Cutting Implements
- Sanitizing Electric Clippers
- Storing Electrodes and Implements
- Disinfecting Manicure Implements
- Sanitation
- Ventilation
- The Salons Drinking Water
- Florida Administrative Code Salon Rules
- Salon Requirements
- Sanitation and Infection Control Assessment Questions

Course Learning Objectives:

Upon completion of this course the participant shall understand the concepts regarding:

- Sanitation, disinfection, sterilization, and contagious Diseases
- Bacteria, harmful bacteria, and pathogenic bacteria classification
- Growth and reproduction of bacteria
- Bacterial Infections
- Sources of contagious bacteria, virus fungi, and parasites
- Human Carriers
- Universal and Standard Precautions
- How to distinguish between disinfectants and antiseptics
- How to sanitize hands and disinfect tools used in the practice of cosmetology
- 61G5-20.002. Florida Administrative Code requirements for salon ventilation and cleanliness.

Course Overview:

This course covers the subjects that deal with proper infection control to protect both you and the public. The subjects discussed in this course are sanitation, disinfection and sterilization, of the different types of infectious agents. It defines what bacteria are and reviews the different types of bacteria. The course outlines the growth and reproduction of bacteria, and how bacteria can cause infection. Attention is given to how a person can be a carrier of disease, how to disinfect implements, procedures for disinfecting manicure implements, and the different ways to disinfect with chemical agents. It concludes with the basic rules to follow for a safe salon and, finally, rule 61G5-20.002: ventilation and cleanliness requirement for salons.

Sanitation Disinfection and Sterilization

While we typically note how our doctors and dentists maintain a sterile environment, most of us do not consider that the same standards should be set for those who are digging, filing, and clipping away at our feet and fingernails. Yet, the consequences of an unsanitary salon can be the same as those at any medical facility.

As a Salon Professional serving the public, you will come in close contact with many clients. To avoid the spread of disease-producing bacteria, it is necessary for you to follow good sanitation and disinfection practices. You should understand the rules and the regulations, as well as the facts pertaining to this subject, for your own protection and for the protection of your clients.

The Responsibility is yours

Before AIDS and hepatitis became household names, the cosmetology and barbering industry were under little scrutiny as risks for spreading infectious diseases. However, since the 1980s, an epidemic of bloodborne diseases has forced a reexamination of the beauty industry. As a Salon Professional, you have responsibilities to the state, your clients, and your profession to learn and to use appropriate precautionary measures and cleaning procedures. You must follow these 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 by law, must be kept as clean.

The sanitation and disinfection of equipment and surroundings is very important and, in order for you, the Salon Professional to understand how important and necessary it is, you must first study bacteria. You must understand how the spread of disease can be prevented and become familiar with the precautions that must be taken to protect you and the clients', health. It is the responsibility of the salon staff to keep the salon clean and sanitary. It is the responsibility of the individual to keep the instruments that they use compliant with the law. Some states now have consumer complaint forms available online. These forms are quick and convenient to use. They allow the public to communicate possible infractions to the regulating board. A growing number of states are beginning to use electronic complaint forms. Along with the introduction of this method of communication by the consumer will come a scrutiny from the governing boards and, therefore, should aid in an improved salon environment for a growing number of salons. Keeping a clean and sanitary salon will not only protect the client and the salon professional, but it will also ensure the salon professional will not run into troubles resulting from non-compliance with the sanitation laws of the state. The Florida law governing salon sanitation will be discussed later in this course. For now, let's look at bacteria, the growth of bacteria, and how they reproduce.

Contagious Diseases

The transfer of infectious material causes skin infections, as well as blood poisoning, from one individual to another. Another way which infectious material can transfer is by using unsanitary implements (such as combs, hairpins, brushes, etc.). These tools of the trade can act as a vehicle, being used first on an infected

person, and then on another without having been cleaned or disinfected properly.

Bacteria

Bacteria are tiny. They consist of one-celled microorganisms found roughly everywhere. Bacteria are particularly abundant in dust, dirt, refuse, and diseased tissues. Commonly, bacteria are not perceptible except with the aid of a microscope. Just to give you an idea of the size, fifteen hundred rod-shaped bacteria will barely reach across a pinhead. They will become noticeable when thousands of them grow to form a "colony" and can be seen as a mass. Bacteria are classified as to their harmful or beneficial qualities. It must be kept in mind that not all bacteria are harmful to us. In fact, a great majority of bacteria are helpful and useful. There are two classifications of bacteria:

1. Non-pathogenic organisms constitute the majority of all bacteria and perform many useful functions, such as decomposing refuse and improving the fertility of the soil. To this group belongs the saprophyte, which lives on dead matter.
2. Pathogenic organisms (microbes or germs), although in the minority, produce considerable damage by invading plant or animal tissues. Pathogenic bacteria are harmful because they produce disease. To this group belong the parasites, which require living material for their growth.

Harmful Bacteria

Bacteria are responsible for a large percentage of illness and suffering. For this reason, the practice of sanitation and disinfection is necessary in a salon, barbershop or specialty salon.

Pathogenic Bacteria Classification

As to form or general appearance, there are three major groups of bacteria.

1. **Cocci** (singular, coccus) are round shaped organisms, which appear singly or in groups:
 - (a) **Staphylococci** (singular, staphylococcus) — pus-forming organisms which grow in bunches or clusters, and are present in abscesses, pustules and boils.
 - (b) **Streptococci** (singular, streptococcus) — pus-forming organisms which grow in chains, as found in blood poisoning.
 - (c) **Diplococci** (singular, diplococcus) — grow in pairs and cause pneumonia.
 - (d) **Gonococci** (singular, gonococcus) — cause gonorrhea.
 - (e) **Meningococci** (singular, Meningococci) — cause meningitis.
2. **Bacilli** (singular, bacillus) are rod-shaped organisms, which vary greatly in thickness. They are the most common and produce such diseases as tetanus (lockjaw), influenza, typhoid, tuberculosis, and diphtheria. Many bacilli are spore forming.
3. **Spirilla** (singular, spirillum) are curved or corkscrew-shaped organisms. They are further subdivided into several groups. The sub-group of chief importance is that of spirochetes organisms. The spirochete called *Treponema pallida* is the causative agent in syphilis.

Growth and Reproduction

Bacteria consist of an outer cell wall and internal protoplasm. They manufacture their own food from the surrounding

environment, give off waste products, and are capable of growth and reproduction. Bacteria may exhibit two distinct phases in their life cycles—the active stage and the inactive or spore-forming stage.

Active Stage

The active stage is when bacteria grow and reproduce. These microorganisms live and multiply in warm, dark, damp, and dirty places where sufficient food is present. Many parts of the human anatomy offer suitable breeding places for bacteria. When conditions are as mentioned above, bacteria reproduce at an unbelievable rate. As food is absorbed and converted into protoplasm, the bacterial cell increases in size. When the limit of growth is reached, it divides crossways in half, forming two daughter cells. From one bacterium, as many as sixteen million more may develop in half a day.

Spore-Forming Stage

When favorable conditions cease to exist, bacteria either die or cease to multiply. Some bacteria can form spherical spores, which have a tough outer covering and are able to withstand long periods of dryness, periods of lacking food, or unsuitable temperature. Examples of bacteria that are capable of such action would be the anthrax and tetanus bacilli. In the spore stage, the spore can be blown about in the dust and is not harmed by disinfectants, heat or cold. When favorable conditions are restored, the spore changes back into the active, vegetative form and again starts to grow and reproduce.

Bacterial Infections

Pathogenic bacteria become dangerous to health only when they successfully invade the body. An infection occurs if the body is unable to cope with the bacteria or their harmful toxins. An infection may be localized, as in a boil, or a general infection (the most dangerous) may result when the blood stream carries the bacteria and their toxins to all parts of the body, which is what occurs in blood poisoning or syphilis. The presence of pus is a sign of infection. Pus contains bacteria, body cells and blood cells, both living and dead. An infection is considered contagious when it tends to spread more or less readily from one person to another by direct or indirect contact. Precautions must be followed to prevent the spread of infection when it is in this contagious stage.

How Bacteria Enter Our Bodies

Bacteria and other infectious agents can enter the body through any of the following routes —

- Through the mouth, by food, drinking liquids, or items placed in the mouth
- Through the nose and mouth when we breathe
- Through the eyes by way of dirt, dirty hands, or unclean objects such as poorly maintained contact lenses; and
- Through breaks or wounds in the skin

Sources of Contagious Bacteria

Unclean hands and instruments that have not been properly disinfected can be sources of contagious bacteria. Open sores and pus, mouth and nose discharges, and the common use of

drinking cups and towels are a few other examples. Uncovered coughing or sneezing and spitting in public can also spread germs. Personal hygiene and public sanitation can prevent and control many infections. The body attempts to fight infections by mobilizing its defensive forces. The first line of defense is unbroken skin. In a healthy person, bodily secretions such as sweating and digestive juices discourage bacteria growth. Within the blood, there are white corpuscles to devour bacteria, and anti-toxins to counteract the toxins produced by the bacteria.

Filterable Viruses

These organisms are so small they will pass through filters. Such diseases as infantile paralysis, influenza, smallpox, rabies, and the common cold are examples of viral infection. Rickettsia are microorganisms much smaller than ordinary germs but are larger than the viruses that cause disease among insects, as well as, man and are responsible for the transmission of typhus fever and Rocky Mountain spotted fever. Insects, ticks, fleas, and lice can transmit and infect people with rickettsia.

Fungi

Fungi are not plants. Living things are organized for study into large, basic groups called kingdoms. Fungi were listed in the “Plant Kingdom” for many years. Then scientists learned that fungi show a closer relation to animals but are unique and separate life forms. Now, Fungi are placed in their own Kingdom. Fungi are microscopic and consist of many cells. In this group are included the molds, mildews, and yeasts. Fungi are incapable of manufacturing their own food. Some behave as parasites. These fungi cause diseases by using living organisms for food. These fungi infect plants, animals and even other fungi. Athlete’s foot and ringworm are two fungal diseases in humans.

Other Parasites

Protozoa are one celled animal organisms characterized by their distinct nuclei. There are various kinds of protozoa, among which are parasites. Animal parasites consisting of many cells and belonging to the insect class. They are responsible for such contagious infections as scabies, which are due to the itch mite.

Immunity

Immunity is the ability of the body to resist and destroy bacteria once they have entered the body. Immunity against disease is a sign of good health. It may be natural or acquired. Natural immunity is partly inherited and partly developed by hygienic living. Acquired immunity is secured after the body has, by itself overcome certain disease, or when it has been assisted by injections to fight bacteria.

Human Carrier

A person may be immune to a disease and still carry germs that can infect others. Such a person is called a human disease carrier. The diseases most frequently transmitted in this manner are typhoid fever and diphtheria. Physical agents such as heat (boiling, steaming, baking, or burning), and chemical agents such as antiseptics, disinfectants or germicides can accomplish destruction of bacteria.

Standard /Universal Precautions

Although less likely to pose the same degree of risk to exposure than that routinely encountered in a health care facility, the salon is known to have a measurably higher level of risk to exposure from bloodborne pathogens and infectious body fluids, than many other professions. Razors, scissors, neck trimmers, and cuticle nippers, just to name a few, are sharp tools used every day for cutting in the salon and spa environment.

Because of the physical contact with large numbers of the public, the use of sharp cutting tools and the consequential injuries resulting in blood spills, it is imperative that salon professionals learn and practice proper infection control procedures and biohazard practices so they are prepared to safely handle blood spills, and to competently protect against the spread of contaminants, bloodborne pathogens, and subsequent infectious disease.

In order to do this salon professionals use infection control procedures established by the CDC known as Universal Precautions and the newly established counterpart, Standard Precautions. In conjunction with the infection control standards set by the State of Florida approved for salons.

Universal Precautions

Universal precautions are an approach to infection control? Universal precautions, developed by the CDC is defined as a set of precautions designed to prevent transmission of human immunodeficiency virus, hepatitis B virus, hepatitis C virus, and other bloodborne pathogens when providing first aid or health care.

As previously mentioned, in the salon and spa environment accidental cuts from sharp tools and minor accidents cause the occasional need for first aid to be rendered, and for blood to be handled and removed from surface areas where it landed. These type situations produce the majority of the instances in which a salon professional becomes exposed to blood. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for bloodborne pathogens

Standard Precautions

According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Universal precautions were based on the concept that all blood and body fluids that might be contaminated with blood should be treated as infectious because patients with bloodborne infections can be asymptomatic or unaware they are infected.

The relevance of universal precautions to other aspects of disease transmission was recognized, and in 1996, the Centers

for Disease Control and Prevention expanded the concept and changed the term to *standard precautions*.

The terms are sometimes used in the same context; a likely cause for this is because OSHA's Bloodborne pathogen standard retains the term universal precautions. However, under CDC's definition, "**Standard Precautions**" integrate and expand the elements of universal precautions into a standard of care designed to protect health-care personnel and patients from pathogens that can be spread by blood or any other body fluid, excretion, or secretion.

Standard precautions apply to contact with **1)** blood; **2)** all body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood; **3)** nonintact skin; and **4)** mucous membranes. Saliva has always been considered a potentially infectious material in dental infection control; thus, no operational difference exists in clinical dental practice between universal precautions and standard precautions.

Expanded or Transmission-Based Precautions

Expanded or transmission-based precautions are used to interrupt the potential spread of those diseases that are transmitted by airborne, droplet, or contact transmission such as:

- Tuberculosis
- Influenza
- Chicken pox

They can be spread by:

- Sneezing,
- Coughing
- Contact

Expanded or transmission-based precautions are categorically precautions that are exclusive to the health care and emergency services industry, as the type illness that transmission-based precautions are intended to apply too are readily contagious and, pose a health risk to the public. Persons suffering with such an illness should isolate themselves to prevent others from becoming sick.

As a salon professional it is impossible to know to what degree a customer may be ill. However, there are sanitation laws that apply to the salon and in general, they require that no services be given by or to any person that is ill when the illness is contagious and can be spread to others through casual contact.

As a salon professional, you will never practice transmission-based precautions since law prohibits services is provided to anyone having those types of illness, because of their potential to spread. If you know that, a customer requesting salon services has an infectious illness you cannot perform the service, it is prohibited by law and is unsafe for you and your customers. Learn how to politely decline and ask to reschedule the customer for another time. Expanded or transmission-based precautions

Sanitation and Disinfection Recommendations

Universal Barrier protection, personal cleanliness, and proper disinfection are the three "precautions" that make up the meaning

of “Universal Precautions.” All three methods must be used to be completely effective.

Barrier Protection - Puts a shield between you and your clients.

Personal Cleanliness - Includes washing your hands, keeping your work area clean, etc.

Disinfection - Refers to removing germs from your tools, equipment, and work area.

❶ Hands should be washed before and after client contact and washed immediately if hands become contaminated with blood or other body fluids. Hands should also be washed after removing gloves.

❷ Gloves should be worn whenever there is a possibility of contact with body fluids. Personal service workers (e.g., hairdressers, barbers, cosmetologists, massage therapists) should wear gloves when waxing, giving manicures/pedicures, facials, tweezing or any other service that could possibly draw blood.

❸ Masks should be worn whenever there is a possibility of splashing or splattering of body fluids.

❹ Both clients and beauty professionals should wear smocks if soiling of clothing or splashing on exposed skin is likely.

❺ To minimize the risks for exchange of body fluids during resuscitation procedures, pocket masks or mechanical ventilation devices should be readily available where these procedures are likely to be needed.

❻ Spills of blood or blood-contaminated body fluids should be cleaned up using a hospital level disinfectant approved by the EPA for use on blood spills.

❼ Beauty professionals, who have open lesions, dermatitis, or other skin irritations, should not participate in direct client contact and services and should never handle contaminated equipment or supplies, such as towels, smocks, capes, or even used cotton strips.

❽ Sharp objects such as shears, razors, nippers, tweezers and needles tend to pose the greatest risk for exposure. Instruments that can penetrate the skin or become contaminated with blood, such as ear-piercing devices; needles used for electrolysis, tattooing, and acupuncture; and razors, cuticle scissors, and tweezers should be disinfected or thrown away after one use.

Use a hospital level disinfectant approved by the EPA to wipe implements with a cutting edge to disinfect contaminated reusable objects, such as shears, etc. The EPA has also listed “Lysol” as a killer of HIV. It can be used right out of the bottle to wipe salon surfaces and floors after they have been treated properly treated with a hospital grade disinfectant.

Sanitizing Hands

As a licensed professional dealing with multiple clients per day, it is necessary to sanitize your hands as much as it is your implements, especially in the nail and facial industries.

Note: A disinfected nailbrush may be used for a more precise cleaning. This must be done before you service each new client. (Remember that cash is one of the dirtiest things you will handle.

It is covered with germs that get passed from one individual to another.)

Cleaning Agents for Hands

Cleaning agents assist in the process of removing substances from surfaces. Soaps and detergents are two common cleaning agents that are often confused for one-another but are composed of very different ingredients and have different cleaning properties. Soaps are the product of a chemical reaction, formed by vegetable oil reacting with lye, for example, and the addition of chemicals that add a desirable smell or quality to the soap, such as glycerin, 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.

Cleaning Combs and Brushes

Remove the hair from combs and brushes. Immerse combs and brushes completely into a bowl of soapy water for several minutes. Clean each comb separately with a small brush. Clean the brushes two at a time by rubbing the bristles against each other. When thoroughly cleaned, rinse combs and brushes in bowl of clear, warm water. Drain off water and remove any adhering hairs.

Sanitizing and Disinfecting Combs and Brushes

How to prepare a chemical sanitizer: Clean receptacle, add soapy water and fill with a sufficient quantity of hospital level disinfectant. Now prepare a bowl of warm water for rinsing purposes. Immerse combs and brushes into hospital level disinfectant according to the manufacturer's instructions, (usually 20 minutes). Remove combs and brushes, rinse in clear clean water, and dry them thoroughly with a clean towel. When thoroughly dry place the combs and brushes on a clean towel in a dust free place.

Disinfecting Metallic Implements with Chemical Solutions

Prepare a bowl of warm soapy water. Prepare hospital level disinfectant in wet sanitizer or use any other type of disinfectant approved by the State Board. Immerse implements completely in disinfectant solution. If necessary, replace chemical in dry sanitizer. Have ready, a supply of clean towels and individual envelopes.

Handwashing and Drying —Prevents Infection

Hand washing is a simple habit — one that requires minimal training and no special equipment. Yet it is one of the best ways

to avoid getting sick. This simple habit requires only soap and warm water or an alcohol-based hand sanitizer — a cleanser that does not require water. Do you know the benefits of good hand hygiene and when and how to wash your hands properly?

Hand washing is defined as the vigorous, brief rubbing together of all surfaces of lathered hands, followed by rinsing under a stream of water.

Handwashing suspends microorganisms and mechanically removes them by rinsing with water. The fundamental principle of hand washing is removal, not killing.

The amount of time spent washing hands is important to reduce the transmission of pathogens to other food, water, other people and inanimate objects (fomites), such as doorknobs, hand railings and other frequently touched surfaces. Proper hand hygiene involves the use of soap and warm, running water, rubbing hands vigorously for at least 20 seconds. The use of a nailbrush is not necessary or desired, but close attention should be paid to the nail areas, as well as the area between the fingers.

Wet hands have been known to transfer pathogens much more readily than dry hands or hands not washed at all. The residual moisture determines the level of bacterial and viral transfer following hand washing. Careful hand drying is a critical factor for bacterial transfer to skin, food and environmental surfaces.

The drying times required to reduce the transfer of these pathogens varies with the method used to do the drying. Drying of hands with reusable cloth towels should be avoided. Recommended hand drying methods and drying times are outlined below:

The dangers of not washing your hands

Despite the proven health benefits of hand washing, many people do not practice this habit as often as they should — even after using the bathroom. Throughout the day, you accumulate germs on your hands from a variety of sources, such as direct contact with people, contaminated surfaces, foods, even animals and animal waste.

If you do not wash your hands frequently enough, you can infect yourself with these germs by touching your eyes, nose or mouth. In addition, you can spread these germs to others by touching them or by touching surfaces that they also touch, such as doorknobs.

Infectious diseases commonly spread through hand-to-hand contact include the common cold, flu and infectious diarrhea. While most people will get over a cold, the flu is much more serious. Some people with the flu, particularly older adults and people with chronic medical problems, such as HIV/AIDS, can develop pneumonia. The combination of the flu and pneumonia, in fact, is the seventh leading cause of death among Americans.

Proper hand-washing techniques

Good hand-washing techniques include washing your hands with soap and water or using an alcohol-based hand sanitizer. Antimicrobial wipes or towelettes are just as effective as soap and water in cleaning your hands but are not as good as alcohol-based sanitizers.

Antibacterial soaps have become increasingly popular in recent years. However, these soaps are no more effective at killing germs than are regular soap and water. Using these soaps may lead to the development of bacteria that are resistant to the products' antimicrobial agents — making it even harder to kill these germs in the future.

In general, regular soap is fine. The combination of scrubbing your hands with soap — antibacterial or not — and rinsing them with water loosens and removes bacteria from your hands.

Proper hand washing with soap and water

Before servicing any client, the following process of sanitizing your hands should be followed: First, you must have an antibacterial/hospital recommended cleanser. You must use tepid water with a generous amount of cleanser. Place the cleanser in the palm of your hand and rub vigorously to lather cleanser from inside to outside of hands and fingers.

Once the surfaces of your hands and fingers have been cleansed thoroughly, rub the tips of your fingers and nails in the palm of the opposite hand to enable cleansing of the underside of the nails. Then repeat this same process a second time. Be sure to rinse thoroughly after each process. Dry your hands with a paper towel and be sure to use a paper towel to turn off the water and to open the door when exiting the restroom to avoid recontamination.

Hand washing Review

- * Wet your hands with warm, running water and apply liquid or clean bar soap. Lather well.
- * Rub your hands vigorously together for at least 15 seconds.
- * Scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
- * Rinse well.
- * Dry your hands with a clean or disposable towel.
- * Use a towel to turn off the faucet.

Proper use of an alcohol-based hand sanitizer

Alcohol-based hand sanitizers —, which don't require water — are an excellent alternative to hand washing, particularly when soap and water aren't available. They are actually more effective than soap and water in killing bacteria and viruses that cause disease. Commercially prepared hand sanitizers contain ingredients that help prevent skin dryness. Use only the alcohol-based products.

To use an alcohol-based hand sanitizer:

- Apply about 1/2 tsp of the product to the palm of your hand.
- Rub your hands together, covering all surfaces of your hands, until they are dry.

If your hands are visibly dirty, however, wash with soap and water rather than a sanitizer.

When should you wash your hands?

Although it is impossible to keep your bare hands germ-free, times exist when it is critical to wash your hands to limit the transfer of bacteria, viruses and other microbes.

Always wash your hands:

- After using the bathroom
- After changing a diaper - wash the diaper-wearer's hands
- After touching animals or animal waste
- Before and after preparing food, especially before and immediately after handling raw meat, poultry or fish
- Before eating
- After blowing your nose
- After coughing or sneezing into your hands
- Before and after treating wounds or cuts
- Before and after touching a sick or injured person
- After handling garbage
- Before inserting or removing contact lenses
- When using public restrooms

How to Sterilize

Sterilization is the process of destroying all bacteria, whether they are harmful or beneficial. Here is a list of the most common ways:

- **Boiling-** requires the immersing of towels, linens, or instruments in water heated to 212 degrees Fahrenheit.
- **Steaming-** requires an airtight chamber in which steam is generated from water by the application of heat.
- **Baking-** A method of sterilization rarely used in beauty shops but employed in hospitals.

Ultraviolet Ray Sanitizers

Ultraviolet Sanitizers are permitted to be used as storage for your **already disinfected implements**, but an ultraviolet ray sanitizer cannot be used to disinfect tools or implements because it cannot disinfect sufficiently to kill the more serious pathogens. They are not effective against viruses and do not meet the required standards needed. As a result, you should never use an Ultraviolet Ray Sanitizer to attempt to disinfect your salon tools, implements, or other salon equipment.

Antiseptics and Disinfectants

Antiseptic solutions are weaker than disinfectant solutions. Because antiseptics are not as powerful as germicides or disinfectants, they are inappropriate to be used to disinfect salon instruments. because they are not able to perform the necessary degree of germ killing.

Antiseptics do retard the growth of bacteria. They may not kill all the germs but will prevent them from multiplying. They are

gentle enough to be used on the skin. Antiseptics should only be used as sanitizers and

Disinfectants on the other hand are much stronger and can destroy bacteria and prevent their multiplication. A germicide is a chemical agent that kills bacteria. The reason it is required to sterilize is to destroy all bacteria. It is a necessity to destroy bacteria in order to prevent the spread of diseases. However, it is typically not a requirement to sterilize in the standard hair salon. Sterilization is required for tools and implements that are used in a manner that causes the client to bleed. Such as piercing or permanent makeup. This also requires a tattooing license in the state of Florida. This is the way we protect the public and ourselves.

Disinfectants and germicides are also kill germs and retard the growth of more germs. Disinfectants are used to destroy bacteria and are used to sanitize equipment and implements but they should not be used on the skin. Disinfectants must be able to kill viruses, fungus, and dangerous bacteria.

Always exercise caution when using any chemical on the skin. Many of the disinfectants and germicides are not manufactured with the intention of being placed on the skin and for this reason should not make contact with the skin. Read the manufacturer's directions and the section on cautions posted on the label or the container, before you use any chemical product.

The Environmental Protection Agency (EPA) over sees the approval of disinfectants. To find an appropriate disinfectant look for an EPA registration number before making a selection. If you do not see an EPA registration number, chances are that it's not an approved disinfectant. When choosing a disinfectant for use in your salon, you must choose one that is of hospital quality, so it can kill viruses, dangerous bacteria, and harmful fungus. Both bleach and alcohol have been used as disinfectants in the past. However, this has changed, both of these agents have many disadvantages, and they should no longer be used in a salon as a disinfectant. Remember the state laws for the Florida salon requires you to use a hospital level disinfectant.

Many common germicides are extremely poisonous, and therefore should not be used in beauty culture practice. These germicides act differently on different types of bacteria. Each one has been standardized for the concentration that is most effective. Certain germicides, when concentrated enough to be deadly to bacteria, cannot be used safely on the skin. Also, be aware that Formalin is no longer an accepted disinfectant. This type of disinfectant contains formaldehyde, which may be a cancer-causing agent. In addition, Formlin is hazardous to inhale, and may cause various skin irritations.

Using Chemical Disinfectants

Wash all implements thoroughly with soap and warm water. Use final plain water rinse to remove all traces of soap. Immerse implements into wet sanitizer filled with hospital level disinfectant. Remove implements from wet sanitizer, rinse in water, and wipe dry with clean towel. Store disinfected implements in individually wrapped cellophane envelopes or keep them in a cabinet sanitizer until ready to be used.

Other Antiseptics and Disinfectants

- Lysol: Is a cheap but efficient disinfectant with an agreeable odor. A 10% soap solution is used for cleanses floors, sinks and toilets.
- Iodine: Tincture of Iodine, 2% U.S.P. is a good antiseptic for the skin.
- Hydrogen Peroxide: 3% to 5% solution liberates oxygen for its antiseptic action. It can be used for minor wounds.

Cleaning Metallic Implements

Clean shear blades, wipe razor blades, and clean the prongs of tweezers and ends of clippers. Instruments with a cutting edge should be wiped with hospital level or EPA disinfectant or be immersed in the disinfectant

Disinfecting Metallic Implements

Immerse implements in EPA approved disinfectant solution for 10 minutes. Caution: In disinfecting razors or shears, dip only the blade into the solution. Remove implements and dry thoroughly with clean towel.

Storing Metallic Implements

Place disinfected implements in dry clean covered container or wrap them in individual envelopes until ready for use. As previously, covered, ultraviolet sanitizers can be used as storage for your implements, but they cannot disinfect your tools.

Sanitizing Electrodes & Sharp Cutting Implements

- Electrodes: Clean surface of electrodes with warm, soapy water.
- Sharp cutting instruments: Clean the blades with warm, soapy water, making sure the water does not make contact with the pivots of the razors or shears, as these parts of the instruments may corrode. Dry thoroughly.

Sanitizing Electric Clippers

Remove all hair from blades. Dip a piece of cotton pad an approved disinfectant and rub over the surfaces of the electrodes and cutting blades of the instruments. Re-apply disinfectant. Dry electrodes and implements thoroughly.

Storing Electrodes and Implements

Place electrodes or implements in a clean closed container or wrap in individual envelopes until ready to use.

Disinfecting Manicure Implements

Pour enough disinfectant into wet sanitizer so that the tip of the implements will be completely immersed. Keep implements in wet sanitizer for the required time as specified by your State Board of Cosmetology. Change disinfectant as directed when it is required. Place implements in dry clean container until ready to be used.

• Nail File

Scrub particles off nail file with brush and warm, soapy water. Immerse file into wet sanitizer for the required time as specified

by your State Board of Cosmetology. Dry nail file and keep it in a dry and clean closed container when not in use.

• Emery Boards

Emery boards cannot be disinfected. Always destroy emery boards, cotton balls, and orange wood sticks after each use. They should only be used once and then immediately thrown away. Additionally, nail technicians should disinfect their manicuring table with an EPA approved disinfectant after each client.

Sanitation

Sanitation is the application of measures to promote public health and prevent the spread of infectious diseases. Various governmental agencies protect community health by providing for a wholesome food and water supply and the quick disposal of refuse. These steps are only a few of the ways in which the public health is safeguarded. The State Board of Cosmetology, in each state or locality have formulated sanitary regulations governing beauty shops. Every salon professional must be familiar with these regulations in order to obey them.

A person with an infectious disease can be contagious to others. It is for this reason that a salon professional having a communicable disease or illness must not be permitted to handle clients. At the same time, clients having a communicable disease or infectious condition also must not be serviced in the salon. Following this practice protects the salon professional, the client, and the other clients as well, from exposure. In this way the best interests of everyone will be served.

Ventilation

The air within a salon must be circulated and should have some degree of humidity and should not be dry nor should it be stagnant. The room temperature should remain approximately 70 degrees Fahrenheit. Salons may utilize fans, air conditioners, and exhaust fans or devices. The use of this type of equipment provides an increased quality, as well as an increased quantity of air in the salon.

The Salons Drinking Water

The water supplied in the salon and intended for consumption must be odorless, colorless and free from any foreign matter. Crystal clear water may still be unsanitary because of the presence of pathogenic bacteria, which cannot be seen with the naked eye.

Florida Administrative Code Salon Rules

The salon must be well-lighted, heated, and ventilated, in order to keep the salon in a clean and sanitary condition. The walls, curtains, and the floor coverings in all work booths must be washable and kept clean. All salons must be supplied with running hot and cold water. All plumbing fixtures should be sufficient in number and properly installed. The premises should be kept free from rodents, vermin, flies or other similar insects through cleanliness, use of screens, and an exterminator. All hair, cotton, or other waste material must be removed from the floor without delay and deposited in a closed container. Waste material should be removed from the premises at frequent intervals. Objects dropped on the floor are not to be used until disinfected.

Hairpins must not be placed in the mouth, combs must not be carried in the pockets of uniforms, and hairnets must not be carried in cuffs or pockets of the uniform. When giving a manicure, provide finger bowls with individual paper cups for each client. Headrest coverings and neck strips must be changed for each client.

Florida Administrative Code

61G5-20.002 Cosmetology Salon Requirements

((1) Definitions: For the purposes of this rule, the following definitions apply:

- (a) "Clean" means the removal of visible debris from a surface such as washing with soap/water.
- (b) "Disinfect" means the use of a chemical to destroy potential pathogens.
- (c) "Sterilize" means the complete destruction of all microbial life, commonly achieved through the use of heat and/or pressure.
- (d) "Wet disinfection container" means a tub or jar with a lid, filled with disinfectant and large enough for all items to be completely immersed.
- (e) "Infection control" means the process for reducing the risk of spreading disease causing pathogens.
- (2) 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 covered waste receptacle. Each salon which provides services for the extending or sculpturing of nails shall provide such services in a separate area which is adequately ventilated for the safe dispersion of all fumes resulting from the services.
 - 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 service animals and fish kept in closed aquariums.
- 5. Shampoo Bowls: Each salon shall have shampoo bowls equipped with hot and cold running water. The shampoo bowls shall be located in the area where cosmetology services are being performed. A specialty salon that exclusively provides specialty services, as defined in Section 477.013(6), F.S., need not have a shampoo bowl, but must have a sink or lavatory equipped with hot and cold running water on the premises of the salon.
- (d) Comply with all local building and fire codes. These requirements shall continue in full force and effect for the life of the salon.
- (3) Each salon shall comply with the following:
 - (a) Linens: Each salon shall keep clean linens in a closed, dustproof cabinet. All soiled linens must be kept in a closed receptacle. Soiled linens may be kept in open containers if entirely separated from the area in which cosmetology services are rendered to the public. A sanitary towel or neck strip shall be placed around the patron's neck to avoid direct contact of the shampoo cape with a patron's skin.
 - (b) Containers: Salons must use containers for waving lotions and other preparations of such type as will prevent contamination of the unused portion. All creams shall be removed from containers by spatulas.
 - (c) Disinfection: The use of a brush, comb or other article on more than one patron without being disinfected is prohibited. Each salon is required to have sufficient combs, brushes, and implements to allow for adequate disinfecting practices. Combs or other instruments shall not be carried in pockets.
 - (d) Disinfectants: All salons shall be equipped with and utilize disinfecting solutions with hospital level disinfectant or EPA approved disinfectant, sufficient to allow for disinfecting practices.
 - 1. A wet disinfection container is any receptacle containing a disinfectant solution and large enough to allow for a complete immersion of the articles. A cover shall be provided.
 - 2. Disinfecting methods which are effective and approved for salons: First, clean articles with soap and water, completely immerse in a chemical solution that is hospital level or EPA approved disinfectant as follows:
 - a. Combs and brushes, remove hair first and immerse in hospital level or EPA approved disinfectant;
 - b. Metallic instrument, immerse in hospital level for EPA approved disinfectant;
 - c. Instruments with cutting edge, wipe with a hospital level or EPA approved disinfectant; or
 - d. Implements may be immersed in a hospital level or EPA approved disinfectant solution.
 - e. Shampoo bowls, facial beds, and neck rests, clean and disinfect between each use.
 - 3. For purposes of this rule, a "hospital level disinfectant or EPA approved disinfectant" shall mean the following:
 - a. For all combs, brushes, metallic instruments, instruments with a cutting edge, and implements that have not come into contact with blood or body fluids, a disinfectant that indicates on its label

that it has been registered with the EPA as a hospital grade bacterial, virucidal and fungicidal disinfectant;

b. For all combs, brushes, metallic instruments with a cutting edge, and implements that have come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a disinfectant, in accordance with 29 C.F.R. 1910.1030.

4. All disinfectants shall be mixed and used according to the manufacturer's directions.

(e) After cleaning and disinfecting, articles shall be stored in a clean, closed cabinet or container until used. 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 Disinfection:

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

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

2. At the end of each day of use, the following procedures shall be used:

a. All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be disinfected. All visible debris in the screen and the inlet must be removed and cleaned with a low-foaming soap or detergent and water. For pipe-free systems, the jet components or foot plate must be removed and cleaned, and any debris removed. The screen, jet, or foot plate must be completely immersed in an EPA registered, hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant that is used according to manufacturer's instructions. The screen, jet, or foot plate must be replaced after disinfection is completed and the system is flushed with warm water and low-foaming soap for 5 minutes, rinsed, and drained.

b. After the above procedures are completed, the basin should be filled with clean water and the correct amount of EPA registered

disinfectant. The solution must be circulated through foot spa system for 10 minutes and the unit then turned off. The solution should remain in the basin for at least 6 to 10 hours. Before using the equipment again, the basin system must be drained and flushed with clean water.

3. Once each week, subsequent to completing the required end-of-day cleaning procedures, the basin must be filled with a solution of water containing one teaspoon of 5.25% bleach for each gallon of water. The solution must be circulated through the spa system for 5 to 10 minutes and then the solution must sit in the basin for at least 6 hours. Before use, the system must be drained and flushed.

4. A record or logbook 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.

(4) 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.

(5) Evidence that the full or specialty salon contains a minimum of **100** square feet of floor space. No more than one (1) cosmetologist or specialist may be employed in a salon which has only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.

(6) Full and specialty salons, regardless of size and number of operators, shall meet all the sanitation requirements stated in this section.

(7) 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.

COURSE SECTION 7 - Sanitation and Sterilization Assessment Question's

8. Sterilization is the process of destroying all bacteria.

True

False

9. Pathogenic organisms are harmful because they cause disease.

True

False

COURSE SECTION - 8

Introduction to COVID-19: Detection, Transmission, Treatment, and Prevention (1 Credit Hour)

Course Learning Objectives:

By the end of this course section, you should be able to describe:

- The fundamental principles of emerging respiratory viruses and how to effectively respond to an outbreak.
- The nature of emerging respiratory viruses.
- How COVID-19 was found and how it spread.
- The symptoms of COVID-19 infection
- Current treatments used to help people that are infected who are ill.
- Strategies for preventing and controlling the transmission of COVID-19 infection.
- The principles of preventing the spread of COVID-19 and controlling infection in the salon.
- Prioritized for disinfection in the salon setting.
- The importance of hand hygiene to control the spread of infection.
- What a COVID-19 variant is and how they occur.
- The impact new variants of the COVID-19 virus have on vaccines.

Course Overview

Welcome to this comprehensive course on COVID-19. The global pandemic of COVID-19 has impacted our daily lives in many ways, and it is important for us to have a deep understanding of this virus and its impact. In this course, we will cover all the aspects of COVID-19, from its origin to its spread, from its symptoms to its treatment, and from its impact on society to its impact on the economy. We will also discuss the various preventive measures and vaccines available for COVID-19. Our aim is to equip you with the latest knowledge and understanding of this virus, so that you can take appropriate precautions to protect yourself and your co-workers and clients and help contain its spread. So, buckle up and get ready to embark on this journey of learning about COVID-19.

COVID-19 is called a coronavirus because the virus that causes it, SARS-CoV-2, belongs to the family of viruses known as coronaviruses. This course provides the participant with a general introduction to emerging respiratory viruses, including novel coronaviruses. Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

Where did the coronavirus come from?

In December 2019 there was a cluster of pneumonia cases in Wuhan China. Some of the early cases reported visiting or working in a seafood market in Wuhan China. Investigation found that the disease was caused by a newly discovered coronavirus. The disease was subsequently named COVID-19.

COVID-19 first spread within China and then quickly spread to the rest of the world. On January 30, 2020, the World Health Organization declared the outbreak a public health emergency of international concern. In this course we will look at what is currently known about COVID-19. Keep in mind this is a new disease and what is known is rapidly evolving and will continue to change in the future.

What is a coronavirus?

Coronaviruses are a large group of viruses. They consist of a core of genetic material surrounded by a lipid envelope with protein spikes. This gives it the appearance of a Crown. Crown in Latin is called Corona, and this is how these viruses get their name. There are different types of coronaviruses that cause illness in animals and humans. In human's coronavirus can cause respiratory infections ranging from the common cold to more severe diseases. These include the severe acute respiratory syndrome coronavirus first identified in China in 2003, the Middle East respiratory syndrome

coronavirus that was first identified in Saudi Arabia in 2012, and SARS - coV2 the name of the virus that causes COVID-19 that was first reported in December of 2019.

Where did this new virus come from?

It is known that coronaviruses circulate in a range of animals. Sometimes these viruses can make the jump from animals to humans. This is called a spillover and could be due to a range of factors such as mutations of the virus or increased contact between humans and animals. For example, MERS CoV is known to be transmitted from camels and SARS CoV2 from civet cats. The animal origin of COVID-19 is not known yet.

How does the disease spread?

The disease can spread from person to person through droplets when an infected person releases those droplets through coughing, talking, or sneezing when close to another person. It can also spread when infected droplets land on objects and when another person touches them and then touches their eyes nose or mouth.

Symptoms

The incubation, which is the time taken from exposure to the virus and development of symptoms is on average five to six days but can range from 1 to 14 days. There can be a range have symptoms from very mild to severe. Some people may not develop symptoms. When a person infected with the virus does not develop symptoms, they are known to be asymptomatic. These people show no signs of illness, but they can still spread the disease.

Common symptoms include fever, fatigue, and respiratory symptoms, such as cough, sore throat, and shortness of breath. Some people reported loss of their sense of taste or smell and some may develop a skin rash. In more severe cases there could be pneumonia, organ failure, and sometimes death. About 80% of cases recover from the disease without needing special treatment but there are some people at risk of serious illness they include older people or people with underlying of medical problems such as chronic respiratory disease, obesity, diabetes, high blood pressure, heart disease, or cancer.

How can we tell if someone is infected?

The infection is commonly diagnosed by a test called reverse transcriptase polymerase chain reaction generally known as PCR. This test identifies the virus based on its genetic fingerprint. There is also a blood test that can check for antibodies against the virus, which may show that someone was infected in the past.

COVID-19 Therapeutics

Treatment

The treatment for COVID-19 now includes a combination of supportive care, FDA approved treatments and in some cases *emergency use authorization medications*.

There are now several drugs approved by the FDA for treatment of COVID-19 and several more drugs that have been granted an Emergency Use Authorization by the FDA. These are two different types of approval.

Approved vs Emergency Use Authorization (EUA)

Under section 564 of the Federal Food, Drug & Cosmetic Act (FD&C Act), the FDA may, pursuant to a determination and declaration by the Secretary of the Department of Health and Human Services, authorize an unapproved product or unapproved uses of an approved product for emergency use. In issuing an EUA, the FDA must determine, among other things, that the product may be effective in diagnosing, treating, or preventing a serious or life-threatening disease or condition caused by a chemical, biological, radiological, or nuclear agent; that the known and potential benefits outweigh the known and potential risks for the product; and that there are no adequate, approved, and available alternatives. Emergency use authorization is NOT the same as FDA approval or licensure. EUAs do not remain in effect indefinitely and FDA will consider whether a sponsor is working towards seeking FDA approval when evaluating the continued appropriateness of the EUA.

FDA approves new drug applications (NDAs) under section 505(c) of the FD&C Act and biologics license applications (BLAs) under section 351 of the Public Health Service Act (PHS Act).. In approving an NDA/BLA, FDA reviewers must determine, among other things, that the drug is safe and effective for its labeled use(s), and that the benefits of the drug outweigh the risks; that the drug's labeling (package insert) is appropriate; and that the methods used in manufacturing the drug and the controls used to maintain the drug's quality are adequate to preserve the drug's identity, strength,

quality, and purity. The statutory standard for an NDA/BLA approval requires substantial evidence of effectiveness, which is a higher level of evidence of effectiveness than required for an EUA.

Approved Drugs

Actemra (Tocilizumab) is approved for the treatment of COVID-19 in hospitalized adults who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).

Veklury (Remdesivir) is approved for the treatment of COVID-19 in adults and pediatric patients (28 days of age and older and weighing at least 3 kilograms) with positive results of direct SARS-CoV-2 viral testing, who are: hospitalized, or not hospitalized and have mild-to-moderate COVID-19 and are at high risk for progression to severe COVID-19, including hospitalization or death.

EUA-authorized Products

Paxlovid.

The FDA has authorized for emergency use a drug called **Paxlovid**. This drug combines two types of medications in one package. The first drug is nirmatrelvir. It blocks the activity of a specific enzyme needed for the virus that causes COVID-19 to replicate. The second drug is an antiviral drug called ritonavir. It helps slow the breakdown of nirmatrelvir. Paxlovid is authorized to treat mild to moderate COVID-19 in people age 12 and older who are at higher risk of serious illness. The medications are taken by mouth as pills.

Molnupiravir

The FDA has authorized for emergency use another drug called **Molnupiravir** to treat mild to moderate COVID-19 in adults who are at higher risk of serious illness and not able to take other treatments. The medication is taken by mouth as a pill.

Olumiant (Baricitinib)

The FDA has authorized for emergency use the rheumatoid arthritis drug **Baricitinib** (Olumiant) to treat COVID-19 in some cases. Baricitinib is a pill that seems to work against COVID-19 by reducing inflammation and having antiviral activity. Baricitinib may be used in people who are hospitalized with COVID-19 who are on mechanical ventilators or need supplemental oxygen.

Although there is only 3 approved by the U.S. Food and Drug Administration (FDA) to treat coronavirus disease 2019 (COVID-19), many medications are being tested. Researchers are studying other potential treatments for COVID-19, including:

Antiviral drugs. In addition to remdesivir, other antiviral drugs being tested include favipiravir and merimepodib.

Dexamethasone. The corticosteroid dexamethasone is one type of anti-inflammatory drug that researchers are studying to treat or prevent organ dysfunction and lung injury from inflammation. Studies have found that this drug reduces the risk of death by about 30% for people on ventilators and by about 20% for people who need supplemental oxygen.

The U.S. National Institutes of Health has recommended dexamethasone for people hospitalized with COVID-19 who are on mechanical ventilators or need supplemental oxygen. If dexamethasone isn't available, other corticosteroids, such as prednisone, methylprednisolone or hydrocortisone, may be used. Dexamethasone and other corticosteroids may be harmful if given for less severe COVID-19 infection.

In some cases, the drugs remdesivir, tocilizumab or baricitinib may be given with dexamethasone in hospitalized people who are on mechanical ventilators or need supplemental oxygen.

Other corticosteroids, such as prednisone, methylprednisolone, or hydrocortisone, may be used if dexamethasone is not available. It should be noted that Dexamethasone and other corticosteroids may be harmful if given for less severe COVID-19 infection.

Anti-inflammatory Therapy. Researchers study many anti-inflammatory drugs to treat or prevent dysfunction of several organs and lung injury from infection-associated inflammation.

Immune-based Therapy. Immune-based therapy. Researchers study immune-based therapies, including **convalescent plasma**, mesenchymal stem cells and monoclonal antibodies. Monoclonal antibodies are proteins created in a lab that can help the immune system fight off viruses.

The FDA has authorized for emergency use the **monoclonal antibody** combination of tixagevimab and cilgavimab (Evusheld) to prevent COVID-19 in some people with weakened immune systems or a history of severe reactions to a COVID-19 vaccine. But Evusheld may provide less or no protection against certain omicron strains of the virus. It has since lost the FDA EUA.

Other monoclonal antibodies aren't effective against treating COVID-19 caused by the omicron variant either. These drugs were previously used to treat mild to moderate COVID-19 in people who had a higher risk of developing serious illness due to COVID-19.

Update: On January 26, the U.S. Food and Drug Administration announced that Evusheld is no longer authorized for emergency use in the United States. Data show that Evusheld is unlikely to be active against certain SARS-CoV-2 lineages, including the main lineages circulating now.

Researchers also study the use of a type of immune-based therapy called convalescent plasma. The FDA has authorized for emergency use convalescent plasma therapy to treat COVID-19. Convalescent plasma is blood donated by people who've recovered from COVID-19. Convalescent plasma with high antibodies may be used to treat some hospitalized people with COVID-19 who are either early in their illness or have weakened immune systems.

Treatment	Who	When	How
Nirmatrelvir with Ritonavir (Paxlovid) <i>Antiviral</i>	Adults; children ages 12 years and older	Start as soon as possible; must begin within 5 days of when symptoms start	Taken at home by mouth (orally)
Remdesivir (Veklury) <i>Antiviral</i>	Adults and children	Start as soon as possible; must begin within 7 days of when symptoms start	Intravenous (IV) infusions at a healthcare facility for 3 consecutive days
Molnupiravir (Lagevrio) <i>Antiviral</i>	Adults	Start as soon as possible; must begin within 5 days of when symptoms start	Taken at home by mouth (orally)

Other Drugs Being Used to Treat Covid-19 Are Not Approved

Drugs being studied that have uncertain effectiveness. Researchers study amlodipine and losartan. But it's not yet known how effective these drugs may be in treating or preventing COVID-19. Famotidine isn't thought to be beneficial in treating COVID-19.

Ivermectin. The drug ivermectin, used to treat or prevent parasites in animals and in humans, isn't a drug used to treat viruses. The FDA hasn't approved use of this drug to treat or prevent COVID-19. Taking large doses of this drug can cause serious harm. Don't use medications intended for animals on yourself to treat or prevent COVID-19.

There seems to be a growing interest in a drug called ivermectin for the prevention or treatment of COVID-19 in humans. Certain animal formulations of ivermectin such as pour-on, injectable, paste, and "drench," are approved in the U.S. to

treat or prevent parasites in animals. For humans, ivermectin tablets are approved at very specific doses to treat some parasitic worms, and there are topical (on the skin) formulations for head lice and skin conditions like rosacea.

However, the FDA has received multiple reports of patients who have required medical attention, including hospitalization, after self-medicating with ivermectin intended for livestock.

Here's What You Need to Know about Ivermectin

The FDA has not authorized or approved ivermectin for use in preventing or treating COVID-19 in humans or animals. Ivermectin is approved for human use to treat infections caused by some parasitic worms and head lice and skin conditions like rosacea.

Currently available data do not show ivermectin is effective against COVID-19. Clinical trials assessing ivermectin tablets for the prevention or treatment of COVID-19 in people are ongoing.

Taking large doses of ivermectin is dangerous.

If your health care provider writes you an ivermectin prescription, fill it through a legitimate source such as a pharmacy, and take it exactly as prescribed.

Never use medications intended for animals on yourself or other people. Animal ivermectin products are very different from those approved for humans. Use of animal ivermectin for the prevention or treatment of COVID-19 in humans is dangerous.

What is Ivermectin and How is it Used?

Ivermectin tablets are approved by the FDA to treat people with intestinal strongyloidiasis and onchocerciasis, two conditions caused by parasitic worms. In addition, some topical forms of ivermectin are approved to treat external parasites like head lice and for skin conditions such as rosacea.

Some forms of animal ivermectin are approved to prevent heartworm disease and treat certain internal and external parasites. It's important to note that these products are different from the ones for people, and safe only when used in animals as prescribed.

When Can Taking Ivermectin Be Unsafe?

The FDA has not authorized or approved ivermectin for the treatment or prevention of COVID-19 in people or animals. Ivermectin has not been shown to be safe or effective for these indications.

There's a lot of misinformation around, and you may have heard that it's okay to take large doses of ivermectin. It is not okay.

Even the levels of ivermectin for approved human uses can interact with other medications, like blood-thinners. You can also overdose on ivermectin, which can cause nausea, vomiting, diarrhea, hypotension (low blood pressure), allergic reactions (itching and hives), dizziness, ataxia (problems with balance), seizures, coma and even death.

Ivermectin Products for Animals Are Different from Ivermectin Products for People

For one thing, animal drugs are often highly concentrated because they are used for large animals like horses and cows, which weigh a lot more than we do— up to a ton or more. Such high doses can be highly toxic in humans. Moreover, the FDA reviews drugs not just for safety and effectiveness of the active ingredients, but also for the inactive ingredients. Many inactive ingredients found in products for animals aren't evaluated for use in people. Or they are included in much greater quantity than those used in people. In some cases, we don't know how those inactive ingredients will affect how ivermectin is absorbed in the human body.

Hydroxychloroquine and chloroquine. These malaria drugs were authorized for emergency use by the FDA during the COVID-19 pandemic. However, the FDA withdrew that authorization when data analysis showed that the drugs are not effective for treating COVID-19. They can also cause serious heart problems.

Drugs to prevent COVID-19. Researchers are studying drugs to prevent COVID-19 before and after exposure to the virus.

It's not known if any of these will prove to be effective against COVID-19. It's critical to complete medical studies to determine whether any of these medications are effective against COVID-19.

Don't try these medications without a prescription and your health care provider's approval, even if you've heard that they may have promise. These drugs can have serious side effects. They're reserved for people who are seriously ill and under a health care provider's care.

SARS-CoV-2 Variants of Concern

All viruses – including SARS-CoV-2, the virus that causes COVID-19 – evolve over time. That is what viruses do, they change. When a virus replicates or makes copies of itself, it sometimes changes a little bit, which is normal for a virus. These changes are called “mutations”. A virus with one or more new mutations is referred to as a “variant” of the original virus.

Most viral mutations have little to no impact on the virus's ability to cause infections and disease. But depending on where the changes are located in the virus's genetic material, they may affect a virus's properties, such as transmission (for example, it may spread more or less easily) or severity (for example, it may cause more or less severe disease).

Like other RNA viruses, SARS-CoV-2 is constantly evolving through random mutations. Any new mutations can potentially increase or decrease infectiousness and virulence. In addition, mutations can increase the virus' ability to evade adaptive immune responses from past SARS-CoV-2 infection or vaccination. This may lead to an increased risk of reinfection or decreased efficacy of vaccines. There is already evidence that some SARS-CoV-2 variants have reduced susceptibility to plasma from people who were previously infected or immunized, as well as to select monoclonal antibodies that are being considered for prevention and treatment.

Each of the new variants discussed here are variants of concern and have spread from their original point of origin. These variants have been found in the United States where they have spread throughout many regions. They continue to spread across the globe, so they should be mentioned here.

What impact do the new variants of the COVID-19 virus have on vaccines?

The COVID-19 vaccines that are currently in development or have been approved are expected to provide at least some protection against new virus variants because these vaccines elicit a broad immune response involving a range of antibodies and cells. Therefore, changes or mutations in the virus should not make vaccines completely ineffective. In the event that any of these vaccines prove to be less effective against one or more variants, it will be possible to change the composition of the vaccines to protect against these variants.

Conversely, it should be pointed out that exposure to new variants can adversely affect a vaccinated individual's risk of becoming infected. How much of an increase of risk has not yet been determined. For this reason, and in an abundance of caution, it may still be wise to use a mask under certain circumstances.

The data on the emergence, spread, and clinical relevance of these new variants is rapidly evolving; this is especially true for research on how variants might affect transmission rates, disease progression, vaccine development, and the efficacy of current therapeutics.

Because the research on variants of concern is moving quickly, websites such as the Centers for Disease Control and Prevention's National Genomic Surveillance Dashboard and CoVariants.org provide regular updates on the data for SARS-CoV-2 variants. The COVID-19 Treatment Guidelines Panel will review the emerging data on these variants, paying particular attention to research on the impacts of these variants on testing, prevention, and treatment.

We are still learning about this virus every day, and what is known has and will continue to change. Therefore, it is extremely important to continue to check the World Health Organization and the CDC websites for up-to-date information.

Preventing and Treating COVID-19

The most effective ways to limit the spread of COVID-19 include getting a COVID-19 vaccine, get follow-up boosters and following current CDC guidance.

Talk to your health care provider about available COVID-19 vaccines and treatment options. Your provider can help determine the best option for you, based on your health history.

Steps to Prevent Transmission

There are several ways to prevent the spread of this disease. These include covering your mouth and nose when coughing or sneezing with a flexed elbow or tissue and then throwing that issue in a closed container immediately after use. Social distancing by maintaining at least six feet of distance from other people, and the appropriate use of masks and personal protective equipment especially in settings where you are not able to distance yourself for mothers.

It is important to stay home if you are not feeling well, if you have a cough, or if you have a fever and call a medical professional. If you have a fever, cough, or are having difficulty breathing seek medical help early and share your travel history or contact with someone unwell with your medical provider. In some area's governments have implemented physical and social distancing measures to help prevent the spread of the outbreak. It is important to follow their advice.

Get Vaccinated

Vaccines to prevent covid-19 have recently been developed. In May of 2021, the CDC has announced that persons vaccinated with any of the 3 approved vaccines no longer need to wear masks indoors or outdoors and no longer need to social distance themselves from others.

Hand Hygiene

Most infections are preventable through good hand hygiene – cleaning hands at the right times and in the right way. Hand hygiene plays a critical role in keeping you and your clients safe. If salon service providers do not clean their hands at the right moments, using the proper methods, they can transmit infection-causing microorganisms through their hands from one person to another. Performing hand hygiene at key moments is an important health care intervention. Hand hygiene reduces the transmission of microorganisms (including those that cause COVID-19), increases customer safety, and decreases the spread of infection. Effective, timely hand hygiene is a cornerstone of infection prevention and control.

In our previous section on sanitation and sterilization proper hand hygiene was covered including proper methods of washing and drying hands. Those same instructions apply to preventing the spread of COVID-19.

Sanitizing and Disinfecting the Salon

What areas should be prioritized for disinfection in non-health care settings?

Disinfection practices are important to reduce the potential for COVID-19 virus contamination in non-healthcare settings, such as in the salon. High-touch surfaces in should be identified for priority disinfection such as door and window handles, kitchen and food preparation areas, counter tops, bathroom surfaces, toilets and taps, touchscreen personal devices, personal computer keyboards, and work surfaces.

POST COURSE QUIZ

If you choose to mail in your post course test instead of doing the quiz online follow these instructions. Print pages 90, and 91 of this document. Answer the quiz questions below using the answer grid on page 90 to record your answers. On the answer sheet grid select **one** answer per question by placing an X in the box for either true or false. After completing the post course quiz mail the completed answer grid page 90 and, **the information sheet**, page 91 to the address provided at the bottom of the information sheet.

COURSE SECTION 1 - HIV/AIDS Assessment Question

1. HIV is spread from one person to another through sharing of needles, unprotected sexual contact, blood, and body fluid.

True False

COURSE SECTION 2 – Law and Rules Assessment Question's

2. It is unlawful to practice or attempt to practice cosmetology on a suspended license.

True False

3. The Department of Business and Professional Regulations can inspect salons to determine if all requirements have been met.

True False

COURSE SECTION 3 - Workers' Compensation Assessment Question

4. If the injured worker refuses to submit to a drug test, it will be assumed that drugs or alcohol were the cause of the injury.

True False

COURSE SECTION 4 - OSHA Assessment Question

5. The FDA makes sure that the chemicals used in a salon are safe if used properly.

True False

COURSE SECTION 5 - Environmental Issues Assessment Question

6. None of the products used in a salon are flammable.

True False

COURSE SECTION 6 - Chemical Makeup Assessment Question

7. An acid would have a number greater than 7 on the pH scale.

True False

COURSE SECTION 7 - Sanitation and Sterilization Assessment Question's

8. Sterilization is the process of destroying all bacteria.

True False

9. Pathogenic organisms are harmful because they cause disease.

True False

COURSE SECTION 8 – Coronavirus Disease (COVID-19) Assessment Question

10. A virus with one or more new mutations is referred to as a "variant" of the original virus.

True False

BLANK ANSWER SHEET GRID

Print pages 90, and 91 of this document. On the answer sheet grid select **one** answer per question by placing an X in the box for either true or false. After completing the post course quiz mail the completed answer grid page 90 and, **the information sheet**, page 91 to the address provided at the bottom of the information sheet.

<p style="text-align: center;"><u>HIV / AIDS</u></p> <p>1. TRUE <input type="checkbox"/> FALSE <input type="checkbox"/></p>
<p style="text-align: center;"><u>FLORIDA LAW</u></p> <p>2. TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> 3. TRUE <input type="checkbox"/> FALSE <input type="checkbox"/></p>
<p style="text-align: center;"><u>WORKERS' COMPENSATION</u></p> <p>4. TRUE <input type="checkbox"/> FALSE <input type="checkbox"/></p>
<p style="text-align: center;"><u>OSHA</u></p> <p>5. TRUE <input type="checkbox"/> FALSE <input type="checkbox"/></p>
<p style="text-align: center;"><u>ENVIRONMENTAL ISSUES</u></p> <p>6. TRUE <input type="checkbox"/> FALSE <input type="checkbox"/></p>
<p style="text-align: center;"><u>CHEMICAL MAKEUP</u></p> <p>7. TRUE <input type="checkbox"/> FALSE <input type="checkbox"/></p>
<p style="text-align: center;"><u>SANITATION & INFECTION CONTROL</u></p> <p>8. TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> 9. TRUE <input type="checkbox"/> FALSE <input type="checkbox"/></p>
<p style="text-align: center;"><u>INTRODUCTION TO COVID-19</u></p> <p>10. TRUE <input type="checkbox"/> FALSE <input type="checkbox"/></p>

Information Sheet

Please mark all your answers clearly. Be sure only to mark one answer for each question. Include your check or money order, the answer sheet, and this information sheet.

Please fill out the information below. Make sure you print clearly!

Name _____
LAST FIRST

Florida Cosmetology License # _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ (_____) _____ Evening Phone _____ (_____) _____

Signature _____ Date _____

* E-mail address _____

*(E-mail address is optional, but if included, will reduce your time to receive notification of successful completion).

PARTICIPANT COURSE EVALUATION

On a scale of 1 to 10, 1 to disagree and 10 to completely agree, please rate this course. Circle one only.

- | | |
|--|----------------------|
| 1) The course will benefit my work performance. | 1 2 3 4 5 6 7 8 9 10 |
| 2) I found the information too difficult. | 1 2 3 4 5 6 7 8 9 10 |
| 3) The course was clear and well organized. | 1 2 3 4 5 6 7 8 9 10 |
| 4) I would recommend this course to others. | 1 2 3 4 5 6 7 8 9 10 |
| 5) I found the information to be current. | 1 2 3 4 5 6 7 8 9 10 |
| 6) I found the instructional method to be effective. | 1 2 3 4 5 6 7 8 9 10 |
| 7) The content of this course met my expectations | 1 2 3 4 5 6 7 8 9 10 |
| 8) I would rate this course | 1 2 3 4 5 6 7 8 9 10 |

If mailing in your answers via the US Mail

Send:

1. The Completed Answer Sheet Grid (page 108)
2. The Information Sheet (page 109, this page)
3. And a Check for \$39.95 payable to FLCEO

Mail to: FLCEO

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Look Before You Mail!

One Last Reminder! Please check your envelope to be sure that you have included the answer sheet, the information sheet and, that your check is signed and is made out for \$39.95. Also, check the envelope for a full address and a return address.

You will receive a certificate in 2-3 weeks. Remember if you go online and transmit your answers to us electronically via the online quiz your information will be processed on the same day and you will receive your certificate instantly on our web site for you to print. Also, your information will be sent to the state electronically on the same day that you submit your answers to us over the Internet. Overall this will reduce the time you have to wait to receive your certificate by 3 weeks.

If you do not pass, and you mail the test into us for us to grade manually, you will need to re-submit another answer sheet. One will be mailed to your address at the time your assessment is graded should you not pass. A fee of \$5.00 will be due to cover additional processing, handling, and postage charges. We will contact you by phone in the event this happens and direct you to look for the supplemental answer sheet coming in the US mail.

Thank you again for your patronage!

You can E-mail us at: **info@cosmetologyceo.com** or you can write to:

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PLEASE NOTE: A charge of \$35.00 will be imposed for all checks returned because of insufficient funds.

We hope this information expands your knowledge and assists you in the practice of Cosmetology.

Please follow the directions when filling out the answer sheet. If you do not pass the test you can take it as many times as you need to earn your certificate of completion but there is an additional \$5.00 processing fee for each instance of resubmitting a test to be graded by mail, fax or phone, but not when using the Internet online testing. So take your time and do your best. Again, read the instructions and if you have questions about how to take the assessments contact us.

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