

## **180 Degree Education**

Presents

Wisconsin Barbering and Cosmetology Board  
Continuing Education  
2010-2011

### **Wisconsin Renewal Package**

Wisconsin State Law: WICY200 – 2 Credit Hours  
Safety, Sanitation and Infection Control WICY201 – 4 Credit Hours

**6 Credit Hours**

180 Degree Education  
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Approved by the Wisconsin Department of Regulation and Licensing: Barbering and  
Cosmetology Board

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## Course Instructions

Thank you for choosing us for your education.

1. Read both courses (WICY200 & WICY201) and answer the self-evaluation questions. These questions are for your information and do not need to be submitted to us.
2. Fill out your Course Evaluation Form and Course Completion Form in full. The Board requires that you fill out the Course Evaluation in full and sign it to receive credit for your course if you are not submitting your completion online.
3. Choose how you wish to submit your completion from the below options.

### COURSE COMPLETION

1. Go to [www.180Beauty.com/wisubmit.html](http://www.180Beauty.com/wisubmit.html) and enroll in the online course.

**OR**

2. Fill out the Course Completion Form and Course Evaluation sheet and fax them to us at 847-380-5546.

**OR**

3. Fill out the Course Completion Form and Course Evaluation sheet and mail them with your payment to:

180 Degree Education  
2906 Central St.  
Suite 241  
Evanston, IL 60201

This course is approved for continuing education through **March 31, 2011**.

We will process your completion and e-mail your course completion certificate back to you within one business day (online submittals receive their certificates instantly). Make sure to keep your certificate in a safe place for at least 5 years. The Board may audit your continuing education credit at any time and require a copy of your completion certificate.

**Wisconsin Barbering and Cosmetology Board  
Continuing Education  
Course Documents**

**Wisconsin State Law: WICY200  
2 Credit Hours**

180 Degree Education  
2906 Central St.  
Suite 241  
Evanston, IL 60201

Toll Free: 877-669-0766  
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[support@180Beauty.com](mailto:support@180Beauty.com)

[www.180Beauty.com](http://www.180Beauty.com)

## Learning Objectives

1. Students will be able to define the terms that are used in the Barbering and Cosmetology Board law.
2. Students will be able to discuss the requirements for initial licensure as well as continued licensure in the state of Wisconsin under the Barbering and Cosmetology Board.
3. Students will be able to discuss the safety and sanitation requirements of the Barbering and Cosmetology Board.
4. Students will be able to discuss the action the Board may take if Barbering and Cosmetology Board rules are broken.
5. Students will be able to discuss what the continuing education requirements are for them to renew their license.

## CHAPTER 454

### BARBERING AND COSMETOLOGY EXAMINING BOARD

**454.01 Definitions.** In this chapter:

- (1) "Aesthetician" means a person who practices aesthetics.
- (2) "Aesthetics" means, for compensation, caring for or beautifying the skin of the human body, including but not limited to cleaning, applying cosmetics, oils, lotions, clay, creams, antiseptics, powders or tonics to or massaging, stimulating, wrapping or exercising the skin of the human body.
- (3) "Apprentice" means a person who is learning the practice of barbering or cosmetology under s. 454.10.
- (5) "Barbering or cosmetology" means, for compensation, performing any one or a combination of the following practices:
  - (a) Arranging, styling, dressing, shampooing, cleansing, curling, dyeing, tinting, coloring, bleaching, waving, cutting, shaving, trimming, relaxing, singeing or performing similar work upon the hair or beard of any person by any means.
  - (b) Massaging, cleansing, stimulating, manipulating, wrapping, exercising, beautifying or applying cosmetic preparations, antiseptics, powders, oils, tonics, clay or lotion to or performing other similar work upon the skin of any person.
  - (c) Manicuring.
  - (d) The removal of hair of any person, except by use of an electric needle.
- (6) "Barber or cosmetologist" means a person who practices barbering or cosmetology.
- (7) "Compensation" means direct or indirect payment, including the expectation of payment whether or not actually received.
- (8) "Electrologist" means a person who practices electrology.
- (9) "Electrology" means, for compensation, removing hair from the human body by use of an electric needle.
- (10) "Establishment" means any place in which barbering or cosmetology, aesthetics, electrology or manicuring is performed.
- (11) "Examining board" means the barbering and cosmetology examining board.

**(12)** "Manager" means a person who practices barbering or cosmetology and who is responsible for supervising and managing the operation of an establishment and ensuring that the establishment operates in compliance with this chapter and rules promulgated by the examining board.

**(13)** "Manicuring" means, for compensation, cleansing, cutting, shaping, beautifying or massaging limited to the hands, feet or nails of the human body.

**(14)** "Manicurist" means a person who practices manicuring.

**(15)** "Student" means a person who is not licensed to practice barbering or cosmetology and who is engaged in learning the practice of barbering or cosmetology, aesthetics, electrology or manicuring at a school licensed under s. 440.62 (3) or exempted under s. 440.61 or a specialty school licensed under s. 440.62 (4).

**(16)** "Training hour" means at least 50 minutes but not more than 60 minutes of instruction.

## **WHAT DO I NEED TO KNOW?**

### **454.01 Definitions**

You should be able to understand all of the terminology used in the Wisconsin Barbering and Cosmetology law. If at any point as you are reading through the law you do not understand one of the terms refer back to this definitions section. If you do not see the definition you are looking for listed then we suggest either a dictionary.com, Wikipedia.org or Google search so that you fully understand the specific law you are reading.

A few terms used in the definitions that you may not be familiar with or that are important:

Compensation (#2 & 7) = payment in any form, not just currency. This includes barter where you offer your service in return for a service from your client. An example would be that you agree to cut Mary's hair and in return she provides you with dinner at her restaurant or a case of steaks or mows your lawn for a month.

Promulgated (#12) = issued or published

<http://dictionary.reference.com/browse/promulgated>

### **454.02 Limitations and exceptions.**

**(1)** Licenses to practice barbering or cosmetology do not confer the right to diagnose, prescribe for or treat diseases or conditions except as indicated in the definition of barbering or cosmetology in s. 454.01 (5) or under the direction of a licensed and practicing physician.

**(2)** Barbering or cosmetology, aesthetics, electrology and manicuring do not include any of the following:

(a) Services performed by a person licensed, certified or registered under the laws of this state as a physician, physician assistant, podiatrist, physical therapist, nurse or funeral director if those services are within the scope of the license, certificate or registration.

(b) Personal care services performed in correctional institutions, hospitals and licensed nursing homes under the supervision of a person responsible for inmate or patient care.

**(3)** Barbering or cosmetology, aesthetics and manicuring do not include any of the following:

(a) Services performed by masseurs or masseuses.

(b) Applying cosmetics preparatory to a public performance.

(c) Aesthetics, if performed on the face to demonstrate a product without compensation from a patron other than the sale of the product.

## WHAT DO I NEED TO KNOW?

### **454.02 Limitations and exceptions**

When a client comes in with a disease or medical condition you should always refer them to a physician. You may give them your opinion on what the problem may be but you must be very specific that this is only your opinion and is in no way a diagnosis.

Some cosmetology, esthetics, electrology and manicuring services may be performed by someone who is not licensed but only in very specific situations. If you fall under any of the above exceptions you will not need a license from the Barbering and Cosmetology Board.

### **454.04 Practice.**

**(1)** (a) Except as permitted under pars. (b) and (d), no person may engage in barbering or cosmetology unless the person has received training in the areas of service provided and holds a current barber or cosmetologist license, manager license or temporary permit issued by the examining board or is an apprentice under s. 454.10 or a student in a barbering or cosmetology course of instruction.

(b) No person may engage in aesthetics unless the person has received training in the areas of service provided and holds a current aesthetician license, barber or cosmetologist license, manager license, temporary permit or training permit issued by the examining board or is an apprentice under s. 454.10 or a student in an aesthetics or barbering or cosmetology course of instruction.

(c) No person may engage in electrology unless the person holds a current electrologist license, temporary permit or training permit issued by the examining board or is a student in an electrology course of instruction.

(d) No person may engage in manicuring unless the person has received training in the areas of service provided and holds a current manicurist license, barber or cosmetologist license, manager license, temporary permit or training permit issued by the examining board or is an apprentice under s. 454.10 or a student in a manicuring or barbering or cosmetology course of instruction.

**(2)** (a) No person may use the title "barber cosmetologist", "barber", "cosmetologist" or "hairstylist" or any other similar title unless the person holds a current barber or cosmetologist license or manager license issued by the examining board.

(b) No person may use the title "aesthetician" or any other similar title unless the person holds a current aesthetician license, barber or cosmetologist license or manager license issued by the examining board.

(c) No person may use the title "electrologist" or any other similar title unless the person holds a current electrologist license issued by the examining board.

(d) No person may use the title "manicurist" or any other similar title unless the person holds a current manicurist license, barber or cosmetologist license or manager license issued by the examining board.

## WHAT DO I NEED TO KNOW?

### **454.04 Practice**

You must receive training in the specific area you are performing a service (ex. esthetics, manicuring, etc.) in order to provide that service to the public. Anyone providing a service must hold a current Barber or cosmetologist license, manager license, or temporary permit. You may also be an apprentice or a student.

The title "barber cosmetologist", "barber", "cosmetologist", "hairstylist", "esthetician", "electrologist", "manicurist", or any other similar title may not be used by anyone except those who hold a barber, cosmetologist or manager license issued by the board.

### **454.06 Licensure.**

**(1) APPLICATION.** All applications for licenses under this section shall be filed with the examining board. No initial license may be issued under this section unless all of the following conditions are satisfied:

(a) The applicant pays the initial credential fee determined by the department under s. 440.03 (9) (a), except as provided in s.

454.13 (1).

(b) Subject to ss. 111.321, 111.322 and 111.335, the applicant presents evidence satisfactory to the examining board that the applicant has not been convicted of a felony committed while engaged in the practice of barbering or cosmetology.

(c) The applicant has graduated from high school or has attained high school graduation equivalency as determined by the department of public instruction; is participating in a program approved by the examining board; or is at least 18 years old and meets the ability to benefit rule under 20 USC 1091 (d).

**(2) BARBER OR COSMETOLOGIST LICENSE.** The examining board shall issue a barber or cosmetologist license to any person who does all of the following:

(a) Satisfies the conditions in sub. (1).

(b) Graduates from a course of instruction of at least 1,800 training hours in not less than 10 months in a school of barbering or cosmetology licensed under s. 440.62 (3) (a) or exempted under s. 440.61 or has successfully completed an apprenticeship under s. 454.10.

(c) Passes an examination conducted by the examining board to determine fitness to practice barbering or cosmetology.

**(3) MANAGER LICENSE.** The examining board shall issue a manager license to any person who does all of the following:

(a) Holds a barber or cosmetologist license.

(b) Completes 4,000 hours of practice as a licensed barber or cosmetologist under the supervision of a licensed manager or completes 2,000 hours of practice as a licensed barber or cosmetologist and 150 training hours of theoretical instruction in a school of barbering or cosmetology licensed under s. 440.62 (3)(a) or exempted under s. 440.61.

(c) Pays the fee under s. 440.05 (1).

(d) Passes an examination conducted by the examining board to determine fitness to practice as a manager.

**(4) AESTHETICIAN LICENSE.** The examining board shall issue an aesthetician license to any person who does all of the following:

(a) Satisfies the conditions in sub. (1).

(b) Completes either of the following:

1. A course of instruction in aesthetics of at least 450 training hours in not less than 11 weeks and not more than 30 weeks, in a school of barbering or cosmetology or a school of aesthetics licensed under s. 440.62 (3) (a) or (b) or exempted under s. 440.61.

2. At least 450 training hours of training in not less than 11 weeks and not more than 30 weeks under the supervision of a barber or cosmetologist instructor or aesthetics instructor certified under s. 440.63 (3) (a) or (b) or a licensed manager, in a licensed establishment that is also licensed as a specialty school of aesthetics under s. 440.62 (4) (a).
- (c) Passes an examination conducted by the examining board to determine fitness to practice as an aesthetician.

**(5) ELECTROLOGIST LICENSE.** The examining board shall issue an electrologist license to any person who does all of the following:

- (a) Satisfies the conditions in sub. (1).
- (b) Completes either of the following:

1. A course of instruction in electrology of at least 450 training hours in not less than 11 weeks and not more than 30 weeks, in a school of barbering or cosmetology or a school of electrology licensed under s. 440.62 (3) (a) or (c) or exempted under s. 440.61.
2. At least 450 training hours of training in not less than 11 weeks and not more than 30 weeks under the supervision of an electrology instructor certified under s. 440.63 (3) (c), or a licensed electrologist who is also a licensed manager, in a licensed establishment that is also licensed as a specialty school of electrology under s. 440.62 (4) (b).

(c) Passes an examination conducted by the examining board to determine fitness to practice as an electrologist.

**(6) MANICURIST LICENSE.** The examining board shall issue a manicurist license to any person who does all of the following:

- (a) Satisfies the conditions in sub. (1).
- (b) Completes either of the following:

1. A course of instruction in manicuring of at least 300 training hours in not less than 7 weeks and not more than 20 weeks, in a school of barbering or cosmetology or a school of manicuring licensed under s. 440.62 (3) (a) or (d) or exempted under s. 440.61.
2. At least 300 training hours of training in not less than 7 weeks and not more than 20 weeks under the supervision of a barber or cosmetologist instructor or manicuring instructor certified under s. 440.63 (3) (a) or (d) or a licensed manager, in a licensed establishment that is also licensed as a specialty school of manicuring under s. 440.62 (4) (c).

(c) Passes an examination conducted by the examining board to determine fitness to practice as a manicurist.

**(7) POSTING OF LICENSE CERTIFICATES.** The examining board shall furnish a certificate to each licensee, certifying that the holder is licensed to practice barbering or cosmetology, aesthetics, electrology or manicuring or is a licensed manager. The licensee shall post the certificate in a conspicuous place in the licensed establishment.

**(8) EXPIRATION AND RENEWAL.** The renewal date for licenses issued under subs. (2) to (6) is specified under s. 440.08 (2) (a), and the renewal fees for such licenses are determined by the department under s. 440.03 (9) (a).

**(9) TRAINING PERMIT.** A person shall obtain a training permit from the examining board before beginning training under sub.

(4) (b) 2., (5) (b) 2. or (6) (b) 2. The examining board shall issue a training permit to a person who satisfies the conditions in sub.

(1) (b) and (c) and who pays a \$10 fee.

**(10) TEMPORARY PERMIT.** (a) The examining board may issue a temporary permit to practice as a barber or cosmetologist without examination if the applicant meets all of the requirements of sub. (2) for licensure except passage of an examination and if the applicant is scheduled to take the examination for licensure.

- (b) The examining board may issue a temporary permit to practice as an aesthetician without examination if the applicant meets all of the requirements of sub. (4) for licensure except passage of an examination and if the applicant is scheduled to take the examination for licensure.
- (c) The examining board may issue a temporary permit to practice as an electrologist without examination if the applicant meets all of the requirements of sub. (5) for licensure except passage of an examination and if the applicant is scheduled to take the examination for licensure.
- (d) The examining board may issue a temporary permit to practice as a manicurist without examination if the applicant meets all of the requirements of sub. (6) for licensure except passage of an examination and if the applicant is scheduled to take the examination for licensure.
- (e) A temporary permit issued under this subsection is valid for not more than 6 months and may not be renewed. The fee for a temporary permit issued under this subsection is specified in s. 440.05 (6).

### **WHAT DO I NEED TO KNOW?**

#### **454.06 Licensure**

When sending in your application make sure to “cross your t’s and dot your i’s” since a mistake may delay your application. Read everything carefully and make sure that you have filled out the application correctly. Applications may be found at [http://drl.wi.gov/prof\\_docs\\_list.asp?profid=76&locid=0](http://drl.wi.gov/prof_docs_list.asp?profid=76&locid=0).

If you have been convicted of a felony you may still qualify for a license. If however your felony was “...committed while engaged in the practice of barbering or cosmetology” you will not qualify.

A barber or cosmetologist license requires that you have graduated from a course of instruction of at least 1,800 training hour (a training hour = 50-60 minutes) in not less than 10 months. Any program that provides you with less than 1,800 training hours or takes less than 10 months will not meet the requirements.

The quickest way to obtain your manager training is to take a 150 theoretical training hours and complete 2,000 hours of practice as a licensed barber or cosmetologist. 2,000 hours is approximately 1 year of full time (40 hours per week) employment.

Make sure your license is posted where everyone can see it. In a drawer or under a stack of papers does not count as “...a conspicuous place” as required.

Your license expires March 31<sup>st</sup> of odd-numbered years (ex. 2011, 2013, etc.). Do not forget this two year licensing cycle since you will need to complete your continuing education in enough time to renew your license. 180 Degree Education will also send you a reminder when it is getting close to your renewal date if we have your information on file.

Temporary permits may be issued when you finish an approved educational program and are waiting to take your exam.

### **454.07 Examinations.**

**(1)** The examining board shall, in accordance with s. 440.07 (2), conduct examinations for barber or cosmetologist, manager, aesthetician, electrologist and manicurist licenses not less than 8 times annually, at times and places determined by the examining board.

**(2)** Examinations of applicants for licenses issued under s.

454.06 (2) to (6) shall consist of written tests and practical demonstrations requiring applicants to demonstrate minimum competency in services and subjects substantially related to practice and public health and safety.

**(3)** A person is not eligible for examination for a license unless the person has completed the requirements for licensure under s. 454.06 except passing the examination.

**(4)** An applicant shall file an application for examination in the office of the examining board at least 3 weeks before the examination. If an applicant fails to file the application within the required time, the examining board may postpone the applicant's examination to the date of the next available regular examination. The examining board may require an applicant who fails to appear for or to complete an examination to reapply for examination. An applicant who fails an examination may request reexamination and shall pay a fee for reexamination, according to the procedures and fees established under s. 440.06.

### **WHAT DO I NEED TO KNOW?**

#### **454.07 Examinations**

You must file your application for examination at least 3 weeks before the examination.

**454.08 Establishment licenses. (1)** (a) The examining board may promulgate rules permitting the provision of personal care barbering or cosmetology, aesthetics, electrology or manicuring services outside of licensed establishments by barbers or cosmetologists, aestheticians, electrologists and manicurists to persons who are unable to leave their homes because of illness or disability or who are in hospitals, nursing homes, correctional institutions or other institutions.

(b) Except as permitted by rule promulgated under par. (a), no person may practice barbering or cosmetology, aesthetics, electrology or manicuring in an establishment unless the establishment is licensed to provide that practice under sub. (2).

**(2)** The examining board shall issue the following establishment licenses:

(a) A barber or cosmetologist establishment license which authorizes the practice of barbering or cosmetology, aesthetics, electrology and manicuring in the licensed establishment.

(b) An aesthetician establishment license which authorizes the practice of aesthetics in the licensed establishment.

(c) An electrologist establishment license which authorizes the practice of electrology in the licensed establishment.

(d) A manicurist establishment license which authorizes the practice of manicuring in the licensed establishment.

**(3)** The examining board shall issue an establishment license to any person who pays the initial credential fee determined by the department under s. 440.03 (9) (a) and who satisfies the requirements established by the examining board by rule, including proof of ownership of the business. Any change of ownership shall be reported to the examining board by the new owner within 5 days after the change of ownership.

**(4)** The examining board shall, by rule, establish minimum standards concerning the maintenance, equipment, plans and specifications for licensed establishments as they relate to the public health and safety. The examining board may not license an establishment under this section unless it meets the standards established by the examining board. A person proposing to open an establishment in a new location shall apply to the examining board for an inspection and approval of the establishment, submitting an exact description and floor plan of

the proposed location of the establishment on a form provided by the department.

**(5)** A person who is not licensed under s. 454.06 by the examining board may own or operate an establishment, but may not practice barbering or cosmetology, aesthetics, electrology or manicuring.

**(6)** A person who owns one or more barber or cosmetologist establishments shall employ at least one person as a manager who holds a manager license and works full time in the establishments.

**(7)** Commercial businesses and practices other than barbering or cosmetology may be operated within a licensed establishment, except that a business or practice which poses a sanitation or health hazard may not be conducted within a licensed establishment.

**(8)** The examining board shall furnish a certificate to the owner of a licensed establishment, certifying that the establishment is licensed by the examining board. The owner shall post the certificate in a conspicuous place in the establishment.

**(9)** The renewal date for licenses issued under this section is specified under s. 440.08 (2) (a), and the renewal fee for such licenses is determined by the department under s. 440.03 (9) (a).

### **WHAT DO I NEED TO KNOW?**

#### **454.08 Establishment licenses**

No one may practice in an establishment that is not licensed to provide that service except as noted in rules as exceptions.

You may obtain an establishment license without having an additional license issued by the Barber and Cosmetology Board. You just need to pay the fee and satisfy the specific requirements. A licensed owner may work in an establishment as long as she is not performing duties that would require a license for the practice of barbering, cosmetology, esthetics, electrology or manicuring.

Just like your license to practice your profession, the owner of an establishment must post the establishment license where everyone may see it.

#### **454.10 Apprenticeship.**

**(1)** All apprentices shall be employed under an apprentice contract under s. 106.01 and shall be governed by s. 106.01, the apprenticeship rules of the department of workforce development, and the rules of the examining board.

**(2)** Apprentices shall receive at least 3,712 hours of practical training and at least 288 training hours of instruction in theory in a school of barbering or cosmetology in order to complete the apprenticeship program and be eligible to take the examination for a barber or cosmetologist license. Apprentices shall receive training for a total of at least 32 hours per week. The training shall be completed in not less than 2 years and not more than 4 years.

**(3)** (a) No apprentice may practice barbering or cosmetology except under the supervision of a licensed manager or under the supervision of a licensed barber or cosmetologist to whom supervisory authority has been delegated by a licensed manager. A licensed manager may only delegate supervisory authority to a licensed barber or cosmetologist who has completed at least 2,000 hours of practice as a licensed barber or cosmetologist.

(b) Apprentices shall be trained in all branches of practical work and in all subjects required to be taught in schools of barbering or cosmetology as prescribed by the examining board by rule.

**(4)** A person who has successfully completed the requirements of sub. (2) may not continue to practice as an apprentice but may apply for a temporary permit under s. 454.06 (10) (a).

## WHAT DO I NEED TO KNOW?

### **454.10 Apprenticeship**

All apprentices must be employed under an apprentice contract.

Apprentices need to receive training for at least 32 hours per week and their apprenticeship must be completed in no less than 2 but not more than 4 years.

**454.12 Continuing education.** The examining board may impose continuing education requirements on licensees either:

- (1) As a part of the disciplinary process to ensure competency; or
- (2) By rule, if necessary to preserve the public health, safety or welfare.

## WHAT DO I NEED TO KNOW?

### **454.12 Continuing education**

All licensees must meet continuing education requirements. BC 1 1 will outline these requirements later in this continuing education course.

### **454.13 Licensees of other jurisdictions.**

(1) Upon application and payment of the fee specified in s. 440.05 (2), the examining board may issue a license to practice barbering or cosmetology, aesthetics, electrology or manicuring or to practice as a manager to an applicant who is licensed in another state or territory of the United States or in another country to perform services which are substantially the same as those performed by licensees in this state and to whom either of the following applies:

(a) The applicant has at least 4,000 hours of experience in licensed practice, has never been disciplined by the licensing authority of another jurisdiction and is not a party to a proceeding before the licensing agency in which it is alleged that the applicant was negligent in the licensed practice or violated the law relating to the licensed practice.

(b) The applicant meets the requirements established in a reciprocal agreement under sub. (2) between the examining board and the licensing authority in the state where the applicant is licensed.

(2) The examining board may enter into reciprocal agreements with officials of other states for licensing barbers or cosmetologists, aestheticians, electrologists, manicurists and managers and grant licenses to persons licensed in other states according to the terms of such an agreement.

## WHAT DO I NEED TO KNOW?

### **454.13 Licensees of other jurisdictions**

The Wisconsin Barber and Cosmetology Board may issue a Wisconsin license to an applicant who has a license in another state. If you think you meet the above requirements then you should contact the Wisconsin Barber and Cosmetology Board to apply.

#### **454.14 Inspections.**

(1) The department shall appoint inspectors under the classified service to inspect licensed establishments.

(2) An inspector appointed under sub. (1) may enter and inspect any licensed establishment at any time during business hours.

**454.145 Disclosure of temporary permit status.** A person practicing under a temporary permit issued under s. 454.06

(10) shall, before performing a service that he or she is authorized to perform by the temporary permit, inform the person who is receiving the service that he or she is practicing under a temporary permit and that he or she has satisfied all requirements except passage of an examination for a license for the applicable occupation.

#### **WHAT DO I NEED TO KNOW?**

##### **454.145 Disclosure of temporary permit status**

If you are working under a temporary permit you must inform your clients prior to performing any services.

#### **454.15 Disciplinary proceedings and actions.**

(1) Subject to the rules promulgated under s. 440.03 (1), the examining board may make investigations or conduct hearings to determine whether a person has violated this chapter or any rule promulgated under this chapter.

(2) Subject to the rules promulgated under s. 440.03 (1) and this chapter, the examining board may revoke, limit, suspend or refuse to issue or renew, in accordance with the severity of the violation, a license or permit issued under this chapter or reprimand the holder of a license or permit issued under this chapter if it finds that the holder or applicant has done any of the following:

(a) Made a material misstatement in an application for license or permit or renewal.

(b) Failed to correct or take substantial steps approved by the examining board to correct a violation of any sanitary or other rule of the examining board within the time limit stated by the examining board in a notification of violation.

(c) Engaged in conduct in the practice of barbering or cosmetology, aesthetics, electrology or manicuring which evidences a lack of knowledge or ability to apply professional principles or skills.

(d) Subject to ss. 111.321, 111.322 and 111.335, been convicted of a felony committed while engaged in the practice of barbering or cosmetology, aesthetics, electrology or manicuring.

(e) Continued practice while knowingly having an infectious, contagious or communicable disease.

(f) Advertised in a manner which is false, deceptive or misleading.

(g) Advertised, practiced or attempted to practice under another's name or another's trade name.

(h) Subject to ss. 111.321, 111.322 and 111.34, been addicted to alcohol or other drugs to an extent related to the individual's ability to adequately undertake the job-related responsibilities of that individual's licensure.

(i) Violated this chapter or any rule promulgated under this chapter.

(3) The examining board may, in addition to or in lieu of a reprimand or revocation, limitation, suspension or denial of a license or permit, assess against a person who has done any of the things under sub. (2) (a) to (i) a forfeiture of not more than \$1,000 for each separate offense. Each day of continued violation constitutes a separate offense.

## WHAT DO I NEED TO KNOW?

### **454.15 Disciplinary proceedings and actions**

A license may cover many different procedures that are approved for that particular license. This does not however mean that you can or should perform them all. If you perform a service where you have "...a lack of knowledge or ability to apply professional principles or skills" you will be in violation. This basically means that if you do not know how to do a particular procedure or are not at all skilled in the procedure you are not allowed to provide the service even if it is covered by your license. Before providing any service, make sure that you have the appropriate skills and knowledge to perform it well.

Beware of false advertising. Do not advertise one price and charge another once you have completed the service.

**454.16 Penalties.** Any person who violates this chapter or any rule promulgated under this chapter shall be fined not less than \$100 nor more than \$5,000 or imprisoned for not less than 10 days nor more than 90 days or both.

## WHAT DO I NEED TO KNOW?

### **454.16 Penalties**

Remember, "promulgated" means issued or published.

There are many reasons to make sure you follow the rules. Most importantly any rule infraction can significantly affect your relationship with your clients. Additionally it will cost you from \$100 to \$5,000.

**Text from the 2007-08 Wis. Stats. database updated by the Legislative Reference Bureau. Only printed statutes are certified under s. 35.18 (2), stats. Statutory changes effective prior to 1-2-10 are printed as if currently in effect. Statutory changes effective on or after 1-2-10 are designated by NOTES. Report errors at 356(6,08)FA 266 264-6948, <http://www.legis.state.wi.us/rsb/stats.html>**

## Test Your Knowledge

Please answer the following "Test Your Knowledge" questions. You do not need to submit these to us for continuing education credit.

1. Compensation means direct or indirect payment, including the expectation of payment whether or not actually received.  
 True  False
  
2. Establishment means any place in which barbering or cosmetology, aesthetics, electrology or manicuring is performed.  
 True  False
  
3. Promulgated means issued or published.  
 True  False
  
4. When a client comes in with a disease or medical condition you should never refer them to a physician, your opinion is good enough.  
 True  False
  
5. You do not need to receive training in the specific area you are performing a service (ex. esthetics, manicuring, etc.) in order to provide that service to the public. You can just figure it out as you go.  
 True  False
  
6. You will never be able to get a license if you have convicted of a felony.  
 True  False
  
7. No one may practice in an establishment that is not licensed to provide that service except as noted in rules as exceptions.  
 True  False

8. The Wisconsin Barber and Cosmetology Board may issue a Wisconsin license to an applicant who has a license in another state.

True

False

9. If you are working under a temporary permit you must inform your clients prior to performing any services.

True

False

10. A violation of the rules may cost you as much as \$5,000.00.

True

False

#### Answers

1. T

2. T

3. T

4. F

5. F

6. F

7. T

8. T

9. T

10. T

## Chapter BC 1

### DEFINITIONS

**BC 1.01 Definitions.** For the purposes of chs. BC 1 to 10:

- (1)** "Antiseptic" means a chemical that kills or inhibits the growth of organisms on skin or living tissue.
- (1v)** "Board" means the barbering and cosmetology examining board.
- (2)** "Chemical relaxing" means the process of straightening hair by use of chemical agents.
- (2m)** "Chemical waving" means a system of permanent waving employing chemicals rather than heat.
- (3)** "Contagious" means capable of being transmitted by direct or indirect contact. **(3g)** "Credential" means a license, permit or certificate or certification of registration that is issued under ch. 454, Stats.
- (3r)** "Cutting," as used at s. 454.01 (13), Stats., means exclusively the cutting of human nails, cuticles and calluses, and does not refer to any other invasive procedure.
- (4)** "Department" means the department of regulation and licensing.
- (6)** "Disinfectant" means a chemical or product that destroys disease-causing bacteria. **Note:** Examples of disinfectants are: 1. A solution of household bleach (5 % percent sodium hypochlorite) and water containing at least 500 parts per million (ppm) available chlorine (1:100 dilution, or 2 teaspoons of household bleach per quart of water made fresh each day prior to use); 2. A solution of at least 70% isopropyl alcohol; 3. A solution using a phenolic germicidal such as Lysol (brown bottle); 4. A solution using an iodophor germicidal agent such as iodine or Betadyne; and 5. A solution using a quaternary ammonium germicide agent such as Lysol (spray) or Barbicide Plus. **(6e)** "Disinfection" means application of a disinfectant following thorough cleaning of the utensil. **(6m)** "Division" means the division of enforcement in the department of regulation and licensing.
- (6s)** "Exfoliation" means the process whereby the superficial epidermal cells are removed from the skin.
- (7)** "Full time" means work which is performed for 30 hours per week or the maximum number of hours an establishment is open if the establishment is open less than 30 hours per week.
- (7m)** "General supervision" means the supervising physician is available for direct communication, either in person or by telephone, radio, radiotelephone, television or similar means and is physically located within 120 miles of the licensee.
- (8)** "Infectious" means capable of being transmitted, with or without contact.
- (9)** "Laser" means light amplification by the stimulated emission of radiation.
- (10)** "Licensee" means a person who holds a license, permit, certificate or registration issued by the board or who has the right to renew a license, permit, certificate or registration issued by the board.
- (11e)** "Manager" means a person who holds a current license issued under s. 454.06 (3), Stats.
- (11g)** "Massaging," as used at s. 454.01 (2), (5) (b) and (13), Stats., means massage for cosmetic rather than therapeutic purposes.
- (11n)** "Mechanical exfoliation" means the physical removal of surface epidermal cells by means that include but are not limited to brushing machines, granulated scrubs, peel-off masques or drying preparations that are rubbed off, and microdermabrasion.
- (11r)** "Microdermabrasion" means mechanical exfoliation using an abrasive material or apparatus to remove surface epidermal cells with a mechanical closed loop vacuum system.
- (11w)** "Nail enhancement" means any material other than nail polish which is added to the fingernail or toenail generated by the person's own body, or which is used to enhance the fingernail or toenail of a person.
- (12)** "Owner" means the person who holds an establishment license or right to renew an establishment license.

**(13)** "Patron" means a person to whom services from a barber or cosmetologist, aesthetician, electrologist or manicurist are provided for compensation.

**(13m)** "Personal care services" means shampooing, setting, combing, brushing, cutting, chemical waving, chemical relaxing, bleaching or coloring the hair. "Personal care services" also includes electrology, manicuring and aesthetic services.

**(13f)** "Physician" means a person licensed in Wisconsin to practice medicine and surgery.

**(14)** "Practitioner" means a person who holds a current license to practice barbering and cosmetology issued under s. 454.06 (2), Stats.

**(14m)** "Sterilization" means a process which destroys all forms of microbial life, including spores.

**(15)** "Supervision" means regular, on-premise coordination, direction and inspection of the practice of another.

**(16)** "Training permit holder" means a person who holds a current training permit issued pursuant to s. 454.06 (9), Stats.

**(17)** "Tuberculocidal" means a disinfectant capable of destroying tubercle bacterium.

### **WHAT DO I NEED TO KNOW?**

#### **BC 1.01 Definitions**

You should be able to understand all of the terminology used in the Wisconsin Barbering and Cosmetology law. If at any point as you are reading through the law you do not understand one of the terms refer back to this definitions section. If you do not see the definition you are looking for listed then we suggest either a dictionary.com, Wikipedia.org or Google search so that you fully understand the specific law you are reading.

## Test Your Knowledge

Please answer the following "Test Your Knowledge" questions. You do not need to submit these to us for continuing education credit.

1. Contagious means capable of being transmitted by direct or indirect contact.

True

False

2. Exfoliation means the process whereby the superficial epidermal cells are removed from the skin.

True

False

3. Physician means a person licensed in Wisconsin, Illinois or Texas to practice medicine and surgery.

True

False

### Answers

1. T

2. T

3. F

## Chapter BC 2

### PRACTICE AND PROFESSIONAL CONDUCT

#### **BC 2.02 Treatments prohibited, infectious and contagious diseases.**

- (1) No licensee may treat any disease of the skin unless under the direction of a physician.
- (2) No licensee may provide services to a patron suffering from an infectious or contagious scalp or skin disease unless the licensee takes appropriate precautions and uses safeguards to prevent the spread of the disease to other patrons and to the licensee.
- (3) No licensee, having a known infectious or contagious disease, may provide a service to a patron if the licensee is, by reason of the disease, unable to safely and competently perform the service.
- (4) No licensee may provide services to a patron if the licensee has a known infectious or contagious disease unless the licensee takes appropriate precautions and uses safeguards which prevent the spread of the disease to patrons.

#### **WHAT DO I NEED TO KNOW?**

#### **BC 2.02 Treatments prohibited, infectious and contagious diseases**

You may treat a disease of the skin as long as you are specifically directed to do so by a physician. This does not mean the physician must be physically present when you are providing the treatment, just that he has provided you with the specific instructions for the treatment and your client is under his care. If you choose to provide the treatment make sure that the instructions are directly from the physician not just from the client.

You may treat clients with an infectious or contagious disease as long as the correct precautions are taken based on the nature of the disease.

You may treat clients if you have an infectious or contagious disease as long as the correct precautions are taken based on the nature of the disease and with these precautions you are able to safely and competently perform the service.

#### **BC 2.025 Delegated medical procedures.**

- (1) Licensees may provide client services constituting medical procedures only as directed, supervised and inspected by a physician who has the power to direct, decide and oversee the implementation of the client services provided in licensed establishments.
- (2) Delegated medical procedures include the following:
  - (a) Laser hair removal services. Prior to providing any laser hair removal procedures, a licensee shall complete advanced training in the use of laser devices in a training program of not less than 6 hours. If the training program is provided in a setting other than a licensed school of cosmetology or barbering, the program shall incorporate all of the following:
    1. The training shall be conducted by a trainer who has been a practicing aesthetician, a barbering or cosmetology instructor, an aesthetics instructor, or a barbering or cosmetology manager for a minimum of one year, and who has completed a course in laser training provided by a licensed school of cosmetology or barbering, or provided by a licensed school of aesthetics. A licensed physician may also provide the training.
    2. Trainees receive hands-on training which includes actual use of the laser device under the supervision and guidance of the trainer.
    3. The training is documented by a certificate of completion which sets forth the length of the

training and the type of device and which is signed by the trainer and includes the trainer's license number.

4. The licensee posts in a conspicuous location in the immediate area where the procedure is carried out the certificate of completion of the training required in subd. 3.
5. Licensees providing laser hair removal procedures shall complete each biennium at least 6 continuing education credit hours acceptable to the board in laser hair removal. This coursework shall be in addition to any other continuing education requirements required by the board for license renewal. Licensees shall maintain records of continuing education hours for at least 5 years from the date the coursework is completed.

(b) Microdermabrasion services, except as specified under sub. (2r).

(c) Chemical exfoliation, except for application of commercially available exfoliation products utilized in accordance with the manufacturers' instructions, limited to the following:

1. Alpha hydroxyl acids of 30% or less, with a ph of not less than 3.0.
2. Salicylic acids of 20% or less, with a ph of not less than 3.0.

**(2g)** Licensees providing chemical exfoliation shall complete at least 6 continuing education credit hours acceptable to the board in chemical exfoliation each biennium. This coursework shall be in addition to any other continuing education requirements required by the board for license renewal. Licensees shall maintain records of continuing education hours for at least 5 years from the date the coursework is completed.

**(2r)** A licensee may utilize microdermabrasion devices in his or her practice without medical supervision if all of the following conditions are met:

(a) The device shall be of an aesthetic grade and not labeled as a prescription device by the United States Food and Drug Administration. Only FDA approved Class I machines may be used pursuant to this subsection.

(b) The device utilizes a closed loop negative pressure system that incorporates a tissue retention device.

(c) The normal and customary use of the device results in the removal of only the surface epidermal cells of the skin.

(d) Eye protection is provided to the client and protective gloves are worn by the operator.

(e) Microdermabrasion services are not provided within 48 hours before or after a chemical exfoliation.

(f) The licensee has performed a pretreatment assessment on the client and reviewed the results with the client.

(g) The client has given written consent prior to the administration of the services. The consent shall contain all of the following:

1. A statement setting forth in general terms the nature and purpose of the procedure or procedures, together with the known risks associated with the procedure or procedures, if reasonably determinable.
2. A statement that acknowledges that the disclosure of that information has been made and that all questions asked about the procedure or procedures have been answered in a satisfactory manner.
3. The signature of the client for whom the procedure is to be performed, or if the client for any reason lacks legal capacity to consent, is signed by a person who has legal authority to consent on behalf of that client.

(h) The licensee has completed advanced training in the use of microdermabrasion devices in a training program of not less than 6 hours. If the training program is provided in a setting other than a licensed school of cosmetology or barbering, the program shall incorporate all of the following:

1. The training shall be conducted by a microdermabrasion trainer who has been a practicing aesthetician, a barbering or cosmetology instructor, an aesthetics instructor, or a barbering or cosmetology manager for a minimum of one year, and who has completed a 40 hour course in microdermabrasion training provided by a licensed school of cosmetology or barbering, or provided by a licensed school of aesthetics. A licensed physician may also provide the training.

1. Trainees receive hands-on training which includes actual use of the microdermabrasion device under the supervision and guidance of the trainer.
2. The training is documented by a certificate of completion which sets forth the length of the training and the type of device and which is signed by the trainer and includes the trainer's license number.

(i) The licensee posts in a conspicuous location in the immediate area where the procedure is carried out the certificate of completion of the training required in par. (h).

(j) The licensee shall complete at least 6 continuing education credit hours acceptable to the board in microdermabrasion each biennium. This coursework shall be in addition to any other continuing education requirements required by the board for license renewal. Licensees shall maintain records of continuing education hours for at least 5 years from the date the coursework is completed.

**(3)** Delegated medical procedures shall be undertaken only pursuant to formal written protocols setting forth the nature and scope of the procedures delegated, describing the supervisory plan, and indicating any contraindications to undertaking the procedure. A laser hair removal product or device, or intense pulsed light device shall not be used on a minor unless the minor is accompanied by a parent or guardian and only under the general supervision of a physician.

**(4)** A licensee providing client services constituting delegated medical procedures shall upon request make available to the client and to the board a copy of the formal written protocols.

**(5)** Should a client service constituting a delegated medical procedure be contraindicated based either upon the written protocol or some other basis, the licensee shall decline to carry out the procedure and shall explain to the client the basis for the licensee's inability to provide the service.

**(6)** A licensee providing client services constituting delegated medical procedures in a licensed establishment shall post in a conspicuous location in the immediate area where the procedure is carried out the name of the delegating physician and the nature and scope of the procedures delegated.

### **WHAT DO I NEED TO KNOW?**

#### **BC 2.025 Delegated medical procedures**

Delegated medical procedures include laser hair removal, microdermabrasion, and chemical exfoliation.

Continuing education credits for laser hair removal are in addition to any requirements under BC11.

If you are qualified for any of the procedures included in this section read all of the specific requirements very thoroughly.

A term you may not be familiar with is contraindications. Contraindications are when something you observe would lead you to believe that providing the treatment would not be a good idea.

### **BC 2.03 Practice standards.**

- (1) Services provided by any licensee shall be performed in a manner that is consistent with basic and accepted practice standards and in accordance with all state statutes, board rules and local codes and ordinances.
- (2) Licensees may provide only those services which they are competent to perform by training or experience and are licensed to provide.
- (3) Licensees shall provide services to the best of their ability and make reasonable efforts to comply with requests in a manner that is satisfactory to a patron. Licensees shall not provide services to a patron without first obtaining the consent of the patron or legal guardian of the patron.
- (4) Licensees may neither consume alcohol nor take controlled substances during practice, unless prescribed by a physician.
- (5) Licensees shall take adequate and necessary precautions to protect the patron from health and safety hazards when performing services. Licensees shall not smoke while performing personal services on a patron.
- (7) Licensees shall not engage in sexual harassment or sexual assault of a patron, former patron, employee, employer, or co-worker. In this section, "sexual harassment" and "sexual assault" have the meanings defined in ss. 111.32 (13), 940.225 (1), (2), (3) and (3m) and 948.02 (1) and (2), Stats.

**Note:** Section 111.32 (13) defines sexual harassment as " ...unwelcome sexual advances, unwelcome requests for sexual favors, unwelcome physical contact of a sexual nature or unwelcome verbal or physical conduct of a sexual nature. 'Sexual harassment' includes conduct directed by a person at another person of the same or opposite gender. 'Unwelcome verbal or physical conduct of a sexual nature' includes but is not limited to the deliberate, repeated making of unsolicited gestures or comments of a sexual nature; the deliberate, repeated display of offensive sexually graphic materials which is not necessary for business purposes; or deliberate verbal or physical conduct of a sexual nature, whether or not repeated, that is sufficiently severe to interfere substantially with an employee's work performance or to create an intimidating, hostile or offensive work environment.

(8) Licensees may not provide the following services unless both the licensee and the establishment are properly licensed by the department of health services:

- (a) Body piercing, except for piercing of ears.
- (b) Tattooing, including permanent cosmetics.
- (c) Operation of a tanning booth.

**Note:** Body piercers, body piercing establishments, tattooists and tattoo establishments are regulated by the Department of Health Services under ch. DHS 173, Wis. Adm. Code. Tanning facilities and tanning facility operators are regulated by the Department of Health Services under ch. DHS 161, Wis. Adm. Code.

(9) Licensees may not use methyl methacrylate monomer, commonly referred to as MMA in liquid form, and may not use any cosmetic or nail product formulated with MMA as one of its ingredients.

### **WHAT DO I NEED TO KNOW?**

#### **BC 2.03 Practice standards**

Never perform a service without first making sure the client knows what services you are going to perform.

Advanced training beyond your initial cosmetology school training may be required for many procedures. You may only "provide services you are competent to perform by training or experience and are licensed to provide."

Drinking and taking non-prescription drugs are certainly not allowed. Did you know however that smoking is now also not allowed in the salon? As of July 5, 2010 no smoking is allowed in public places by state law

Body piercing (except for ears), tattooing (including permanent cosmetics) and tanning booths may be available in your salon but require a separate license from the Department of Health Services.

Methyl methacrylate monomer (MMA) cannot be used in the salon. MMA is not appropriate for nail care because it is actually too good at its job and sticks too well. It is impossible to remove without damaging the nail and/or nail bed.

#### **BC 2.04 Unauthorized practice.**

**(1)** Licensees may not assist or participate in the unauthorized or unlicensed practice of barbering and cosmetology, aesthetics, electrology or manicuring.

**(2)** Licensees shall report to the board unauthorized or unlicensed practice or other violations of ch. 454, Stats., and chs. BC 1 to 9.

#### **WHAT DO I NEED TO KNOW?**

##### **BC 2.04 Unauthorized practice**

If you think that someone in your shop is doing something that is against the rules and you help with the service then you are also in violation of the rules. Additionally, if you are aware of a violation then you are required to report it.

#### **BC 2.045 Services outside of a licensed establishment.**

**(1)** Licensees shall not provide personal care services outside of a licensed establishment except for persons who are unable to leave their homes because of illness or disability or for persons who are in hospitals, nursing homes, correctional institutions or other institutions. Licensees may provide any personal care service for inmates or patients regardless of whether it is done in a designated area or in the personal room of an inmate, patient or infirm person within an institution or private home.

**(2)** Licensees shall comply with all practice standards set forth in s. BC 2.03 in providing services outside of a licensed establishment.

#### **WHAT DO I NEED TO KNOW?**

##### **BC 2.045 Services outside of a licensed establishment**

You may provide services outside of your licensed salon if your client is unable to leave their home. Any services you provide must comply with the standards set in BC 2.03.

#### **BC 2.05 Advertising.**

**(1)** Advertising by licensees shall be truthful and accurate and may not mislead the public.

**(2)** An establishment shall either post a list of cost of services in a conspicuous place or display a sign which states: "All establishment patrons have the right to be informed of the cost of services before the services are provided."

## WHAT DO I NEED TO KNOW?

### **BC 2.05 Advertising**

Remember not to stretch the truth when you put together your advertising. Also remember that you need to either post your pricing or display a sign which states "All establishment patrons have the right to be informed of the cost of services before the services are provided." In most cases posting your pricing is not probably not very practical if you provide many services so just make sure the "right to be informed" sign is up.

**BC 2.06 Responsibilities of owners.** The owner of any licensed establishment shall be responsible for compliance with ch. 454, Stats., and chs. BC 2, 3 and 4. The owner shall:

**(2)** Provide supplies and equipment necessary to maintain safe and sanitary establishment conditions.

**(3)** Ensure the provision of supervision and training of apprentices, temporary permit holders and training permit holders.

**(4)** Maintain and provide appropriate records for apprentices, temporary permit holders, training permit holders, and practitioners, including employment records, to enable apprentices or practitioners to meet the requirements of s. 454.06 (3) (b), 440.63 (3)

(a) 1. or 454.10 (2), Stats., for credentialing as a practitioner, manager or instructor.

**(5)** In the case of an owner of a barbering and cosmetology establishment, employ a manager who shall have direct authority over the operations of the establishment. If the manager of an establishment leaves employment or becomes otherwise unavailable, an owner may continue to operate the establishment for no more than 90 days without a manager. The owner shall notify the board that the manager is no longer employed or has become otherwise unavailable within 10 days following the manager's last day of employment.

## WHAT DO I NEED TO KNOW?

### **BC 2.06 Responsibilities of owners**

The owner is ultimately responsible for providing the supplies and equipment you need to fulfill your job obligations. If you are renting a chair or booth you are responsible for your own supplies and equipment because you must hold both a manager and establishment license.

### **BC 2.07 Responsibilities of the manager.**

**(1)** The licensed manager of a barbering and cosmetology establishment shall be responsible for the daily operations of an establishment and ensure that the establishment is in compliance with ch. 454, Stats., and chs. BC 3 and 4. The manager shall maintain supplies and equipment necessary to ensure safe and sanitary establishment conditions.

**(1g)** The manager shall train and supervise an apprentice in accordance with s. BC 6.04 (1), and shall supervise temporary permit holders and training permit holders. Supervision and training shall be conducted by a currently licensed manager.

**(1r)** The manager shall maintain and provide appropriate records for apprentices, temporary permit holders, training permit holders, and practitioners, including employment records, to enable apprentices or practitioners to meet the requirements of s.

454.06 (3) (b), 440.63 (3) (a) 2., or 454.10 (2), Stats., for credentialing as a practitioner, manager or instructor.

**(2)** The manager shall post all required licenses, permits and notices.

## WHAT DO I NEED TO KNOW?

### **BC 2.07 Responsibilities of the manager**

Although the owner is responsible for providing supplies and equipment, the manager is responsible for maintaining them.

### **BC 2.08 Responsibilities of licensees.**

**(1)** Licensees holding current licenses or permits granted under ch. 454, Stats., shall:

(a) Be responsible for compliance with the sanitation and safety precautions contained in ch. BC 4.

(b) Be responsible for their own professional practice, conduct and compliance with ch. BC 2.

## WHAT DO I NEED TO KNOW?

### **BC 2.08 Responsibilities of licensees**

You are responsible for your own actions and are required to provide services as required by law. You cannot put the blame for not following the law on your manager or owner it is ultimately up to you.

## Test Your Knowledge

Please answer the following “Test Your Knowledge” questions. You do not need to submit these to us for continuing education credit.

1. No licensee may provide services to a patron if the licensee has a known infectious or contagious disease unless the licensee takes appropriate precautions and uses safeguards which prevent the spread of the disease to patrons.

True

False

2. Body piercers, body piercing establishments, tattooists and tattoo establishments are regulated by the Department of Health Services.

True

False

3. Licensees may not assist or participate in the unauthorized or unlicensed practice of barbering and cosmetology, aesthetics, electrology or manicuring..

True

False

### Answers

1. T

2. T

3. T

## Chapter BC 3

### ESTABLISHMENTS AND INSPECTIONS

#### **BC 3.01 Establishment requirements.**

- (1) Barbering and cosmetology, aesthetics, electrology, and manicuring shall not be practiced outside the confines of a licensed establishment except as provided in s. BC 2.045. Establishments, including floors, walls, ceilings, furniture, equipment, tools, utensils and instruments, shall at all times be in good repair and maintained in an orderly and sanitary condition.
- (3) If public drinking facilities are provided, disposable drinking cups or a drinking fountain shall be available.
- (4) All floor coverings in an establishment shall be kept in a clean, orderly and safe condition. Loose hair shall be removed regularly and placed in a closed container.
- (5) A toilet room shall not be used as a dispensary or for the providing of services.
- (6) Establishments shall provide safe and secure areas for storing, cleaning and disinfecting equipment. Poisonous substances stored in public areas shall be locked in a cabinet or closet.
- (7) Plastic or metal containers of adequate size shall be provided to store all soiled linen. All soiled linen shall be properly cleaned in compliance with s. BC 4.02 (6) or disposed of after use.
- (8) Establishments where apprentices are trained shall provide equipment, supplies and products for all barbering and cosmetology services.
- (9) No smoking shall be allowed in areas of an establishment where flammable products or materials are being used or stored.
- (10) Pets shall not be kept in an establishment during business hours.
- (11) Where an establishment is located in the same building as a residence, the business and living quarters shall be separate.
- (12) Establishments shall provide a basin which has hot and cold running water, and a chair which is designed for the service to be provided. At least one basin shall be constructed and available to permit licensees to wash their hands prior to serving each patron and following removal of gloves. Establishments shall provide the equipment and supplies necessary to perform services offered. Basins may be shared with other establishments located on the same premises.
- (13) The establishment license shall be posted in the establishment.
- (14) All facilities shall be equipped with a ventilation system adequate to comply with minimal occupational safety and health standards.

**Note:** See section s. Comm 64.18, Wisconsin administrative code.

#### **WHAT DO I NEED TO KNOW?**

##### **BC 3.01 Establishment requirements**

Just a reminder, keep everything clean. Not only is a dirty salon a violation of the rules it is also bad for business. A client may not exactly remember a clean salon but they will certainly remember a dirty one. Also remember that loose hair must be placed in a closed container.

Not that most people need a reminder but never cut hair in the bathroom just because it may be easier to clean. Also, no matter how big your bathroom, do not use it for storage of supplies.

Cleaning and disinfecting equipment must be stored in a safe and secure area. If it needs to be stored in a public area you must lock the cabinet or closet. Even if it is not in

a public area it is always a good practice to lock up any hazardous materials.

Always make sure your linens are properly washed. BC 4.02 requires that linens be washed in a germicidal compound.

Keep your pet out of the salon. The term pet is not defined however common sense should rule. Service animals are never considered "pets" as they are necessary for the client and covered by ADA protections.

Remember that hand washing is mandatory after removing gloves.

Adequate ventilation systems are not only mandatory but also just good business sense. Many chemicals that are used in the salon have very distinct and pungent odors. Without adequate ventilation your salon will not only break the rules but also drive away customers. Inadequate ventilation also has the potential to make your clients and employees sick.

## Test Your Knowledge

Please answer the following “Test Your Knowledge” questions. You do not need to submit these to us for continuing education credit.

1. If public drinking facilities are provided, disposable drinking cups or a drinking fountain shall be available.  
 True  False
2. The establishment license shall be posted in the establishment.  
 True  False
3. All facilities shall be equipped with a ventilation system adequate to comply with minimal occupational safety and health standards.  
 True  False

### Answers

1. T
2. T
3. T

## Chapter BC 4

### SANITATION AND SAFETY

#### **BC 4.01 Equipment and sanitation.**

- (1)** All areas of an establishment and the equipment, tools and implements used by licensees for services in an establishment shall be maintained in a clean, sanitary and safe condition.
- (2)** Licensees shall wash their hands thoroughly with soap and running water prior to serving each patron and following removal of gloves. Waterless hand washing agents with alcohol as an active ingredient with a concentration of at least 70% are an acceptable substitute for washing hands that are not visibly soiled with soap and running water.
- (3)** Powder puffs, sponges, and emery boards and other contact equipment that cannot be cleaned with soap or detergent and water shall be disposed of following each use.
- (4)** All liquids, creams, powders and semi-solid substances shall be dispensed from a container in a manner which will prevent contamination of the unused portion of the substance.
- (5)** Shampoo bowls and basins shall be drained after each use and kept in a sanitary and safe condition.
- (6)** Clean towels shall be used for each patron. A neckstrip or towel shall be placed around the neck of the patron to prevent contact with the cape. The head rest of any operating chair shall be covered with fresh linen or paper for each patron.
- (7)** All other equipment and instruments shall be clean to sight and touch.
- (8)** Licensees using lancets for the lateral piercing of raised whiteheads shall utilize only pre-sterilized, single use, disposable lancets.

#### **WHAT DO I NEED TO KNOW?**

##### **BC 4.01 Equipment and sanitation**

It is everyone's job to keep your salon clean. Making a daily checklist that everyone follows is the best way to make sure that you salon stays clean consistently. Rotating jobs will help make sure that everyone knows every aspect of keeps the salon clean.

Considering the number of clients served in a day and the number of times that gloves are taken off the use of a waterless hand washing agent as opposed to soap and water may be more appropriate. Make sure it contains at least 70% alcohol as an active ingredient.

Never just dip your fingers in a cream to apply it. Everything must be used form closed containers in a manner that does not contaminate the substance.

Shampoo bowls and basins must always be kept sanitary and never left full after use.

Never use the same towel for more than one client.

Never leave clean equipment or instruments lying around. They must always be in closed storage so that it stays clean.

Only single use pre-sterilized lancets may be used. Once used they must be thrown out.

#### **BC 4.02 Disinfection.**

**(1)** Unless sterilized, disinfection is required prior to reuse on another patron of any personal care instruments, including scissors, razors, clipper blades and tweezers, excluding tweezers used in electrolysis.

**(2)** Disinfection for scissors, razors, clipper blades and tweezers shall consist of cleaning with soap and water to remove all organic material, wiping with or soaking in a disinfectant as defined in s. BC 1.01, and air-drying.

**(3)** Disinfection for combs, lifts, brushes, rollers and any other contact equipment shall consist of cleaning with soap and water to remove all organic material, spraying with a tuberculocidal disinfectant as defined in s. BC 1.01, and air-drying.

**(4)** Clean and disinfected contact equipment shall be placed in one or more covered containers. One or more separate containers shall be provided for the immediate storage of soiled contact equipment until cleaned and disinfected.

**(5)** Disinfectant used for decontamination shall be changed daily and shall be kept in a covered container.

**(6)** Laundry shall be disinfected by washing with a solution containing a germicidal compound.

**Note:** Bleach and Lysol® (brown bottle) are germicidal compounds.

#### **WHAT DO I NEED TO KNOW?**

##### **BC 4.02 Disinfection**

Every aspect of this section should be studied because sanitation and disinfection is one of the most important aspects of keeping yourself and your clients safe and happy.

Sometimes it is not possible to sterilize an instrument. If sterilization is not possible then it must be disinfected.

Disinfection of all contact equipment must be done with a tuberculocidal disinfectant as defined in BC 1.01. Make sure that your disinfectant of choice is listed as tuberculocidal.

Not changing the disinfectant used for decontamination daily is not only the top violation in Wisconsin it is also at the top of the list in many other states as well.

“Laundry shall be disinfected by washing in a solution containing a germicidal compound.” Also remember that your laundry should be stored in a clean closed cabinet or container per BC 4.01.

##### **BC 4.03 Sterilization.**

**(1)** Sterilization in ss. BC 4.07, 4.09 and 4.10 shall be accomplished by use of a dry heat or steam sterilizer cleared for marketing by the food and drug administration, used according to manufacturer’s instructions. If steam sterilization, moist heat, is utilized, heat exposure shall be at a minimum of 121° C., 250° F., for at least 30 minutes. If dry heat sterilization is utilized, heat exposure shall be at a minimum of 171° C., 340° F., for at least 60 minutes.

**(2)** Sterilizers shall be maintained in working order. Equipment shall be checked in compliance with manufacturer’s recommendations at least monthly to ensure that it is reaching required temperatures.

## WHAT DO I NEED TO KNOW?

### **BC 4.03 Sterilization**

As with the disinfection section above every aspect of this section should be studied because sanitation and disinfection is one of the most important aspects of keeping yourself and your clients safe and happy.

Read (1) above carefully before buying equipment to make sure that what you are buying will be the correct equipment.

### **BC 4.04 Supplies.**

**(1)** All work stations shall be supplied with at least one of the antiseptics listed in s. BC 4.05 for use by licensees in case of injury.

**(2)** All licensees working in a licensed establishment shall be supplied with bandages and disposable gloves.

## WHAT DO I NEED TO KNOW?

### **BC 4.03 Sterilization**

Make sure that every work station has at least one of the antiseptics listed in BC 4.05 as well as bandages and disposable gloves.

### **BC 4.05 Procedure for exposure to blood.**

**(1)** When any patron or licensee is exposed to blood by scissors cut, razor cut, needle stick, laceration or other exposure to broken skin or a mucous membrane, the licensee shall stop, thoroughly wash the exposed area or wound on the patron's or the licensee's body with soap and water, and disinfect the exposed area or wound with a topical antiseptic such as iodine, 70% isopropyl alcohol, or 6% stabilized hydrogen peroxide or equivalent. In the case of mucous membrane exposure, the licensee shall wash or rinse the affected area with plenty of water.

**(2)** A licensed establishment shall post a written protocol describing the procedure for unintentional occupational exposure to bodily fluids described in sub. (1). The protocol shall be posted in a place conspicuous to licensees.

## WHAT DO I NEED TO KNOW?

### **BC 4.05 Procedure for exposure to blood.**

Make sure that you follow the above procedures when you are exposed to blood. Having procedures in place to deal with blood exposure is very important to not only your clients' health but your own. The risk that comes with exposure is due to bloodborne pathogens which include Hepatitis B, C and HIV. The Centers for Disease Control and Prevention (CDC) have a very good document on exposure to blood for healthcare workers that also is applicable to salon workers at [http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp\\_to\\_Blood.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp_to_Blood.pdf) that you can read for further information on the subject.

You are required to have BC 4.05 (1) posted in your salon in a conspicuous place. Remember, this means in a place where your clients can see it, not a drawer.

#### **BC 4.06 Precautionary procedures.**

**(1)** A licensee shall cover any abrasions, oozing or open lesions or wounds on his or her hands or forearms prior to patron contact. If a licensee has oozing or open lesions or weeping dermatitis on his or her hands or forearms that cannot be effectively covered, the licensee shall refrain from direct patron contact until the condition has been resolved.

**(2)** A licensee shall use disposable protective gloves when dealing with patrons with oozing or open lesions or weeping dermatitis. These gloves shall be changed between patrons and disposed of after use. Gloves shall be removed upon completion of patron services, and hands washed after glove removal.

**Note:** It is recommended that licensees use protective gloves in handling caustic chemicals such as permanent waving solution and neutralizer or hair straightening preparations. The handling of these substances without protection can cause skin damage which may provide a route for infection to be transmitted to the licensee.

**(3)** Licensees shall carefully bag and dispose of paper products contaminated with blood and thoroughly cleanse and disinfect linens contaminated with blood in accordance with s. BC 4.02 (6).

**Note:** Paper products contaminated with blood may be disposed of in the regular trash unless saturated with blood. See s. NR 526.05 (Department of Natural Resources).

#### **WHAT DO I NEED TO KNOW?**

##### **BC 4.06 Precautionary procedures.**

Never perform a service if you cannot cover any abrasions, oozing or open lesions or wounds you may have. You need to always protect your client from harm.

Don't forget to wash your hands after you take off gloves. This is very easy to forget since the whole concept of using gloves is to protect your hands but it is a necessity to wash your hands after you take your gloves off.

**BC 4.07 Ear piercing.** Ear piercing may be performed by non –licensees, but licensees performing ear piercing shall do all of the following:

**(1)** Wear disposable protective gloves. These gloves shall be changed between patrons and disposed of after each use. Hands shall be washed after removal of gloves.

**(2)** Thoroughly wash the skin area to be pierced with soap and water or a waterless washing agent with alcohol as an active ingredient.

**(3)** Apply an antiseptic to the skin surface of the area to be pierced and allow the antiseptic to air dry.

**Note:** Iodine and Betadyne® are acceptable antiseptics.

**(4)** Sterilize earrings, needles, or any other piercing instruments prior to insertion. Presterilized earrings may be utilized.

**(5)** Prior to each use all other surfaces that come into contact with the skin of the patron shall be disinfected.

#### **WHAT DO I NEED TO KNOW?**

##### **BC 4.07 Ear piercing**

Although ear piercing may be done by non-licensees it is highly recommended that even non-licensees follow the rules outlined in this section.

### **BC 4.08 Waxing.**

**(1)** Electrologists performing waxing shall have completed training in depilation by waxing in a school of electrology or a school of barbering and cosmetology consisting of not less than 8 training hours in all of the following areas:

- (a) Hygiene and sterilization.
- (b) Treatments with hard hot wax.
- (c) Treatments with liquid strip wax.
- (d) Hair removal from legs and arms, bikini and underarm hair.
- (e) Removal of facial hair.
- (f) Eyebrow shaping.
- (g) Post depilation treatments.

**(2)** Manicurists performing waxing shall have completed training in depilation by waxing in a school of barbering and cosmetology or a school of manicuring consisting of not less than 8 training hours in all of the following areas:

- (a) Hygiene and sterilization.
- (b) Treatments with hard hot wax.
- (c) Treatments with liquid strip wax.
- (d) Hair removal from the foot, lower leg, hand and forearm.
- (e) Post depilation treatments.

**(3)** Licensees performing depilation by waxing shall do all of the following:

- (a) Apply a topical antiseptic to the skin surface of the area to be waxed and allow the antiseptic to air dry.
- (b) Dispose of spatulas after each use.
- (c) Dispose of wax and strips after each use.

### **WHAT DO I NEED TO KNOW?**

#### **BC 4.08 Waxing**

Basically, if you have not had the appropriate training in waxing you are not allowed to perform the service. Most cosmetology students have learned waxing as part of their cosmetology curriculum. Most electrologists and manicurists may not have however. Make sure you have had at least 8 hours of training in the areas outlined above.

**BC 4.09 Electrolysis.** Licensees performing electrolysis shall:

- (1)** Use sterilized needles, lancets and tweezers for each patron, in accordance with s. BC 4.03.
- (2)** Wear disposable protective gloves when working on a patron. These gloves shall be changed between patrons and disposed of following use. Hands shall be washed after removal of gloves.
- (3)** Thoroughly wash the skin area to be treated with soap and water. Apply an antiseptic to the skin surface of the patron and allow the antiseptic to air dry prior to commencing electrolysis.
- (4)** Dispose of needles and lancets in a puncture resistant container specifically designed for disposal. Full sharps containers shall be disposed of appropriately.

## WHAT DO I NEED TO KNOW?

### **BC 4.09 Electrolysis**

There are four steps that must be performed when providing electrolysis services. Follow them exactly to ensure that you are keeping your clients safe.

### **BC 4.10 Manicuring.**

- (1)** Prior to use, all reusable manicure instruments shall be disinfected.
- (2)** Disinfectant used for decontamination shall be changed daily and shall be kept in a covered container.
- (3)** Sterilization shall be accomplished in accordance with s. BC 4.03.
- (4)** Manicure instruments that cannot be cleaned and disinfected or sterilized shall be disposed of following each use.
- (5)** Massaging by manicurists is limited to the hand, including the forearm and elbow, and the foot, including the lower leg and knee.

## WHAT DO I NEED TO KNOW?

### **BC 4.10 Manicuring**

Make sure containers used for disinfectant are covered. Make sure that you disinfect your instruments appropriately based on BC 4.03.

If you massage your clients make sure that you are limiting your contact to the hand, forearm, elbow, foot, lower leg and knee.

## Test Your Knowledge

Please answer the following "Test Your Knowledge" questions. You do not need to submit these to us for continuing education credit.

1. Clean towels shall be used for every third patron.

- True  False

2. Disinfectant used for decontamination shall be changed daily and shall be kept in a covered container

- True  False

3. Prior to use, all reusable manicure instruments shall be disinfected.

- True  False

### Answers

1. F
2. T
3. T

**BC 6**  
**APPRENTICESHIP PROCEDURES AND STANDARDS**

**BC 6.01 Applications and permits.**

- (1)** The owner of an establishment seeking to train an apprentice shall contact the department of workforce development or the department for an application.
- (2)** An initial apprenticeship permit shall be issued for a period of 3 years. The permit shall be renewable for one additional one year period upon all of the following:
  - (a) The payment of the renewal fee specified in s. 440.08 (2) (b), Stats.
  - (b) Certification to the board from the department of workforce development of acceptable progress by the apprentice in theory instruction and practical training.
- (4)** An apprentice shall not engage in any barbering and cosmetology work or attend school until a permit has been issued.
- (5)** Each apprentice shall enter an apprenticeship contract with an establishment owner or his or her designated agent who shall employ and make arrangements for training of the apprentice in accordance with ch. 454, Stats., and the rules of the board.
- (6)** The owner or his or her designated agent shall provide the apprentice with the equipment necessary to learn all phases of practical barbering and cosmetology as listed in s. BC 6.04 and keep records of all apprentice practical work hours.
- (7)** An apprentice seeking to transfer his or her apprenticeship contract to another establishment owner shall contact the department of workforce development or the department for transfer procedures. An apprentice shall not transfer without prior approval of the board.
- (8)** Cancellation of an apprenticeship contract by the department of workforce development shall result in an automatic suspension of an apprenticeship permit.
- (9)** An apprentice who has failed to complete an apprenticeship within 4 years from the date of issuance of his or her initial permit may apply for reentry into the apprenticeship program. Upon its review of the applicant's apprenticeship records, the board may deny the application or issue another apprenticeship permit under specified terms and conditions. The board may allow an apprentice credit for theory and practical training actually obtained under a previous permit.

**WHAT DO I NEED TO KNOW?**

**BC 6.01 Applications and permits**

Apprentices may not begin training without an application that has been approved by the state as well as an apprentice contract with the establishment the training will be provided in. Permits are issued for a period of three years but may be renewed for additional one year periods under certain circumstances. An apprentice may transfer to another establishment but must receive approval from the department.

Make sure that any apprenticeship is complete within 4 years or the apprenticeship may need to be restarted.

**BC 6.02 Theory and practical instruction.** Following issuance of an apprenticeship permit, an apprentice shall enroll in the first available course of theory instruction at a school of barbering and cosmetology and shall maintain acceptable attendance and progress in instruction and practical training. The manager shall pay the apprentice for the hours of school attendance and practical training.

## WHAT DO I NEED TO KNOW?

### **BC 6.02 Theory and practical instruction**

The manager must pay the apprentice for hours of school attendance and practical training.

**BC 6.03 Theory syllabus for apprentices.** Schools which provide theory instruction for apprentices shall develop a curriculum based on the syllabus in Figure 6.03 (1):

	SUBJECTS Figure 6.03 (1)	Theory Hours
I.	Hygiene, grooming and personal development.	10
II.	Bacteriology, sterilization and sanitation.	20
III.	Tools, equipment and implements (identification and usage).	18
IV.	Haircutting, hair tapering (clippercuts), razor cutting, hairstyling, curling, thermal waving, finger-waving, roller setting, pincurl placement, blow-drying, shampoos, scalp and hair treatments, conditioning, reconditioning, hair analysis, and care of hairpieces, wigs and wefts.	56
V.	Hair straightening, hair relaxing, thermal hair straightening, blow-outs, permanents, hair coloring, tinting, bleaching and chemistry.	78
VI.	Shaving, beard and mustache shaping, trimming, superfluous hair removal, waxing, facials, facial massages, facial makeup, eyelashes, light therapy, basic principles of electricity, and introduction to electrology.	30
VII.	Manicuring, including nail enhancement.	10
VIII.	Anatomy and physiology of the hair, skin and nails and disorders of the hair, skin, scalp and nails.	50
IX.	Laws, rules, professional ethics and history of barbering and cosmetology.	16
	TOTAL HOURS:	288

### **BC 6.04 Practical training for apprentices.**

**(1)** The establishment owner to whom an apprentice is indentured shall employ a licensed manager to be responsible to supervise the training of the apprentice. Apprentices shall not work without the supervision of a licensed manager.

**(3)** Each apprentice must receive at least 3,712 hours of training and experience in the practical services of barbering and cosmetology to qualify for the examination as a practitioner. Training and experience shall include the subjects and practical hours of training shown below in Figure 6.04 (3):

	SUBJECTS Figure 6.04 (3)	Practical Hours
I.	Bacteriology, sterilization and sanitation in the establishment.	70
II.	Haircutting, hair tapering (clippercuts), razor cutting, hairstyling, curling, thermal waving,	1,300

	finger-waving, roller setting, pin curl placement, blow-drying, shampoos, scalp and hair treatments, conditioning, reconditioning, hair analysis, and care of hairpieces, wigs and wefts.	
III.	Hair straightening, hair relaxing, thermal hair straightening, blow outs , permanents, hair coloring, tinting, bleaching and chemistry.	1,000
IV.	Shaving, beard and mustache shaping, trimming, superfluous hair removal, waxing, facials, facial massages, facial makeup, eyelashes, light therapy, basic principles of electricity, and introduction to electrology.	80
V.	Manicuring, including nail enhancement.	30
VI.	General patron service and individual apprentice needs	1,232
	TOTAL PRACTICAL HOURS	3,712

### **BC 6.05 Transfer credit.**

**(1)** Apprentices transferring to a school program shall be granted credit for hours attained at a ratio of one apprentice theory hour to one student theory hour and 4 apprentice practical hours to one student practical hour.

**(2)** Students transferring to an apprenticeship program shall be granted credit for hours attained at a ratio of one apprentice theory hour to one student theory hour and one apprentice practical hour to one student practical hour.

**(3)** The department may grant transferees to an apprenticeship program credit for calendar time spent in prior training.

### **WHAT DO I NEED TO KNOW?**

#### **BC 6.05 Transfer credit**

If an apprentice transfers to another program then credit is transferred at the above ratios.

## Test Your Knowledge

Please answer the following "Test Your Knowledge" questions. You do not need to submit these to us for continuing education credit.

1. An apprentice may engage in barbering and cosmetology work or attend school prior to a permit being issued.

True

False

2. Cancellation of an apprenticeship contract by the department of workforce development shall result in an automatic suspension of an apprenticeship permit.

True

False

### Answers

1. F

2. T

## Chapter BC 9

### RENEWAL AND REINSTATEMENT

**BC 9.01 License renewal.** To renew a license a licensee shall, on or before March 31 of every odd-numbered year, file with the department all of the following:

- (1) An application for renewal on a form prescribed by the department.
- (2) The fee determined by the department under s. 440.03 (9) (a), Stats.
- (3) Certification on the application for renewal that the licensee has, during the biennial period immediately preceding application, completed the continuing education requirements in s. BC 11.01.

#### WHAT DO I NEED TO KNOW?

##### **BC 9.01 License renewal**

Make sure that you file your renewal prior to March 31 of every odd-numbered year. Although you do not need to submit your course completion certificate for your continuing education you will need to certify that you have completed it. Specifics are outlined in BC 11.01 which you will read later in this course.

**BC 9.02 Late renewal.** If the application for renewal is filed less than 5 years after the expiration of the applicant's last license, the applicant shall comply with the continuing education requirements in s. BC 11.01, and pay the late renewal fee in s. 440.08 (3) (a), Stats.

#### WHAT DO I NEED TO KNOW?

##### **BC 9.02 Late renewal**

If you do not renew your license on time you will have to pay an additional fee. Fees are outlined in 440.08 (3).

**BC 9.03 Reinstatement of license.** If the application for renewal is 5 years or more after the expiration of the applicant's last license, the board in its discretion may require as a condition of renewal that the applicant successfully pass the examination required in s. BC 7.03.

#### WHAT DO I NEED TO KNOW?

##### **BC 9.03 Reinstatement of license**

If your licensed has lapsed more than 5 years ago you may be required to retake your licensing exam.

## Chapter BC 10

### FORFEITURES

#### **BC 10.01 Authority and scope.**

(1) The rules in ch. BC 10 are adopted pursuant to authority in s. 454.15, Stats.

(2) The citation procedures established by this section may be used in an action to recover a forfeiture under s. 454.15 (3), Stats.

(3) The citation form provided by this section may serve as the initial pleading for a disciplinary action and is adequate process to give the board jurisdiction over the credential holder, if the citation is served upon the credential holder and filed with the board.

#### **BC 10.02 Citation for administrative forfeiture.**

(1) A citation under this section shall be issued by a consumer protection investigator and shall contain substantially the following information:

(a) The name, address and credential number of the credential holder.

(b) The name and signature of the individual issuing the citation and the name of the department.

(c) A description of the violation alleged, the time and place of its occurrence, a statement that the respondent committed the violation, and the statute or administrative code provision violated.

(d) Notice that the credential holder may submit a response contesting the citation and requesting a hearing. Notice shall include the date and address for the timely submission of a request. A request for hearing must be in writing.

(e) The forfeiture and costs assessment requested by the division.

(f) A summary of the citation procedure, including the following:

1. Provisions for deposit and stipulation in lieu of an appearance before an administrative law judge or the board.
2. Notice, including date, time and address, that the licensee may enter a plea of contesting the violations cited and request a hearing on the alleged violation.

(2) A citation shall be substantially in the form shown in

**BC 10.03 Service.** Service of a citation under this section may be accomplished by mailing a copy of the citation to the credential holder at the last known address of the credential holder or by any procedure described in s. 801.14 (2), Stats.

**BC 10.04 Filing.** Filing a citation with the board shall be accomplished by delivery of a copy of the citation to the offices of the board.

**BC 10.05 Effect of payment.** The credential holder may deposit the amount of forfeiture identified in the citation by mailing the deposit and a copy of the citation to the division. Payment shall be treated as a plea of no contest and submission to an order of forfeiture plus costs, not to exceed the amount of the deposit.

**BC 10.06 Request for hearing.** Within 20 days of the date of service of the citation, the licensee may enter a plea contesting the violation cited and request a hearing on the alleged violation cited. Submission of a plea contesting violations and requesting a hearing shall be in writing and submitted to the division.

**BC 10.07 Default.**

**(1)** If the credential holder does not make a deposit or otherwise respond to the citation in a timely fashion, the board may without further proceedings issue an order of default against the credential holder. A default order issued under this section may impose forfeiture and costs, not to exceed the amount identified in the citation. Violation of an order issued under this section may impose forfeiture and costs, not to exceed the amount identified in the citation. Violation of an order issued pursuant to this section may result in a refusal to renew credentialing or additional disciplinary action.

**(2)** If the credential holder requests a hearing pursuant to s. BC 10.05 but fails to appear at the hearing at the time scheduled, the credential holder is in default and the board may make findings and enter an order on the basis of the citation. The board may, for good cause, relieve the respondent from the effect of such findings and permit the respondent to answer and defend at any time before the board enters an order or within a reasonable time.

**WHAT DO I NEED TO KNOW?****BC 10 Forfeitures**

This section outlines the procedures for citations that may be issued. Make sure that you respond according to the rules.

## Test Your Knowledge

Please answer the following “Test Your Knowledge” questions. You do not need to submit these to us for continuing education credit.

1. Licenses must be renewed on or before March 31 of odd-numbered years.  
 True  False
  
2. The Board may require you to pass the examination required in BC 7.03 if your has been expired 5 or more years ago.  
 True  False
  
3. Within 365 days of the date of service of the citation, the licensee may enter a plea contesting the violation cited and request a hearing on the alleged violation cited.  
 True  False

### Answers

1. T
2. T
3. F

**Chapter BC 11**  
**CONTINUING EDUCATION**

### **BC 11.01 Continuing education requirements for license renewal.**

- (1) Except as provided in sub. (3), every licensee shall complete 12 continuing education credit hours during the 2-year period immediately preceding the license renewal date of March 31 of every odd-numbered year.
- (2) The 12 credit hours of continuing education shall consist of all of the following:
- (a) Two credit hours reviewing the laws governing licensees and establishments.
  - (b) Four credit hours in safety, sanitation and infection control.
  - (c) Six credit hours directly related to the provision of services that are permitted under the license held by the licensee.
- (3) (a) A licensee is not required to obtain continuing education credit hours until the biennium after the licensee's first license renewal.
- (b) A licensee who has held an active Wisconsin license for 30 or more years shall obtain 6 credit hours of continuing education during the 2-year period immediately preceding the license renewal date of March 31 of every odd-numbered year. The licensee shall obtain the credit hours listed in sub. (2) (a) and (b).
- (c) Except as provided in par. (a), a licensee shall obtain 6 credit hours of continuing education to qualify for a license renewal on March 31, 2011. The licensee shall obtain the credit hours listed in sub. (2) (a) and (b).
- (4) If a licensee fails to complete the continuing education requirement within a 2-year licensing period, continuing education credit hours acquired on or after April 1 of any odd-numbered year will be first applied to the preceding 2-year period until the requirement is fulfilled. Those credit hours will not apply to any other period.
- (5) The board may grant a waiver, partial waiver or postponement of the continuing education requirements in cases of hardship.
- (6) One hour of instruction equals one continuing education credit hour.
- (7) One hour of teaching equals one continuing education credit hour. A maximum of 4 credit hours may be obtained by teaching in any 2-year period.
- (8) Licensees shall obtain a certificate of completion from the program provider for each continuing education course completed. The licensee shall retain the certificates for 5 years and shall submit them to the department for audit purposes when the department requests them.
- (9) Continuing education credit hours may be obtained through independent study and online courses that are approved under s. BC 11.02.

### **WHAT DO I NEED TO KNOW?**

#### **BC 11.01 Continuing education requirements for license renewal**

12 credit hours of continuing education are required every two years beginning in March 31, 2011. 6 credit hours are required for April 1, 2010 – March 31, 2011.

If you just received your license you are not required to obtain continuing education until the next licensing cycle.

If you have held an active license for 30 years in Wisconsin you are only required to obtain 6 credit hours. This course must include 2 hours of Wisconsin law and 4 hours of Safety, Sanitation and Infection Control.

If you miss your March 31<sup>st</sup> deadline then any hours you take after that time will be applied to the missing hours first before being applied to current hours needed. Don't lose your course completion certificate. You must keep your certificates for at least

5 years. You may be audited at any time and are required to provide proof of your continuing education.

**BC 11.02 Programs approved for continuing education credit hours.**

**(1)** Except as provided in sub. (3), the following programs are approved by the board for continuing education credit hours:

- (a) Programs that are provided by a school that is licensed by a state.
- (b) Workshops that are approved by a state or national professional organization.
- (c) Programs presented by an instructor who is licensed by a state.
- (d) Programs presented by the board or the department.

**(2)** The board may approve other programs that offer significant professional educational benefits for licensees that are presented by a university, technical college, or product distribution company.

**(3)** The board shall approve programs for the 2 credit hours reviewing the laws governing licensees and establishments. The board shall create a curriculum for the law program every biennium and shall approve programs that comply with the curriculum for the current biennium.

**WHAT DO I NEED TO KNOW?**

**BC 11.02 Programs approved for continuing education credit hours**

There are many ways to take a continuing education course.

## Test Your Knowledge

Please answer the following “Test Your Knowledge” questions. You do not need to submit these to us for continuing education credit.

1. If a licensee fails to complete the continuing education requirement within a 2-year licensing period, continuing education credit hours acquired on or after April 1 of any odd-numbered year will be first applied to the preceding 2-year period until the requirement is fulfilled. Those credit hours will not apply to any other period.

True

False

2. One hour of instruction equals one continuing education credit hour.

True

False

3. Continuing education credit hours may be obtained through independent study and online courses that are approved under s. BC 11.02.

True

False

### Answers

1. T

2. T

3. T

**Wisconsin Barbering and Cosmetology Board  
Continuing Education  
Course Documents**

**Safety, Sanitation and Infection Control: WICY201  
4 Credit Hours**

180 Degree Education  
2906 Central St.  
Suite 241  
Evanston, IL 60201

Toll Free: 877-669-0766  
Fax: 847-380-5546  
[support@180Beauty.com](mailto:support@180Beauty.com)

[www.180Beauty.com](http://www.180Beauty.com)

**Lesson I**  
**HIV/AIDS AND COMMUNICABLE DISEASES**

## LESSON I

### HIV/AIDS AND COMMUNICABLE DISEASES

#### Learning Objectives

In "HIV/AIDS and Communicable Diseases" the student will learn:

1. The statistics behind the epidemic
2. The difference between HIV and AIDS
3. How HIV is transmitted
4. Where HIV/AIDS came from
5. A thorough understanding of HIV/AIDS
6. Effective practices for HIV/AIDS prevention
7. How the ADA affects HIV/AIDS in the workplace
8. The appropriate behavior when in contact with HIV/AIDS infected people
9. The symptoms of additional diseases

#### Unit 1 Statistics <sup>(1)</sup>

##### Worldwide

- In 2007 33.2 million people were estimated to be living with HIV, 2.5 million people became newly infected and 2.1 million people died of AIDS.

##### United States

- In recent years, new treatments have slowed the progression from HIV to AIDS and from AIDS to death in people infected with HIV in the United States. As a result, the U.S. rates of new AIDS cases and AIDS deaths have dropped dramatically. The cumulative estimated number of cases of AIDS through 2006 in the United States and dependent areas was 1,014,797. Increasing proportions of new infections have been among women, certain ethnic minority populations, and people infected through heterosexual contact. (Source: Centers for Disease Control, 2006)

#### Unit 2 The Difference Between HIV and AIDS <sup>(1)</sup>

**HIV** stands for the **Human Immunodeficiency Virus**. Let's take a closer look at these words and what they mean:

**"H"** is for **Human**, meaning that only humans get this virus. That's another way of saying that the virus is "species specific." So you don't have to worry about ever getting infected from a pet or a mosquito.

**"I"** is for **Immunodeficiency**, meaning that this virus causes your immune system to have some serious problems. The immune system is what fights off diseases and infections. When your immune system starts to have problems, it makes it easier for you to get sick and harder for you to get well.

"V" is for **Virus**, which refers to the specific type of germ or antigen. Other types of germs are bacteria, fungi, and parasites. Fortunately, all of those types of germs can be killed with specific medications. Unfortunately, viruses can't be killed. You can't take a medicine like an antibiotic and get rid of HIV. Viruses stay with us forever. Sometimes we are able to create conditions where they don't cause us any problems, and that is where a strong and healthy immune system comes in handy.

HIV-1 is the type of HIV that is most commonly found in the United States and Canada. Several subtypes (sometimes referred to as strains) or variants of HIV-1 have been identified, and again, only one, HIV-1 subtype B is common in the United States and Canada.

HIV-2 is another type of HIV. HIV-2 is an uncommon virus in the United States and Canada.

It is widely accepted in the medical and scientific research community that HIV infection is linked to immune system malfunction and ultimately results in the condition known as AIDS.

The only way a person can know if he or she has been infected with HIV is to have a specific test. In addition to standard blood tests, there are approved HIV tests which use cells from the mouth and tests which use cells in urine. There are also test kits which can be used at home to collect blood samples. Check with your [state's HIV hotline](#) to get more information about the tests available in your area.

**AIDS** stands for **A**cquired **I**mmune **D**eficiency **S**yndrome. It is the result of a weakened immune system caused by HIV infection. AIDS is diagnosed when a person tests positive for HIV and also has one or more of the "opportunistic infections" of AIDS (there are 27) and/or has a laboratory marker test of 200 or fewer T-cells. AIDS should be diagnosed by a physician. The opportunistic infections associated with AIDS are called "AIDS-defining illnesses" and should also be diagnosed by a physician.

Both HIV infection and AIDS are considered to be chronic illnesses managed with both pharmaceutical (pharmacy drugs) therapies and complementary (alternative) therapies. In most cases, people can live for many years with HIV infection and with AIDS. It is usually impossible to know just how long a person will live with AIDS. Today's HIV therapies are extending the lives of Persons Living With AIDS as well as helping to improve their quality of life.

### **Unit 3**

#### **How is HIV Transmitted? <sup>(1)</sup>**

HIV is transmitted by five body fluids: Blood, Semen, Pre-Ejaculatory Fluid, Vaginal Secretions, and Nursing Mother's Breast Milk. It is important to note that transmission can only occur by having direct contact with one or more of these fluids in such a way that causes them to enter directly into your bloodstream.

HIV is only transmitted by behaviors which allow such direct contact with these fluids. Specifically, by sharing hypodermic needles to shoot drugs (this includes skin popping, and the sharing of syringes, cookers and drug use "works"); receiving infected blood, plasma, or body part; and sexual intercourse or other sexual activities.

Anytime you have direct contact with these risky fluids, you may have been "exposed" to HIV. Should the virus find a "portal of entry" into your blood stream in sufficient amounts, you may be "infected" with HIV.

## **Unit 4**

### **QUESTIONS AND ANSWERS ON HIV/AIDS (2)**

#### **What is HIV?**

HIV (human immunodeficiency virus) is the virus that causes AIDS. This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes\*. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. People with HIV have what is called HIV infection. Some of these people will develop AIDS as a result of their HIV infection.

- A mucous membrane is wet, thin tissue found in certain openings to the human body. These can include the mouth, eyes, nose, vagina, rectum, and opening of the penis.

#### **Where did HIV come from?**

The earliest known case of HIV-1 in a human was from a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of Congo. (How he became infected is not known.) Genetic analysis of this blood sample suggested that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s.

We know that the virus has existed in the United States since at least the mid- to late 1970s. From 1979-1981 rare types of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of male patients who had sex with other men. These were conditions not usually found in people with healthy immune systems.

In 1982 public health officials began to use the term "acquired immunodeficiency syndrome," or AIDS, to describe the occurrences of opportunistic infections, Kaposi's sarcoma (a kind of cancer), and *Pneumocystis carinii* pneumonia in previously healthy people. Formal tracking (surveillance) of AIDS cases began that year in the United States.

In 1983, scientists discovered the virus that causes AIDS. The virus was at first named HTLV-III/LAV (human T-cell lymphotropic virus-type III/lymphadenopathy- associated virus) by an international scientific committee. This name was later changed to HIV (human immunodeficiency virus).

For many years scientists theorized as to the origins of HIV and how it appeared in the human population, most believing that HIV originated in other primates. Then in 1999, an international team of researchers reported that they had discovered the origins of HIV-1, the predominant strain of HIV in the developed world. A subspecies of chimpanzees native to west equatorial Africa had been

identified as the original source of the virus. The researchers believe that HIV-1 was introduced into the human population when hunters became exposed to infected blood.

For more information on this discovery, visit the NIH National Institute of Allergy and Infectious Diseases press release at <http://www3.niaid.nih.gov/news/newsreleases/1999/hivorigin.htm>.

### **What causes AIDS?**

AIDS is caused by infection with a virus called human immunodeficiency virus (HIV). This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast feeding. People with HIV have what is called HIV infection. Some of these people will develop AIDS as a result of their HIV infection.

### **How Does HIV cause AIDS?**

HIV destroys a certain kind of blood cell (CD4+ T cells) which is crucial to the normal function of the human immune system. In fact, loss of these cells in people with HIV is an extremely powerful predictor of the development of AIDS. Studies of thousands of people have revealed that most people infected with HIV carry the virus for years before enough damage is done to the immune system for AIDS to develop. However, sensitive tests have shown a strong connection between the amount of HIV in the blood and the decline in CD4+ T cells and the development of AIDS. Reducing the amount of virus in the body with anti-retroviral therapies can dramatically slow the destruction of a person's immune system.

For more information visit the NIH National Institute for Allergies and Infectious Diseases Fact sheet "[The Evidence That HIV Causes AIDS](#)".

### **How long does it take for HIV to cause AIDS?**

Prior to 1996, scientists estimated that about half the people with HIV would develop AIDS within 10 years after becoming infected. This time varied greatly from person to person and depended on many factors, including a person's health status and their health-related behaviors.

Since 1996, the introduction of powerful anti-retroviral therapies has dramatically changed the progression time between HIV infection and the development of AIDS. There are also other medical treatments that can prevent or cure some of the illnesses associated with AIDS, though the treatments do not cure AIDS itself. Because of these advances in drug therapies and other medical treatments, estimates of how many people will develop AIDS and how soon are being recalculated, revised, or are currently under study.

As with other diseases, early detection of infection allows for more options for treatment and preventative health care.

## **Why do some people make statements that HIV does not cause AIDS?**

The epidemic of HIV and AIDS has attracted much attention both within and outside the medical and scientific communities. Much of this attention comes from the many social issues related to this disease such as sexuality, drug use, and poverty. Although the scientific evidence is overwhelming and compelling that HIV is the cause of AIDS, the disease process is still not completely understood. This incomplete understanding has led some persons to make statements that AIDS is not caused by an infectious agent or is caused by a virus that is not HIV. This is not only misleading, but may have dangerous consequences. Before the discovery of HIV, evidence from epidemiologic studies involving tracing of patients' sex partners and cases occurring in persons receiving transfusions of blood or blood clotting products had clearly indicated that the underlying cause of the condition was an infectious agent. Infection with HIV has been the sole common factor shared by AIDS cases throughout the world among men who have sex with men, transfusion recipients, persons with hemophilia, sex partners of infected persons, children born to infected women, and occupationally exposed health care workers.

The conclusion after more than 20 years of scientific research is that people, if exposed to HIV through sexual contact or injecting drug use for example, may become infected with HIV. If they become infected, most will eventually develop AIDS.

For more information, visit the NIH National Institute for Allergies and Infectious Diseases Fact sheet "[The Evidence That HIV Causes AIDS](#)".

## **How well does HIV survive outside the body?**

Scientists and medical authorities agree that HIV does not survive well outside the body, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed – essentially zero. Incorrect interpretations of conclusions drawn from laboratory studies have in some instances caused unnecessary alarm.

Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature, and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions; therefore, it does not spread or maintain infectiousness outside its host.

## How can I tell if I am infected with HIV?

### What are the symptoms?

The only way to know if you are infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not you are infected. Many people who are infected with HIV do not have any symptoms at all for 10 years or more.

The following **may be** warning signs of advanced HIV infection:

- rapid weight loss
- dry cough
- recurring fever or profuse night sweats
- profound and unexplained fatigue
- swollen lymph glands in the armpits, groin, or neck
- diarrhea that lasts for more than a week
- white spots or unusual blemishes on the tongue, in the mouth, or in the throat
- pneumonia
- red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
- memory loss, depression, and other neurological disorders

However, no one should assume they are infected if they have any of these symptoms. Each of these symptoms can be related to other illnesses. Again, **the only way to determine whether you are infected is to be tested for HIV infection.** For information on where to find an HIV testing site, visit the National HIV Testing Resources Web site at <http://www.hivtest.org> or call **CDC-INFO** 24 Hours/Day at 1-800-CDC-INFO (232-4636), 1-888-232-6348 (TTY), in English, en Español. These resources are confidential. You can also ask your health care provider to give you an HIV test.

You also cannot rely on symptoms to establish that a person has AIDS. **The symptoms of AIDS are similar to the symptoms of many other illnesses.** AIDS is a medical diagnosis made by a doctor based on specific criteria established by the CDC. For more information refer to the Morbidity and Mortality Weekly Report "1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults" at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>.

If you would like more information or have personal concerns, call **CDC- INFO** 24 Hours/Day at 1-800-CDC- INFO (232-4636), 1-888-232-6348 (TTY), in English, en Español.

## Unit 5 Protecting Yourself from HIV/AIDS in the Workplace

A well constructed HIV/AIDS prevention program in your workplace is important to keeping everyone in your salon healthy. The CDC's Business/Labor Responds to AIDS program is a resource that can

help you ([www.brta-lrta.org](http://www.brta-lrta.org)). There are five components that make up a complete and thorough program.

1. **HIV/AIDS Policy Development.** A written policy that covers HIV that complies with U.S. Federal, state, and local laws or relevant laws in other countries and describes the parameters of legal and other workplace issues such as reasonable accommodation, non-discrimination, confidentiality, hiring and other employment practices, universal precautions, co-worker anxiety, insurance and other healthcare issues, and implementation of workplace education efforts. This can be a specific HIV policy or part of a pre-existing catastrophic illness policy.
2. **Training for managers, supervisors, and labor leaders** to address HIV issues in the workplace. This includes imparting knowledge of the organization's policy and strengthening the ability of leaders and managers to exercise the skills necessary to address the full scope of HIV issues in the workplace.
3. **HIV/AIDS education for employees/workers** to address HIV transmission, prevention practices, workplace issues, and the company's HIV policies in these and related areas; with the increased turnover and high mobility of today's workplace, it is necessary to continue with educational efforts consistent with sound training principles. Training sessions must be an ongoing process of information dissemination.
4. **HIV/AIDS education for employees'/workers' families** through the employee/worker or directly from the employer to the family.
5. **HIV-related community service, volunteerism, and philanthropy**, to encourage employees, managers, and labor leaders to engage in individual support of HIV/AIDS initiatives in their communities and to encourage corporate and labor union philanthropic support of HIV/AIDS initiatives.

A well developed HIV/AIDS policy should:

1. Form the foundation for the entire HIV/AIDS program
2. Be the standard for communication about HIV/AIDS
3. Set the standard of behavior expected of all staff/workers
4. Let all staff/workers know where to go for assistance
5. Instruct supervisors on how to address HIV/AIDS
6. Establish compliance with all Federal, state, and local laws

Key laws that will affect your policy include:

- The Federal Vocational Rehabilitation Act of 1978, which prohibits employment discrimination against an "otherwise qualified individual with handicaps."
- The Americans with Disabilities Act of 1990 (ADA), which prohibits discrimination in employment on the basis of a person's disability, and which requires employers to make "reasonable accommodations" for qualified individuals with disabilities.

- The Family Medical Leave Act of 1993 (FMLA), which applies to companies with 50 or more staff/workers within a 75-mile geographic radius. Eligible staff/workers may take leave for serious health conditions or to provide care for an immediate family member with a serious health condition—including HIV/AIDS.
- The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), which allows staff/workers to continue their health insurance coverage at their own expense for a period of time after their employment ends.
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA), which attempts to address some of the barriers to healthcare facing people with HIV as well as other vulnerable populations.

## Unit 6

### HIV/AIDS in the Workplace and the Americans with Disabilities Act (ADA) <sup>3</sup>

“Expert Perspectives Dealing with HIV/AIDS in the Workplace”

Peter J. Petesch

August 2003

This month, I attended another funeral of a person who passed away from AIDS-related complications. This time, a co-worker at my firm lost her twin brother a week before their 40th birthdays. Although no one from my office passed away from this illness, my workplace was deeply affected. The funeral took me back to another August funeral, in 1987, after the death of my best friend from AIDS-related complications. As with a growing many persons, HIV/AIDS is a personal issue, and has been for me since the 1980s. As a business person and an employment attorney aiding employers, it remains a workplace and legal issue as well. Although education, promising treatments, and the passage of time have helped minimize the panic of the 1980s, HIV/AIDS remains a very serious issue for businesses and the economy at large, undeserving of this new era of complacency. With the number of new AIDS cases on the rise again, as reported just this summer, and with new public health initiatives encouraging more people to know their status, more and more employers will be faced with workers and members of workers' families confronting HIV/AIDS.

Despite the advent of promising treatments, AIDS remains among the top killers of Americans between the ages of twenty-five and forty-four, the same age group that comprises over half the workforce. The U.S. Centers for Disease Control and Prevention (CDC) estimates that nearly one million people in the United States are living with HIV. While death rates decline, HIV-infection rates are once again increasing, with approximately 40,000 new infections in the U.S. each year. Every large business has been or will be affected, and most small businesses will follow suit. These infections diversify into all segments of the population. Better medical therapies prolonging the survival of HIV patients (and increasing their productive lives in some cases) also force greater emphasis on day-to-day management of employees with HIV/AIDS and their co-workers. The complexity of managing HIV stems from the evolving nature of how HIV affects the infected individual, as well as the unpredictable manner in which it affects others in the organization. See Petesch, P., “HIV/AIDS: Still in Business,” *Mosaics* (SHRM November 2001); “Firms Juggle Stigma, Needs of More Workers with HIV,” *USA Today*, September 7, 2000, 1-B. Employers also confront a new phenomenon from improved AIDS treatments: employees returning to work (either to their former employer or a new employer) from long-term disability status. Medical advances underscore the challenge to address both ongoing accommodations of employees and acceptance of those employees by the work-force. See

Petesch, P., "The ADA, HIV and Risk Management Strategies," *Legal Report* (SHRM, Summer 1998); Greene, J., "Employers Learn to Live With AIDS," *HR Magazine* (SHRM February 1998). From a legal perspective alone, organizations must continue to take proactive measures in the context of their general non-discrimination and diversity programs to address this increasingly pervasive issue, and avoid the dangerous attitude of complacency.

## **The ADA and HIV/AIDS**

Americans with Disabilities Act (ADA) cases involving HIV/AIDS continue to be litigated and employers encounter daily personnel decisions fraught with legal repercussions in managing employees with HIV/AIDS. Cases implicate the three main pillars of the ADA: non-discrimination, reasonable accommodations, and confidentiality of medical information. For example, in October 2001, a Cleveland, Ohio, jury awarded \$5 million under state law to a former manager of a fast food restaurant who was stripped of his management duties after disclosing his medical condition.

Reassigning, accommodating, reducing or restructuring benefits, and dealing with other employees' fears and concerns raise legal and moral issues that challenge businesses affected by, and employees infected with, HIV/AIDS. The U.S. Supreme Court's ruling in *Bragdon v. Abbott* concluded that one individual's asymptomatic HIV is a disability under the ADA because the individual was substantially limited in the major life activity of reproduction. Yet, in 2002, one court of appeals found that an individual with HIV did not have a "disability" as defined under the ADA because he did not show that his HIV status substantially limited his major life activity of reproduction, particularly because he and his spouse had decided not to have any more children. It is not clear from this case whether the individual presented much argument or evidence to show a substantial limitation in any other major life activities, or whether this case (*Blanks v. Southwestern Bell Corp.*) truly supports the proposition that an individual who decides, for the time being, not to have children cannot claim a "substantial limitation" in the major life activity of reproduction.

The lesson from these cases is that most persons with HIV will likely maintain protection under the ADA, and that employers who do not effectively address the issue risk liability and disruption. For example, in another recent case involving an HIV-positive plaintiff, an appeals court confirmed that the ADA permits an action for disability-based harassment under a hostile environment theory. See *Flowers v. Southern Regional Physician Svcs., Inc.* Recent news accounts of a small grocery store terminating a bagger with AIDS, supposedly "for his own good," rekindles the notion that even now, many workplaces still do not "get it."

## **Threat of Injury to Self or Others as a Defense?**

The ADA recognizes that an employer may defend a charge of disability discrimination by proving that the hiring or retention of a disabled employee poses a substantial risk of serious injury to others. This seldom works in HIV cases. Employers should recognize that suspending, isolating or discharging an employee because the employee's HIV or AIDS infection poses a significant risk to the employee or coworkers is a difficult standard to meet. Courts are reluctant to find the risk of co-worker infection to be a legitimate, nondiscriminatory reason for discharge unless the employer can demonstrate from objective evidence that there is a clear risk that HIV or AIDS would be transmitted by one or more of the limited medically proven methods of transmission.

Cases allowing exclusions of employees with HIV/AIDS on safety-related grounds have generally been limited to jobs involving invasive surgery or blood-to-blood contact. See, e.g., *Waddell v. Valley*

*Forge Dental Associates, Inc.* (dental hygienist with HIV was risk to safety due to on-the-job blood to blood contact from sticks or cuts during treatment; risk could not be eliminated by reasonable accommodation); *Estate of Mauro by & Through Mauro v. Borgess Med. Ctr.* (surgical technician performing exposure-prone procedures). But see *Holiday v. City of Chattanooga* (upholding disability discrimination claim of police applicant with HIV where there was evidence that offer was withdrawn because of fears that plaintiff would transmit HIV on the job); *Doe v. Attorney General of U.S.* (medical facility director who was suspected of having AIDS was otherwise qualified under Section 504 of the Rehabilitation Act to perform routine physical exams of FBI agents, where FBI conceded that it was told that there was no risk to agents because infection control procedures were being followed). These decisions illustrate that the employer must show that the employee's condition posed more than an "elevated" risk to other employees or to customers; rather, a "reasonable probability of substantial harm" supported by medical evidence is required. As with any condition treated by medication, however, employers should also be mindful of side effects of medication that may cause an objective threat to safety. Any decision to exclude an employee must still be based on objective medical evidence. In addition, as with medical information on the person's condition itself, information on individual's medication must be kept confidential.

### **Employee/Customer Fears Are Not a Defense**

Other employees' (and customers') attitudes and concerns compound the problem of managing HIV/AIDS. Generally, "customer preference" is not a valid defense to denial of a job under any employment discrimination laws. See *Diaz v. Pan American World Airways*.

### **Reasonable Accommodations**

Persons with disabilities recognized under the ADA are also entitled to "reasonable accommodations." It is generally incumbent on the person with the disability to come forward and request an accommodation (especially in the case of an "invisible" disability such as HIV/AIDS) and, if requested, to come forward with the medical information needed to corroborate the existence of a "disability" and functional limitations necessitating an accommodation.

A reasonable accommodation gives an otherwise qualified person with a disability an equal opportunity to work, and perform the essential functions of their job. Accommodations are not tantamount to paternalism or abandoning performance expectations to which other employees are held. Refusing to make or attempt a reasonable accommodation for an employee with a disability exposes the employer to ADA liability and, sometimes, increased damages. The accommodation concept is flexible and elusive, without cookie-cutter solutions. The evolving nature of an individual's disability, job duties, and functional limitations requires ongoing evaluation, ideally in consultation with the disabled employee, of what accommodations are effective, needed, and reasonable. Some recent cases remind employers that if an accommodation is not working, additional dialogue, geared toward developing different accommodations, may be needed. Changes in technology and the organization's ability to implement accommodations add to the number of "moving targets" requiring constant evaluation. In most cases, accommodations are relatively inexpensive, and may involve adjusting schedules, relocating certain workstations, granting reasonable leaves of absence, possible reassignments, or providing needed equipment. The difficulty with accommodations, for employers, is drawing an appropriate line between accommodation and paternalism, deciding when, if ever, an accommodation becomes unreasonable or results in an "undue hardship," and managing the attitudes of others curious about or even resentful of the adjustments made for a co-worker.

## Protecting the Employee's Privacy

The ADA also mandates that employees' medical information be kept confidential. When an employer employs an individual with HIV, the employer must take steps to protect the confidentiality of the person or the employer may be sued for ADA violations, defamation or invasion of privacy. See *Doe v. United States Postal Service* (employer revealing employee's HIV-positive status to co-workers in aftermath of medical leave request gives rise to Privacy Act and Rehabilitation Act claims); *Doe v. Southeastern Pennsylvania Transportation Authority* (awarding damages of \$125,000 to a worker who claimed his privacy was violated when a top manager learned of his HIV infection during a review of prescription drug utilization reports and revealed the information to others at the agency).

## National Labor Relations Act (NLRA)

Employees acting in "concert" with each other in refusing to work may argue that they have a right to refuse to work with a person with HIV. The NLRA protects the right of employees to engage in "concerted" activity for mutual aid and protection. This protection extends to work stoppages in protest over terms and conditions of employment. See *Colorado Forge Corp.* (employees complained that workplace was "too hot, too smoky, too dangerous"), *decision supplemented by Colorado Forge Corp.*, 285 N.L.R.B. No. 63 (1987). However, a refusal to work based on imminent danger to health and safety must be grounded in a good faith belief and be objectively reasonable. The NLRA protects protesting an unsafe working condition, but only if the employees have a good faith, reasonably held belief that an unsafe condition exists. See, e.g., *Daniel Constr. Co.*; *Johnson-Stewart-Johnson Mining Co.* Even if uninfected employees do not assert any legal claims, the practical consequence of a group of fearful and discontented employees, uneasy with working with a colleague with HIV, provides temptation to break the law and isolate the perceived "problem" – the infected employee. This situation can be avoided through workplace education.

This discussion, unfortunately, only touches the tip of the iceberg in understanding the nuances of the ADA in general and as it applies specifically to HIV/AIDS. The sometimes-amorphous obligations of the ADA, coupled with the elusive nature of HIV and its ever-changing effect (and side effects of treatments) on employees' functional limitations challenge employers. Even though many assume that "we know better now, and we can handle it when it comes up," preparedness, in the form of policies and workplace education at both management and organization-wide levels, is as important today as it was in the early stages of the ongoing epidemic.

## Unit 7 HIV/AIDS Stigma <sup>4</sup>

### HIV/AIDS Stigma in the Workplace

Jesse Milan, Jr., JD

*"Did you hear she went for an HIV test?"*

*"Get tested for HIV? Not me! I don't want people I work with thinking I have HIV!"*

Virtually every working person in America and the world today knows of HIV/AIDS. Images of death and dying permeated the media in the 1980s, legal and policy developments on HIV/AIDS received

wide acclaim in the 1990s, and President Bush's State of the Union Address in 2003 announcing \$15 billion in U.S. aid to Africa has helped bring public attention to the growing global epidemic. Most American workers can name at least one HIV-positive person, even if it is only Magic Johnson. Yet more than 20 years into the HIV/AIDS epidemic and with 850,000 to 950,000 Americans living with HIV/AIDS <sup>5</sup>, the American workplace is still remarkably quiet about HIV/AIDS. Stigma is a main reason.

HIV/AIDS stigma is pervasive and persistent. Its ways of enduring are not well understood, though there is a growing body of evidence documenting the stigma's tragic impact on the public's health. Less understood is the role the workplace plays in perpetuating the stigma long associated with HIV/AIDS. Yet every day, more people with HIV/AIDS live longer and healthier lives as a result of advanced treatments. Every day, more people want to understand and acknowledge their personal connections to friends and family living with HIV/AIDS. The increasing presence of all these factors in the workforce demands that employers and employees alike understand and address HIV/AIDS stigma in the workplace.

## **The ADA and HIV/AIDS**

*HIV/AIDS stigma refers to unfavorable attitudes, beliefs, and policies directed toward people perceived to have HIV/AIDS, as well as their loved ones, associates, social groups, and communities.*<sup>3</sup>

This definition is consistent with the understanding of social stigma advanced by anthropologist Erving Goffman.<sup>9</sup> Negative opinions, attitudes, and beliefs about those infected with HIV/AIDS, as well as those associated with people with HIV/AIDS, are deeply rooted in moral assessments, blame about the ways HIV/AIDS is transmitted, and continuing bias against the people the disease has most affected. These prejudices concern many different types of people found in the modern workplace. Population groups that have been especially associated with HIV/AIDS include the following:

- Racial minorities
- Current and former substance abusers
- Men who have sex with men
- Women with multiple sexual partners
- Sexually active youth
- Former prisoners

Some of these categories are obvious in the workplace, such as race and gender. Some are not discussed or are suppressed, such as sexuality and substance abuse. Yet all of these groups have been unfavorably marked as a source or cause of HIV/AIDS. As these groups remain publicly associated with the epidemic, any individual who falls into any of these categories, who is suspected of being in one of them, or who associates with people in these categories is subject to being stigmatized—whether or not he or she actually has HIV/AIDS. These prejudices are often exacerbated by continuing fears and misunderstandings among employers and employees about the HIV/AIDS virus, contagion, illness, and death,<sup>9</sup> as well as by continuing public opinion that people with HIV/AIDS “have gotten what they deserve.”<sup>10</sup> Whether separately or jointly, these biases and fears define HIV/AIDS stigma.

## **How is HIV/AIDS Stigma Expressed in the Workplace?**

Stigma is manifested in many forms. Some forms may be very subtle; some forms shockingly overt. All forms of stigma may be illegal, particularly when they create discriminatory workplace environments or result in discriminatory actions, such as firing or rejection.

Any manifestation of stigma can be painful, regardless of how it is communicated or perceived. Stigma can take the form of blame, rejection, exclusion, repulsion, ostracism and degradation.<sup>11,12</sup> Scribbling "AIDS Carrier" on an employee's locker sends a clear stigmatizing message, as does physical violence against those suspected of being infected. Gossiping in the employee lunchroom about someone who has sought an HIV/AIDS test is stigmatizing. Not inviting a person known to have had an HIV/AIDS test to join you for a coffee break, fearing changing clothes next to that person, or secretly speculating about who she or he may have infected are also forms of workplace stigma. So, too, is the silence of labor leaders and management who know of stigmatizing acts or attitudes in their workplace.

People living with HIV/AIDS, as well as people close to them, are continually aware of and concerned about stigma, whether it is reported or not. Productive people living with HIV/AIDS often fear being perceived by coworkers as getting "special treatment" when they are excused to attend needed regular medical appointments. Employees raising grandchildren orphaned by AIDS are fearful of sharing with colleagues how their son or daughter died. Even Magic Johnson was concerned about the stigmatizing reactions of his teammates. For employees suffering under the pervasive cloud of HIV/AIDS stigma, these kinds of fears and perceptions are real.

The absence of positive approaches to HIV/AIDS also promotes stigma. Not having a policy prohibiting discrimination based on HIV/AIDS sends the wrong message that HIV/AIDS stigma is acceptable in the workplace. Employee education and wellness programs that do not discuss HIV/AIDS, or that fail to encourage employees to know their personal HIV/AIDS status, implicitly suggest that having or knowing about HIV/AIDS is bad. By not affirmatively addressing or supporting educational programs and healthcare initiatives concerning HIV/AIDS, workplaces allow stigma to flourish.

## **Is HIV/AIDS Stigma the Same as Discrimination?**

The two-year World AIDS theme for 2003 and 2004 is "Stigma and Discrimination." The theme was chosen for two years to underscore how pervasive these issues are. The two subjects were chosen together because they have a distinct and yet conjoined impact on the HIV/AIDS epidemic.<sup>13</sup>

While stigma includes the attitudes and beliefs of "devaluing, discounting, and discrediting,"<sup>14</sup> for people related to HIV/AIDS as described above, discrimination often follows stigma and results in "unfair or unjust treatment of an individual based on his or her real or perceived HIV/AIDS status."<sup>15</sup> These unfair and illegal workplace actions can include inappropriate firing, loss of insurance, wrongful transfers, and denials of promotions, among others. However, stigma can also create an atmosphere that implies that qualified people with HIV/AIDS are not welcome in the workplace or will not be treated fairly. Such atmospheres are equally discriminatory when they perpetuate beliefs or perceptions that qualified people of different sexes, sexual orientations racial, ethnic, or religious backgrounds, or ages are not welcome in the workplace.

## **What is the Impact of Workplace HIV/AIDS Stigma?**

Independently and together, denial, hopelessness, and shame—all stemming from HIV/AIDS stigma—are powerful social and emotional obstacles that discourage people from knowing their status, from seeking treatment and care, and from protecting themselves and others against infection.<sup>16,17</sup> The fear of losing one's job, or the fear of being treated unfairly by one's employer, supervisor, or shop steward are reinforced easily by stigma, negative attitudes, and lack of workplace policies. These fears can be as strong as the fears of being rejected by one's own family, spouse, or friends. Such stigma-related fears can generate intense feelings of shame, hopelessness, and denial. That combination can be life threatening for people who do not know, who should know, or who want to know their HIV/AIDS status. And it is especially life threatening to those who do know their status, but who are afraid that seeking medical care may result in employer misperceptions of excessive absenteeism, illness, or loss of productivity.

The undeniable results of stigma-induced denial, shame, and hopelessness are the mounting numbers of new HIV infections and AIDS deaths in America and around the world. The Centers for Disease Control and Prevention (CDC) estimates that approximately one-quarter of the 850,000 to 950,000 Americans with HIV/AIDS do not know their HIV/AIDS status<sup>14</sup> and that as many as one-half of all infected Americans are not accessing treatment and care.<sup>15</sup> The CDC also estimates that two-thirds of the 40,000 new infections occurring every year in the United States are due to transmissions from people who do not know their HIV/AIDS status. In addition, five million new infections occur each year around the world.<sup>21</sup> Not surprisingly, the people who wait the longest to know their HIV/AIDS status and to start treatment develop AIDS-defining illnesses the fastest.<sup>22</sup> New infections and delays in seeking treatment are devastating impacts of HIV/AIDS stigma on the public's health.

## **How Can the Workplace Stop HIV/AIDS Stigma?**

Although businesses and labor unions are not responsible for the attitudes and beliefs of their employees and members, they are responsible for ensuring that the workplace is a fair and effective environment that fosters productivity and creativity. Workplace policies and programs that address HIV/AIDS can reduce the stigma of the disease and create positive environments where people living with, or affected by, HIV/AIDS can be productive, contributing members of the workforce and their communities.

Policies prohibiting discrimination based on HIV/AIDS send clear messages that a) unfair treatment must not be instigated in the workplace and b) unfair treatment will not be tolerated in the workplace. All stigmatizing and derogatory statements and actions are covered by nondiscrimination workplace policies. Creating, disseminating, and posting such policies creates a baseline expectation of the kind of attitude about HIV/AIDS that is acceptable in the workplace. However, policies will have no effect if management and labor leaders do not demonstrate through their own words and actions their attitudes about workplace HIV/AIDS stigma. They must be given the tools, resources, training and support necessary to respond appropriately to any evidence of workplace HIV/AIDS stigma. They should also be charged to model appropriate workplace attitudes and behaviors about HIV/AIDS.

Policies must go hand-in-hand with programs. Managers and labor leaders are people, too. Like their employees and members, they may harbor their own stigmatizing perceptions, misconceptions, or opinions about HIV/AIDS and the people affected by it. These can be overcome by training.<sup>23</sup> Learning how the virus works and how individuals of all backgrounds and ages can be at risk is eye-opening and potentially life-changing information. Many managers, labor leaders, and employees

may never have had the opportunity to attend a basic HIV/AIDS education program, especially if they left or finished school before such programs began. Training about HIV/AIDS throughout the workforce should follow management training, be offered to every employee, and be repeated periodically for all new employees.

Ongoing workforce HIV/AIDS training programs for managers and all levels of employees loudly proclaim that HIV/AIDS stigma is not welcome in the workplace. When trainings are enhanced by additional workplace programs, such as: HIV awareness posters; wellness programs; HIV counseling, testing and referral information; prevention information; and AIDS charity initiatives, everyone in that workforce will know they work in an environment that is supportive and free of HIV/AIDS stigma.

HIV/AIDS policies and programs are not difficult or costly. Federal resources, such as CDC's Business and Labor Respond to AIDS programs offer free resources, technical assistance, referrals, and advice on how to incorporate HIV/AIDS into workplace employee programs and nondiscrimination policies. Contact CDC today at 1-877-242-9760, or at [www.hivatwork.org](http://www.hivatwork.org). Your local health department can also suggest free resources and local organizations skilled at providing program and policy assistance.

### **Appropriate Attitudes Toward HIV/AIDS Infected People? <sup>24</sup>** **What If a Someone I Know or Meet Has HIV Infection or AIDS?**

If someone you know has HIV infection or AIDS, you may feel anxious. That's a normal reaction. People with HIV infection or AIDS also feel anxious about their health and about how people will treat them.

Be supportive of anyone you know with HIV infection or AIDS. If you have a close relationship, you can let the person know you are concerned and offer support.

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.

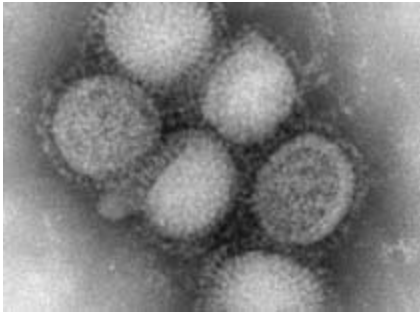
Let the person with HIV infection or AIDS decide whom to tell about their situation. Do not spread rumors or gossip about someone with HIV infection or AIDS.

## **Unit 8** **Other Diseases <sup>25</sup>**

### ***Novel H1N1 Flu***

#### **What is novel H1N1 (swine flu)?**

Novel H1N1 (referred to as "swine flu" early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the [World Health Organization](http://www.who.int) (WHO) signaled that a pandemic of novel H1N1 flu was underway.



### **Why is novel H1N1 virus sometimes called “swine flu”?**

This virus was originally referred to as “swine flu” because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs (swine) in North America. But further study has shown that this new virus is very different from what normally circulates in North American pigs. It has two genes from flu viruses that normally circulate in pigs in Europe and Asia and bird (avian) genes and human genes. Scientists call this a “quadruple reassortant” virus.

## **Novel H1N1 Flu in Humans**

### **Are there human infections with novel H1N1 virus in the U.S.?**

Yes. Human infections with the new H1N1 virus are ongoing in the United States. Most people who have become ill with this new virus have recovered without requiring medical treatment. CDC routinely works with states to collect, compile and analyze information about influenza, and has done the same for the new H1N1 virus since the beginning of the outbreak. This information is presented in a weekly report, called [FluView](http://cdc.gov/flu/weekly/) (<http://cdc.gov/flu/weekly/>).

### **Is novel H1N1 virus contagious?**

CDC has determined that novel H1N1 virus is contagious and is spreading from human to human.

### **How does novel H1N1 virus spread?**

Spread of novel H1N1 virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose.

### **What are the signs and symptoms of this virus in people?**

The symptoms of novel H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Severe illnesses and death has occurred as a result of illness associated with this virus.

### **How severe is illness associated with novel H1N1 flu virus?**

Illness with the new H1N1 virus has ranged from mild to severe. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.

In seasonal flu, certain people are at “high risk” of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with this novel H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of novel H1N1-related complications thus far. CDC laboratory studies have shown that no children and very few adults younger than 60 years old have existing antibody to novel H1N1 flu virus; however, about one-third of adults older than 60 may have

antibodies against this virus. It is unknown how much, if any, protection may be afforded against novel H1N1 flu by any existing antibody.

### **How does novel H1N1 flu compare to seasonal flu in terms of its severity and infection rates?**

With seasonal flu, we know that seasons vary in terms of timing, duration and severity. Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, on average 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalization occur in people older than 65.

When the novel H1N1 outbreak was first detected in mid-April 2009, CDC began working with states to collect, compile and analyze information regarding the novel H1N1 flu outbreak, including the numbers of confirmed and probable cases and the ages of these people. The information analyzed by CDC supports the conclusion that novel H1N1 flu has caused greater disease burden in people younger than 25 years of age than older people. At this time, there are few cases and few deaths reported in people older than 64 years old, which is unusual when compared with seasonal flu. However, pregnancy and other previously recognized high risk medical conditions from seasonal influenza appear to be associated with increased risk of complications from this novel H1N1. These underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy.

### **How long can an infected person spread this virus to others?**

People infected with seasonal and novel H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. This can be longer in some people, especially children and people with weakened immune systems and in people infected with the new H1N1 virus.

## **Prevention & Treatment**

### **What can I do to protect myself from getting sick?**

There is no vaccine available right now to protect against novel H1N1 virus. However, a novel H1N1 vaccine is currently in production and may be ready for the public in the fall. As always, a vaccine will be available to protect against [seasonal influenza](#). There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza.

### **Take these everyday steps to protect your health:**

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. [Alcohol-based hand cleaners\\*](#) are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, [CDC recommends that you stay home for at least 24 hours after your fever is gone](#) except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.

## Other important actions that you can take are:

- Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.
- Be prepared in case you get sick and need to stay home for a week or so; a supply of over-the-counter medicines, [alcohol-based hand rubs](#),\* tissues and other related items might be useful and help avoid the need to make trips out in public while you are sick and contagious

## What is the best way to keep from spreading the virus through coughing or sneezing?

If you are sick with flu-like illness, [CDC recommends that you stay home for at least 24 hours after your fever is gone](#) except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)

Keep away from others as much as possible. Cover your mouth and nose with a tissue when coughing or sneezing. Put your used tissue in the waste basket. Then, clean your hands, and do so every time you cough or sneeze.

## If I have a family member at home who is sick with novel H1N1 flu, should I go to work?

Employees who are well but who have an ill family member at home with novel H1N1 flu can go to work as usual. These employees should monitor their health every day, and take everyday precautions including washing their hands often with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective.\* If they become ill, they should notify their supervisor and stay home. Employees who have an underlying medical condition or who are pregnant should call their health care provider for advice, because they might need to receive influenza antiviral drugs to prevent illness. For more information please see [General Business and Workplace Guidance for the Prevention of Novel Influenza A \(H1N1\) Flu in Workers](#).

## What is the best technique for washing my hands to avoid getting the flu?

Washing your hands often will help protect you from germs. Wash with soap and water or clean with [alcohol-based hand cleaner](#)\*. CDC recommends that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

## What should I do if I get sick?

If you live in areas where people have been identified with novel H1N1 flu and become ill with influenza-like symptoms, including fever, body aches, runny or stuffy nose, sore throat, nausea, or vomiting or diarrhea, you should stay home and avoid contact with other people. [CDC recommends that you stay home for at least 24 hours after your fever is gone](#) except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Stay away from others as much as possible to keep from making others sick. Staying at home means that you should not leave your home except to seek medical care. This means avoiding normal activities, including work, school, travel, shopping, social events, and public gatherings.

If you have severe illness or you are at high risk for flu complications, contact your health care provider or seek medical care. Your health care provider will determine whether flu testing or treatment is needed.

If you become ill and experience any of the following warning signs, seek emergency medical care.

**In children, emergency warning signs that need urgent medical attention include:**

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

**In adults, emergency warning signs that need urgent medical attention include:**

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

**Are there medicines to treat novel H1N1 infection?**

Yes. CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with novel H1N1 flu virus. Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. During the current pandemic, the priority use for [influenza antiviral drugs](#) during is to treat severe influenza illness (for example hospitalized patients) and people who are sick who have a condition that places them at high risk for serious flu-related complications.

**What is CDC's recommendation regarding "swine flu parties"?**

"Swine flu parties" are gatherings during which people have close contact with a person who has novel H1N1 flu in order to become infected with the virus. The intent of these parties is for a person to become infected with what for many people has been a mild disease, in the hope of having natural immunity novel H1N1 flu virus that might circulate later and cause more severe disease.

CDC does not recommend "swine flu parties" as a way to protect against novel H1N1 flu in the future. While the disease seen in the current novel H1N1 flu outbreak has been mild for many people, it has been severe and even fatal for others. There is no way to predict with certainty what the outcome will be for an individual or, equally important, for others to whom the intentionally infected person may spread the virus.

CDC recommends that people with novel H1N1 flu avoid contact with others as much as possible. If you are sick with flu-like illness, [CDC recommends that you stay home for at least 24 hours after your fever is gone](#) except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Stay away from others as much as possible to keep from making others sick.

## **Contamination & Cleaning**

### **How long can influenza virus remain viable on objects (such as books and doorknobs)?**

Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for 2 to 8 hours after being deposited on the surface.

### **What kills influenza virus?**

Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several chemical germicides, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohols are effective against human influenza viruses if used in proper concentration for a sufficient length of time. For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed into hands until they are dry.

### **What if soap and water are not available and alcohol-based products are not allowed in my facility?**

Though the scientific evidence is not as extensive as that on hand washing and alcohol-based sanitizers, other hand sanitizers that do not contain alcohol may be useful for killing flu germs on hands.

### **What surfaces are most likely to be sources of contamination?**

Germs can be spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Droplets from a cough or sneeze of an infected person move through the air. Germs can be spread when a person touches respiratory droplets from another person on a surface like a desk, for example, and then touches their own eyes, mouth or nose before washing their hands.

### **How should waste disposal be handled to prevent the spread of influenza virus?**

To prevent the spread of influenza virus, it is recommended that tissues and other disposable items used by an infected person be thrown in the trash. Additionally, persons should wash their hands with soap and water after touching used tissues and similar waste.

### **What household cleaning should be done to prevent the spread of influenza virus?**

To prevent the spread of influenza virus it is important to keep surfaces (especially bedside tables, surfaces in the bathroom, kitchen counters and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.

### **How should linens, eating utensils and dishes of persons infected with influenza virus be handled?**

Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first. Linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. Individuals should avoid "hugging" laundry prior to washing it to prevent contaminating themselves. Individuals should wash their hands with soap and water or alcohol-based hand rub immediately after handling dirty laundry.

Eating utensils should be washed either in a dishwasher or by hand with water and soap.

## **Exposures Not Thought to Spread Novel H1N1 Flu**

### **Can I get infected with novel H1N1 virus from eating or preparing pork?**

No. Novel H1N1 viruses are not spread by food. You cannot get infected with novel H1N1 virus from eating pork or pork products. Eating properly handled and cooked pork products is safe.

### **Is there a risk from drinking water?**

Tap water that has been treated by conventional disinfection processes does not likely pose a risk for transmission of influenza viruses. Current drinking water treatment regulations provide a high degree of protection from viruses. No research has been completed on the susceptibility of novel H1N1 flu virus to conventional drinking water treatment processes. However, recent studies have demonstrated that free chlorine levels typically used in drinking water treatment are adequate to inactivate highly pathogenic H5N1 avian influenza. It is likely that other influenza viruses such as novel H1N1 would also be similarly inactivated by chlorination. To date, there have been no documented human cases of influenza caused by exposure to influenza-contaminated drinking water.

### **Can novel H1N1 flu virus be spread through water in swimming pools, spas, water parks, interactive fountains, and other treated recreational water venues?**

Influenza viruses infect the human upper respiratory tract. There has never been a documented case of influenza virus infection associated with water exposure. Recreational water that has been treated at CDC recommended disinfectant levels does not likely pose a risk for transmission of influenza viruses. No research has been completed on the susceptibility of novel H1N1 influenza virus to chlorine and other disinfectants used in swimming pools, spas, water parks, interactive fountains, and other treated recreational venues. However, recent studies have demonstrated that free chlorine levels recommended by CDC (1–3 parts per million [ppm or mg/L] for pools and 2–5 ppm for spas) are adequate to disinfect avian influenza A (H5N1) virus. It is likely that other influenza viruses such as novel H1N1 virus would also be similarly disinfected by chlorine.

### **Can novel H1N1 influenza virus be spread at recreational water venues outside of the water?**

Yes, recreational water venues are no different than any other group setting. The spread of this novel H1N1 flu is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

## ***Tuberculosis (TB)***

### **Basic TB Facts**

"TB" is short for tuberculosis. TB disease is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal.

### **How TB Spreads**

TB is spread through the air from one person to another. The TB bacteria are put into the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.

TB is NOT spread by

- shaking someone's hand
- sharing food or drink
- touching bed linens or toilet seats
- sharing toothbrushes

- kissing

## Latent TB Infection and TB Disease

Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and active TB disease.

- Latent TB Infection

TB bacteria can live in your body without making you sick. This is called **latent TB infection (LTBI)**. In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. People with latent TB infection do not feel sick and do not have any symptoms. The only sign of TB infection is a positive reaction to the [tuberculin skin test](#) or [special TB blood test](#). People with latent TB infection are not infectious and cannot spread TB bacteria to others. However, if TB bacteria become active in the body and multiply, the person will get sick with TB disease.

- TB Disease

TB bacteria become active if the immune system can't stop them from growing. When TB bacteria are active (multiplying in your body), this is called **TB disease**. TB disease will make you sick. People with TB disease may spread the bacteria to people they spend time with every day. Many people who have latent TB infection never develop TB disease. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak for another reason.

For persons whose immune systems are weak, especially those with HIV infection, the risk of developing TB disease is much higher than for persons with normal immune systems.

## The Difference between Latent TB Infection and TB Disease

A Person with Latent TB Infection	A Person with TB Disease
<ul style="list-style-type: none"> <li>• Has no symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Has symptoms that may include:               <ul style="list-style-type: none"> <li>- a bad cough that lasts 3 weeks or longer</li> <li>- pain in the chest</li> <li>- coughing up blood or sputum</li> <li>- weakness or fatigue</li> <li>- weight loss</li> <li>- no appetite</li> <li>- chills</li> <li>- fever</li> <li>- sweating at night</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Does not feel sick</li> </ul>	<ul style="list-style-type: none"> <li>• Usually feels sick</li> </ul>
<ul style="list-style-type: none"> <li>• Cannot spread TB bacteria to others</li> </ul>	<ul style="list-style-type: none"> <li>• May spread TB bacteria to others</li> </ul>
<ul style="list-style-type: none"> <li>• Usually has a skin test or blood test result indicating TB infection</li> </ul>	<ul style="list-style-type: none"> <li>• Usually has a skin test or blood test result indicating TB infection</li> </ul>
<ul style="list-style-type: none"> <li>• Has a normal chest x-ray and a negative sputum smear</li> </ul>	<ul style="list-style-type: none"> <li>• May have an abnormal chest x-ray, or positive sputum smear or culture</li> </ul>
<ul style="list-style-type: none"> <li>• Needs treatment for latent TB infection to prevent active TB disease</li> </ul>	<ul style="list-style-type: none"> <li>• Needs treatment to treat active TB disease</li> </ul>

## **Dermatophytes (Ringworm)**

### **What are dermatophytes?**

Dermatophytes are types of fungi that cause common skin, hair and nail infections. Infections caused by these fungi are also known by the names "tinea" and "ringworm." It is important to emphasize that "ringworm" is not caused by a worm, but rather by a type of fungus called a "dermatophyte." One example of a very common dermatophyte infection is athlete's foot, which is also called tinea pedis. Another common dermatophyte infection affecting the groin area is jock itch, also known as tinea cruris .

*Trichophyton rubrum* and *Trichophyton tonsurans* are two common dermatophytes. These two species are usually transmitted from person to person. Another common dermatophyte is *Microsporum canis*, which is transmitted from animals such as cats and dogs to people. Dermatophytes like to live on moist areas of the skin, such as places where there are skin folds. They can also contaminate items in the environment, such as clothing, towels and bedding.

### **Who gets dermatophyte infections?**

Dermatophyte infections are very common. They can affect anyone, including people who are otherwise healthy. Dermatophyte infections may be more common among people with suppressed immune systems, people who use communal baths, and people who are involved in contact sports such as wrestling. Outbreaks of infections can occur in schools, households and institutional settings.

The dermatophyte infection that affects the scalp and hair is known as tinea capitis. It is especially common among school-aged children. For reasons that are not well understood, tinea capitis does not usually occur after puberty. Other kinds of dermatophyte infections tend to be more common in adolescents and adults.

### **How are dermatophyte infections spread?**

Spread usually occurs through direct contact with an infected person or animal. Clothing, bedding and towels can also become contaminated and spread the infection.

### **What are the symptoms of a dermatophyte infection?**

Dermatophyte infections can affect the skin on almost any area of the body, such as the scalp, legs, arms, feet, groin and nails. These infections are usually itchy. Redness, scaling, or fissuring of the skin, or a ring with irregular borders and a cleared central area may occur. If the infection involves the scalp, an area of hair loss may result. More aggressive infections may lead to an abscess or cellulitis. Areas infected by dermatophytes may become secondarily infected by bacteria.

### **How soon do symptoms appear?**

Symptoms typically appear between 4 and 14 days following exposure.

### **If I have symptoms, should I see my doctor?**

Yes. Most of the time these infections can be successfully treated with medication prescribed by your doctor.

### **How is a dermatophyte infection diagnosed?**

Your doctor may make a presumptive diagnosis based on your symptoms and physical examination. To confirm the diagnosis your doctor may obtain scrapings of affected skin or clippings of affected nails. These may be examined under a microscope and may be sent to the laboratory for a fungal culture. Keep in mind that the results of the fungal culture may not be available for 2-4 weeks.

### **How can dermatophyte infections be treated?**

The particular medication and duration of treatment is based on the location of the infection. Scalp infections usually require treatment with an oral antifungal medication. Infections of other areas of skin are usually treated with topical antifungal medications. Nail infections can be challenging to treat, and may be treated with oral and/or topical antifungal medications.

### **How can dermatophyte infections be prevented?**

Good hygiene, such as regular handwashing, is important. People should avoid sharing hairbrushes, hats and other articles of clothing that may come into contact with infected areas. Pets with signs of skin disease should be evaluated by a veterinarian. Beauty salons and barbershops should disinfect instruments with approved disinfectants after each use. Contact your local and/or state health department for specific guidelines and regulations in your area.

### **There is a ringworm outbreak in my child's school/daycare center. What should I do?**

You should contact your local health department. Your local health department may have information about how long children with ringworm should remain out of school/daycare. Tell your child not to share personal items, such as clothing, hairbrushes and hats, with other people. Encourage frequent handwashing. Take your child to the pediatrician if she/he develops symptoms.

### **My pet has ringworm and I am worried about ringworm in my house. What should I do?**

Make sure your pets have been evaluated by a veterinarian. If you develop symptoms, be sure to seek medical attention.

There are no federal guidelines about ringworm and environmental disinfection. Transmission of the infection may occur via direct contact with an infected person or animal or from contact with contaminated environmental surfaces. A reasonable approach is to perform regular cleaning to help remove spores from the environment. Make sure to use cleaning products according to the manufacturer's labeling, and never mix cleaning products, as harmful fumes may result. For surfaces that are safe to bleach, a quarter-cup of bleach in a gallon of water can be used for disinfection. For fabric surfaces or soft items that are washable, a hot water wash and hot air drying may help to remove and kill spores.

## Bibliography

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- <sup>2</sup> Centers for Disease Control and Prevention, <http://www.cdc.gov/hiv/resources/qa/definitions.htm>
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## Test Your Knowledge

Please answer the following “Test Your Knowledge” questions. You do not need to submit these to us for continuing education credit.

1. The HIV/AIDS virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes.

True  False

2. Immunodeficiency means that the disease \_\_\_\_\_.

- a. weakens the immune systemX
- b. thins your blood drastically
- c. can be easily treated and destroyed
- d. none of the above

3. HIV destroys a certain kind of blood cell (\_\_\_\_\_) which is crucial to the normal function of the human immune system.

- a. CD4+ T cellsX
- b. ZY9 T cells
- c. CD+ Stem Cells
- d. None of the Above

4. Scientists and medical authorities agree that HIV does survive well outside the body, making the possibility of environmental transmission possible.

True  False

### Answers

- 1. T
- 2. a
- 3. a
- 4. F

## **Lesson II**

# **Sanitation and Sterilization**

## **LESSON II**

### **SANITATION AND STERILIZATION**

#### **Learning Objectives**

In "Sanitation and Sterilization" the student will learn:

1. The definition of Sanitation and Sterilization
2. How to distinguish between disinfectants and antiseptics
3. Universal sanitation and sterilization precautions
4. Cosmetology rules for sanitizing hands and disinfecting tools
5. OSHA Standards and other Regulations

#### **Unit 1**

#### **Defining Sanitation and Sterilization**

##### **The Basics of Sanitation**

Sanitation is the hygienic means of preventing human contact from the hazards of wastes to promote health. Sanitize is to render sanitary, or free from elements, such as filth or pathogens, that endanger health. This does not mean all possible microorganisms, etc, but most. Sanitizing does not remove all bacteria, and microorganisms. Sanitization is the cleaning of pathogenic microorganisms.<sup>1</sup> Sanitation should be a part of everyone's normal routine. In this way, everyone working there can maintain a professional image.

Inadequate sanitation is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities.

##### **The Basics of Sterilization**

Sterilize means to render sterile, or to make free of all live bacteria or other microorganisms. In other words it is a "total kill" of everything. Effective sterilization is the result of a marriage between the sterilant and a sterilization process. A fundamental process sequence common to many gaseous systems comprises preconditioning, exposure, and sealant removal phases. As progress is made to a more accurate sterilization process design, there will have to be more information about the relative resistance of organisms in nature versus those grown in the laboratory.

Sterilization is the killing of all microorganisms in a material or on the surface of an object. A surface or an object is either sterile or it is not sterile, there are no gradations in sterility. Typically the last things to die when one attempts sterilization is the highly heat or chemical-resistant endospores.<sup>1</sup>

Sterilization is the process of destroying all bacteria, whether they are harmful or beneficial. The process of sterilization is used to kill all bacteria on an implement. The process of sanitation destroys pathogenic bacteria while sterilizing kills all bacteria. Since bacteria are everywhere, as soon as implements are sterilized, the air in the salon, puts bacteria on it. But it will be sanitary-aseptic or free from pathogenic bacteria-if the entire salon has been cleaned thoroughly. This is why it is very important to keep everything in the salon sanitary. If pathogenic bacteria are in the salon, the implements used there will be toxic (unsanitary), also called septic.<sup>5</sup> Here is a list of the most common ways to sterilization:

- 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.

Irradiation can only be used if approved by the State Board of Cosmetology. If approved, Irradiation is a process of sterilization by exposing an instrument, etc., to ultra-violet rays in an enclosed cabinet.

#### *Sterilizing Metallic Implements with Chemical Solutions*

A bowl of warm soapy water and a hospital level disinfectant in a wet sterilizer or other disinfectant approved by the State Board can be used to immerse implements in to sterilize them. Each implement can be dried on clean towels and put in individual envelopes.

#### *Sterilizing with Chemical Agents*

Liquid Disinfectant Mixing is a disinfectant with water and immersing the article in the solution, as specified by the State Board of Cosmetology or Board of Health, is the most practical method of sterilization in salons. Fumigation Fumigants in a closed cabinet are used to keep sterilized articles sterile before use.

### **Benchmark for Disinfection vs. Sanitization vs. Sterilization**

The sanitation and sterilization of equipment and surroundings are very important for the specialty-license professional. The study of bacteria and the spread of disease will give the knowledge needed to be familiar with the precautions necessary to protect oneself and the clients who are in the salon. The licensed professional has the responsibility to keep the salon clean and sanitary along with the instruments that they use. This 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.

True sterilization with alcohol is not effective. There is a big difference between sterilization vs. sanitization vs. disinfection. Something that is sterilized can also be considered sanitary, but something that is sanitized is not sterile. The use of any article that is not properly cleansed and disinfected on any patron is prohibited. Hands must be properly cleansed and sanitized prior to servicing each client.<sup>4</sup>

### **Understanding the Growth and Existence of Bacteria**

Bacteria are one-celled microorganisms sometimes called microbes. The scientific study of bacteria is called bacteriology. They are also called germs. Bacteria are everywhere in the air, on the ground, and even inside our bodies.<sup>5</sup> Bacteria are mostly unicellular organisms that lack chlorophyll and are among the smallest living things on earth—only viruses are smaller. Multiplying rapidly under favorable conditions, bacteria can aggregate into colonies of millions or even billions of organisms within a space as small as a drop of water.<sup>2</sup>

As the bacteria cell is nourished, it grows larger. When it has grown as large as it can, it divides itself into two cells that are the same size or daughter cells. This process of cell division is called mitosis. Mitosis can happen as often as once every 20 minutes.<sup>5</sup> The earth is not covered with bacteria because the conditions are rarely optimum. Under ideal conditions, the growth of a population of bacteria occurs in several stages termed lag, log, stationary, and death.<sup>2</sup>

- *Lag Phase* -- During the lag phase, active metabolic activity occurs involving synthesis of DNA and enzymes, but no growth.<sup>2</sup>
- *Log Phase* -- Once the metabolic machinery is running, they start multiplying exponentially, doubling in number every few minutes.<sup>2</sup>
- *Stationary Phase* – In this phase, the growth rate slows and the production of new cells equals the rate of cell death which involves the establishment of an equilibrium in population. It also reflects a lack of nutrients.<sup>3</sup>
- *Death Phase* – In this phase, toxic waste products build up and food is depleted.<sup>2</sup> The rate of cell deaths will exceed the number of new cells formed so the population equilibrium shifts to a net reduction in numbers thus entering the death phase where only a few cells remain or the population dies out entirely.<sup>3</sup>

After scientists discovered that the type of bacteria that causes disease are pathogens, or pathogenic, the government began to make and enforce laws to improve sanitation and thus protect the health of the community.<sup>5</sup> Only pathogenic bacteria can cause disease. Other bacteria are very helpful such as bacteria in yeast causes bread to rise, and other bacteria create the alcohol in wine.

However the pathogenic bacteria that cause disease are divided into three types:

- cocci,
- Spirilla
- bacilli.<sup>5</sup>

Each has a different shape, which can be seen through a microscope. Cocci are round, spirilla have spiral shapes, and bacilli are shaped like rods.<sup>5</sup>

## **Unit 2**

### **Distinguish Between Disinfectants and Antiseptics**

Disinfection is any process that destroys or removes disease-causing organisms such as viruses, bacteria or protozoa. A disinfectant is an agent, such as heat, radiation, or a chemical, that destroys, neutralizes, or inhibits the growth of disease-carrying microorganisms. Sanitation, safe collection, transportation,

treatment and disposal of wastes, is an effective measure which creates and maintains a healthful environmental conditions.

Bacteriology is the science that deals with the study of microorganisms called bacteria. Bacteriology, sterilization, and sanitation are subjects of practical importance the cosmetologist because each one of these concepts has a direct bearing on one's health and well-being as well as on each clients' welfare who is a patron of the salon. To protect individual and public health, every cosmetologist should know when, why, and how to practice good disinfection and sanitation procedures. In order to understand the importance of sanitation, disinfection, and sterilization, a basic understanding of how bacteria affect our daily lives is most helpful.

### **Disinfectants and Disease**

The spread of disease can be prevented with the appropriate use of disinfectants, antiseptics and germicides. Once an individual has an understanding of the relationship between bacteria and disease, the need for salon cleanliness and sanitation will make more sense.<sup>7</sup>

### **Contagious Conditions and Diseases**

Contagious disease, skin infections, and blood poisoning are caused either by infectious bacteria being transmitted from one individual to another, or by the use of unsanitary implements such as combs, brushes, hairpins, clippers, rollers, manicure implements, esthetic tools, 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 sterilized properly. Dirty hands and fingernails are other sources of infectious bacteria.<sup>7</sup>

Infectious pathologies are also referred to as communicable diseases. This is due to the potentiality of transmission from one person to another. Transmission of an infectious disease may occur through physical contact with infected individuals through the agents of liquids, food, body fluids, contaminated objects, airborne inhalation, or through vector-borne spread.<sup>19</sup>

Since infectious diseases are transmitted from some source, it is important to understand the biology of an infectious agent. Transmission may occur through respiratory diseases and meningitis as they are acquired by contact with aerosolized droplets, spread by sneezing, coughing, talking, kissing or even singing.<sup>20</sup> Some infectious agents may be spread as a result of contact with a contaminated, inanimate object such as a money, etc. passed from one person to another,. On the other hand, other diseases can penetrate the skin directly.

### *Fungi*

Fungi were listed in the "Plant Kingdom" for many years. Today, fungi are placed in their own Kingdom as microscopic and consisting of many cells. Molds, mildews, and yeast are all varieties of fungi. Fungi are incapable of manufacturing their own food so exhibit the behavior of parasites. These fungi cause diseases by using living organisms for food such as athlete's foot and ringworm, two fungal diseases in humans.<sup>21</sup> As a cosmetologist coming in contact with the public every day, it is important to follow precautions in order to avoid the spread of disease-producing bacteria. Sanitation and sterilization practices must be understood and followed for the protection of the cosmetologist and the clients.<sup>22</sup>

### *Vector Borne*

Transmission of infectious diseases may also involve a "vector". Vector Borne diseases are transmitted to humans or other animals by an insect or other arthropod is called a *vector-borne disease*. Vectors of human disease can be mosquitoes or ticks. Some species of mosquitoes and ticks are able to transmit viruses, rickettsiae, bacteria, or parasites to humans.<sup>23</sup>

Vectors may be mechanical or biological. A mechanical vector picks up an infectious agent on the outside of its body and transmits it in a passive manner. An example of a mechanical vector is a housefly, which lands on cow dung, contaminating its appendages with bacteria from the feces, and then lands on food prior to consumption. The pathogen never enters the body of the fly. This seems like an unlikely transference of bacteria in the salon, however, it is possible and must be considered by the cosmetologist as a possibility.<sup>24</sup>

### *Viruses*

Viruses cause a number of diseases such as smallpox, the common cold, chickenpox, influenza, shingles, herpes, polio, rabies, Ebola, hanta fever, and AIDS. Even some types of cancer have been linked to viruses.<sup>25</sup>

Viruses are so small they will pass through filters. Such diseases as infantile paralysis, influenza, small pox, rabies, and the common cold are examples of viral infection. Rickettsia are microorganisms 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.<sup>22</sup>

## **Defining the Use of Disinfectants and Antiseptics**

Antiseptic solutions are weaker than disinfectant solutions. Antiseptics retard the growth of bacteria but they may not kill all the germs. Antiseptics will prevent germs from multiplying but still will not kill them. They are gentle enough to be used on the skin. Antiseptics are great to use as sanitizers, however they will not disinfect the salon instruments.<sup>7</sup>

### *Disinfectant Strength*

Disinfectants are much stronger and do have the ability to prevent germ and bacteria multiplication and disinfectants do destroy the bacteria. Then there is a germicide which is a chemical agent that kills bacteria. There is one reason that sterilization is required in the salon. That reason is to destroy bacteria. This is necessary and required because bacteria must be destroyed in order to prevent the spread of disease. The importance of this everyone must be protected who either works in the salon or who passes through the salon.

Disinfectants and germicides are also antiseptic because they kill germs and retard the growth of more germs. Disinfectants are used to destroy bacteria and to sanitize equipment and implements. However, disinfectants should not be used on the skin. For disinfectants to be efficient they must be able to kill viruses, fungus, and dangerous bacteria.

### *Antiseptics*

Antiseptics are not as powerful as germicides or disinfectants. Therefore, they cannot be used as a germicide or disinfectant because they are not able to perform the necessary degree of germ killing. The salon professional should always exercise caution when using any chemical that will come in contact with the skin. Many of the disinfectants and germicides are not manufactured with the intention of being placed on the skin. The manufacturer's directions of cautions posted on the label or the container, should be read before using any chemical product.

*The Environmental Protection Agency*

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 is not an approved disinfectant. When choosing a disinfectant for use in your salon, you must choose one that is of hospital quality, so it is capable of killing viruses, dangerous bacteria, and harmful fungus.

*Commonly Used Disinfectant*

A commonly used disinfectant in salons is "Quats" Quaternary Ammonium Compounds. New "Super Quats" are safe and destroy bacteria quickly. Most super quats will disinfect your instruments in ten to fifteen minutes. You should also use quats disinfectants to clean surface work areas. Both bleach and alcohol have been used as disinfectants. However, both of these agents have many disadvantages and they should no longer be used in a salon as a disinfectant. The state requirements are that salons use a hospital level disinfectant.

**Using Chemical Disinfectants** -- All implements are to be thoroughly washed with soap and warm water and rinsed thoroughly with plain water rinse to remove all traces of soap. Immerse implements into wet sterilizer filled with hospital level disinfectant. Remove implements from wet sterilizer, rinse in water, and wipe dry with clean towel. Store sterilized implements in individually wrapped cellophane envelopes or keep them in a cabinet sterilizer until ready to be used.

**Germicides, Disinfectants, Antiseptics**

Antimicrobials are things that kill microbes. Germicides are antimicrobials. Disinfectants are germicides that are not capable of sterilizing, typically because they fail to kill endospores, some viruses, and such organisms as *Mycobacterium tuberculosis*. Antiseptics are disinfectants that are used on living tissues. <sup>6</sup>

<b>Germicides</b>			
Alcohol	70%	Harmless	Effective
Chlorozol	2%	Harmless	Effective
Ammonium Compounds	1/1000 Solution	Non -Toxic	Odorless
Phenol	3% To 5%	Poison	Pungent Odor
Bichloride Of Mercury	0.1%	Poison	Irritates
<b>Antiseptics</b>			

Alcohol	50% to 60%	Harmless	Powerful
Iodine	2% U.S.P.	Skin Antiseptic	Effective
<b>Disinfectant</b>			
Lysol	10% solution	Good	Cleanses floors, sinks, etc.
Hydrogen Peroxide	3%-5%	Minor Wounds	Effective

### *Disinfectants*

Proper disinfectants are the answers to the prevention of the spread of dangerous organisms. Disinfection controls microorganisms on nonporous surfaces such as cuticle nippers and other implements. Disinfection is a higher level of decontamination than sanitation. It is second only to sterilization.

In the past, formalin was recommended as a disinfectant and fumigant in dry cabinet sanitizers. However, formalin is not safe for salon use. The gas released from formalin tablets or liquid is called formaldehyde. Formaldehyde is a suspected human cancer-causing agent. It is poisonous to inhale and is extremely irritating to the eyes, nose, throat, and lungs. It can also cause skin allergies, irritation, dryness, and rash.

After long-term use, formaldehyde vapors can cause symptoms similar to chronic bronchitis or asthma. These symptoms usually worsen over time with continued exposure. To properly disinfect a surface, first clean with suitable cleaner, apply disinfectant, and leave it for at least ten minutes. Wipe the surface dry with a clean damp cloth or paper towel.

It is very important to properly disinfect combs, brushes, scissors, razors, nippers, electrodes, and other commonly used tools. But there are many other surfaces in the salon to consider, for example: table or counter tops, foot baths, finger bowls, tanning beds, telephone receivers, door knobs, cabinet handles, mirrors, and cash registers. Any surface can be contaminated, especially if touched by clients and staff. These items must also be sanitized regularly.

Cosmetologists also must disinfect mixing utensils, combs, clipper blades, brushes, pins, clips, curlers, hair dryers, and chairs. Dirty fans and humidifiers can spread microbes throughout the salon. These devices should be properly cleaned on a regular basis.

*Types of Disinfectants* -- There are a variety of disinfectants that the salon can choose but they can all be divided into one of five groups based on the active ingredient used when manufacturing the product. 70% isopropyl alcohol is the standard active ingredient and it is widely available. The other active ingredients include phenolic, quaternary ammonium, sodium hypochlorite (or bleach) and peracetic acid.<sup>10</sup>

- **Alcohol and Bleach** -- The three most widely used alcohols are methyl alcohol, ethyl alcohol, and isopropyl alcohol. In the salon, ethyl and isopropyl alcohol are sometimes used to disinfect implements. However, it is important to note that in order to be effective, the strength of ethyl alcohol must be at least the strength of 70%, and the isopropyl alcohol must be at least the strength of 99%. If the cosmetologist operates in a state requiring hospital disinfection processes, then

alcohol is not permitted since it is not an EPA-registered disinfectant. The alcohols are flammable, evaporate quickly, are slow-acting and are less effective when compared to other recommended disinfectants.

- **Phenols** -- Phenolic disinfectants have been a reliable disinfectant for implements over the years. Phenol is a caustic poison, but it can be safe and extremely effective if used according to instructions. Phenolic disinfectants in 5% solution are for metal or glass because rubber and plastic materials may be softened or discolored by phenols. Phenols are not safe on the skin because they can cause skin irritation, and concentrated phenols can seriously burn the skin and eyes. Some phenols are poisonous if ingested.
- **Quaternary Ammonium Compounds** -- Quats are a type of disinfectant considered nontoxic, odorless, and fast-acting. Dual quat formulas are dramatically more effective than the older formulas. Most quat solutions have the disinfectant strength to disinfect salon implements in 10 to 15 minutes. The cosmetologists must understand that leaving some tools in the solution for too long may damage the fine steel. The implements should be kept separated during the disinfecting process.
- **Sodium Hypochlorite** -- Neither bleach nor alcohols are professionally designed and tested for disinfection of salon implements. If they were used in the past it has been because there was not a more effective solution. Today we have a more effective solution in the disinfectants mentioned here. Bleach is can be considered an effective laundering additive for use in the salon.

Although quats are perfectly suitable for cleaning any surface, but not needed to clean floors, bathrooms, sinks, and waste receptacles. Lysol or Pine-Sol are better used in these situations since they are very effective disinfectants. <sup>8</sup>

### **The Cosmetology Professional Use of Antiseptics vs. Disinfectants**

Disinfectants are chemicals. To use a disinfectant properly, it is necessary to read and follow the manufacturer's instructions. Such variables as mixing precautions and exposure times demand particular attention. The product label will explain what the disinfectant has been tested for. To meet salon requirements, a disinfectant must have the correct efficacy to be used against bacteria, fungi, and viruses. A disinfectant that is "Formulated for Hospitals and Health Care Facilities," or a "Hospital Disinfectant," must be pseudomonacidal, in addition to being bactericidal, fungicidal, and virucidal. If a disinfectant has been tested for additional organisms such as HIV-1, it will be stated on the label.

Any item that is used on a client must be disinfected or discarded after each use. Items that do not have the capacity to be disinfected, such as orangewood sticks, must be discarded. Combs, brushes, scissors, razors, clipper blades, nippers, electrodes, and other commonly used, nonporous tools must be disinfected.<sup>9</sup>

Even the best disinfectants will not work well if mixed or used incorrectly. All implements should be thoroughly cleaned before soaking to avoid contaminating the disinfecting solution. Hair, nail filing, creams, oils, and makeup will lessen the effectiveness of the solution. Besides, a dirty jar of

disinfectant would not fill your clients with confidence. Implements must be completely submerged for proper disinfection.<sup>9</sup>

Ultrasonic cleaners are a useful addition to the disinfection process, but are not required. Many systems disinfect with great effectiveness without relying on such devices. However, some salons feel that this added cleansing benefit is well worth the extra expense.

#### *Disinfectant Safety*

Disinfectants are powerful, professional-strength tools that may be hazardous if used incorrectly. Some disinfectants are poisonous if ingested, and some can cause serious skin and eye damage, especially in a concentrated form. A good rule to remember is: Use Caution! Wear gloves and safety glasses while mixing disinfectants. Always keep disinfectants away from children.

#### *Disinfectant Safety and Skin Contact*

Use tongs or a draining basket to remove implements from disinfectants. Never pour quats, phenols, or any other disinfectant over hands. This foolish practice can cause skin disease and increase the chance of infection. Wash your hands with an antibacterial soap and dry them thoroughly. It is very important to carefully weigh and measure all products to assure they perform at their peak efficiency. Never place any disinfectant or other product in an unmarked container.

#### *Disinfectant Safety and Wet Sanitizers*

Jars or containers used to disinfect implements are often incorrectly called wet sanitizers. Of course, the purpose of these containers is not to sanitize but to disinfect. The disinfecting soak solution must be changed daily and kept free from debris. Strict adherence to the principles of good hygiene and disinfection must be maintained.

#### *Antiseptic*

Joseph Lister was the first to employ the antiseptic phenol, or carbolic acid, in surgery, following the discovery by Louis Pasteur that microorganisms are the cause of infections. Antiseptics hinder the growth and activity of microorganisms, or germs. Antiseptics can be classified according to their chemical structure. Commonly used antiseptic groups include alcohols, quaternary ammonium compounds, chlorhexidine and other diguanides, antibacterial dyes, chlorine and hypochlorites, inorganic iodine compounds, metals, peroxides and permanganates, halogenated phenol derivatives and quinolone derivatives.

#### *Antiseptics and Disinfecting Instruments*

In cosmetology, the use of antiseptics is essential, especially in disinfecting instruments and other materials used in operations. Antiseptics are agents that kill or inhibit the growth of microorganisms on the external surfaces of the body. Antiseptics should generally be distinguished from drugs such as antibiotics that destroy microorganisms internally, and from disinfectants, which destroy microorganisms found on nonliving objects. Germicides include only those antiseptics that kill microorganisms. Some common antiseptics are alcohol, iodine, hydrogen peroxide, and boric acid. There is great variation in the ability of antiseptics to destroy microorganisms and in their effect on living tissue.

### *Time for Antiseptics to Work*

There is also a great difference in the time required for different antiseptics to work. Iodine, one of the fastest-working antiseptics, kills bacteria within 30 second. Other antiseptics have slower, more residual action. Since so much variability exists, systems have been devised for measuring the action of an antiseptic against certain standards. The bacteriostatic action of an antiseptic compared to that of phenol is known as its phenol coefficient. Modern surgical techniques for avoiding infection are founded on asepsis, the absence of pathogenic organisms. Sterilization is the chief means of achieving asepsis.

### *The Limitations of Antiseptics*

Antiseptics halt or prevent the growth of pathogenic bacteria. Antiseptics are not disinfectants. They do not destroy all bacteria. They are often used to maintain the sanitary condition of implements already sterilized. Doctors often use 3-5 percent hydrogen peroxide solution as an antiseptic to cleanse the skin.<sup>13</sup>

## **Unit 3**

### **Universal Sanitation and Sterilization Precautions**

Universal Precautions means a set of guidelines and controls, published by the Center for Disease Control (CDC) as guidelines for prevention of transmission of human immunodeficiency virus and hepatitis B virus to health-care and public-safety workers.<sup>26</sup> The medical, legal, and ethical problems associated with routine HIV screening have led to the recommendation that all patients should be presumed to be sero-positive and thus protective measures should be taken by all service professionals in the salons as well as in other professionals.<sup>18</sup>

Universal Precautions include hand-washing; gloving; personal protective equipment such as goggles; injury prevention; and proper handling and disposal of needles, other sharp instruments, and products that have been contaminated by blood or other body fluids.

### **Precautions**

Because blood can carry many pathogens, one should never touch a client's open sore or wound. The cosmetologist must insist that clients with open sores have a doctor certify they are not contagious. Blood spills occur when either the cosmetologist or a client are accidentally cut with a sharp instrument. Apply antiseptic and/or liquid or spray styptic as necessary. Cover with a Band-Aid or bandage as required to prevent further blood exposure.

### *Regarding Salon Implements*

Be sure to properly clean and disinfect any implement that comes in contact with h a cut or open sore in an EPA-registered, hospital disinfectant that kills HIV-1 and Hepatitis B Virus or a tuberculocidal disinfectant. Also, seal contaminated wipes or cotton balls in a plastic bag before disposing, then wash your hands with an antibacterial soap.

Disinfection is the removing of germs from tools, equipment, and the work area. 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.<sup>14</sup>

### *Regarding Use of Salon Implements*

The use of a brush, comb, etc. 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. Instruments should be handled as though contaminated until processed through the sterilization cycle. Combs or other instruments shall not be carried in pockets.<sup>27</sup> The cosmetologist is responsible for disinfecting methods which are effective and approved for salons. Disinfection can begin with first, cleaning articles with soap and water and completely immersing them in a chemical solution that is hospital level or EPA approved disinfectant.<sup>28</sup>

### *Regarding Use of Sharp Instruments*

To avoid injury from sharp instruments, personnel should wear puncture-resistant, heavy-duty utility gloves when handling or manually cleaning contaminated instruments and devices. Because splashing is likely to occur, they should also wear a facemask, eye protection or face shield, and gown or jacket. Employees should not reach into trays or containers holding sharp instruments that cannot be seen. To reduce their risk of injury, they should instead remove instruments using forceps or empty them onto a towel.

## **Barrier Protection**

Various types of Barrier Protection items put a shield between the cosmetologist and the clients.<sup>14</sup> The mainstays of universal precautions are barrier techniques against body fluid contact and protection from inadvertent needlestick.

### *Gloves*

Gloves should be worn whenever there is a possibility of contact with body fluids. Personal service workers such as hairdressers, barbers, cosmetologists, massage therapists should wear gloves when waxing, giving manicures/pedicures, facials, tweezing or any other service that could possibly draw blood.<sup>14</sup>

Though cosmetologists rarely wear them, latex gloves are another important safety precaution.<sup>16</sup> A client can look at this precaution as the way the cosmetologist is protecting him or her from eventualities from previous clients. Many service professionals wear latex gloves because they are using a technique known as "universal precautions." Universal precautions are a means to limit the spread of blood diseases by assuming that everybody's blood, bodily fluids, and tissues are infectious.

The federal Occupational Safety and Health Administration (OSHA) requires any worker at risk of contracting an infection to wear gloves. But, curiously, OSHA regulations leave it to employers and the various states to decide if workers in the cosmetology and barber industries should wear gloves.

There is good evidence that razors, nail files, barber's scissors, tattoo needles, and body piercing instruments are risk factors for transmitting hepatitis B and C. Since research has shown that hepatitis B can survive outside the body for seven days or more chairs, headrests, workbenches, instruments and tools in the nail and hair salons may be a source of blood-borne as well as other infectious diseases.<sup>17</sup>

### *Masks*

Masks should be worn whenever there is a possibility of splashing or splattering of body fluids. 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.<sup>14</sup> Operators who wear face masks are not only protecting the client, they're protecting themselves from breathing in fumes and nail dust.<sup>17</sup>

### *Smocks*

Both clients and beauty professionals should wear smocks if soiling of clothing or splashing on exposed skin is likely.<sup>14</sup> It may seem like some of the barrier protection items are not necessary in a salon setting. However, because of the diversity of the cosmetologist, there are many situations that will present themselves through the day. Safety and precaution is the best option to take here

## **Personal Cleanliness**

Personal Cleanliness includes washing your hands, keeping your work area clean. 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. 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.<sup>14</sup>

## **Universal Standards and Laundry Processing**

Universal Standards and Precautions requires that laundry bags or containers, containing contaminated laundry be marked with an alternative label or color-code for handling all soiled laundry. The alternative marking permits employees to recognize the containers as requiring compliance with Universal Precautions. If contaminated laundry is sent off-site for cleaning to a facility which does not use Universal Precautions in the handling of all soiled laundry, it must be placed in a bag or container which is red in color or labeled with the biohazard label. Red bags or red containers may be substituted for the biohazard labels.<sup>15</sup>

## **Summary of Universal Standards and Precautions**

Universal precautions are recommended for doctors, nurses, patients, and health care support workers who are required to come into contact with patients or bodily fluids. This includes staff and others who may not come into direct contact with patients. Under universal precautions all patients are considered to be possible carriers of blood-borne pathogens. The guideline recommends wearing gloves when collecting or handling blood and body fluids contaminated with blood and wearing face shields when there is danger of blood splashing on mucous membranes and when disposing of all needles and sharp objects in puncture-resistant containers.

Many times, clients who are infected with Hepatitis B Virus or other bloodborne pathogens are asymptomatic. Asymptomatic means that he or she will show no symptoms or signs of infection. If the individual has a minor, nonspecific symptom, it may be that he or she has not diagnosis.

Exposure to blood in the salon setting presents a risk of exposure to various diseases, including hepatitis and AIDS. That is the reason that the Universal Standards and Precautions must be adhered to whenever servicing a client.<sup>9</sup>

The overall health, safety, and cleanliness should be an integral part of one's normal routine and the routines of all those who work in the salon. Not only does this put safety at the top of the chart but it projects a steadfast professional image for the salon and each of the cosmetologists who work there.

## **Unit 4**

### **Rules for Sanitizing Hands & Disinfecting Tools**

There is nothing more important when running a salon than the cleanliness, sanitation, and sterilization of the equipment or implements and the procedures you put into place to ensure your customers are protected. Training employees in the proper procedures is critical to the success of any sanitation and sterilization program. Customer safety is priority number one. Failure to comply with sanitation can hurt a salon business in more than one way. There will be potential losses with the State Board which regulates the sanitation and sterilization and the salon will lose customers when they see procedures that are not protocol.

#### **Procedures for Sanitizing Hands**

Hand washing is one of the most important (and easiest) practices used to prevent transmission of bloodborne pathogens. Wash hands with hot, soapy water before working on a new client. Have both a client and the cosmetologist clean with a hand sanitizer. Several alcohol gels are available. Workers should wash their hands with soap and water before each customer and, if appropriate, wear disposable gloves. Any cuts or sores should be covered with a waterproof bandage.

#### *Antibacterial Soap*

Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident with soft, antibacterial soap. Hands should also be washed immediately after removal of gloves or other personal protective equipment. Because hand washing is so important, you should familiarize yourself with the location of the hand washing facilities nearest to you. Laboratory sinks, public restrooms, janitor closets, and so forth may be used for hand washing if they are normally supplied with soap. If working in an area without access to such facilities, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes can be utilized. If these alternative methods are used, hands should be washed with soap and running water as soon as possible.

#### **The Disinfecting Process**

Disinfectants are used to kill and temporarily prevent the growth of bacteria, viruses and fungi. It is critical to understand the hierarchy of cleaning, sanitizing and disinfecting. Understanding the needed level of surface "clearing" helps the cosmetologist choose the correct product and also eliminates cross-contamination of experiments and also keeps the work environment a healthy one.

Disinfectants are chemicals so it is important to read and follow the manufacturer's instructions for mixing precautions and exposure times. To meet salon requirements, a disinfectant must have the correct efficacy or effectiveness to be used against bacteria, fungi, and viruses such as one that is "formulated for Hospitals and Health Care Facilities," or a "Hospital Disinfectant," must be pseudomonacidal, in addition to being bactericidal, fungicidal, and virucidal. This information will be on the label of the disinfectant.

### *Salon Disinfectant Products*

This is a simplified guideline for understanding the product claims and terms used with salon disinfectant products. Any EPA-registered liquid disinfectants used in the salon must state "bactericidal, fungicidal, and virucidal" and "hospital" on the label. These disinfectants must be mixed, used, stored, and disposed of according to manufacturer's label instructions. The disinfecting solution must be prepared fresh every day and replaced immediately when the solution becomes visibly contaminated. The object or item to disinfect must be completely immersed for 10 minutes after cleaning of all visible residue. Complete immersion means enough liquid to cover all surfaces of the item.

All bottles and containers (other than the original manufacturer's container) containing any disinfectant must be properly labeled, listing the contents, percentage solution (concentration), and date of mixing.

Chelating surfactant detergents are recommended for pedicure spa units because they break down residue from pedicure products and are effective in hard water. Hard water contains calcium and magnesium ions, which can inactivate disinfectants and create residue films that are difficult for ordinary detergents to remove.

### *Proper Use of Disinfectants*

Even the best disinfectants will not work well if mixed or used incorrectly. All implements should be thoroughly cleaned before soaking to avoid contaminating the disinfecting solution. Hair, nail filing, creams, oils, and makeup must be cleaned from the implements so as to not contaminate the disinfecting solution as that will lessen the effectiveness of the solution. Implements must be completely submerged for proper disinfection.

### *Types of Disinfectants*

There are a variety of disinfectants on the market but the predominant ones can be classified into one of five groups based on the active ingredient used when manufacturing the product. 70% isopropyl alcohol is the standard active ingredient and it is widely available. The other active ingredients include phenolic, quaternary ammonium, sodium hypochlorite (or bleach) and peracetic acid.

One level of effectiveness that is measured by OSHA is determining the disinfectant is effective against tuberculosis. If a disinfectant is proven effective against TB, which is one of the hardest organisms to kill, then OSHA considers the use of this product satisfactory when disinfecting areas with human blood and other organisms.

*Quats* -- Quaternary ammonium compounds or quats are considered to be very safe and fast acting. New products use blends of several different quats which dramatically increase effectiveness by disinfecting implements in 10 to 15 minutes. Long-term exposure to any water solution or disinfectant may damage fine steel. Quats are also very effective for cleaning table and counter tops.

*Phenols* -- Phenolic disinfectants have been used for many years to disinfect implements. They can be safe and extremely effective if but one disadvantage is that certain rubber and plastic materials may be softened or discolored. Phenols are used mostly for metal implements. Phenolic disinfectants can cause skin irritation and burn as well as burning the eyes. Phenols must be kept out of the reach of children as some are poisonous if accidentally ingested.

*Alcohol, Bleach, and Commercial Cleaners* -- The three most widely used alcohol products are methyl alcohol, ethyl alcohol, and isopropyl alcohol. To be effective, the strength of ethyl alcohol must be no less than 70%. Isopropyl alcohol's strength must be 99%. Since alcohol is not an EPA-registered disinfectant, it is not permitted for use with implements in states requiring hospital disinfection. 70% alcohol, or a suitable alcohol-based disinfectant to sanitize or disinfect but not to sterilize. But there are specifics to consider when alcohol is used for instruments:

- Only one or two instruments should be disinfected at one time;
- The alcohol should cover the instruments;
- Period of immersion is timed for 30 minutes;
- Alcohol should be discarded after one use;
- Discard used alcohol down the sink in running water.
- Containers used for disinfecting with alcohol should be washed regularly with hot water and detergent, rinsed and dried.

*Chemical Germicides* -- Chemical germicides classified as disinfectants are products specifically used to inactivate microorganisms on inanimate objects. The type of disinfectant chosen, high-, intermediate-, or low-level disinfectants, depends on the item being disinfected and its level of risk in transmitting infection

#### *Disinfectant Procedures and Applications*

Always disinfect tools or other implements according to the guidelines listed for EPA wet disinfectants. This means complete immersion for the required amount of time. The following are guidelines for specific salon materials.

The application of disinfectant products is one of personal choice. Products come in concentrated form or ready-to-use. If you wish to control the dilution ratio then using a concentrate is a good idea. If you are not concerned with controlling the dilution ratio and just wish to utilize an effective product, then ready-to-use is easy and convenient. Disinfectants are available as a solution or as a phenolic wipe or a phenolic solution.

#### *Disinfecting Implements*

Combs, brushes, rollers, picks styling tools, scissors, tweezers, nail clippers, and some nail files must be disinfected by the process laid out below

- Pre-clean by removing hair, filings, and other loose matter with soap and water;
- Rinse thoroughly and pat dry with a clean towel;

- Mix disinfectant according to manufacturer's directions, always adding disinfectant to the water; (put on gloves, goggles, or safety glasses for the remainder of the process);
- Completely immerse implements or tools with tongs and leave for the required amount of time, (per manufacturer's instructions);
- Remove implements with tongs and gloves to not contaminate the disinfectant;
- Place rinsed and dried disinfected implements in a clean, closed, dry, disinfected container (plastic container with a lid).

### *Disinfecting Linens and Capes*

Capes, drapes and other linens coming in contact with a client's skin should be laundered with bleach according to label directions. <sup>9</sup>The salon must keep clean linens in a closed, dustproof cabinet. All soiled linens must be kept in a closed receptacle. All linens should be used once and then laundered with bleach according to label directions. A sanitary towel or neck strip should be placed around the patron's neck to avoid direct contact of the shampoo cape with a patron's skin.<sup>12</sup>

### *Disinfecting Work Surfaces*

An EPA-registered, hospital-grade disinfectant should be used on the work surfaces of the manicure table, work station, esthetic bed, etc. as well as doorknobs, handles, etc. The disinfectant must be left on the surface the full amount of time prescribed by the manufacturer's directions. The shampoo bowl including the neck of the bowl should be cleaned and the drain cleared of all hair after each client and disinfected.

### *Disinfecting Whirlpool Pedicure Foot Spas*

When using whirlpool pedicure foot spas, you must follow proper disinfection procedures to ensure proper maintenance of the equipment to prevent the spread of bacterial or parasitic disease. The cosmetologist must take time to carefully read the manufacturer's cleaning instructions and ask the manufacturer and/or distributor for a demonstration as well. Improperly disinfected equipment can harbor bacteria that may spread disease or infection to clients, cosmetologists, or nail technicians who come into contact with it.

### *Disinfecting Blood Spill*

Blood spills occur when the cosmetologist or a client are accidentally cut with a sharp instrument. If a blood spill should occur during a procedure, proper steps to be taken are:

- Stop the service and clean the injured area;
- Clean injured area as necessary with an antiseptic solution and cover the wound with sterile bandage as required to prevent further blood exposure;
- Use a finger guard or gloves;
- Apply antiseptic and/or liquid or spray styptic without contaminating the container;
- Do not allow containers, brushes, nozzles, or liquid styptic to touch the skin or contact the wound.
- Cover the injury with a Band-Aid or other appropriate dressing;
- Clean client and workstation;
- Discard all disposable contaminated objects such as wipes or cotton balls by double-bagging (place the waste in a plastic bag and then in a trash bag).
- Use a biohazard sticker (red or orange) or a container for contaminated waste.

- Deposit sharp disposables in a sharps box;
- Remove your gloves. Wash hands with soap and warm water before returning to the service;
- All tools and implements that have come into contact with blood or body fluids must be disinfected by complete immersion in a EPA-registered, hospital-grade disinfectant that kills HIV-1 and Hepatitis B Virus.

The cosmetologist must be sure to never touch a client's open sore or wound because blood can carry many pathogens.

### *Disinfecting the Dispensary*

The dispensary must be kept clean and orderly, with all containers marked clearly as to content. An MSDS on every chemical in stock should be kept readily available to all those working in the salon or school. The MSDS should also indicate the appropriate disinfectant to be used with each chemical.

## **The Sanitation Process**

Sanitation should be a part of everyone's normal routine. In this way, everyone working there can maintain a professional image. Some simple guidelines that will help keep the salon looking at its best are:

- Sweeping, mopping or vacuuming the floors;
- Picking up hair, cotton balls, etc. immediately;
- Deposit all waste materials in a waste receptacle with a self-closing lid;
- Control all types of dust;
- Clean the windows, screens;
- Clean fans, ventilations systems, and humidifiers.

Sanitation is the hygienic means of preventing human contact from the hazards of wastes to promote health. Hazards can be physical, microbiological, biological or chemical agents of disease. Inadequate sanitation is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities.

### *Sanitization and Tool Type*

There are two kinds of tools commonly used in the nail salon: non-porous (which can be disinfected and are generally reuseable) and porous (which are either one-use only items or require specific cleaning protocol). Know what each implement you use is, as it directly affects your ability to comply with state laws and keep clients safe.

Porous items are made of cloth, wood, or other absorbent materials including nail files, orangewood sticks, cotton, paper mats, towels, and buffer blocks. Porous items must be thrown away after one use if the sanitizing process would hurt them in any way. Porous items of any type that are contaminated by blood, body fluid, broken skin, infections, or unhealthy conditions must be thrown in the trash immediate.

Porous items used on healthy nails can be cleaned by manually brushing and removing all visible debris after each use, then disinfected by immersing in 70% or higher isopropyl or ethyl alcohol or 10% bleach solution or by spraying provided the surface is kept wet for one to five minutes. Towels,

chamois, buffing bits, and similar items can be cleaned in a washing machine with regular detergent at the end of each day.

Non-porous items are made of hard materials like metal, plastic, or glass, and include nippers, scissors, combs, metal or fiberglass-backed files, and drill bits. All non-porous tools must be disinfected even if they do not contact blood or unhealthy conditions. To clean a non-porous item, clean all visible debris then completely immerse the tool for 10 minutes in an EPA registered disinfectant, bleach solution (1 part bleach to 9 parts water), or 70% or higher isopropyl or ethyl alcohol.

### *Nail Sanitation*

Nail products regulated by the Food and Drug Administration. Under the Federal Food, Drug, and Cosmetic Act, these products are considered cosmetics because they are "articles other than soap which are applied to the human body for cleansing, beautifying, promoting attractiveness, or altering the appearance."

By law, nail products sold as cosmetics in the United States must be free of poisonous or deleterious substances that might injure users under the usual or customary conditions of use intended by the manufacturer. Many nail products contain poisonous substances, such as acetonitrile in glue removers, but are allowed on the market because they are not harmful when used as directed. They're poisonous only when ingested, which is not their intended use. All nail tables, towels, and equipment must be clean and sanitary before use on a client.

- Spray nail table top with disinfectant and wipe dry before starting on new client.
- Each table should have its own disinfectant available for immediate use.
- A clean towel must be used for each client.
- Wash hands with hot, soapy water before working on a new client. Have both a client and the cosmetologist clean with a hand sanitizer. Several alcohol gels are available.
- Products - all fluids, semi-fluids, creams, and powders must be kept in clean, closed, labeled containers and dispensed with a disinfected spatula, shaker, pump, or spray dispenser.
- All nail polish and products must be labeled and kept closed unless in immediate use.
- Single-use items (emery boards, orange-wood sticks, cotton balls, etc.) must be disposed of immediately after use on one client.
- Materials must be discarded in a closed, covered waste container and be emptied at least once daily.
- Multi-use implements must be cleaned and disinfected.

### *Immersable Implements vs. Non-Immersable Implements*

For the sanitizing of non-immersable implements thoroughly wash all implements with warm soapy water and dry with a clean towel. Secondly, spray with disinfectant and store in a clean, closed container.

For the immersable implements, thoroughly wash all implements in warm soapy water and dry with a clean towel. Secondly, completely immerse implements in a container with a germicidal disinfectant for the required time, usually 10 minutes. Then store the implements in a clean, closed container.

*Electric Files* – must be cleaned and disinfected after each client. To clean bits – wash in hot soapy water, remove all foreign matter (use a stiff brush) and soak in germicidal disinfectant for a minimum of 10 minutes. Any bits that cannot be disinfected, must be disposed of. Sanitized bits must be stored in a clean, closed container. Disinfected electrical equipment must be stored in a clean, closed container. Bits must be stored separately from the drill. The cosmetologist must have 8 hours of continuing education to use an electric file.

- Pedicure footspas – follow manufacturer's directions on disinfection. Use a germicidal disinfectant as directed by the manufacturer. Sanitize after each client.
- If a **blood spill** occurs it must be treated immediately.
- **PROHIBITED** – products containing MMA.

## The Sterilization Process

Clean inside of cabinet and dry thoroughly. Prepare dry sterilizer. Full strength formalin can be used either one of two ways. (a) Mix 1 tablespoonful of borax with 1 tablespoon of formalin in a small tray, and place it into a dry sterilizer. (b) Place a piece of absorbent cotton in a small container, saturate the cotton with formalin, and place the container on the bottom shelf of a dry sterilizer. Have ready a supply of clean towels.<sup>22</sup>

### *Steps for Dry Sterilization*

**Step 1** -- Decontaminate, clean, and dry all instruments and other items to be sterilized.

**Step 2** -- Either 1) wrap the instruments and other items using foil, double-layered cotton, or muslin fabric; 2) put unwrapped instruments and other items on a tray or shelf; or 3) place instruments and other items in a metal, lidded container. **Note:** Because dry-heat sterilization works by raising the temperature of the entire item to the designated temperature, it is not necessary to open or unlock hinged instruments or other items or to disassemble those with sliding or multiple parts. In addition, instruments and other items can be placed in closed containers.

**Step 3** -- Place instruments and other items in the oven, and heat to the designated temperature. The oven must have a thermometer or temperature gauge to make sure the designated temperature is reached.

### Temperature

- 170 degrees C (340 degrees F) - 1 hour
- 160 degrees C (320 degrees F) - 2 hours
- 150 degrees C (300 degrees F) - 2.5 hours
- 140 degrees C (285 degrees F) - 3 hours<sup>29</sup>

Do not begin timing until the oven reaches the desired temperature, and do not open the oven door or add or remove any items). Sterilization is achieved with the times and the temperatures shown. Dry heat can dull sharp instruments and needles so these items should not be sterilized at temperatures higher than 160 degrees C.

**Step 4** -- Leave items in the oven to cool before removing. When they are cool, remove items using sterile pickups and use or store immediately.

**Step 5** -- Store items properly. Proper storage is as important as the sterilization process itself:

- **Wrapped items.** *Under optimal storage conditions and with minimal handling, properly wrapped items can be considered sterile as long as they remain intact and dry. For optimal storage, place sterile packs in closed cabinets in areas that are not heavily trafficked, have moderate temperature, and are dry or of low humidity. When in doubt about the sterility of a pack, consider it contaminated and re-sterilize it.*
- **Unwrapped items.** Use unwrapped items immediately after removal from the autoclave or keep them in a covered, sterile container for up to one week.<sup>29</sup>

## **Combs and Brushes**

At least six combs and brushes are to be provided for each cosmetology operator. All combs, brushes, esthetics and manicurist instruments shall be cleaned and disinfected.

### *Cleaning Combs and Brushes*

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. Remove the hair from combs and brushes. Immerse combs and brushes completely into a bowl of soapy water for several minutes.<sup>38</sup> 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.<sup>22</sup>

### *Sterilizing Combs and Brushes*

EPA registered, hospital/pseudomonacidal (bactericidal, virucidal, and fungicidal) and tuberculocidal is to be mixed and used according to the manufacturer's directions:

- Household bleach in a ten (10)% solution for 10 minutes;
- 70% or higher isopropyl alcohol for 15 minutes; or
- 90% ethyl alcohol for 15 minutes.

Adding ammonia to the soap bath is optional in the proportion of 1 tablespoon to 2 quarts of water. A bowl of warm water can be used for rinsing purposes. Immerse combs and brushes into the solution for 20 minutes. Remove combs and brushes, rinse in clear clean water, and dry them thoroughly with a clean towel. When thoroughly dry rest combs and brushes on a clean towel in a dust free place.<sup>22</sup>

The sterilizing solution will not shorten the service life of the comb, brush, esthetics or manicuring instrument. However, the user must wear personal protective equipment, such as gloves, recommended in the Material Safety Data Sheet prepared on the disinfectant by the manufacturer. They shall be rinsed with hot tap water and dried with a clean towel before their next use. If they are not used immediately, they can be stored in a clean, closed cabinet until they are needed.

## **Personal Care with the Use, Handling and Disposing of Chemicals**

When working in a salon setting, an employee will come in to contact with a large variety of chemicals. Since there is the risk of unintentionally creating hazards, it is important to be aware of all information with regards to safely handling and properly storing the chemical products. After

acquiring the products, it is important to assemble MSDS sheets into a folder or binder for easy access and future reference.

Most salons buy products in bulk so the storage area should be adequately ventilated and not subject to extreme heat or cold. The chemicals must be closed tightly to prevent spillage during the course of the day. If an employee transfers a product out of the original container to another container, the new container must be properly labeled for quick and easy identification.

#### *Protecting Against Fire*

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 and make sure the salon has properly inspected fire extinguishers available in case of a fire. Practitioners who use chemicals in order to provide services to clients have to mix those chemicals in a dispensing area, which has adequate ventilation away from open flame or other source of potential ignition.

All chemically saturated towels and waste from the work and storage area must be placed in covered, fire-retardant containers. All chemicals shall be disposed of according to manufacturer's instructions and in accordance with local and state environmental requirements.

Smoking or use of an open flame at the workstation, by either the client or the cosmetologists during any phase of chemical service is strictly prohibited.

#### *Prohibited Substances*

Cosmetic products containing hazardous substances, which have been banned by the U.S. Food and Drug Administration for use in cosmetic products, are prohibited on the premises of facilities. Products are prohibited from being used in a manner that is disapproved by the U.S. Food and Drug Administration. No product containing compounds or substances characterized as hazardous or harmful to humans by Material Safety Data Sheets (MSDS) and/or random product testing can be used.

## **Unit 6 OSHA Standards & Other General Regulations**

The cosmetology industry is guided by state cosmetology laws and cosmetology boards, which set the standards for educational requirements, licensing and business operations. The policies of each state differ.

#### ***Rules and Regulations for Training***

Cosmetologists and establishments that train and employ cosmetologists must abide by rules of hygiene and safety, which are determined by state cosmetology laws. These laws provide for safety and sanitation procedures regarding cleanliness, infection control, hazards, sanitation, sterilization of instruments, patron safety, and mechanical and electric equipment safety.

## **State Board of Cosmetology**

Each state has a Board of Cosmetology that exists to oversee and to ensure that proper sanitation procedures are met within each aspect of the running a salon - rules and regulations for hair salon, nail salons, massage and facial. Rules and regulations vary by state so it is important to understand and comply with the particular State Board in which the salon is located. Generally speaking, the State Board visits about once, maybe twice, a year to inspect the salons depending on the number of inspectors the state has and the number of salons within their designated area.<sup>32</sup>

## **Occupational Safety and Health Administration (OSHA)**

The focus of Occupational Safety and Health Administration (OSHA) is to assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions. They provide research, information, education, and training in the field of occupational safety and health.

In general, coverage of the OSH Act extends to all employers and their employees in the 50 states, the District of Columbia, Puerto Rico, and all other territories under federal government jurisdiction. Coverage is provided either directly by the Federal Occupational Safety and Health Administration (OSHA) or through an OSHA-approved state occupational safety and health program, in states that have approved programs

For bloodborne pathogens, OSHA issued a policy in 1997 stating that, in order to comply, the use of an EPA-registered tuberculocida disinfectant or an EPA-registered disinfectant labeled as effective against HIV and HBV is required. When salon implements accidentally come into contact with blood or body fluids, they should be cleaned and completely immersed in an EPA-registered disinfectant that kills HIV-1 and Hepatitis B virus, or in a tuberculocidal disinfectant.

### *OSH Act of 1970*

In the OSH Act, an employer is any "person engaged in a business affecting commerce that has employees, but does not include the United States or any state or political subdivision of a State." Therefore, the OSH Act applies to employers and employees in varied fields. Its focus is to assure safe and healthful working conditions for men and women; by authorizing enforcement of the standards developed under the Act.

The OSH Act of 1970 is applied with respect to employment performed in a workplace. The Secretary of the Interior provides for judicial enforcement of this Act by the courts established for areas in which there are no United States district courts having jurisdiction. The Occupational Safety and Health Act of 1970 wants to assure safe and healthful working conditions for men and women. The OSH Act was designed to protect employees and to require all private employers to comply with occupational safety and health standards in the workplace.

### *OSHA and the Cosmetology Industry*

The cosmetology industry uses more than 10,000 chemicals in its products, 89% of which have not been evaluated for safety. The polishes, acrylics and other products used in nail salons contain some twenty chemicals flagged as having "potential symptoms and health effects" by the Environmental

Protection Agency. The list includes solvents like acetone, which may cause central nervous system depression, and ethyl methacrylate, linked to eye, skin and respiratory tract irritation.

The EPA evaluates a chemical's health risks based on whether it exceeds OSHA's permissible exposure limits, developed for industrial settings. These standards are designed to prevent acute problems like neurological intoxication or respiratory difficulty that develop soon after a large dose. They are not set up to assess cancer and chronic disease which develop from long-term, low-dose exposure. Many of the standards also have not changed since OSHA first set limits in 1968, when the populations it studied were mostly male.

#### *OSHA Regulation*

OSHA regulates the hazardous chemical materials 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. They are also responsible to make sure the chemicals and cosmetics will not cause harm if used properly. The cosmetology professional 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.

#### *OSHA and Bloodborne Pathogens*

For bloodborne pathogens, OSHA issued a policy in 1997 stating that, in order to comply with OSHA's Bloodborne Pathogens Standard, the use of a EPA-registered tuberculocidal disinfectant or an EPA-registered disinfectant labeled as effective against HIV and HBV is required. For this reason, when salon implements accidentally come into contact with blood or body fluids, they should be cleaned and completely immersed in an EPA-registered disinfectant that kills HIV-1 and Hepatitis B virus, or in a tuberculocidal disinfectant that kills.<sup>31</sup>

OSHA sets the standard that must be used in the industry for dealing with bloodborne pathogens. The standard prescribes the use of Universal Precautions as the approach to infection control..Universal Precautions are a set of guidelines and controls, published by the Centers for Disease Control and Prevention (CDC, that require the employer and the employee to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens. Precautions include hand-washing; gloving; personal protective equipment such as goggles; injury prevention; and proper handling and disposal of needles, other sharp instruments, and products that have been contaminated by blood or other body fluids.<sup>31</sup>

#### *OSHA's Jurisdiction*

Besides nearly every working man and woman in the nation coming under OSHA's jurisdiction with some few exceptions, other users and recipients of OSHA services include occupational safety and health professionals, the academic community, lawyers, journalists, and personnel of other government entities.

There is a regulatory jurisdiction existing over barbers and cosmetologists between the Board of Barbers and Cosmetologists, and the Bureau of Public Health. The Board is responsible for assisting the Bureau, administering the examination of cosmetologists, and issuing licenses. The primary area of overlap between the Bureau and the Board exists with dual rule-making authority. If the Board

remains the dominant rule maker, the Legislature should consider reorganizing the membership composition of the Board in order to better represent the population of licensees.

### *OSHA Inspections*

Under the Occupational Safety and Health Act of 1970 (the Act), the Occupational Safety and Health Administration (OSHA) is authorized to conduct workplace inspections and investigations to determine whether employers are complying with standards issued by the agency for safe and healthful workplaces. OSHA also enforces Section 5(a)(1) of the Act, known as the "General Duty Clause," which requires that every working man and woman must be provided with a safe and healthful workplace.

Inspections are always conducted without advance notice. There are, however, special circumstances under which OSHA may give notice to the employer, but such a notice will normally be less than 24 hours. These circumstances include the following:

- Imminent danger situations that require correction as soon as possible;
- Accident investigations where the employer has notified the agency of a fatality or catastrophe;
- Inspections that must take place after regular business hours or that require special preparation;
- Cases where notice is required to ensure that the employer and employee representative or other personnel will be present;
- Cases where an inspection must be delayed for more than 5 working days when there is good cause; and
- Situations in which the OSHA Area Director determines that advance notice would produce a more thorough or effective inspection.

Employers who receive advance notice of an inspection must inform their employees' representative or arrange for OSHA to do so. If an employer refuses to admit an OSHA compliance officer or if an employer attempts to interfere with the inspection, the Act permits appropriate legal action, such as obtaining a warrant to inspect.

***Follow-up Inspections*** -- The follow-up inspection determines if the employer has corrected previously cited violations. If an employer has failed to correct a violation, the compliance officer informs the employer that he or she is subject to "Failure to Abate" alleged violations. Unfortunately, this involves proposed additional daily penalties until the employer corrects the violation.

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. This itinerary will list the locations where and the dates and hours when the mobile salon will be operating.

## **Regulated Cosmetology Services**

### *Facial Services*

Cosmetologists and facialists are required to wash their hands with soap and water, or use a liquid hand sanitizer, prior to performing any services on any client. Gloves must be worn during any type of

extraction. Equipment, implements, tools and materials are to be properly cleaned and disinfected prior to servicing each client in accordance to this rule.

Facial chairs, headrests and beds are to be cleaned and disinfected prior to providing service to each new client. The chair must be covered in a non-porous material if it is not made of non-porous material. The reason is so that the entire surface can be disinfected. The following implements are to be cleaned and disinfected after each client:

- Tweezers
- Comedone extractors.

The single-use implements are to be discarded in a trash receptacle after use. The single-use implements are the following:

- cotton pads, cotton balls and gauze,
- wooden applicators and lancets,
- disposable gloves and fabric strips;
- tissues and disposable wipes,

All the items used during services must be replaced with clean items for each client. Here is a list of some of those items:

- disposable and terry cloth towels,
- hair caps and headbands,
- brushes and makeup brushes,
- gowns,
- spatulas that contact skin
- products from multi-use containers
- sponges and other items used for a similar purpose.

Items subject to possible cross contamination should be used in a manner so as not to contaminate the remaining product. These items could be

- creams,
- cosmetics,
- astringents,
- lotions,
- removers,
- waxes,
- moisturizers,
- masks
- oils

Applicators are not to be re-dipped in product because of the possibility of cross-contamination. Permitted procedures to avoid cross contamination are:

- Disposing of the remaining product before beginning services on each client; or
- Using a single-use disposable implement to apply product and disposing of such implement after use; or

- Using an applicator bottle to apply the product.<sup>30</sup>

### *Manicure and Pedicure Services*

Cosmetologists and manicurists must clean their hands with soap and water or a hand sanitizer prior to performing any services. The areas of the client's body on which the service is to be administered must be cleaned by the cosmetologists and manicurists.

All metal manicure and pedicure tools are to be properly cleaned, disinfected and sterilized prior to each service regardless of the tool's multiuse for only a single client or for multiple clients. Single-use items are to be discarded after use such as:

- orangewood sticks,
- cotton balls,
- nail wipes
- disposable towels.

Buffer blocks, porous nail files, pedicure files, callus rasps, natural pumice and foot brush, arbor, sanding bands, sleeves, heel and toe pumice, exfoliating block are to be cleaned by manually brushing or using other adequate methods to remove all visible debris after each use. After that is done it should be sprayed with Isopropyl or ethyl alcohol, an EPA-registered bactericidal, fungicidal, and virucidal disinfectant, or a or a high level chlorine bleach solution. If a buffer block or porous nail file is exposed to broken skin or unhealthy skin or nails, it must be discarded immediately after use in a trash receptacle. The materials used during a manicure and pedicure that make contact with the skin or skin products must be replaced with new or clean articles after each client use:

- terry cloth towels,
- finger bowls
- spatulas.<sup>30</sup>

### *Electric Drill Bits*

Electric files, drills, or machines specifically designed and manufactured for use in the professional nail industry are to be used in a cosmetology establishment for performing manicure or pedicure services. After each use, diamond, carbide, natural and metal bits shall be cleaned by either

- using a brush;
- using an ultrasonic cleaner; or
- immersing in acetone for 5 to 10 minutes.

Immediately after cleaning all visible debris, diamond, carbide, natural and metal bits shall be disinfected by complete immersion in an appropriate disinfectant between clients, then sterilized. Buffing bits and chamois must be cleaned with soap and water at the end of every day of use in addition to being cleaned or replaced between clients.<sup>30</sup>

### *Footspas*

"Whirlpool footspa" or "spa" is any basin using circulating water, either in a self-contained unit or in a unit that is connected to other plumbing in the establishment. The cleaning and disinfecting procedures for foot spas should be followed for units connected to an establishment's plumbing, and, to every extent possible, self-contained units. Before use, each whirlpool foot spa must be cleaned and disinfected in the following manner.

1. Drain all water and all debris shall be removed from the spa basin.
2. Clean then spa basin with soap or detergent and water.
3. Disinfect the spa basin with an EPA registered disinfectant with demonstrated bactericidal, fungicidal, and virucidal activity.
4. Wipe dry the spa basin with a clean towel.

Additional sanitizing should take place at the end of each day. Each whirlpool foot spa must be cleaned and disinfected in the following manner:

- Remove the screen and all the debris trapped behind the screen
- Wash the screen and the inlet with soap and water or detergent and water.
- Wash the screen with chlorine bleach solution of one-third cup of 5.25% chlorine bleach to one (1) gallon of water; or the screen can be totally immersed in an EPA-registered disinfectant with demonstrated bactericidal, fungicidal, and virucidal activity which must be used according to manufacturer's instructions.
- The spa system is to be flushed with soap and warm water for at least 10 minutes after which the spa is to be rinsed and drained.<sup>30</sup>

Bi-weekly, after cleaning and disinfecting each whirlpool foot spa, it can be cleaned and disinfected by:

- Filling the spa basin with water and one-third cup of 5.25% bleach for each one gallon of water.
- Flush the spa system with the chlorine bleach and water solution or an EPA-registered disinfectant for 5 to 10 minutes and allowed to sit for 6 to 10 hours.
- The spa system shall be drained and flushed with water before use upon a customer.

A record shall be made on a form prescribe by the department of the date and time of each cleaning and disinfecting indicating whether the cleaning was a daily or bi-weekly cleaning. This record shall be made at or near the time of cleaning and disinfecting. The record shall indicate if a spa was not used at all during any individual work day. Cleaning and disinfecting records shall be made available upon request by either a patron or a department representative.

Documentation must be maintained on all footspas or else it must be removed from service and not used again until it has be cleaned and disinfected and the records have been properly updated. Footspa chairs shall be cleaned and disinfected prior to providing service to each client. The chair has to be made of, or covered in a non-porous material that can be disinfected effectively.<sup>30</sup>

### *Blood and Body Fluids*

Since blood can carry many pathogens, the cosmetologist should never touch a client's open sore or wound. Powdered alum, styptic powder, or a cyanoacrylate (e.g. liquid-type bandage) may be used to contact the skin to stop minor bleeding, and should be applied to the open area with a disposable cotton-tipped disposable instrument to be discarded after application.

In the case of blood or body fluid on any surface area such as a table, chair, or the floor, an EPA-registered hospital grade disinfectant, a tuberculocidal disinfectant, or a 10% bleach solution (one-and-three quarters (1  $\frac{3}{4}$ ) cups of household (5.25%) bleach to one gallon of water) is to be used per manufacturer's instructions immediately to clean up all visible blood or body fluids.

If any non-porous instrument comes into contact with blood or body fluid, it shall be immediately cleaned and disinfected using an EPA-registered hospital grade disinfectant, a tuberculocidal disinfectant in accordance with the manufacturer's instructions, or totally immersed in a 10% bleach solution (one-and-three quarters (1  $\frac{3}{4}$ ) cups of household (5.25%) bleach to one gallon of water) for 5 minutes.

If any porous instrument contacts blood or body fluid, it shall be immediately double-bagged and discarded in a closed trash container or biohazard box.<sup>30</sup>

### *Establishments*

The salon establishment should maintain the floors, walls, ceilings, shelves, furniture, furnishings, and fixtures clean and in good repair. Appearance is one reason for this and the other reason is to always have a smooth, washable surface, free of cracks, holes, or other similar disrepair.

The floors in areas where services are performed, including restrooms and areas where chemicals are mixed or where water may splash, must be of a material which is not porous or absorbent and is easily washable. The only exception to that is when anti-slip applications or plastic floor coverings are used for safety reasons. Carpet is permitted in all other areas.

Plumbing fixtures, including toilets and wash basins, shall be kept clean. They must be free from cracks and similar disrepair that cannot be readily accessible for cleaning.

Each establishment must have suitable plumbing that provides an adequate and readily available supply of hot and cold running water at all times and that is connected for drainage of sewage and potable water within the areas where work is performed and supplies dispensed. Every establishment shall provide at least one restroom located on or near the premises of the establishment. For public safety, chemical supplies shall not be stored in the restroom.

Food or beverages shall not be prepared on licensed premises for sale. Pre-packaged food or beverages may be sold to or consumed by clients. For public health and safety, licensed premises shall eliminate any strong odors through adequate ventilation, including but not limited to, exhaust fans and air filtration to exhaust chemicals and fumes away from the public area and to provide for the input of fresh air.

Licensed premises shall not be utilized for living or sleeping purposes, or any other purpose that would tend to make the premises unsanitary, unsafe, or endanger the health and safety of the public. An establishment that is attached to a residence must have an entrance that is separate and distinct from the residential entrance. Any door between a residence and a licensed facility must be closed during business hours.

No animals with the exception of those providing assistance to individuals are allowed in establishments. Covered aquariums are allowed provided that they are maintained in a sanitary condition.<sup>30</sup>

## Penalties

These are the types of violations that may be cited and the penalties that may be proposed:

- **Serious Violation**—A Serious Violation is a substantial probability that death or serious physical harm could result. OSHA assesses the penalty for a serious violation from \$1,500 to \$7,000 depending on the gravity of the violation. OSHA may adjust a penalty for a serious violation downward based on the employer's good faith, history of previous violations, and size of business.
- **Other-Than-Serious Violation**—A violation that has a direct relationship to job safety and health, but probably would not cause death or serious physical harm. OSHA may assess a penalty from \$0 to \$1,000 for each violation. The agency may adjust a penalty downward by as much as 95%, depending on the employer's good faith, history of previous violations, and size of business
- **Willful Violation**—A violation that the employer intentionally and knowingly commits like when he or she is aware that a hazardous condition exists, knows that the condition violates a standard or other obligation of the Act, and makes no reasonable effort to eliminate it. OSHA may propose penalties of up to \$70,000 for each willful violation. The minimum willful penalty is \$5,000. An employer who is convicted in a criminal proceeding of a willful violation of a standard that has resulted in the death of an employee may be fined up to \$250,000 or imprisoned up to 6 months, or both. A second conviction doubles the possible term of imprisonment.
- **Repeated Violation**—A violation of any standard, regulation, rule, or order where, upon re-inspection, a substantially similar violation is found and the original citation has become a final order. Violations can bring a fine or up to \$70,000 for each such violation within the previous 3 years. OSHA adjusts the initial penalty for the size and then multiplies by a factor of 2, 5, or 10 depending on the size of the business.
- **Failure-to-Abate**—Failure to correct a prior violation may bring a civil penalty of up to \$7,000 for each day that the violation continues beyond the prescribed abatement date. Additional violations for which OSHA may issue citations and proposed penalties are as follows:
  - Falsifying records, reports;
  - Violating posting requirements may bring a civil penalty of \$7,000.
  - Assaulting a compliance officer or otherwise resisting, opposing, intimidating, or interfering with a compliance officer is subject to a fine of not more than \$5,000 and imprisonment for not more than 3 years.

Citations and penalty procedures may differ somewhat in states with their own occupational safety and health programs.

## Summary

Sanitation and sterilization procedures do not have to be complicated nor lengthy but they do need to be specific. The importance of following the procedures must be made clear to each salon employee. Because each salon profession may require different procedures, each salon profession must be given different procedures to follow. These procedures must be written and they must be required reading by each salon employee.<sup>32</sup>

A growing trend in some salons is the use of hospital-grade autoclaves for implement sterilization. This can be expensive to obtain and to use, but the benefits far outweigh the costs when considering client safety and salon sanitation. When used correctly, they not only ensure proper sterilization but it is also an open display for the client to observe that great care is given about their health. The process includes the opening of a sterilization pouch in front of the customer prior to them being serviced. Since not many State Boards require this equipment to be used, there are few that utilize the sanitation procedure.

## **Unit 7**

### **Terminology of Sanitation, Sterilization**

**Acid** -- A substance that when added to water increases the concentration of hydrogen ions (lowers the pH) is called an acid.

**Aesthetician** -- *An aesthetician is a skin care specialist who can perform non-medical procedures such as facial treatments and skin exfoliation. The esthetician can offer skin treatments that encompass the entire body or only on a specific area.*<sup>34</sup>

**Allergen** -- A substance capable of producing an exaggerated or adverse reaction, such as sneezing, coughing, rash or irritation in sensitive individuals.<sup>35</sup>

**Allergic Reaction** -- Allergic reaction, or an allergy, is an adverse reaction to the body usually characterized by skin redness, itching, blisters and localized swelling.<sup>35</sup>

**Bacteria** -- A single cell organism. Some bacteria are capable of causing disease.<sup>35</sup>

**Bacteriology** -- Study of bacteria. Modern understanding of bacterial forms dates from Ferdinand Cohn's classifications. Other researchers, such as Louis Pasteur, established the connection between bacteria and fermentation and disease. The modern methods of bacteriological technique began in the late 19th century with the use of stains and the development of methods of cultivating organisms on plates of nutrients. Important discoveries came when Pasteur succeeded in immunizing animals against two bacterial diseases, which led to the development of immunology.<sup>37</sup>

**Base** -- A substance that reduces the concentration of hydrogen ions (raises the pH) is called a base.

**Bloodborne Pathogens** -- Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. They are disease-causing bacteria or viruses that are carried through body in the blood or body fluids, such as hepatitis and HIV. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Breathing Zone** -- The two foot sphere around each person's mouth, from which all your breathing air is drawn.<sup>35</sup>

**Buffers** -- Some substances enable solutions to resist pH changes when an acid or base is added. Such substances are called buffers. Buffers are very important in helping organisms maintain a relatively constant pH.

**Chemical** -- Everything you see and touch except for light and electricity.<sup>35</sup>

**Contamination** -- To make impure, infected, corrupt, etc., by contact with or addition of something.<sup>35</sup>

**Cosmetology** – *This is the industry that teaches and regulates the learning of how to style hair, take care of a person's skin and nails, and other beauty and grooming techniques. Cosmetology also teaches make-up application. The laws and regulations vary from state to state, but most cosmetology students must take a written test on cosmetology and also demonstrate a cosmetology technique before they can be licensed.* <sup>34</sup>

**Cosmetologist** -- *Once a cosmetology student successfully passes all stages of certification or licensure, he or she can become a licensed cosmetologist and begin working at an established salon or open a new business by establishing a client base.* <sup>34</sup>

**Decontamination** -- Decontamination involves the use of physical or chemical means to remove, inactivate, or destroy pathogens so that the object is rendered safe for handling, use, or disposal. There are three main levels of decontamination: sterilization, disinfection, and sanitation.

**Dermis** -- The dermis is the bottom layer of skin. The surface of the dermis is grooved with many tiny channels, slits or tracks, upon which the nail moves as it grows.<sup>35</sup>

**Disinfection** -- A procedure used to control micro-organisms on non-living surfaces such as: instruments, implements or environmental surfaces.<sup>35</sup> Disinfection is the destruction of viruses, bacteria and fungi on surfaces that have come in contact with a client's skin. Proper disinfection leaves a surface highly unlikely to transmit infection or cause disease. Disinfection is only for non-living surfaces because disinfectants are damaging to living skin and may lead to irritation or allergic reactions. The combination of proper cleaning and disinfection of tools, surfaces and equipment with an EPA registered disinfectant is highly effective in the salon environment.

**Electrologist** – *A cosmetologist may become an electrologist and use those skills to remove unwanted body hair by a process called electrolysis from any part of the body that the client wishes.*<sup>34</sup>

**Engineering Controls** – The definition of "Engineering Controls" has been modified to include as examples "safer medical devices, such as sharps with engineered sharps injury protections and needleless systems." This change clarifies that safer medical devices are considered to be engineering controls under the standard. The term "Engineering Controls" includes all control measures that isolate or remove a hazard from the workplace, encompassing not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens.

**Epidermis** -- The epidermis is the upper most layer of skin. It is attached to the bottom of the nail plate and is ridged with tiny 'rails' that run in the same direction as the dermis grooves. The effect is much like a train riding on its tracks as it moves forward.<sup>35</sup>

**Exposure Control Plan** -- The 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.

**Flash Point** -- The temperature at which a substance gives off a sufficient amount of vapors to form an ignitable mixture with air. Products with a low flash point (below 100° F) should not be used in the presence of (or near) fire, flame, sparks or high heat, i.e., a lit cigarette or automobile trunks. The flash point of a product can be found in the MSDS.<sup>35</sup>

**Free Radicals** -- Very excited molecules which cause many kinds of chemical reactions.<sup>35</sup>

**Fumes** -- Irritating smoke, vapor or gas.<sup>35</sup>

**Fungi** -- Fungi are microscopic plant organisms consisting of many cells, such as mold, mildews and yeast. Fungi are incapable of manufacturing their own food and behave as either parasites or saprophytes.<sup>35</sup>

**Hazard Communication** -- 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.

**Hazardous Ingredient** -- Any substance which may be capable to causing physical or health related injury to an exposed individual.<sup>35</sup>

**Hazardous Material** -- A hazardous material is defined as any substance or material could adversely affect the safety of the public, handlers or carriers during transportation.

**Hair Stylist** -- *Hairstyling is when a cosmetologist shampoos and conditions hair, applies coloring treatments and perming solutions, and/or cuts, styles, or arranges hair according to the client's preference.* <sup>34</sup>

**Infection Risks** – Some of the infections that can be spread in hairdressing premises include:

- Skin infections (including scalp, face and neck):
  - Staphylococcal infections such as impetigo.
  - Fungal infections on the scalp such as *Tinea capitis* (ringworm).
- Blood Infections:
  - HIV

- o Hepatitis B and hepatitis C

**Massage Therapist** -- *Massage therapists are professionals who have studied techniques whereby they stroke, rub and manipulate the soft tissue in different areas of the body to relax a client and to improve health and overall well-being. Some massage therapists offer full-body massage; others may concentrate on specific areas, such as the hands or feet.*

**Manicurist** -- *Manicurists work to provide professionally groomed fingernails and toenails. Nail care of the hands is called a manicure. Manicurists may work in conventional beauty salons and styling businesses, or they may have a separate work area or building in which to serve their clients.<sup>34</sup>*

**Material Safety Data Sheet (MSDS)** -- Chemical information sheets also containing safety precautions on each potentially hazardous product one uses. It is an OSHA regulation for all salons to have MSDS on premises for all products containing potentially hazardous chemicals.<sup>35</sup>

**Methyl Methacrylate** -- Methyl Methacrylate is an ingredient that was commonly used in early "nail porcelains." In the early 1970's, the Food and Drug Administration received numerous complaints of personal injuries associated with the use of acrylic monomer formulated with MMA.

**Mildew** -- A white or grayish coating formed by fungi on plant leaves, cloth, paper, etc.<sup>35</sup>

**Mold** -- Any of various fungous growths formed on the surface of organic matter. Mold is not a human pathogen.<sup>35</sup>

**Needlestick Injury** -- A needlestick injury is a percutaneous piercing wound typically set by a needle point, but possibly also by other sharp instruments or objects. Commonly encountered by people handling needles in the medical setting, such injuries are an occupational hazard in the medical community.

**Needleless Systems** -- Needleless Systems provide an alternative to needles for the specified procedures, to reduce the risk of percutaneous injury involving contaminated sharps. Examples of needleless systems include, but are not limited to, intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a blunt cannula or other non-needle connection, and jet injection systems that deliver subcutaneous or intramuscular injections of liquid medication through the skin without use of a needle.

**Occupational Exposures** -- Occupational exposures are considered urgent medical concerns so that timely management can be administered. Post-exposure prophylaxis should be initiated as soon as possible, because it is most effective within 24 to 36 hours after exposure. However, even after 24 to 36 hours it might still be effective.

**OSHA** -- Occupational Safety and Health Administration.<sup>35</sup>

**Overexposure** -- Chemical hazards caused from prolonged, repeated exposure beyond levels specified as safe by regulatory agencies.<sup>35</sup>

**Parasites** -- Parasites are vegetable or animal organisms that live in or on another living organism and draw their nourishment from that organism. They are not capable of sustaining their own life without a host.

**Pathogen** -- A micro-organism which is capable of causing disease.<sup>35</sup>

**Pedicure** – *The nail care of the feet is called a pedicure. They incorporate clippers, exfoliating tools, files, and lotions and creams in order to accomplish this task.* <sup>34</sup>

**Percutaneous Injury** – Percutaneous Injury is administered, removed, or absorbed by way of the skin, as an injection, needle biopsy, or transdermal drug.

**pH** -- pH is a unit of measurement referring to its degree of acidity or alkalinity. The concentration of hydrogen ions in a solution is very important for living things. Because pH is dependent on ionic activity, a property which cannot be measured easily or fully predicted theoretically, it is difficult to determine an accurate value for the pH of a solution. Low pH corresponds to high hydrogen ion concentration and vice versa. The pH reading of a solution is usually obtained by comparing unknown solutions to those of known pH, and there are several ways to do so.

**Regulated Waste** -- Regulated Waste, to refer to the following categories of waste:

- liquid or semi-liquid blood or other potentially infectious materials (OPIM);
- items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed;
- items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
- contaminated sharps; and
- pathological and microbiological wastes containing blood or OPIM.

**Sanitation** -- Sanitation reduces the number of pathogens or bacteria on a surface.<sup>35</sup> Sanitation is another word for cleaning. It means the removing of visible contamination and debris and dramatically lowering the number of germs on the surface. Washing hands, brushing teeth and washing any object with soap and water are all examples. Cleaning is the first and most important step for controlling the spread of infectious germs in the salon. If the implements first, disinfectants may be deactivated and/or blocked by soap films, dirt, grease or oil.<sup>36</sup>

**Sensitization** -- Sensitization is a type of allergic reaction in which the affected person becomes increasingly sensitive to the allergy causing substance through repeated and prolonged contact.<sup>35</sup>

**Sensitizer** -- A chemical that causes a substantial portion of exposed people or animals to develop an allergic reaction in normal tissue after repeated or prolonged exposure to a chemical.<sup>35</sup>

**Steam Sterilization** -- Steam sterilization is the preferred method of sterilization for heat tolerable items and can be safely carried out in the office setting.

**Static Loading** -- Static loading is holding a posture (neutral or non-neutral) for long periods of time with little or no gross movement. Alternate chair work with other tasks such as sweeping, stocking, folding towels, and setting up for the next few clients—something that encourages gross movement. Standing for long periods on hard surfaces is a form of static loading.

**Sterilization** -- Sterilization completely destroys all living organisms on an object or surface.<sup>35</sup> Sterilization is the complete destruction of all microscopic life on a surface. Chemical sterilization is too hazardous for salons; however, pressurized steam sterilization (autoclaving) of nippers, files, and other tools is required in some areas and preferred by some salons. Surfaces such as table tops and foot spas cannot fit into an autoclave and must be disinfected instead.<sup>36</sup>

**Tuberculosis** -- Tuberculosis is not considered a bloodborne pathogen for purposes of this OSHA regulation as it is not transmitted via blood and body fluid contact. Tuberculosis is transmitted from person to person via the aerosol route when an individual with active productive Tuberculosis repeatedly exposes another individual in close proximity.

**Vapor** -- The gas formed by the evaporation of liquids.<sup>35</sup>

**Vegetable Parasites** -- Vegetable parasites or fungi, which include molds, mildews, and yeasts, can produce contagious disease, such as ringworm and favus, both skin diseases. nail fungus can be contracted through implements that have not been disinfected properly or by moisture trapped under nail enhancements. Nail fungus is chronic and usually localized but can be spread to other nails and from client to client if implements are not disinfected before and after each client. Treatment is generally applied directly to the affected area.

**Ventilate** -- To admit fresh air into a space in order to replace stale air.<sup>35</sup>

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## Test Your Knowledge

Please answer the following “Test Your Knowledge” questions. You do not need to submit these to us for continuing education credit.

1. Inadequate sanitation is a major cause of disease worldwide.

- True  False

2. Dirty hands and fingernails are sources of infectious diseases.

- True  False

3. Antiseptic solutions are stronger than disinfectant solutions.

- True  False

4. “Super Quats” are not safe and do not destroy bacteria.

- True  False

5. Proper disinfectants are the answer to the prevention of the spread of dangerous organisms.

- True  False

6. Disinfectants will work very well even if they are mixed incorrectly.

- True  False

7. Gloves should be worn whenever there is a possibility of contact with bodily fluids.

- True  False

8. Some cosmetic products are flammable or create conditions where fire can occur if there is a spark or open flame.

- True  False

### Answers

1. T
2. T
3. F
4. F
5. T
6. F
7. T
8. T

# WICY200 & WICY201 - Course Evaluation

YOU MUST ANSWER ALL QUESTIONS ON THIS PAGE AND SIGN IT IN ORDER TO RECEIVE CONTINUING EDUCATION CREDIT FOR YOUR COURSES

**Circle only one: 1 = Worst 10 = Best**

I would rate this course

1 2 3 4 5 6 7 8 9 10

**Circle only one: 1 = Disagree 10 = Agree**

The content of this program taught me something I did not already know.

1 2 3 4 5 6 7 8 9 10

The content of this course was easy to read

1 2 3 4 5 6 7 8 9 10

This course was well organized

1 2 3 4 5 6 7 8 9 10

This course is up-to-date

1 2 3 4 5 6 7 8 9 10

This course is affordable

1 2 3 4 5 6 7 8 9 10

I would recommend this course

Yes  No

How did you find us (Board Website, Board Office, Google, etc.)?: \_\_\_\_\_

Comments or a quote for our website?  Website Quote  Additional Comments

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**I certify that I have personally read and completed this course (sign on the line below)**

Signature \_\_\_\_\_

**WICY200 & WICY201 - Course Completion Form**

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Company: \_\_\_\_\_

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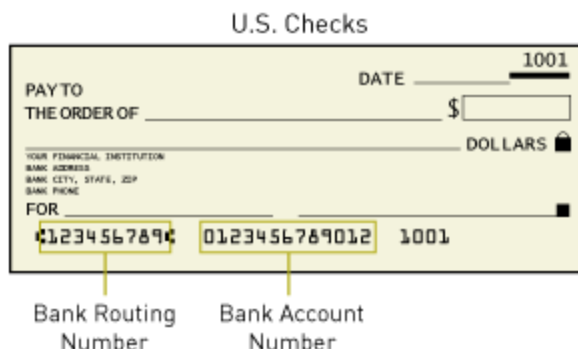
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