



Burnout in
Salon and Spa
Professionals

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SALON PROFESSIONALS

Florida 2021 - 2022

Florida Provider #0004997

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Letter from the Director

Dear Friends,

Paragon CET sets the standards of excellence by producing the best, approved continuing education to professionals. Our goal is providing you with high-quality continuing education, quickly, easily, and at a low cost, so you can focus on the provision of safe and effective services to your clients.

Inside this booklet, you will find 10 hours of continuing education to satisfy your renewal requirements for the Florida Board of Cosmetology. Read the enclosed course and visit us **online** to complete the test, evaluation and payment to instantly receive your certificate of completion for only **\$19.99**.

If you need assistance, our online Help Center is available 24 hours a day, 7 days a week at Help.ParagonCET.com. If you require special assistance, please email help@ParagonCET.com or call 800-707-5644, Monday through Friday, 8 am-5 pm.

Stay well and enjoy!

A handwritten signature in black ink that reads 'Jillian'.

Jillian
Director of Cosmetology
www.ParagonCET.com

How to Receive Credit for the Enclosed Special Offer

Online - \$19.99

- ① Read the enclosed courses.
- ② Go online to www.ParagonCET.com.
- ③ Click **Submit Answers** and enter **FLSP22** as your Quick Code.
- ④ Submit your test answers.
- ⑤ Sign up with your email address and your license number.
- ⑥ Receive your Verification Code by email and enter to submit payment and receive your certificates of completion.

Mail - \$25.99

- ① Read the enclosed courses.
- ② Complete the Customer Information/Answer Sheet on the return envelope located between pages 32–33.
- ③ Mail your payment and Information/Answer Sheet and allow 7 to 14 business days for delivery of certificates by mail.

Phone - \$25.99

- ① Read the enclosed courses.
- ② Complete the Customer Information/Answer Sheet on the return envelope located between pages 32–33.
- ③ Call 800-707-5644. Please have your credit card and license number available.

Paragon CET reports all completed credits directly to Florida's Bureau of Education and Testing within 24 hours. Your continuing education and license renewal must be completed before **October 31st**.

Paragon CET is approved by the Florida Department of Business and Professional Regulation as a provider of continuing education, Provider #0004997.

Cosmetologists, Full Specialists, Facial Specialists, and Nail Technicians are required 10 hours every two-year licensing period, all of which must be in the following Board-approved topics:

- 1 hour of HIV/AIDS and other communicable diseases,
- 3 hours of sanitation and sterilization,
- 0.5 hours of Occupational Safety and Health Administration regulations,
- 0.5 hours of issues of workers' compensation as they pertain to Florida law,
- 2 hours of State and Federal laws and rules,
- 1 hour of chemical makeup as pertains to hair, skin, and nails,
- 1 hour of environmental issues, and
- 1 hour of Board-approved elective continuing education.

If you have questions about your license or renewal, please contact your Board.

Florida Department of Business and Professional Regulation
Board of Cosmetology
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10-Hour CE Course for Florida Salon Professionals (Includes Burnout Elective)

This course fulfills the continuing education requirement for Florida salon professionals.

10 CE Hours

Release Date: 05/18/2020

Expiration Date: 05/17/2022

Audience

This course is designed for all Florida salon professionals required to complete continuing education.

Overview

Continuing education and training are vital aspects of salon maintenance and of protecting clients and ourselves. The State of Florida has mandated that most salon professionals complete a minimum of 10 hours of continuing education in order to renew their licenses. This course will fulfill all 10 mandated hours, including topics pertaining to HIV/AIDS, sanitation and sterilization, OSHA, workers' compensation, state and federal laws, the chemical makeup of hair/nails/skin, and environmental issues. In addition, the impact of burnout on salon and spa professionals will be explored.

Accreditation

Paragon CET is approved by the Florida Department of Business and Professional Regulation to provide continuing education for Cosmetologists, Estheticians, and Nail Technicians. Provider #0004997.

Designation of Credit

This course has been approved by the Florida Board of Cosmetology for 10 CE hours. Course #0501368.

Division Planner

Leah Pineschi Alberto, licensed cosmetologist and instructor of cosmetology, has been educating students in Northern California since 1975. In addition, she has

been responsible for training educators in cosmetology, esthetics, and manicuring for more than 30 years.

Mrs. Alberto began her career with Don's Beauty School in San Mateo, California. She held a 30-year position at Sacramento City College and is currently the State Board Specialty Learning Leader for Paul Mitchell the School at MTI College in Sacramento, California. She is a salon owner, a former Department of Consumer Affairs examiner, and a speaker at the Esthetics Enforcement Conference.

The health and safety of the community of stylists, salon owners, and school owners has been the focus of Mrs. Alberto's career. She served on the State Board Task Force on Pedicure Disinfection commissioned by Governor Schwarzenegger to investigate the cleanliness of the pedicure industry. The Task Force was responsible for developing foot spa safety regulations in response to illnesses and deaths resulting from unsafe pedicure practices.

Mrs. Alberto is currently a member of the California Cosmetology Instructors Association.

About the Sponsor

The purpose of Paragon CET is to provide challenging curricula to assist salon professionals to raise their levels of expertise while fulfilling their continuing education requirements, thereby improving the quality of service to their clients.

HIV/AIDS: Epidemic Update for Florida

This part fulfills the
HIV/AIDS requirement.

Part I — 1 CE Hour

Faculty

Jane C. Norman, RN, MSN, CNE, PhD

John M. Leonard, MD

Division Planner

Leah Pineschi Alberto

Course Objective

In view of the already existing HIV/AIDS crisis in the United States, the issues associated with employing or providing services for persons with HIV infection or AIDS are significant. The purpose of this course is to provide salon owners and employees information regarding the transmission, symptoms, and ethical considerations of HIV infection and to address workplace concerns.

Learning Objectives

Upon completion of this course, you should be able to:

1. Discuss the background and significance of the AIDS epidemic.
2. Describe the transmission of HIV infection, including risk behaviors and routes of contagion.
3. Review proper precautions for employees and clients.
4. Outline ethical and legal implications of HIV infection.

IMPACT OF HIV

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), an estimated 36.9 million individuals worldwide were living with HIV/AIDS by the end of 2018, approximately 18.8 million of whom are women [2]. Russia and the Middle East have the fastest growing epidemic; since 2000, new HIV infections in these regions have more than tripled [2]. It is important to note that despite increases in certain geographic areas and demographic groups, overall, the rate of new infections is declining. Africa is still the hardest hit area, with 54.4% of all HIV-infected persons living in sub-Saharan Africa in 2018 [2].

Beginning in 2003, the U.S. government has worked to fight the disease in Africa, partially through the implementation of the President's Emergency Plan for AIDS Relief (PEPFAR) [3]. PEPFAR was reauthorized in 2008, with a total of \$48 billion in funds over the following five years and expansion to address additional health issues, including malaria, tuberculosis, maternal health, and clean water [4]. This was extended through 2018 with the PEPFAR Stewardship and Oversight Act of 2013, and further extended with the PEPFAR Extension Act of 2018 [1; 5].

As of 2016, an estimated 1.1 million individuals 13 years of age or older were living with HIV/AIDS in the United States [6]. The CDC estimates that nearly 15% of these individuals are unaware of their infection [6]. When reviewing trends in HIV transmission, one should keep in mind that the widespread use of antiretroviral therapy has resulted in fewer deaths and longer survival.

As of 2018, the CDC report several trends in the HIV/AIDS epidemic [7]:

- By region, 52.4% of persons living with HIV/AIDS reside in the South, 19.5% in the West, 15.0% in the Northeast, and 13.2% in the Midwest.
- By race/ethnicity, 43% are black/African American, 25.7% white, 25.9% Hispanic, 2.3% Asian, and less than 1% are American Indian/Alaska Native or Hawaiian/Pacific Islander.
- By sex, 80.1% of adults and adolescents living with HIV are male.

In 2018, an estimated 4,683 adults and adolescents were diagnosed with HIV in Florida, making the state first in the United States in terms of number of reported cases of

HIV [7]. As is true in the country, the disease has disproportionately affected minorities in Florida. In total, 73.4% of adults and adolescents in the state diagnosed with HIV identify as either black or Hispanic [7].

SIGNS AND SYMPTOMS

HIV infection passes through several stages and, if untreated, carries an 80% mortality rate at 10 years. The initial event, reported in 50% to 90% of infected individuals, is an acute mononucleosis-like illness. Symptoms include fever, sore throat, malaise, rash, diarrhea, enlarged lymph nodes, ulcerations (broken, inflamed skin or mucous membranes), and weight loss averaging 10 pounds. A variety of neurologic syndromes including swelling of the brain (encephalitis) may occur. The illness begins one to three weeks after viral transmission and lasts about two to three weeks. This is followed by a prolonged asymptomatic period in most individuals [9].

To date, there is no predictable cure, although current medications have made the disease much more manageable [10]. The median survival of patients with advanced HIV/AIDS (CD4 count <50 cells/mcL) is approximately 12 to 18 months. The cause of death is usually complications of uncontrolled infection, cancer, or organ failure.

TRANSMISSION OF HIV

Transmission of HIV results from intimate contact with blood and body secretions, excluding saliva and tears. The most common modes of transmission are sexual contact, administration of contaminated blood and blood products, contaminated needles, and mother-to-fetus [10].

RISK CATEGORIES

On the basis of newly reported cases, the transmission risk categories are [7]:

- Male-to-male sexual contact
- Injecting drug users
- Men who have sex with men who inject drugs
- High-risk heterosexual contact
- Blood transfusion
- Perinatal transmission (i.e., from an infected pregnant woman to her fetus or infant)

MODES OF TRANSMISSION

Sexual Transmission of HIV

HIV has been isolated from blood, seminal fluid, pre-ejaculate, vaginal secretions, urine, cerebrospinal fluid, saliva, tears, and breast milk of infected individuals. No cases of HIV infection have been traced to saliva or tears [11].

The virus is found in greater concentration in semen than in vaginal fluids, leading to a hypothesis that male-to-female transmission could occur more easily than female-to-male. Sexual behavior that involves exposure to blood is likely to increase transmission risks. Transmission could occur through contact with infected bowel epithelial cells in anal intercourse in addition to access to the bloodstream through breaks in the rectal mucosa.

Although all HIV-seropositive people are potentially infectious, there is widespread variation in the seropositivity and seroconversion of their sexual partners. Factors that could explain this variability include differences in sexual practices and numbers of sexual contacts, susceptibility of the partner, differences in viral strains, changing degrees of infectiousness of the HIV-infected person over time, co-factors that enhance or limit transmission, genetic resistance, or a combination of these factors.

Posing the highest risk of infection is unprotected anal receptive intercourse, followed by unprotected vaginal intercourse. Risk is reduced through the use of latex condoms. For the wearer, latex condoms provide a mechanical barrier limiting penile exposure to infectious cervical, vaginal, vulvar, or rectal secretions or lesions. Likewise, the partner is protected from infectious pre-ejaculate, semen, and penile lesions. Oil-based lubricants may make latex condoms ineffective and should not be used. Water-soluble lubricants are considered safe. Natural membrane condoms (made from lamb cecum) contain small pores and do not block HIV passage.

Numerous studies have demonstrated that oral sex can result in the transmission of HIV, although the risk is extremely low, especially when compared to other sexually transmitted diseases (STDs). While the risk of HIV transmission through oral sex is much smaller than the risk from anal or vaginal sex, there are several co-factors that can increase this risk, including oral ulcers, bleeding gums, genital sores, and the presence of other STDs. Prevention includes the use of latex condoms, a natural rubber latex sheet, plastic food wrap, a cut open condom, or a dental dam, all of which serve as a physical barrier to transmission [12].

Although abstinence from sexual contact is the sole way to absolutely prevent transmission, using a latex condom reduces HIV transmission by more than 70% when used consistently by persons with HIV [13]. Sexual activity in a mutually monogamous relationship in which neither partner is HIV-infected and no other risk factors are present is considered safe [14].

Blood Donor Products

It has been estimated that an HIV-infected drop of human blood contains 1 to 100 live virus particles. HIV is transmitted via blood, primarily through sharing of contaminated needles among injecting drug users and, rarely, through blood transfusion. Donor screening, HIV testing, and heat treatment of the clotting factor have greatly reduced the risks of transmission by donor blood [14].

Needle Sharing

Transmission of HIV among injecting drug users occurs primarily through contamination of needles or syringes with infected blood. The risk of sustaining HIV infection from a needle stick with infected blood is approximately 1 in 300. Behaviors such as needle sharing, “booting” the injection with blood (drawing blood into the syringe before injecting), and performing frequent injections increases the risk. Cocaine use (by injection or smoking) is associated with a higher prevalence of HIV infection. This may in part be attributed to the exchange of cocaine for sex [14].

Perinatal Transmission

In the absence of prophylactic treatment, approximately 25% to 30% of children born to HIV-infected mothers will contract HIV infection; this increases to 50% with prolonged breastfeeding [16]. HIV is transmitted to infants in utero, during labor, or through breastfeeding after birth.

Occupational Exposure

The risk of infection through occupational exposure for barbers is low. Educational efforts and universal precautions in accordance with Florida law and OSHA standards should be recognized [14].

Organ Transplantation

Because organ transplantation is less common than other transmission-related activities, there have been very few case reports of HIV acquisition by this route. HIV has been transmitted via transplanted kidneys, liver, heart, pancreas, bone, and, possibly, skin grafts and through artificial insemination. HIV testing is used in these circumstances to rule out infection [14; 17].

CONSIDERATIONS FOR SALON AND SPA PROFESSIONALS

The activities generally performed by cosmetologists, massage therapists, and nail technicians are not considered to be a transmission threat to clients or coworkers. In 1985, the CDC issued routine precautions that all personal-service workers (such as barbers, cosmetologists, and nail technicians) should follow, even though there is no evidence of transmission from a personal-service worker to a client or vice versa [11]. Instruments that are intended to penetrate the skin (such as tattooing and acupuncture needles or ear piercing devices) should be used once and disposed of or thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin but that may become contaminated with blood (for example, haircutting shears) should be used for only one client and disposed of or thoroughly cleaned and disinfected after each use. Personal-service workers can use the same cleaning procedures that are recommended for healthcare institutions.

The CDC recommends that precautions should be taken in all settings (including the home) to prevent exposures to the blood of persons who are HIV infected, at risk for HIV infection, or whose infection and risk status are unknown [11]. Gloves should be worn during contact with blood or other body fluids that could possibly contain visible blood, such as urine, feces, or vomit. Cuts, sores, or breaks on both the cosmetologist's and the client's exposed skin should be covered with bandages. Hands and other parts of the body should be washed immediately after contact with blood or other body fluids, and surfaces soiled with blood should be disinfected appropriately. Practices that increase the likelihood of blood contact, such as sharing of razors, should be avoided.

ETHICAL AND LEGAL CONSIDERATIONS

The ethics and law around AIDS and infection with HIV give rise to many issues. In the United States, HIV infections have historically occurred overwhelmingly in two populations: men who have sex with men and injecting drug users. But the number of new infections is growing in many groups, including women. Furthermore, ethnic minority groups (particularly African Americans and Hispanics) are disproportionately affected by the disease. Therefore, sociocultural issues are an important aspect of care [19].

FINANCIAL ISSUES

Employment can pose a problem for individuals with HIV/AIDS. Possible issues that may be raised include difficulty maintaining employment or resuming employment after health has been restored or stabilized, stigma associated with the disease, future disability risk, confidentiality concerns, and the resulting financial burden for the employer.

Although individuals diagnosed with HIV/AIDS are living much longer as a result of available treatments, they may be forced into extended “HIV retirement,” whereby employment is no longer possible due to the effects of the disease. It has also increased the number of persons living with HIV/AIDS returning to the workforce [21].

At the beginning of the AIDS epidemic, insurance companies would generally approve AIDS-related disability claims quickly, as the prognosis for infected individuals was so poor. As prognosis for HIV-infected individuals has improved, it has become more difficult to obtain insurance approval for treatments and/or disability services [20].

DISCRIMINATION

According to the Americans with Disabilities Act (ADA), an individual is considered to have a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment [18]. Persons with HIV disease, both symptomatic and asymptomatic, have physical impairments that

substantially limit one or more major life activities and are protected by the law. Persons who are discriminated against because they are regarded as being HIV-positive are also protected. For example, a person who was fired on the basis of a rumor that he had AIDS, even if he did not, would be protected by the law. Moreover, the ADA protects persons who are discriminated against because they have a known association or relationship with an individual who is HIV-positive. For example, the ADA would protect an HIV-negative woman who was denied a job because her roommate had AIDS [18].

Under the ADA, an employer must make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability. However, an employer is not required to provide an accommodation if it would post an undue hardship on the operation of its business. Undue hardship is defined as “an action requiring significant difficulty or expense” [18]. The Federal Rehabilitation Act of 1973 also prohibits discrimination on the basis of a handicap. All stages of HIV disease, including asymptomatic HIV infection, have been found by the courts to be handicapping conditions under Section 504 of this Act [15].

The ADA also prohibits state licensing agencies and public trade schools for barbering and cosmetology from discriminating against individuals with disabilities. Consequently, a public or private entity cannot deny a person with HIV an occupational license or admission to a trade school because of his or her disability. According to the U.S. Department of Justice, examples of discrimination against persons with HIV/AIDS would include [8]:

- A certificate program for health aides having a blanket policy denying admission to anyone with HIV
- A cosmetology school denying admission to an HIV-positive individual because state cosmetology regulations require that cosmetologists be free from contagious, communicable, or infectious disease

It is important to note that the activities of cosmetology are not high-risk activities, and any indication that they are is unfounded. HIV-infected barbers should not be prevented from doing their jobs as a result of their infection status.

APPROPRIATE ATTITUDE AND BEHAVIOR OF THE SALON PROFESSIONAL

Be aware of your own attitudes toward HIV/AIDS and toward the behavior risk factors that put people at risk for contracting HIV. Remember it is not appropriate for you to judge the behavior of a person infected with HIV. How a person became infected should not be an issue.

Treat others as you would like to be treated or you would like to have your family treated. Recognize that many family structures include same sex partners and extended family members. Avoid placing judgment on families that do not look or behave like yours.

Do not be afraid to touch a person with HIV. Holding a hand, giving a hug, or back rub may be comforting. However, also be sensitive to people who do not want physical closeness. Remember that all people deserve to be treated respectfully.

FLORIDA STATUTES

The state of Florida has specific laws and statutes governing HIV testing, including sections devoted to informed consent, confidentiality, and counseling. Knowledge of these statutes may be useful in ensuring that public health is served and rights are protected. The Florida Statutes on HIV testing may be viewed online at http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0381/Sections/0381.004.html.

SUMMARY

Although prevention and new medical interventions may reduce the pace of the epidemic, HIV will be a significant disease for many years both in the United States and the world. Education provides the opportunity to ensure that Florida salon professionals have the information necessary to work with and provide services to persons with HIV.

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Sanitation and Sterilization

This part fulfills the Sanitation and Sterilization requirement.

Part II — 3 CE Hours

Faculty

Paragon CET Staff

Division Planner

Leah Pineschi Alberto

Course Objective

The purpose of this course is to inform salon professionals regarding the necessary sanitation and sanitation guidelines in order to ensure better safety for clients and professionals alike.

Learning Objectives

Upon completion of this course, you should be able to:

1. Define the levels of decontamination.
2. Describe infections and infestations that may impact the provision of salon services.
3. Describe types of available disinfectants and appropriate disinfection techniques.
4. Discuss the importance of handwashing in protecting your health and the health of your clients.
5. Outline relevant sections of the Florida Administrative Code.

INTRODUCTION

Cleanliness is paramount in the cosmetology industry. Following the State Board of Cosmetology's guidelines for sanitation and sterilization takes great responsibility and requires vigilance. One single technician can put his or her entire clientele's health at risk by not practicing stringent sanitation and disinfection guidelines. In addition, salon professionals should be well versed in the types of bacteria, viruses, fungi, and parasites they may encounter so they may identify infections. The transmission of these infections would be properly eliminated through sanitization and disinfection in the salon environment.

DEFINITIONS AND STANDARDS

For a business to be successful in the beauty industry, it must be clean. Knowledge of the standards for cleaning and sanitation and how they may be followed is essential when working in a salon or spa. The three steps of decontamination are sanitation, disinfection, and sterilization.

In the salon industry, sterilization is not as important as it would be in a healthcare setting. There is very low risk of infection compared to a medical facility, as open wounds and exposure to blood are rare. Therefore, sanitation and disinfection are of the most concern in the salon setting.

SANITATION

Sanitation can be as simple as thorough cleaning. In essence, sanitation is the removal of all visible dirt and debris from surfaces, tools, and equipment. There are many methods of cleaning, including [1]:

- Scrubbing (e.g., with a brush)
- Using an ultrasonic unit
- Using a solvent

DISINFECTION

Disinfection is defined as the use of a chemical to destroy most potentially disease-causing micro-organisms [18]. The proper disinfection of multi-use tools, such as shears and nail nippers, and other equipment is a requirement for a safe and successful salon. In general, items should be immersed in a disinfectant for no less than 10 minutes (unless the manufacturer's instructions are different).

However, some disinfecting wipes only require two minutes of contact time. As such, it is important to follow the instructions on the label of the specific disinfectant that you choose to use. Prior to disinfection, all residue and debris must be removed. Salon-appropriate disinfectants are EPA-approved or hospital-level solutions. All disinfectants have different concentrations, and all disinfectant containers should be properly and clearly labeled [1]. Gloves should be worn when using disinfectants to avoid all contact with the skin and to prevent any damage to living tissue [1].

STERILIZATION

As noted, it is usually not necessary to meet the highest level of disinfection, sterilization, in a salon. Sterilization is defined as “the complete elimination of microbial life, including spores,” and it is usually only required of instruments that are intended to be entered into the body (e.g., scalpel) [1]. Sterilization methods include high-pressure steam, dry heat, and certain chemicals. The complete sterilization of salon tools is not necessary.

INFECTIONS AND INFESTATIONS

Improper sanitation and disinfection can result in exposing clients or oneself to a variety of dangerous infections. These infections can be bacterial, viral, fungal, or parasitic.

BACTERIA

Bacteria are either pathogenic (cause disease) or non-pathogenic (harmless). Bacteria are very small one-celled micro-organisms; they are only visible under a microscope. Most types of bacteria are harmless, but certain types can cause infections and even serious diseases and death. Bacterial infections occur when tissues are invaded by disease-causing or pathogenic bacteria.

Staphylococcus

Staphylococcus bacteria are among the most common and can be found on doorknobs, countertops, and other hard surfaces [1]. One type of these bacteria, *Staphylococcus aureus*, is present in many individuals’ nostrils, throats, and skin.

Staphylococcal infections can spread easily through contact with pus from an infected wound, skin-to-skin contact with an infected person, or contact with objects such as towels and unsanitized equipment (e.g., foot spas) used

by an infected person. It is important to note that some people may have *S. aureus* on their hands or other parts of the body and not know it. This is called being a “carrier.” If a cosmetologist is a carrier and does not follow appropriate precautions, he or she could transmit the bacteria to a client, where it can cause disease. This is particularly dangerous if the client has an open cut or is bleeding. An open wound is the ideal entry for bacteria and can result in a systemic infection or a skin infection.

There are steps that clients and cosmetologists can take to prevent the spread of staphylococcal infections. First, clients should be instructed to refrain from any hair removal on the legs, arms, and hands within 24 hours of receiving a manicure or pedicure. If a client has any broken skin (including cuts or nicks) and is scheduled to receive a treatment including touching, massaging, or immersing the area, the appointment should be rescheduled for a time after the area has healed [2]. Cosmetologists and nail technicians should wear gloves and should not perform procedures if they have a skin infection. Each client should receive a clean towel, and all implements should be cleaned according to the established standards after each use.

Mycobacterium fortuitum

In 2000, *Mycobacterium fortuitum* was determined to be the cause of an outbreak of infection in more than 100 clients of nail salons [3]. Since then, mycobacterial infections have consistently been linked to unclean footbaths [4; 5]. Improper disinfection techniques allow the bacteria to live and thrive in the basin of the pedicure tubs. These outbreaks have been widely reported and resulted in a renewed emphasis on sanitation and sterilization in salons and spas.

Mycobacterium fortuitum is naturally found in water and soil [6]. It is classified as a “nontuberculous mycobacterium,” which basically encompasses all mycobacteria not part of the *Mycobacterium tuberculosis* complex [7]. The bacteria grow very quickly. Because it is found naturally in tap water, the salon and pedicure tub environment promotes its growth. The bacteria flourish in the warm environment of the water pipes of a salon and feed on the debris that typically accumulates in a hair salon (e.g., hair, skin, and nail debris). It often forms dense layers of cells and proteins called biofilms, which can be very hard to remove [6]. The bacteria can grow and accumulate for a very long time, becoming more difficult to eradicate.

Mycobacterium fortuitum enter the skin and cause bumps on the lower portion of the leg (exposed to the bacteria during a pedicure), which eventually leads to painful boils and even skin ulcers. Scar tissue is left after the boils have either gone away on their own or been removed through surgery. As with staphylococcal infections, it has been concluded that shaving the legs before a pedicure creates the perfect situation for the bacteria to enter the skin and multiply. It is safer to not shave or wax legs for at least 24 hours before a pedicure. It is also advised to refrain from getting a pedicure if there are any wounds, bites, or abrasions on the lower portion of the legs [3; 8]. During a pedicure the legs are scrubbed and massaged, making them vulnerable to any bacteria that may be present.

Medical treatment should be sought as soon as the infection presents itself. It is advised to see a physician as soon as the client notices the bumps or lesions forming. Typical treatment may include local wound care for the lesions and antibiotics. In more severe cases, surgery may be required. There is no exact duration of therapy, but treatment is commonly given for a period of six months. Treatment is not considered complete until all lesions have been eliminated [7].

VIRUSES

Viruses are micro-organisms capable of infecting all plants and animals. The viruses that most affect humans are herpes, mononucleosis, human papillomavirus (HPV), verruca plantaris, measles, mumps, chickenpox, hepatitis, influenza, and human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS) [1].

There have been instances of herpes outbreaks and bacterial infections following Brazilian wax hair removal [9]. The outbreaks may be reactivation of the virus due to the inflammation and trauma to the area, and it is unclear if herpes simplex virus can be spread via multi-use containers of hair removal wax. To ensure that the wax is not contaminated, single-use containers should be used.

Other viruses of high concern in the salon industry are hepatitis and HIV. Both are bloodborne pathogens, meaning they are “carried through the body in the blood or body fluids” [1]. Unlike HIV, hepatitis can live outside the body, making it very important to maintain safety and sanitary standards. The use of scissors and nail clippers presents a risk of spreading both of these viruses. If the skin is broken and blood is drawn, extra caution must be taken to clean all tools, linens, capes, towels, and work areas.

FUNGI

Fungi consist of a number of small and larger organisms, including mold, mildew, and yeast. Fungi can produce contagious diseases such as tinea corporis, best known as “ringworm.” An uncommon salon-related fungal skin infection affecting men is tinea barbae, or ‘barber’s itch.’ This infection is more common in hot and humid environments. It most often occurs as an infection on the face in the coarse hairs of a beard or mustache; it is caused by the fungi responsible for most mild fungal skin infections (e.g., “ringworm”) [1]. Other types of fungi can infect the hair and scalp, leaving lesions and scars and affecting hair growth. Hair stylists should clean and disinfect all tools, such as clipper blades, to avoid spreading fungal scalp and skin infections.

Tinea unguium, or fungal nail infections, are also an issue in the salon environment. These infections occur in the fingernail or toenail area and symptoms include discoloration, thickening, brittleness, and loosening of the affected nail. The fungus can be spread from one client to another if proper cleaning and disinfection of tools does not occur [1].

Athlete’s Foot

Athlete’s foot, or tinea pedis, is a fungal infection of the foot, usually in the area between the toes. The fungus lives in damp environments, and the enclosed space of socks and shoes creates the perfect environment for fungi to grow [10]. The first signs of the disease are fissures and scales on the feet, causing redness and itching. Transmission can occur with contact with the fungi, either directly with infected skin or through contact with contaminated surfaces such as showers, locker room floors, and swimming pool decks. It can also be spread through pedicure basins, such as those found in salons or spas. Proper cleaning and sanitizing techniques can prevent the spread of all types of fungi, including tinea pedis.

Treatments for tinea pedis include topical creams or ointments and oral medications. Steps should also be taken to prevent the spread of the disease. It is recommended that sandals or flip-flops be worn in the locker room and while using a locker room shower. Longer nails harbor bacteria and fungi, so it is important to keep nails short and clean. Those with tinea pedis should be sure to keep the feet dry and cool. The best way to do this is by wearing sandals rather than socks and shoes whenever possible. Footwear should be alternated every two to three days to prevent dampness and fungi growth. When wearing socks and shoes, it is best to wear cotton socks rather than nylon because synthetic materials will trap moisture [10].

Tinea Capitis/Tinea Favosa

Scalp infections are not common in the salon and spa, but they are possible. Tinea capitis is an infection of the scalp caused by fungal overgrowth [11]. In some cases, the fungus may also infect the eyebrows or eyelashes.

The fungi associated with scalp infections are most easily contracted by close contact with an infected family member or schoolmate, but infections can be transmitted in the salon by not properly disinfecting tools and combs. Transmission of fungus could also occur through contact with contaminated headrests.

The three patterns of fungal infection of the hair and scalp are endothrix, ectothrix, and favus [12]. These types are defined by the level of hair invasion. An infection is categorized as endothrix when the fungus grows completely in the hair shaft and the hair cuticle stays intact. Ectothrix begins this same way, but then advances to destroy the hair cuticle and grow around the hair shaft [13]. Favus is a severe form of tinea capitis. With this type of infection, the fungi grow parallel to the hair shaft. When the fungi degenerate, air tunnels are formed within the hair shaft [13]. Bubbles of air move along the air tunnels, and the infected hair is immersed in a liquid [11; 12]. Favus is also referred to as tinea favosa. The most common presentation of favus is a yellow cap of crust that forms on the scalp called scutula [11]. This cap forms at the base of the follicle and can spread to cover most of the scalp. The shaft of the hair is in the middle of the raised lesion. Beneath the yellow crust is an oozing, moist, red base [11]. If this condition continues untreated, scarring and permanent hair loss can occur.

Tinea capitis most commonly affects children 4 to 14 years of age. The most common presentation is a scaly scalp, but it is often mistaken for a more common scalp condition, like seborrheic dermatitis [11].

There are four main presentations of tinea capitis: non-inflammatory diffuse scaly grey patch, inflammatory diffuse pustular kerion, “black dot” alopecia, and tinea favosa. Non-inflammatory diffuse scaly grey patch usually involves papules around the hair shaft and patches of hair loss or alopecia. There are also broken hairs just above the scalp. Inflammatory diffuse pustular kerion is characterized by painful, itchy irritation and nodules on the scalp. The patient may also experience fever. Broken hairs appear just above the scalp along with a sticky material called kerion [11]. “Black dot” presentation involves fragile, broken hairs in some areas and an infected hair follicle that looks like a black dot [11].

There are a variety of antifungal drugs used to treat tinea capitis. Griseofulvin and ketoconazole are the most frequently used, but terbinafine, itraconazole, and fluconazole may also be prescribed [11].

PARASITES

Infestation of parasites, such as lice and scabies, is another issue in the salon environment. In the United States, 6 to 12 million people are infested with head lice each year [14]. Head lice are parasitic insects that infest human hair, usually on the head but rarely in the eyebrows and eyelashes as well. Head lice feed on human blood and lay their eggs (nits) at the base of the hair shaft, near the scalp [14]. Lice are easily contracted through head-to-head contact in a school or daycare setting and can spread among a whole family (usually starting with a child). Head lice are also transmitted by sharing combs, brushes, or clothing (especially hats) or by lying on a bed or couch that an infested person has just used. Direct contact is necessary for transmission as lice crawl, rather than jumping or flying, from one host to another [14]. Indications of head lice include itching, the sensation of crawling and tickling across the head, and in extreme cases, sores from scratching [14].

Lotions and shampoos containing 1% of the pesticide permethrin (e.g., Rid, Nix, Clear) are the most common treatments for head lice. The pesticide is safe in small doses, but extra caution must be used with these products. Directions should be followed exactly to avoid any health issues. A nit comb is also required to comb the eggs and dead lice out of the hair. More than one treatment is usually necessary, and complete elimination can take several days to a few weeks [14].

Scabies

Scabies are a contagious skin disease that could cause a problem in a salon if tools and countertops are not adequately cleaned. Scabies are caused by the itch mite or *Sarcoptes scabiei* var. *hominis* [16]. The scabies itch mite burrows its way under the skin and lays its eggs. Scabies mites are microscopic and are passed by direct skin-to-skin contact. Persons in the same household or in close contact can pass scabies. In the salon industry, there is very close contact between technician and client and close contact with linens and surfaces, making transmission very possible. This possibility can be eliminated with proper cleaning of tools and surfaces and proper laundering of sheets, towels, and capes.

Symptoms of scabies can take months to develop [16]. Signs that infestation has occurred include itching and a bumpy rash in one area or over many areas. The most common infestation sites are the wrist, elbow, armpit, webbing between the fingers, nipple, penis, waist, belt-line, and buttocks [16]. As with head lice, sores may occur due to excessive scratching. Tiny burrows on the skin may be visible, but this is rare [16]. Once infested, a person can transmit scabies even if there are no obvious signs of infestation. Scabies mites can live on a human for up to 2 months, but when they are off a person, they can only live for 48 to 72 hours [16].

To treat scabies a physician will prescribe scabicide lotions or creams. Directions should be followed precisely, and the scabicide should be applied to all areas of the body. All members of the household should receive treatment from a physician to completely eradicate any possibility of re-infestation. All bedding and clothing must be laundered to eliminate the itch mites. If there are items that cannot be laundered they should be dry cleaned or placed in a plastic bag for several days to one week [16]. After treatment has begun, itching may still occur for several weeks, even if all mites have been killed [16].

COMMON TRANSMISSION METHODS IN THE SALON ENVIRONMENT

Transmission of pathogens is rare in the salon setting but can occur. Most salons are very safe and the risk of transmission is very low, but the overall risk depends on how many surfaces are left unsanitized. Possible contaminated surfaces include uncleaned headrests, shampoo bowls, chair covers being used more than once, unsanitized or reused nail files/buffers, and garbage cans/lids.

Chair headrests should be covered with a new sanitary sheet before each client. Also, shampoo bowls should be washed out with soap and water after use, and all plumbing must be kept in good working order. If a treatment table is used, a new sanitary sheet should be placed over the table before each client [15].

Doorknobs, handrails, and magazines can also harbor bacteria, but it is not necessary to sanitize these items. Poor ventilation and lack of handwashing are also possible pathways of transmission. All technicians should completely and thoroughly wash their hands with soap and water before serving a client. Technicians should also be clean and sanitary in their appearance and dress.

TYPES OF DISINFECTANTS

For a disinfectant to be effective it must be economical, easy to use, and effective. In the salon or spa, the most commonly used types of disinfectants are quaternary ammonium compounds (quats), hydrogen peroxide (accelerated or standard), alcohol, and bleach.

Quats are safe and effective disinfectants used in salons and spas. A more advanced formulation called dual quats, with improved detergency and lower levels of toxicity, is available, but this is not necessary for everyday salon uses. In most cases, tools (e.g., scissors, combs) are completely immersed in the quats liquid for at least 10 minutes. The liquid is rust-proof, but items should not be left in the quats indefinitely [1].

EPA-registered sodium hypochlorite, or bleach, can be effective and is a long-used disinfectant in the salon industry. A salon-appropriate bleach solution consists of 1 cup of household bleach diluted in 1 gallon of water. Bleach is very effective, but there are some drawbacks. It can be damaging to some plastics and metals and can also cause harm to skin and bodily tissues or to the respiratory tract if inhaled [1].

A few safety practices should always be observed when using disinfectants [1]:

- Always wear gloves and safety glasses when mixing disinfectants.
- Always add disinfectant to water, not water to disinfectant. Disinfectants contain detergents and may foam when water is added to them; this can result in an incorrect mixing ratio.
- Use tongs, gloves, or a draining basket to remove implements from disinfectants.
- Always keep disinfectants out of the reach of children.
- Never pour quats, bleach, or any other disinfectant over your hands. If you get disinfectants on your skin, immediately wash your hands with soap and warm water and dry them thoroughly.
- Carefully weigh and measure all products according to label instructions.
- Never place any disinfectant or other product in an unmarked container.
- Always follow the manufacturer's instructions for mixing, using, and disposal of disinfectants.
- Change disinfectants every day, or more often if the solution becomes soiled or contaminated.

DISINFECTION METHODS

As discussed, some items and tools in a salon can be used many times, as long as they are properly cleaned and disinfected between uses. These are termed multi-use items and include the metal tools used in nail care and the combs, clippers, and shears used in hair care. Other items that cannot be disinfected effectively are termed single-use. Examples of single-use items are orangewood sticks, cotton balls, gauze, tissues, paper towels, and certain nail files and buffers. Single-use items are often porous or absorbable, making them extremely susceptible to bacterial invasion [1]. If disinfection is not possible (on items such as emery boards, neck strips, and cotton pads), the item must be discarded after use. Towels, sheets, capes, and other linens should be washed in detergent at a temperature of 140 degrees Fahrenheit before reuse.

All multi-use items should be washed with soap and water and debris (e.g., hair) should be removed before disinfection. As noted, complete immersion of instruments in an EPA-approved or hospital-level disinfectant is required of most multi-use items. Certain instruments may be wiped, sprayed, or cleaned for disinfection (e.g., facial beds, neck rests). Pedicure equipment should be disinfected according to the established standards. Disinfectants must have bactericidal, virucidal, and fungicidal qualities. Although the salon is not a place that typically deals with blood, accidents do sometimes happen. If an instrument has had contact with blood or bodily fluids (including saliva), the disinfectant must also be tuberculocidal.

It is important to keep a supply of ready-made solutions handy. Disinfectant solution should be kept in a clear container with a lid, so if the solution becomes cloudy or dirty it can be discarded. If no cloudiness or dirt is visible, the solution should be changed once a week. Finally, all items should be dried with a clean, dry cloth.

Store all disinfected items in a clean, enclosed space (e.g., a designated cabinet or container), where they may be clearly labeled as cleaned and ready for re-use. Undisinfected items (e.g., papers, candles, pens) should not be stored in the same area as disinfected implements.

NAIL SERVICE SAFETY PROCEDURES

By law, all pedicure equipment that holds water must be cleaned and disinfected after each use and at the end of the day [17; 18]. Once per week, bleach should be circulated through the basin's spa system. Salon owners should follow the Florida Board of Cosmetology's guidelines on

the proper cleaning of pedicure tubs. Failure to follow the guidelines set out by the Board could result in infection due to *Mycobacterium fortuitum*, as discussed earlier, as well as *S. aureus*, fungal spores, and other pathogens. The manicurist's or pedicurist's license should also be displayed in a place that is visible to the customer.

SAFETY PRECAUTIONS

Technicians should always use caution when using powerful disinfectants to prevent skin and eye damage. Gloves should be worn at all times, and all items should be kept out of the reach of children. Always mark the contents of containers, follow manufacturers mixing instructions, and change solutions frequently. Make sure contaminated items are disposed of or disinfected with the appropriate disinfection method.

HANDWASHING TECHNIQUE

Handwashing is the best way to prevent transmission of disease from person to person. It removes pathogens from the hands and nails and is an essential part of practicing good hygiene. Good handwashing involves removing the skin oils where micro-organisms can remain even when the hands look clean. A quick pass under the water faucet and fast dry with the towel removes visible dirt but the oils and organisms remain. The proper procedure for handwashing consists of the following steps [1]:

- Wet hands with warm water. (Some mistakenly think that hot water must be used to kill the organisms. Water hot enough to kill organisms would be too hot to touch. Warm water mainly adds to comfort and hopefully encourages better washing technique.)
- Using liquid soap and a clean, disinfected soft-bristle nail brush, scrub your hands together and work up a good lather for at least 20 seconds. Give particular attention to the areas between the fingers, the nails, both sides of the hands, and the exposed portions of the arms. Be sure to use the nail brush to carefully scrub the underside of the nail plate, where bacteria can flourish.
- Thoroughly rinse soap residue from your hands with warm water.
- Dry hands using a disposable paper towel, air blower, or clean cloth towel.

If there is no visible dirt or contamination, a waterless hand sanitizer with at least 60% alcohol can be used between clients. However, nothing is as good as washing well with soap and water.

RESISTANT MICRO-ORGANISMS

Bacteria and other micro-organisms can become resistant to disinfection. Bacteria, in particular, can evolve defenses against existing disinfectants as a result of several factors, including the overuse of antibiotics in the community, the overuse of antibiotics in feed cattle and agriculture, and the failure of individuals to complete prescribed courses of antibiotics. Studies have shown that antibacterial soaps may contribute to bacteria becoming resistant and are not more effective in preventing disease than regular soaps [1].

The use of single-use or disposable items rather than multi-use items will help to decrease the risk of resistant bacteria and infections. However, disposable items can be expensive and cannot be used for every task. It is important to keep up-to-date regarding outbreaks of resistant infections in your area, because if these pathogens are introduced into the salon, they can be more difficult to kill and more harmful to clients and employees.

FLORIDA ADMINISTRATIVE CODE

The following section is an excerpt of the Florida Administrative Code Rule 61G5-20.002, which deals with the sanitation and disinfection requirements of salons and spas [18]. The complete code may be viewed and searched online at <https://www.flrules.org/gateway/ruleno.asp?id=61G5-20.002>.

61G5-20.002 Salon Requirements.

- (1) Definitions: For the purposes of this rule, the following definitions apply:
 - (a) “Clean” means the removal of visible debris from a surface such as washing with soap/water.
 - (b) “Disinfect” means the use of a chemical to destroy potential pathogens.
 - (c) “Sterilize” means the complete destruction of all microbial life, commonly achieved through the use of heat and/or pressure.
 - (d) “Wet disinfection container” means a tub or jar with a lid, filled with disinfectant and large enough for all items to be completely immersed.

- (e) “Infection control” means the process for reducing the risk of spreading disease causing pathogens.
- (2) Prior to opening a salon, the owner shall:
 - (a) Submit an application on forms prescribed by the Department of Business and Professional Regulation; and
 - (b) Pay the required registration fee as outlined in the fee schedule in Rule 61G5-24.005, F.A.C.; and
 - (c) Meet the safety and sanitary requirements as listed below and these requirements shall continue in full force and effect for the life of the salon:
 1. Ventilation and Cleanliness: Each salon shall be kept well ventilated. The walls, ceilings, furniture and equipment shall be kept clean and free from dust. Hair must not be allowed to accumulate on the floor of the salon. Hair must be deposited in a covered waste receptacle. Each salon which provides services for the extending or sculpturing of nails shall provide such services in a separate area which is adequately ventilated for the safe dispersion of all fumes resulting from the services.
 2. Toilet and Lavatory Facilities: Each salon shall provide—on the premises or in the same building as, and within 300 feet of, the salon—adequate toilet and lavatory facilities. To be adequate, such facilities shall have at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning material, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. Such facilities and all of the foregoing fixtures and components shall be kept clean, in good repair, well-lighted, and adequately ventilated to remove objectionable odors.
 3. A salon, or specialty salon may be located at a place of residence. Salon facilities must be separated from the living quarters by a permanent wall construction. A separate entrance shall be provided to allow entry to the salon other than from the living quarters. Toilet and lavatory facilities shall comply with subparagraph (c)2. above and shall have an entrance from the salon other than the living quarters.

4. **Animals:** No animals or pets shall be allowed in a salon, with the exception of service animals and fish kept in closed aquariums.
 5. **Shampoo Bowls:** Each salon shall have shampoo bowls equipped with hot and cold running water. The shampoo bowls shall be located in the area where cosmetology services are being performed. A specialty salon that exclusively provides specialty services, as defined in Section 477.013(6), F.S., need not have a shampoo bowl, but must have a sink or lavatory equipped with hot and cold running water on the premises of the salon.
- (d) Comply with all local building and fire codes. These requirements shall continue in full force and effect for the life of the salon.
- (3) Each salon shall comply with the following:
- (a) **Linens:** Each salon shall keep clean linens in a closed, dustproof cabinet. All soiled linens must be kept in a closed receptacle. Soiled linens may be kept in open containers if entirely separated from the area in which cosmetology services are rendered to the public. A sanitary towel or neck strip shall be placed around the patron's neck to avoid direct contact of the shampoo cape with a patron's skin.
 - (b) **Containers:** Salons must use containers for waving lotions and other preparations of such type as will prevent contamination of the unused portion. All creams shall be removed from containers by spatulas.
 - (c) **Disinfection:** The use of a brush, comb or other article on more than one patron without being disinfected is prohibited. Each salon is required to have sufficient combs, brushes, and implements to allow for adequate disinfecting practices. Combs or other instruments shall not be carried in pockets.
 - (d) **Disinfectants:** All salons shall be equipped with and utilize disinfecting solutions with hospital level disinfectant or EPA approved disinfectant, sufficient to allow for disinfecting practices.
1. A wet disinfection container is any receptacle containing a disinfectant solution and large enough to allow for a complete immersion of the articles. A cover shall be provided.
 2. Disinfecting methods which are effective and approved for salons: First, clean articles with soap and water, completely immerse in a chemical solution that is hospital level or EPA approved disinfectant as follows:
 - a. Combs and brushes, remove hair first and immerse in hospital level or EPA approved disinfectant;
 - b. Metallic instrument, immerse in hospital level for EPA approved disinfectant;
 - c. Instruments with cutting edge, wipe with a hospital level or EPA approved disinfectant; or
 - d. Implements may be immersed in a hospital level or EPA approved disinfectant solution.
 - e. Shampoo bowls, facial beds, and neck rests, clean and disinfect between each use.
 3. For purposes of this rule, a "hospital level disinfectant or EPA approved disinfectant" shall mean the following:
 - a. For all combs, brushes, metallic instruments, instruments with a cutting edge, and implements that have not come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a hospital grade bacterial, virucidal and fungicidal disinfectant;
 - b. For all combs, brushes, metallic instruments with a cutting edge, and implements that have come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a disinfectant, in accordance with 29 C.F.R. 1910.1030.
 4. All disinfectants shall be mixed and used according to the manufacturer's directions.

- (e) After cleaning and disinfecting, articles shall be stored in a clean, closed cabinet or container until used. Undisinfected articles such as pens, pencils, money, paper, mail, etc., shall not be kept in the same container or cabinet. For the purpose of recharging, rechargeable clippers may be stored in an area other than in a closed cabinet or container, provided such area is clean and provided the cutting edges of such clippers have been disinfected.
- (f) Ultra Violet Irradiation may be used to store articles and instruments after they have been cleansed and disinfected.
- (g) Pedicure Equipment Disinfection: The following cleaning and disinfection procedures must be used for any pedicure equipment that holds water, including sinks, bowls, basins, pipe-less spas, and whirlpool spas:
 - 1. After each client, all pedicure units must be cleaned with a low-foaming soap or detergent with water to remove all visible debris, then disinfected with an EPA registered hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant used according to manufacturers' instructions for at least ten (10) minutes. If the pipe-free foot spa has a foot plate, it should be removed and the area beneath it cleaned, rinsed, and wiped dry.
 - 2. At the end of each day of use, the following procedures shall be used:
 - a. All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be disinfected. All visible debris in the screen and the inlet must be removed and cleaned with a low-foaming soap or detergent and water. For pipe-free systems, the jet components or foot plate must be removed and cleaned and any debris removed. The screen, jet, or foot plate must be completely immersed in an EPA registered, hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant that is used according to manufacturer's instructions. The screen, jet, or foot plate must be replaced after disinfection is completed and the system is flushed with warm water and low-foaming soap for 5 minutes, rinsed, and drained.
 - b. After the above procedures are completed, the basin should be filled with clean water and the correct amount of EPA registered disinfectant. The solution must be circulated through foot spa system for 10 minutes and the unit then turned off. The solution should remain in the basin for at least 6 to 10 hours. Before using the equipment again, the basin system must be drained and flushed with clean water.
 - 3. Once each week, subsequent to completing the required end-of-day cleaning procedures, the basin must be filled with a solution of water containing one teaspoon of 5.25% bleach for each gallon of water. The solution must be circulated through the spa system for 5 to 10 minutes and then the solution must sit in the basin for at least 6 hours. Before use, the system must be drained and flushed.
 - 4. A record or log book containing the dates and times of all pedicure cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon and made available for review upon request by a consumer or a Department inspector.
- (4) No cosmetology or specialty salon shall be operated in the same licensed space allocation with any other business which adversely affects the sanitation of the salon, or in the same licensed space allocation with a school teaching cosmetology or a specialty licensed under Chapter 477, F.S., or in any other location, space, or environment which adversely affects the sanitation of the salon. In order to control the required space and maintain proper sanitation, where a salon adjoins such other business or school, or such other location, space or environment, there must be permanent walls separating the salon from the other business, school, location, space, or environment and there must be separate and distinctly marked entrances for each.
- (5) Evidence that the full or specialty salon contains a minimum of 100 square feet of floor space. No more than one (1) cosmetologist or specialist may be employed in a salon which has only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.

- (6) Full and specialty salons, regardless of size and number of operators, shall meet all the sanitation requirements stated in this section.
- (7) For purposes of this rule, “permanent wall” means a vertical continuous structure of wood, plaster, masonry, or other similar building material, which is physically connected to a salon’s floor and ceiling, and which serves to delineate and protect the salon.

SUMMARY

Sanitation and disinfection in the spa and salon environment is a vital part of every technician’s training and education. Styling, shaping, and creating beauty are the basis of cosmetology, but the cosmetologist must first begin with a clean and safe working environment. A successful salon and a loyal clientele cannot be built without adherence to proper sanitation and disinfection guidelines and to Florida laws and rules.

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Occupational Safety and Health Administration Regulations

This part fulfills the OSHA requirement.

Part III — 0.5 CE Hours

Faculty

Paragon CET Staff

Division Planner

Leah Pineschi Alberto

Course Objective

The purpose of this course is to supply information that will allow Florida salon professionals to more easily comply with the broad spectrum of rules covered by OSHA regulations.

Learning Objectives

Upon completion of this course, you should be able to:

1. Describe the purpose of the Bloodborne Pathogens Standard.
2. Discuss the impact of OSHA regulations on employee health, including risk management and safety issues.
3. Review hazardous materials and waste management.
4. Identify important ergonomic issues in the salon setting.
5. Discuss legal issues and employee safety.

INTRODUCTION

In 1970, Congress established the Occupational Safety and Health Administration (OSHA). OSHA has defined its mission as assuring that working men and women are provided with safe, healthful working conditions. The agency fulfills its mission by applying and enforcing standards developed under the Act. It also provides information, education, training, and assistance to employers so they can maintain safe and healthful workplaces [1].

At one time, OSHA compliance was considered an issue only important to and applicable for industry. Because salons do not use heavy equipment or have issues regarding noise levels or high-level chemical spills, people assumed that they were safe. Employee injuries were documented, and business went on as usual. However, OSHA now mandates that salons and spas have written safety compliance plans, specific to their company and location, that address the safety standards for their industry.

BLOODBORNE PATHOGENS

The purpose of the Bloodborne Pathogens Standard, published by OSHA in final form in 1991, is to limit occupational exposure to blood, bodily fluids, and other potentially infectious materials, because any exposure could result in bloodborne pathogen transmission. These standards apply to all employees who could be “reasonably anticipated to face contact with potentially infectious materials while performing their normal job duties” [3]. Some of the most common bloodborne pathogens include hepatitis C, human immunodeficiency virus (HIV), and hepatitis B.

The standard requires employers to implement an exposure control plan that mandates Universal Precautions (treating all body fluids as if infectious). The plan stresses hand hygiene, recommends the use of personal protective equipment (PPE), sets forth processes to minimize blood exposure and splashing, ensures appropriate packaging of specimens, and regulates waste [3]. Under the standard, the employer must evaluate potential for contact to infectious materials and provide protection to any employees that may be exposed to these materials, including training, vaccination, and PPE.

Copies of the complete Bloodborne Pathogens Standards can be obtained at <https://www.osha.gov/SLTC/blood-borne-pathogens/standards.html> or by contacting OSHA at (800) 321-OSHA.

RECORDING AND REPORTING INJURIES AND ILLNESSES

In 2002, 2015, and 2019, OSHA revised the rule addressing the recording and reporting of occupational injuries and illnesses. The goal of these revisions was to simplify the overall recordkeeping for employers, generate more accurate information about occupational injuries, and better protect employee privacy [4]. The 2015 changes revised the list of industries required to routinely keep OSHA injury and illness records, and as of January 1, 2015, most salon and spa facilities are exempt from routine recordkeeping; this was reaffirmed in 2019 [2; 4].

SAFETY/RISK MANAGEMENT

All employee injuries and illnesses must be assessed with regard to safety and the possibility that a safe workplace has somehow been compromised. When evaluating any employee injury, the safety issues that might affect the outcome, such as chemical exposure, glove use, ergonomics, and even air quality issues, should be examined to make certain no overall safety issues exist. Any safety issues should be documented and reported to prove that the issues have been addressed and that no hazards are being neglected. Avoiding the perception that OSHA regulations are being ignored can be accomplished by careful documentation [5].

VIOLENCE IN THE WORKPLACE

Violence in the workplace is an issue that is increasingly receiving public attention. Nearly 2.8 million workers are injured each year during a workplace assault. While a majority of these injuries are nonfatal, the U.S. Bureau of Labor Statistics reported that of the 5,250 fatalities in the workplace in 2018, 828 workers were fatally injured by assault and/or violent attack. [6; 10].

When evaluating an organization as a safe workplace, employee education and documentation of that education is essential. OSHA's quest is to provide a safe workplace for all employees. An employee health risk management program that is organized well can assist a facility in meeting OSHA requirements with ease.

SAFETY DATA SHEETS (SDSS) AND HAZARDOUS WASTE

The Hazard Communication Standard, also known as the Right-to-Know Law, is referenced by Code 29 CFR 1910.1200 [7]. The purpose of the standard is to ensure that chemical hazards in the workplace are identified and evaluated and that information concerning these hazards is communicated to employers and employees.

Cosmetologists may be exposed to high concentrations of several chemical compounds that are used in products for hair, facial, skin, nail, and body treatments. Products may contain any of several volatile organic compounds (VOCs), methacrylates, phthalates, and formaldehyde. The Hazard Communication Standard seeks to inform employees about hazards from workplace chemicals and ways that employees can monitor their exposure to hazardous chemicals and protect their health. This transfer of information is to be accomplished by means of a comprehensive hazard communication program, which includes container labeling and other forms of warning [7; 8; 9].

The standard is comprised of several major categories: hazard determination, Safety Data Sheets (SDSs) that list exposure dangers, employee training, the written program, and trade secrets. OSHA requires that the workplace evaluate chemicals, label them, maintain SDSs, train the employees with documentation, and have a written hazard communication program. In addition, the U.S. Food and Drug Administration requires that ingredient of cosmetics and beauty products, including permanent hair solutions and tints, appear on the labels.

Every chemical in the facility must have an SDS sheet, and the sheets must be updated on a regular basis and readily available to employees. Training and documentation of training must be provided and take place at the time of initial assignment or whenever a new, potentially dangerous chemical is introduced into the workplace. Not only do employees have a legal right to know about chemical hazards, but the employer must also provide protection for the employees, eye wash stations, and monitoring of exposure [3; 7].

ERGONOMICS

Ergonomics is defined as the science of designing the workplace to accommodate the worker. When establishing an ergonomics program, breaking down the program into four main components makes the program more valuable:

- Worksite analysis
- Hazard prevention and control
- Medical management
- Training and education

As of 2020, no specific ergonomic standards had been established for salon professionals, but OSHA has recognized an ergonomic health hazard among nail technicians for potential “muscle and joint problems from awkward postures and repetitive motions” [9]. However, it is possible that OSHA will publish a standard in the future for salon professionals. Special attention should be paid to maintain ergonomically correct posture and ergonomically friendly work areas and to reduce wear and tear caused by repetition and incorrect tool handling.

LEGAL ISSUES

In today’s litigious society, any facility is at risk for lawsuits. If an employee is injured on the job and that employee is able to show that a lack of safety equipment or training or unsafe conditions caused the injury, the facility is at risk for litigation. Lack of proper treatment of the injury and continuing unsafe conditions would also be factors.

If a lawyer investigates an incident, he or she will expect to examine the multitude of documentation available, including incident reports, medical records that include treatment of the employee, and training and education records. Safety conditions that could have caused the injury, any perceived unsafe conditions that exist, the safety committee minutes that show how the facility has addressed the condition, and further actions to correct the condition will also be reviewed.

Knowing what the standards prescribe for the facility and carrying out proper documentation, whether evaluating written plans, the education program, or follow-up of existing conditions, will be the best protection possible. The standards should be read carefully, and training seminars and any other resources available to help keep the facility in compliance should be considered.

RESOURCES

Read and understand the regulations and take advantage of all the resources available. The most important resource is the 29 CFR 1910, General Industry Standards.

Access the provided websites for more information and updated standards. Keep informed about changes in regulations or standards.

Centers for Disease Control and Prevention

<https://www.cdc.gov>

(800) CDC-INFO or (800) 232-4636

NIOSH Information Line

<https://www.cdc.gov/niosh>

(800) 35-NIOSH or (800) 356-4674

OSHA

<https://www.osha.gov>

(800) 321-OSHA or (800) 321-6742

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10. Bureau of Labor Statistics. National Census of Fatal Occupational Injuries in 2018. Available at <https://www.bls.gov/news.release/pdf/cfoi.pdf>. Last accessed February 5, 2020.

Workers' Compensation Issues

This part fulfills the Workers'
Compensation requirement.

Part IV — 0.5 CE Hours

Faculty

Paragon CET Staff

Division Planner

Leah Pineschi Alberto

Course Objective

The purpose of this course is to provide Florida salon professionals with a basic understanding of workers' compensation and the required documentation and reporting.

Learning Objectives

Upon completion of this course, you should be able to:

1. Review Florida Statutes Chapter 440.
2. Discuss important considerations regarding workers' compensation and employee rights and responsibilities in Florida.

THE 2019 FLORIDA STATUTES CHAPTER 440: WORKERS' COMPENSATION

There are specific legislated statutes that guarantee the rights of employees; for example, Florida Statute 440.06 specifically states that no employer can use assumed risk as defense in a lawsuit or claim that an employee's (or co-worker's) carelessness caused the injuries. Portions of some of the more relevant statutes and their subsections appear in the following section [1]. The complete statutes may be viewed online at <http://www.flsenate.gov/Laws/Statutes/2019/Chapter440>.

440.015 Legislative intent—It is the intent of the Legislature that the Workers' Compensation Law be interpreted so as to assure the quick and efficient delivery of disability and medical benefits to an injured worker and to facilitate the worker's return to gainful reemployment at a reasonable cost to the employer. It is the specific intent of the Legislature that workers' compensation cases shall be decided on their merits. The workers' compensation system in Florida is based on a mutual renunciation of common-law rights and defenses by employers and employees alike. In addition, it is the intent of the Legislature that the facts in a workers' compensation case are not to be interpreted liberally in favor of either the rights of the injured worker or the rights of the employer. Additionally, the Legislature hereby declares that disputes concerning the facts in workers' compensation cases are not to be given a broad liberal construction in favor of the employee on the one hand or of the employer on the other hand, and the laws pertaining to workers' compensation are to be construed in accordance with the basic principles of statutory construction and not liberally in favor of either employee or employer. It is the intent of the Legislature to ensure the prompt delivery of benefits to the injured worker. Therefore, an efficient and self-executing system must be created which is not an economic or administrative burden. The department, agency, the Office of Insurance Regulation, and the Division of Administrative Hearings shall administer the Workers' Compensation Law in a manner which facilitates the self-execution of the system and the process of ensuring a prompt and cost-effective delivery of payments.

440.055 Notice requirements—An employer who employs fewer than four employees, who is permitted by law to elect not to secure payment of compensation under this chapter, and who elects not to do so shall post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits under this chapter.

440.09 Coverage—The employer must pay compensation or furnish benefits required by this chapter if the employee suffers an accidental compensable injury or death arising out of work performed in the course and the scope of employment. The injury, its occupational cause, and any resulting manifestations or disability must be established to a reasonable degree of medical certainty, based on objective relevant medical findings, and the accidental compensable injury must be the major contributing cause of any resulting injuries. For purposes of this section, “major contributing cause” means the cause which is more than 50 percent responsible for the injury as compared to all other causes combined for which treatment or benefits are sought. In cases involving occupational disease or repetitive exposure, both causation and sufficient exposure to support causation must be proven by clear and convincing evidence. Pain or other subjective complaints alone, in the absence of objective relevant medical findings, are not compensable. For purposes of this section, “objective relevant medical findings” are those objective findings that correlate to the subjective complaints of the injured employee and are confirmed by physical examination findings or diagnostic testing. Establishment of the causal relationship between a compensable accident and injuries for conditions that are not readily observable must be by medical evidence only, as demonstrated by physical examination findings or diagnostic testing. Major contributing cause must be demonstrated by medical evidence only.

440.101 Legislative intent; drug-free workplaces—It is the intent of the Legislature to promote drug-free workplaces in order that employers in the state be afforded the opportunity to maximize their levels of productivity, enhance their competitive positions in the marketplace, and reach their desired levels of success without experiencing the costs, delays, and tragedies associated with work-related accidents resulting from drug abuse by employees. It is further the intent of the Legislature that drug abuse be discouraged and that employees who choose to engage in drug abuse face the risk of unemployment and the forfeiture of workers' compensation benefits.

440.102 Drug-free workplace program requirements—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:

(1) DEFINITIONS

- (c) “Drug” means alcohol, including a distilled spirit, wine, a malt beverage, or an intoxicating liquor; an amphetamine; a cannabinoid; cocaine; phen-cyclidine (PCP); a hallucinogen; methaqualone; an opiate; a barbiturate; a benzodiazepine; a synthetic narcotic; a designer drug; or a metabolite of any of the substances listed in this paragraph. An employer may test an individual for any or all of such drugs.
- (n) “Reasonable-suspicion drug testing” means drug testing based on a belief that an employee is using or has used drugs in violation of the employer’s policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon:
 1. Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug.
 2. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
 3. A report of drug use, provided by a reliable and credible source.
 4. Evidence that an individual has tampered with a drug test during his or her employment with the current employer.
 5. Information that an employee has caused, contributed to, or been involved in an accident while at work.
 6. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer’s premises or while operating the employer’s vehicle, machinery, or equipment.

(2) **DRUG TESTING**—An employer may test an employee or job applicant for any drug described in paragraph (1)(c).

440.205 Coercion of employees—No employer shall discharge, threaten to discharge, intimidate, or coerce any employee by reason of such employee's valid claim for compensation or attempt to claim compensation under the Workers' Compensation Law.

IMPORTANT WORKERS' COMPENSATION INFORMATION

The Florida Department of Financial Services offers a guide to help individuals understand the Workers' Compensation program. The original document can be obtained online at https://www.myfloridacfo.com/Division/WC/pdf/information_brochure_for_injured_workers_ENG_print.pdf. The following is a summary of the Important Workers' Compensation Information for Florida's Workers guide [2].

MEDICAL BENEFITS

After a workplace injury, an authorized doctor will be provided by your insurance carrier and financial assistance will begin. All necessary medical care and rehabilitation will be paid for, including travel expenses, until a doctor determines that maximum medical improvement has been achieved (meaning injury has healed to the point that further improvement is unlikely).

WAGE REPLACEMENT BENEFITS

Payment for lost wages will begin on the 8th day of missed work after the injury. In most cases, the wage replacement benefits will equal two-thirds of your pre-injury earnings, but the benefit will not be higher than Florida's average weekly wage. Different types of wage replacement benefits are provided based on the severity of the injury and progress of the claim.

ANTI-FRAUD REWARD PROGRAM

The workers' compensation program operates under the assumption that the injuries being reported are real. When false injuries are reported or employees falsely claim to not be healed, there is a strain on the program and fines and jail time can result. A reward of up to \$25,000 may be paid to individuals who provide information that leads to the conviction of persons committing workers' compensation fraud.

INSURER RESPONSIBILITIES

Insurers are responsible for making sure the compensation process proceeds in a timely manner and that medical treatment is provided as soon as possible after injuries.

EMPLOYEE ASSISTANCE OFFICE

The Division of Workers' Compensation Bureau of Employee Assistance and Ombudsman can assist with employee claims and disputes if the claims adjuster is unable to help. If there are any problems with financial or medical benefits, call the toll-free hotline at 1-800-342-1741 or visit their website at <https://www.myfloridacfo.com/division/wc>.

STATUTE OF LIMITATIONS

An employee has 30 days to report an injury to his or her employer. However, it is important to report injuries, even suspected injuries, quickly. No claims can be filed two years past the injury date.

PETITION FOR BENEFIT

If a claim is not being resolved in a timely manner, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. This will begin the judicial procedure for obtaining benefits. The form may be accessed at <https://www.jcc.state.fl.us/JCC/forms>.

INJURED WORKER RESPONSIBILITIES

It is the employee's responsibility to follow all the procedures outlined by the workers' compensation program. All forms must be signed and returned promptly, appointments must be kept, and treatment and rehabilitation plans must be followed. Reviewing and understanding the mandatory fraud statement is necessary.

LEGAL REPRESENTATION

It is not necessary to have a lawyer to proceed with a workers' compensation claim. If you choose to hire a lawyer, the fees and costs may come out of your benefits. Although the Division does not provide legal advice, they will answer questions regarding workers' rights and responsibilities.

RETURN TO WORK

If you are unable to perform the skills required by your former job as a result of your work-related injury, you may contact the Bureau of Employee Assistance and Ombudsman at wceao@myfloridacfo.com or call 1-800-342-1741 for free re-employment services.

Works Cited

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State and Federal Laws and Rules

This part fulfills the State and Federal Laws and Rules requirement.

Part V — 2 CE Hours

Faculty

Paragon CET Staff

Division Planner

Leah Pineschi Alberto

Course Objective

The purpose of this course is to provide cosmetologists with a basic knowledge of the current Florida Cosmetology Practice Act and other select rules and laws as set forth by the Florida Board. Information contained in this course is not intended to be used in lieu of lawful guidelines, but as a learning tool to increase the understanding of some regulations as they apply to cosmetologists who are licensed within the state of Florida.

Learning Objectives

Upon completion of this course, you should be able to:

1. Outline the rules as set forth in the Florida Cosmetology Practice Act.
2. Recognize the requirements that must be maintained by salons and those licensees working in salons.
3. Describe cosmetology licensing maintenance and renewal requirements.
4. Recognize the process and importance of criminal self-reporting.

INTRODUCTION

Licensed cosmetologists in Florida are required to practice under statutes and an administrative code set forth to ensure the safety of the public and contribute to the maintenance of public health. The following information is provided to familiarize Florida cosmetologists with the laws and rules that govern areas of practice for cosmetology, including licensure, disciplinary actions, and criminal self-reporting.

CHAPTER 477: COSMETOLOGY

The following section is reprinted from the Official Internet Site of the Florida Legislature, Title XXXII, Chapter 477: Cosmetology, and reviews the complete Florida Cosmetology Practice Act. Please be advised that this information is current at the time of publication. For recent amendments and additions, please review the statutes on the Official Legislature website at <http://www.leg.state.fl.us/statutes> [1].

477.013 Definitions—As used in this chapter:

- (1) “Board” means the Board of Cosmetology.
- (2) “Department” means the Department of Business and Professional Regulation.
- (3) “Cosmetologist” means a person who is licensed to engage in the practice of cosmetology in this state under the authority of this chapter.
- (4) “Cosmetology” means the mechanical or chemical treatment of the head, face, and scalp for aesthetic rather than medical purposes, including, but not limited to, hair shampooing, hair cutting, hair arranging, hair coloring, permanent waving, and hair relaxing for compensation. This term also includes performing hair removal, including wax treatments, manicures, pedicures, and skin care services.
- (5) “Specialist” means any person holding a specialty registration in one or more of the specialties registered under this chapter.

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

477.0132 Hair braiding, hair wrapping, and body wrapping registration

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

- (c) Unless otherwise licensed or exempted from licensure under this chapter, any person whose occupation or practice is body wrapping must register with the department, pay the applicable registration fee, and take a two-day 12-hour course. The course shall be board approved and consist of education in HIV/AIDS and other communicable diseases, sanitation and sterilization, disorders and diseases of the skin, and studies regarding laws affecting body wrapping.
 - (d) Only the board may review, evaluate, and approve a course required of an applicant for registration under this subsection in the occupation or practice of hair braiding, hair wrapping, or body wrapping. A provider of such a course is not required to hold a license under chapter 1005.
- (2) Hair braiding, hair wrapping, and body wrapping are not required to be practiced in a cosmetology salon or specialty salon. When hair braiding, hair wrapping, or body wrapping is practiced outside a cosmetology salon or specialty salon, disposable implements must be used or all implements must be sanitized in a disinfectant approved for hospital use or approved by the federal Environmental Protection Agency.
- (3) Pending issuance of registration, a person is eligible to practice hair braiding, hair wrapping, or body wrapping upon submission of a registration application that includes proof of successful completion of the education requirements and payment of the applicable fees required by this chapter.
- 477.014 Qualifications for practice**—No person other than a duly licensed cosmetologist shall practice cosmetology or use the name or title of cosmetologist.
- 477.019 Cosmetologists; qualifications; licensure; supervised practice; license renewal; endorsement; continuing education.**
- (1) A person desiring to be licensed as a cosmetologist shall apply to the department for licensure.
 - (2) An applicant shall be eligible for licensure by examination to practice cosmetology if the applicant:
 - (a) Is at least 16 years of age or has received a high school diploma;
 - (b) Pays the required application fee, which is not refundable, and the required examination fee, which is refundable if the applicant is determined to not be eligible for licensure for any reason other than failure to successfully complete the licensure examination; and
 - (c) 1. Is authorized to practice cosmetology in another state or country, has been so authorized for at least 1 year, and does not qualify for licensure by endorsement as provided for in subsection (5); or
 - 2. Has received a minimum of 1,200 hours of training as established by the board, which shall include, but shall not be limited to, the equivalent of completion of services directly related to the practice of cosmetology at one of the following:
 - a. A school of cosmetology licensed pursuant to chapter 1005.
 - b. A cosmetology program within the public school system.
 - c. The Cosmetology Division of the Florida School for the Deaf and the Blind, provided the division meets the standards of this chapter.
 - d. A government-operated cosmetology program in this state.
- The board shall establish by rule procedures whereby the school or program may certify that a person is qualified to take the required examination after the completion of a minimum of 1,000 actual school hours. If the person then passes the examination, he or she shall have satisfied this requirement; but if the person fails the examination, he or she shall not be qualified to take the examination again until the completion of the full requirements provided by this section.
- (3) Upon an applicant receiving a passing grade, as established by board rule, on the examination and paying the initial licensing fee, the department shall issue a license to practice cosmetology.

- (4) If an applicant passes all parts of the examination for licensure as a cosmetologist, he or she may practice in the time between passing the examination and receiving a physical copy of his or her license if he or she practices under the supervision of a licensed cosmetologist in a licensed salon. An applicant who fails any part of the examination may not practice as a cosmetologist and may immediately apply for reexamination.
 - (5) Renewal of license registration shall be accomplished pursuant to rules adopted by the board.
 - (6) The board shall certify as qualified for licensure by endorsement as a cosmetologist in this state an applicant who holds a current active license to practice cosmetology in another state. The board may not require proof of educational hours if the license was issued in a state that requires 1,200 or more hours of precensure education and passage of a written examination. This subsection does not apply to applicants who received their license in another state through an apprenticeship program.
 - (7) (a) The board shall prescribe by rule continuing education requirements intended to ensure protection of the public through updated training of licensees and registered specialists, not to exceed 16 hours biennially, as a condition for renewal of a license or registration as a specialist under this chapter. Continuing education courses shall include, but not be limited to, the following subjects as they relate to the practice of cosmetology: human immunodeficiency virus and acquired immune deficiency syndrome; Occupational Safety and Health Administration regulations; workers' compensation issues; state and federal laws and rules as they pertain to cosmetologists, cosmetology, salons, specialists, specialty salons, and booth renters; chemical makeup as it pertains to hair, skin, and nails; and environmental issues. Courses given at cosmetology conferences may be counted toward the number of continuing education hours required if approved by the board.
 - (b) Any person whose occupation or practice is confined solely to hair braiding, hair wrapping, or body wrapping is exempt from the continuing education requirements of this subsection.
 - (c) The board may, by rule, require any licensee in violation of a continuing education requirement to take a refresher course or refresher course and examination in addition to any other penalty. The number of hours for the refresher course may not exceed 48 hours.
- 477.0201 Specialty registration; qualifications; registration renewal; endorsement**
- (1) Any person is qualified for registration as a specialist in any one or more of the specialty practices within the practice of cosmetology under this chapter who:
 - (a) Is at least 16 years of age or has received a high school diploma.
 - (b) Has received a certificate of completion in a specialty pursuant to s. 477.013(6) from one of the following:
 1. A school licensed pursuant to s. 477.023.
 2. A school licensed pursuant to chapter 1005 or the equivalent licensing authority of another state.
 3. A specialty program within the public school system.
 4. A specialty division within the Cosmetology Division of the Florida School for the Deaf and the Blind, provided the training programs comply with minimum curriculum requirements established by the board.
 - (2) A person desiring to be registered as a specialist shall apply to the department in writing upon forms prepared and furnished by the department.
 - (3) Upon paying the initial registration fee, the department shall register the applicant to practice one or more of the specialty practices within the practice of cosmetology.
 - (4) Renewal of registration shall be accomplished pursuant to rules adopted by the board.

- (5) The board shall adopt rules specifying procedures for the registration of specialty practitioners desiring to be registered in this state who have been registered or licensed and are practicing in states which have registering or licensing standards substantially similar to, equivalent to, or more stringent than the standards of this state.
- (6) Pending issuance of registration, a person is eligible to practice as a specialist upon submission of a registration application that includes proof of successful completion of the education requirements and payment of the applicable fees required by this chapter, provided such practice is under the supervision of a registered specialist in a licensed specialty or cosmetology salon.
- (6) When the department determines that the proposed cosmetology salon or specialty salon may reasonably be expected to meet the requirements set forth herein, the department shall grant the license upon such conditions as it shall deem proper under the circumstances and upon payment of the original licensing fee.
- (7) No license for operation of a cosmetology salon or specialty salon may be transferred from the name of the original licensee to another. It may be transferred from one location to another only upon approval by the department, which approval shall not be unreasonably withheld.

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

- (1) No cosmetology salon or specialty salon shall be permitted to operate without a license issued by the department except as provided in subsection (11).
- (2) The board shall adopt rules governing the licensure and operation of salons and specialty salons and their facilities, personnel, safety and sanitary requirements, and the license application and granting process.
- (3) Any person, firm, or corporation desiring to operate a cosmetology salon or specialty salon in the state shall submit to the department an application upon forms provided by the department and accompanied by any relevant information requested by the department and by an application fee.
- (4) Upon receiving the application, the department may cause an investigation to be made of the proposed cosmetology salon or specialty salon.
- (5) When an applicant fails to meet all the requirements provided herein, the department shall deny the application in writing and shall list the specific requirements not met. No applicant denied licensure because of failure to meet the requirements herein shall be precluded from reapplying for licensure.
- (8) Renewal of license registration for cosmetology salons or specialty salons shall be accomplished pursuant to rules adopted by the board. The board is further authorized to adopt rules governing delinquent renewal of licenses and may impose penalty fees for delinquent renewal.
- (9) The board is authorized to adopt rules governing the periodic inspection of cosmetology salons and specialty salons licensed under this chapter.
- (10) (a) The board shall adopt rules governing the licensure, operation, and inspection of mobile cosmetology salons, including their facilities, personnel, and safety and sanitary requirements.
 - (b) Each mobile salon must comply with all licensure and operating requirements specified in this chapter or chapter 455 or rules of the board or department that apply to cosmetology salons at fixed locations, except to the extent that such requirements conflict with this subsection or rules adopted pursuant to this subsection.
 - (c) A mobile cosmetology salon must maintain a permanent business address, located in the inspection area of the local department office, at which records of appointments, itineraries, license numbers of employees, and vehicle identification numbers of the licenseholder's mobile salon shall be kept and made available for verification purposes by department personnel, and at which correspondence from the department can be received.

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

477.0263 Cosmetology services to be performed in licensed salon; exceptions

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

477.0265 Prohibited acts

- (1) It is unlawful for any person to:
 - (a) Engage in the practice of cosmetology or a specialty without an active license as a cosmetologist or registration as a specialist issued by the department pursuant to the provisions of this chapter.
 - (b) Own, operate, maintain, open, establish, conduct, or have charge of, either alone or with another person or persons, a cosmetology salon or specialty salon:
 - 1. Which is not licensed under the provisions of this chapter; or
 - 2. In which a person not licensed or registered as a cosmetologist or a specialist is permitted to perform cosmetology services or any specialty.
 - (c) Permit an employed person to engage in the practice of cosmetology or of a specialty unless such person holds a valid, active license as a cosmetologist or registration as a specialist.
 - (d) Obtain or attempt to obtain a license or registration for money, other than the required fee, or any other thing of value or by fraudulent misrepresentations.
 - (e) Use or attempt to use a license to practice cosmetology or a registration to practice a specialty, which license or registration is suspended or revoked.
 - (f) Advertise or imply that skin care services or body wrapping, as performed under this chapter, have any relationship to the practice of massage therapy as defined in s. 480.033(3), except those practices or activities defined in s. 477.013.

- (g) In the practice of cosmetology, use or possess a cosmetic product containing a liquid nail monomer containing any trace of methyl methacrylate (MMA).
- (2) Any person who violates any provision of this section commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

477.029 Penalty

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

- (d) Placement on probation for a period of time and subject to such reasonable conditions as the board may specify.
- (e) Refusal to certify to the department an applicant for licensure.

FLORIDA ADMINISTRATIVE CODE

ADMINISTRATIVE CODE RULES 61G5-20

The following rules are excerpts reprinted from the Florida Department of State Division 61G5-20: Cosmetology Salons. This section will review some of the regulations for salons, requirements for types of salons, and rules for cosmetologists working within these settings. Please be advised that this information is current at the time of publication. For the complete rules and regulations found under Florida Administrative Code 61G5, please review the rules on the Florida Department of State website at <https://www.flrules.org> [2].

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

- (1) “Special events” is defined as weddings, fashion shows, and other events as approved by the board.
- (2) Cosmetology or specialty services may be performed by a licensed cosmetologist or specialist in a location other than a licensed salon, including a hospital, nursing home, residence, or similar facility, when a client for reasons of ill health is unable to go to a licensed salon. Such services are not to be performed upon employees or persons who do not reside in the facility, or any other non-qualified persons.
- (3) Cosmetology services may only be performed in a photography studio salon subject to the following requirements:
- (4) The following procedures shall be followed when performing cosmetology services outside of a licensed salon:
 - (a) Information as to the name of the client and the address at which the services are to be performed shall be recorded in the appointment book.
 - (b) The appointment book shall remain at the salon and be made available upon request to any investigator or inspector of the Department.

61G5-20.002 Salon Requirements

- (1) Definitions: For the purposes of this rule, the following definitions apply:
 - (a) “Clean” means the removal of visible debris from a surface such as washing with soap/water.
 - (b) “Disinfect” means the use of a chemical to destroy potential pathogens.
 - (c) “Sterilize” means the complete destruction of all microbial life, commonly achieved through the use of heat and/or pressure.
 - (d) “Wet disinfection container” means a tub or jar with a lid, filled with disinfectant and large enough for all items to be completely immersed.
 - (e) “Infection control” means the process for reducing the risk of spreading disease causing pathogens.
- (2) Prior to opening a salon, the owner shall:
 - (a) Submit an application on forms prescribed by the Department of Business and Professional Regulation; and
 - (b) Pay the required registration fee as outlined in the fee schedule in Rule 61G5-24.005, F.A.C.; and
 - (c) Meet the safety and sanitary requirements as listed below and these requirements shall continue in full force and effect for the life of the salon:
 1. Ventilation and Cleanliness: Each salon shall be kept well ventilated. The walls, ceilings, furniture and equipment shall be kept clean and free from dust. Hair must not be allowed to accumulate on the floor of the salon. Hair must be deposited in a covered waste receptacle. Each salon which provides services for the extending or sculpturing of nails shall provide such services in a separate area which is adequately ventilated for the safe dispersion of all fumes resulting from the services.
 2. Toilet and Lavatory Facilities: Each salon shall provide—on the premises or in the same building as, and within 300 feet of, the salon—adequate toilet and lavatory facilities. To be adequate, such facilities shall have at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning material, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. Such facilities and all of the foregoing fixtures and components shall be kept clean, in good repair, well-lighted, and adequately ventilated to remove objectionable odors.
 3. A salon, or specialty salon may be located at a place of residence. Salon facilities must be separated from the living quarters by a permanent wall construction. A separate entrance shall be provided to allow entry to the salon other than from the living quarters. Toilet and lavatory facilities shall comply with subparagraph (c)2. above and shall have an entrance from the salon other than the living quarters.
 4. Animals: No animals or pets shall be allowed in a salon, with the exception of service animals and fish kept in closed aquariums.
 5. Shampoo Bowls: Each salon shall have shampoo bowls equipped with hot and cold running water. The shampoo bowls shall be located in the area where cosmetology services are being performed. A specialty salon that exclusively provides specialty services, as defined in Section 477.013(6), F.S., need not have a shampoo bowl, but must have a sink or lavatory equipped with hot and cold running water on the premises of the salon.
 - (d) Comply with all local building and fire codes. These requirements shall continue in full force and effect for the life of the salon.

(3) Each salon shall comply with the following:

- (a) Linens: Each salon shall keep clean linens in a closed, dustproof cabinet. All soiled linens must be kept in a closed receptacle. Soiled linens may be kept in open containers if entirely separated from the area in which cosmetology services are rendered to the public. A sanitary towel or neck strip shall be placed around the patron's neck to avoid direct contact of the shampoo cape with a patron's skin.
 - (b) Containers: Salons must use containers for waving lotions and other preparations of such type as will prevent contamination of the unused portion. All creams shall be removed from containers by spatulas.
 - (c) Disinfection: The use of a brush, comb or other article on more than one patron without being disinfected is prohibited. Each salon is required to have sufficient combs, brushes, and implements to allow for adequate disinfecting practices. Combs or other instruments shall not be carried in pockets.
 - (d) Disinfectants: All salons shall be equipped with and utilize disinfecting solutions with hospital level disinfectant or EPA approved disinfectant, sufficient to allow for disinfecting practices.
 - 1. A wet disinfection container is any receptacle containing a disinfectant solution and large enough to allow for a complete immersion of the articles. A cover shall be provided.
 - 2. Disinfecting methods which are effective and approved for salons: First, clean articles with soap and water, completely immerse in a chemical solution that is hospital level or EPA approved disinfectant as follows:
 - a. Combs and brushes, remove hair first and immerse in hospital level or EPA approved disinfectant;
 - b. Metallic instrument, immerse in hospital level for EPA approved disinfectant;
 - c. Instruments with cutting edge, wipe with a hospital level or EPA approved disinfectant; or
 - d. Implements may be immersed in a hospital level or EPA approved disinfectant solution.
 - e. Shampoo bowls, facial beds, and neck rests, clean and disinfect between each use.
3. For purposes of this rule, a "hospital level disinfectant or EPA approved disinfectant" shall mean the following:
- a. For all combs, brushes, metallic instruments, instruments with a cutting edge, and implements that have not come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a hospital grade bacterial, virucidal and fungicidal disinfectant;
 - b. For all combs, brushes, metallic instruments with a cutting edge, and implements that have come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a disinfectant, in accordance with 29 C.F.R. 1910.1030.
4. All disinfectants shall be mixed and used according to the manufacturer's directions.
- (e) After cleaning and disinfecting, articles shall be stored in a clean, closed cabinet or container until used. Undisinfected articles such as pens, pencils, money, paper, mail, etc., shall not be kept in the same container or cabinet. For the purpose of recharging, rechargeable clippers may be stored in an area other than in a closed cabinet or container, provided such area is clean and provided the cutting edges of such clippers have been disinfected.
 - (f) Ultra Violet Irradiation may be used to store articles and instruments after they have been cleansed and disinfected.

- (g) Pedicure Equipment Disinfection: The following cleaning and disinfection procedures must be used for any pedicure equipment that holds water, including sinks, bowls, basins, pipe-less spas, and whirlpool spas:
1. After each client, all pedicure units must be cleaned with a low-foaming soap or detergent with water to remove all visible debris, then disinfected with an EPA-registered, hospital-grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant used according to manufacturers' instructions for at least ten (10) minutes. If the pipe-free foot spa has a foot plate, it should be removed and the area beneath it cleaned, rinsed, and wiped dry.
 2. At the end of each day of use, the following procedures shall be used:
 - a. All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be disinfected. All visible debris in the screen and the inlet must be removed and cleaned with a low-foaming soap or detergent and water. For pipe-free systems, the jet components or foot plate must be removed and cleaned and any debris removed. The screen, jet, or foot plate must be completely immersed in an EPA registered, hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant that is used according to manufacturer's instructions. The screen, jet, or foot plate must be replaced after disinfection is completed and the system is flushed with warm water and low-foaming soap for 5 minutes, rinsed, and drained.
 - b. After the above procedures are completed, the basin should be filled with clean water and the correct amount of EPA registered disinfectant. The solution must be circulated through foot spa system for 10 minutes and the unit then turned off. The solution should remain in the basin for at least 6 to 10 hours. Before using the equipment again, the basin system must be drained and flushed with clean water.
 3. Once each week, subsequent to completing the required end-of-day cleaning procedures, the basin must be filled with a solution of water containing one teaspoon of 5.25% bleach for each gallon of water. The solution must be circulated through the spa system for 5 to 10 minutes and then the solution must sit in the basin for at least 6 hours. Before use, the system must be drained and flushed.
 4. A record or log book containing the dates and times of all pedicure cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon and made available for review upon request by a consumer or a Department inspector.
- (4) No cosmetology or specialty salon shall be operated in the same licensed space allocation with any other business which adversely affects the sanitation of the salon, or in the same licensed space allocation with a school teaching cosmetology or a specialty licensed under Chapter 477, F.S., or in any other location, space, or environment which adversely affects the sanitation of the salon. In order to control the required space and maintain proper sanitation, where a salon adjoins such other business or school, or such other location, space or environment, there must be permanent walls separating the salon from the other business, school, location, space, or environment and there must be separate and distinctly marked entrances for each.
- (5) Evidence that the full or specialty salon contains a minimum of 100 square feet of floor space. No more than one (1) cosmetologist or specialist may be employed in a salon which has only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.
- (6) Full and specialty salons, regardless of size and number of operators, shall meet all the sanitation requirements stated in this section.
- (7) For purposes of this rule, "permanent wall" means a vertical continuous structure of wood, plaster, masonry, or other similar building material, which is physically connected to a salon's floor and ceiling, and which serves to delineate and protect the salon.

61G5-20.003 Inspections

The Department of Business and Professional Regulation shall cause an inspection of all proposed salons to determine if all the requirements have been met. Each licensed salon shall be inspected at least biennially by the Department. No person shall, for any reason intentionally, or directly inhibit an authorized representative of the Department from performing said inspections.

61G5-20.004 Display of Documents

- (1) All holders of a cosmetology or specialty salon license shall display within their salons in a conspicuous place which is clearly visible to the general public upon entering the salon the following documents:
 - (a) The current salon license,
 - (b) A legible copy of the most recent inspection sheet for the salon.
- (2) All holders of a cosmetology or specialty salon license shall require and ensure that all individuals engaged in the practice of cosmetology, any specialty, hair braiding, hair wrapping, or body wrapping display at the individual's work station their current license or registration at all times when the individual is performing cosmetology, specialty, hair braiding, hair wrapping, or body wrapping services. The license or registration on display shall be the original certificate or a duplicate issued by the Department and shall have attached a 2" by 2" photograph taken within the previous two years of the individual whose name appears on the certificate. The certificate with photograph attached shall be permanently laminated as of July 1, 2007.

By July 1, 2008, all holders of a cosmetology or specialty salon license shall display at each footbath a copy of the Consumer Protection Notice regarding footbaths, sanitation, and safety. Copies of this notice (revised 10/15/07, and incorporated herein by reference) may be obtained from the Department of Business and Professional Regulation at 1940 North Monroe St., Tallahassee, FL 32399-0783, and the Call Center by calling (850)487-1395.

61G5-20.007 Communicable Disease

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

ADMINISTRATIVE CODE RULES 61-6

The following rules are excerpts reprinted from the Florida Department of State Division 61-6: Biennial Licensing. This section will review some of the licensing rules, including license renewal regulations. Please be advised that this information is current at the time of publication. For the complete rules and regulations found under Florida Administrative Code 61-6, please review the rules on the Florida Department of State website at <https://www.flrules.org> [3].

61-6.001 Biennial Licensing

- (1) Pursuant to Section 455.203(1), F.S. 2004, the Department hereby implements a plan for staggered biennial renewal of licenses issued by the Central Intake Unit, The Division of Service Operation and Licensure, the Department on behalf of the boards within the Department and the Department.
- (2) The staggered biennial renewal issuance plan does not apply to the renewal of licenses which have a statutory period of one year or less and which do not mature into permanent licenses which would be subject to regular annual renewal.
- (3) Biennial period shall mean a period of time consisting of two 12 month years. The first biennial period for the purposes of each board shall commence and continue on the dates specified in the department plan as set forth for each respective profession.

- (4) The schedule for biennial license renewal for [cosmetology] shall be as follows:

LICENSE RENEWAL SCHEDULE		
License Type	Even Years	Odd Years
Cosmetology Salons	November 30	—
Cosmetologists & Specialists		
Group I	—	October 31
Group II	October 31	—

61-6.010 Random Audit of License Renewal Requirements

- (1) No later than six (6) months after the beginning of a licensure period, each board shall initiate a random audit of licensees to determine their compliance with license renewal requirements. This audit shall be conducted by the appropriate office of the Department of Business and Professional Regulation.
- (2) Each licensee randomly selected for audit shall be so notified by regular mail, and each selected licensee shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
- (3) If a letter of notification is returned to the Department because of an incorrect mailing address, the Department shall attempt again to notify the licensee after making a reasonable effort to determine the licensee's correct address. The licensee so notified shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
- (4) If a letter of notification is returned to the Department unclaimed or refused, the Department shall by certified mail attempt to notify the licensee of the information contained in the original mailing. The licensee so notified shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
- (5) If a licensee's documentation of compliance with the requirements for license renewal is not sufficient, the Department shall notify the licensee of the deficiencies, and the licensee shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
- (6) Commencing on the twenty-second (22) day after a licensee selected for audit receives notice, the board may grant the licensee up to thirty (30) additional days in which to obtain appropriate documentation and supply that documentation to the Department if: (1) the licensee's written request was received by the board within twenty-one (21) days of the licensee's receipt of notice of audit or receipt of documentation deficiency, (2) the licensee's written request stated with particularity the reasons an extension should be granted, and (3) the board's written notification as to the length of the extension granted was received by the Department office conducting the audit no more than ten (10) days after the twenty-one (21) day compliance period had lapsed.
- (7) The Department may take whatever action is appropriate against any licensee selected for audit who:
 - (a) Has not kept the Department informed of an accurate mailing address,
 - (b) Does not cooperate in the audit, or
 - (c) The audit reveals has not met the requirements for license renewal.

CRIMINAL SELF-REPORTING

All licensees being convicted or found guilty of, or having plead nolo contendere or guilty to a crime in any jurisdiction, must report to the Department of Business and Professional Regulation within 30 days. Licensees may report by completing the criminal self-reporting document found at http://www.myfloridalicense.com/dbpr/pro/documents/criminal_self-reporting_document.pdf. Failure to report may result in disciplinary action, including fines, suspension, or license revocation [4].

Works Cited

1. Online Sunshine: The Official Internet Site of the Florida Legislature. The 2019 Florida Statutes: Title XXXII, Chapter 477. Available at <http://www.flsenate.gov/Laws/Statutes/2019/Chapter477>. Last accessed February 5, 2020.
2. Florida Department of Business and Professional Regulation. Rule Chapter 61G5-20: Cosmetology Salons. Available at <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=61G5-20>. Last accessed February 5, 2020.
3. Florida Department of Business and Professional Regulation. Rule Chapter 61-6: Biennial Licensing. Available at <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=61-6>. Last accessed February 5, 2020.
4. Online Sunshine: The Official Internet Site of the Florida Legislature. The 2019 Florida Statutes: 455.227 Grounds for Discipline; Penalties; Enforcement. Available at http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0455/Sections/0455.227.html. Last accessed February 5, 2020.

Chemical Makeup of Hair, Skin, and Nails

This part fulfills the Chemical Makeup requirement.

Part VI — 1 CE Hour

Faculty

Paragon CET Staff

Division Planner

Leah Pineschi Alberto

Course Objective

The purpose of this course is to provide cosmetologists with a review of the chemical makeup of the hair, skin, and nails.

Learning Objectives

Upon completion of this course, you should be able to:

1. Define pH and how it affects hair, skin, and nails.
2. Outline the chemical and anatomic makeup of hair, skin, and nails.
3. Describe chemicals commonly encountered in the salon setting.

INTRODUCTION

In order to offer safe and effective services to the public, cosmetology professionals must be aware of the chemical makeup, growth, and structure of hair, skin, and nails. Salon professionals' basic knowledge and their commitment to increased understanding will translate into client satisfaction.

ACIDS AND BASES

Understanding the potential hydrogen (pH) scale is essential to the discussion of the chemical makeup of the hair, skin, and nails. The pH scale measures the acidity, or excess of hydrogen ions (H^+), and the base or alkalinity, defined as an excess of hydroxide ions (OH^-). On the pH scale, values between 1 and 7 are considered acidic, and values between 7 and 14 are base or alkaline. For example, vinegar has a low pH (2.4) and is acidic, tasting sour, bitter, or sharp. Chlorine and ammonia both have high pH (11.7 and 12, respectively) and are extremely alkaline. Distilled water is usually between a 6 and 7 on the pH scale, which is considered essentially neutral (neither acidic nor alkaline). If substances are combined, the pH of the resulting compound will be different than the original portions.

Each change of one number up or down on the pH scale is exponential. A pH of 9 is ten times more alkaline than a pH of 8. A pH increase of two whole numbers is equal to 100-fold change in alkalinity. Therefore, a small change on the pH scale indicates a large actual change in pH [1].

THE pH OF HAIR

The pH of hair ranges between 4.5 and 5.5. When selecting products for use on the hair, it is important to consider the condition of the hair and the pH of the product. The higher the pH, the more alkaline or harsh the product may be. In the case of shampoo, a higher pH may be selected to remove buildup, but this in turn can strip hair of necessary oils, resulting in over-stimulation of the sebaceous oil glands in the scalp and worsening of oily hair. Highly porous hair, often a result of overprocessing, is dry and brittle (lacking necessary oils) and will require a shampoo with a lower pH and therefore less alkalinity [1].

THE pH OF THE SKIN

Normal skin surface pH is between 4 and 6.5 in healthy people, though it varies among the different areas of the skin. Newborn infants are born with a higher skin surface pH compared to adults, but this normalizes within three days of birth. Similar to the action of alkaline products on the hair, the pH of products used on the skin must be chosen thoughtfully [2]. The skin is protected from bacterial and fungal infections and surface contaminants by the acid mantle. The acid mantle is a thin, film-like barrier on the outermost layer of the skin. The acid mantle contains lactic acid, amino acids from sweat, free fatty acids from sebum (an oily substance secreted by sebaceous glands via the hair follicles), and amino acids and pyrrolidine carboxylic acid from the cornification process of skin [2]. Cleansing the skin with alkaline soaps or detergents can disturb the acid mantle.

THE pH OF NAILS

Nails are essentially hardened skin cells. They are susceptible to both bacterial and fungal infection when the pH changes as a result of exposure, age, and certain medications.

CHEMICAL AND ANATOMIC MAKEUP

SKIN

Skin is the largest organ of the body and acts as a barrier against the environment, pathogens, and dehydration. The skin has seven functions [3]:

- Sensation
- Hydration
- Absorption
- Regulation
- Protection
- Excretion
- Respiration

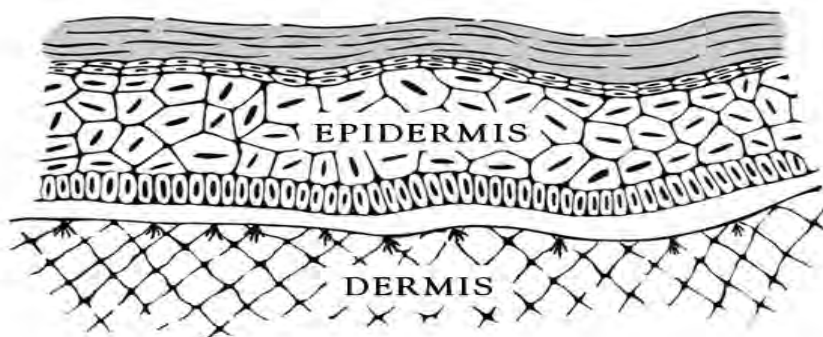
Sensations or feelings allow you to react to temperature, pain, and pressure and to recognize touch. Some areas of the skin are more sensitive (e.g., fingertips) than others. Skin also allows the body to retain and absorb water and excretes perspiration and oils. These functions can cool the body, allow a person to remain hydrated, and maintain suppleness. The skin serves as an important form of protection as it guards against the elements and from

bacteria and fungi [1]. Finally, skin provides for expression and body image [3]. Skin plays a vital role in self-esteem and social communication. Skin characteristics have an impact on how an individual communicates both verbally and nonverbally and how the other person reacts to that individual. It also provides significant social cues regarding health and vitality.

Human skin is composed of two main layers: the epidermis (outer layer) and the dermis (inner layer) (*Image 1*). The epidermis is divided into five layers of cells. They are, in order from the outermost inward:

- **Stratum corneum:** This layer is composed of dead keratinized cells and is constantly being sloughed off and renewed from below. It also contains the acid mantle, an oily layer with reduced pH.
- **Stratum lucidum:** Also known as the clear layer, this layer is found in areas where the epidermis is thicker, like the palms of the hands and the soles of the feet. It lies directly below the stratum corneum.
- **Stratum granulosum:** This layer is actually composed of 1 to 5 sub-layers and is believed to help with keratin formation.
- **Stratum spinosum:** Often referred to as the “prickly layer,” cells in this layer begin to flatten as they are migrating toward the skin surface. The stratum spinosum acts as a stabilizing support to the skin.
- **Stratum germinativum or basale:** The deepest layer of the epidermis is the stratum germinativum. It is composed of a single layer of constantly dividing cells that form new cells. Melanin, which determines skin color and protects the sensitive dermis from ultraviolet (UV) light, is produced in this layer as well.

The dermis is the thickest layer of the skin, varying in thickness from 0.2–4 mm. The reticular dermis anchors the skin to the body and contains sweat glands, hair follicles, nerves, and blood vessels. The dermis also contains the sebaceous glands, which secrete sebum and lubricate the skin. The major proteins found in the dermis are collagen and elastin. Collagen gives skin its tensile strength, while elastin provides the skin with elastic recoil. This characteristic prevents the skin from being permanently reshaped. The dermis is divided into two areas: the papillary dermis, which contains capillaries for blood flow, and the reticular layer, which is comprised of thick collagen fibers. The dermis also contains the receptors that sense pain and pressure.



This illustration shows the basic structure of the skin.

Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases

Image 1

Beneath the dermis lies subcutaneous tissue, which attaches the skin to the underlying structures. Subcutaneous tissue contains fat, connective tissue, blood vessels, lymphatics, and nerve endings [3].

NAILS AND NAIL EXTENSIONS

The nail is made of keratin, a waterproof and durable protein, and grows in a similar way to hair. Nail growth begins with the matrix, a layer that produces the keratin cells that are pushed outward from the base of the nail. The shape and size of the matrix also influences the shape and thickness of the nail [4]. The cells multiply and push upward and harden into three layers: the cuticle, cortex, and medulla. Nail growth is effected by hormones, exercise, nutrition, and an individual's overall health. On average, nails grow 1/10 to 1/8 inch per month in adults; in younger people nail growth can be faster because of more rapid cell reproduction. The thumb nail grows slowest, while the middle finger grows fastest. Toenails are harder and thicker than fingernails and grow more slowly [1].

Artificial nails or nail extensions can be applied over a plastic tip or directly on the nail when nails are too thin or weak to grow to the length that a client desires. There are three general systems to create artificial nails:

- Powder and liquid acrylic
- Wraps and no-light gels
- Light-cured gels

In addition, fabric wraps (made of silk, linen, paper, or fiberglass) may be added to nails to strengthen weak nails or help a cracked nail grow out.

HAIR AND SCALP

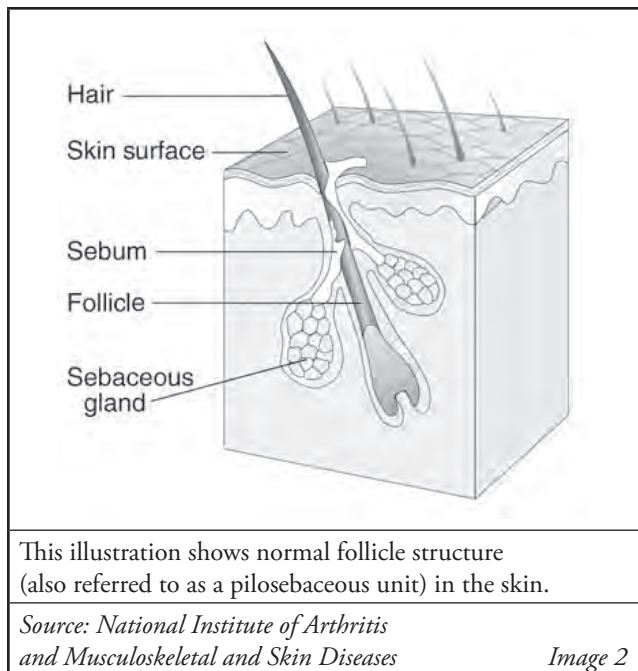
The main purpose of hair is to protect the body from heat, cold, and injury. The root of the hair is located below the surface of the skin, enclosed within the follicle; the hair shaft is the exposed portion. The hair root includes the follicle, bulb, papilla, arrector pili muscle, and sebaceous glands. Numerous factors affect the quality of hair growth, including an unhealthy scalp.

Follicle Structure

The hair follicle is a tube-like pocket in the skin that encases the hair root (*Image 2*). It is created when cells in the basal layer of the epidermis travel down to the lower layer to seek nourishment. The structure of the follicle or root sheath is similar to a sleeve in the skin from which the hair will grow. A sebaceous gland is attached to the follicle and is the source of sebum, which lubricates the hair during growth. The follicle extends from the epidermis through the dermis. The hair bulb is the lowest area of the follicle and receives nutrients from the dermal papilla. The arrector pili muscle is a small muscle near the base of the follicle that reacts to responds to emotional stresses or cold to create the sensation of “goose bumps” [1]. There are no hair follicles on the palms of the hands or the soles of the feet.

Keratinization

Growing hair is made up of keratin. As these protein cells mature, they become fibrous and die in a process called keratinization. When this process is over, the cells that form the hair strand are no longer alive [4].



Physical Properties

Hair texture includes three classifications: coarse, medium, or fine. The texture of hair is related to the thickness or diameter of the hair strand. Coarse hair has the largest diameter, while fine hair has the smallest. Coarse hair is stronger and is therefore more resistant to lighteners, coloring, and other chemical processes, including relaxing or waving solutions.

Hair density refers to the number of hairs per square inch of scalp. The average hair density is 2,200 hairs per square inch. However, naturally blonde hair is more dense, and naturally red hair is less dense. People with the same hair texture may have different hair density and vice versa.

The porosity of hair refers to the ability of the hair to absorb moisture. Low porosity results in resistance to chemical treatment; high porosity may result in over processing.

Hair elasticity refers to the stretchiness of the hair or the ability of hair to stretch and return to its original form without breaking. Hair with low elasticity is brittle and, unlike normal hair, fails to stretch without breaking.

Dryness of the hair and scalp can be related to inactive sebaceous glands, excessive shampooing, or weather (winter or dry climates). Conversely, overactive sebaceous glands can cause oily hair and scalp. Poor diet, lack of exercise, and incorrect hygiene can aggravate both dryness and oiliness, as can medical conditions and prescription and non-prescription medications [1].

CHEMICALS COMMONLY ENCOUNTERED IN SALONS

Cosmetologists and beauty professionals must be aware of all the inherent risks when mixing or using any products or combinations of products on the skin, hair, or nails.

NAILS

Nail salon workers continuously come into contact with nail care products and solvents, some of which can cause lasting health effects. It has been suggested that nail salon workers have significantly higher exposure to dangerous chemicals than the average person. While research on nail salon workers is limited, studies provide reason for concern for this vulnerable population.

According to the Federal Food, Drug, and Cosmetic Act, nail care products are considered cosmetics and are regulated under the same law as makeup. Nail products for use both in the home and in the salon are regulated by the U.S. Food and Drug Administration.

Methyl Methacrylate (MMA) Monomers

Artificial nails are composed primarily of acrylic polymers and are made by reacting together acrylic monomers with acrylic polymers. When the reaction is completed, traces of the monomer are likely to remain in the polymer. For example, traces of methyl methacrylate (MMA) monomers remain after artificial nails are formed. The polymers themselves are typically quite safe, but traces of the reactive monomers can result in an adverse reaction in sensitive individuals, including redness, swelling, and pain in the nail bed. Today, ethyl methacrylate monomer is commonly used in the creation of acrylic nails, although MMA monomer may still be found in some artificial nail products. In the early 1970s, the FDA received a number of complaints of injury associated with the use of artificial nails containing MMA. Among these injuries were reports of fingernail damage and deformity, as well as contact dermatitis. Unlike MMA monomers, methyl

methacrylate polymers were not associated with these injuries. Based on its investigations of the injuries and discussions with medical experts in the field of dermatology, the agency chose to remove from the market products containing 100% MMA monomer. The FDA has declared MMA “poisonous and deleterious” and considers its use in artificial nail products inappropriate [5; 6]. In 2004, the Florida Legislature voted to ban MMA in salons. Thirty-eight states now prohibit the use of products with MMA monomers, and in Florida, using or possessing MMA is a second-degree misdemeanor punishable by a \$500 fine and/or imprisonment not to exceed 60 days [6]. Although MMA has been banned in Florida for nearly two decades, it continues to be found in salons by Florida Department of Business and Professional Regulation inspectors [7].

HAIR

Permanent Waving

Permanent waving makes physical and chemical changes to the makeup of hair. The process of permanent waving of hair has remained generally the same since the 1930s. Usually, the hair is wrapped onto rods, and a lotion containing ammonium thioglycolate is applied, changing the protein structure in the hair. This is referred to as an alkaline perm. When the solution is applied, the cuticle of the hair opens and is penetrated to the cortex, breaking the salt bonds. Other types of substances may be used for this purpose, including glycerol monothioglycolate (“acid perm”), a mixture of acid and alkaline (“exothermic perm”), or neutral lotions. After a neutralizer is applied to close the structure again, the hair takes the shape of the rod. Conditioners are also used to decrease damage to the hair. An alkaline perm is generally used for hair that will be less likely to respond to the curling, including coarse, thick, or resistant types. Acid and neutral perms are useful for clients with damaged hair and fragile hair types [1].

Hair Coloring and Bleaching

Four types of hair color will fit the desires of most clients: temporary color, semi-permanent color, demi-permanent color, and permanent color. Temporary hair coloring coats the cuticle of the hair shaft and remains visible until the next shampoo. Temporary color can only be used to attain a darker color. Semi-permanent coloring contains a low level of hydrogen peroxide and partially penetrates the cuticle of the hair shaft. This color typically remains for 4 to 5 shampoos. Demi-permanent coloring penetrates deeper through the cuticle to the cortex through the use

of an alkaline agent, such as ethanolamine or sodium carbonate. Because it penetrates deeper, it lasts longer, usually between 20 and 28 shampoos. Finally, permanent hair coloring lasts until natural hair grows out or until the coloring fades. These coloring products contain a developer or an oxidizing agent and an alkalizing agent, usually ammonia. Ammonia allows color to enter the hair shaft by swelling the cuticle to the point at which it can best be penetrated.

Hair bleaching or lightening is achieved through oxidation of the melanin in hair and is considered a type of permanent hair coloring. In this process, hydrogen peroxide is mixed with an alkaline product (e.g., ammonia), which reacts with melanin in the hair and removes the color. Most bleaches should be kept away from the skin to prevent burns, but there are gentle oil or cream lighteners that can be applied directly to the scalp. Oil lighteners are very mild and can be used on the face and body as well. Strong lighteners, containing alkaline mixed with hydrogen peroxide, can irritate the scalp and are therefore used most often for highlighting [4].

Chemical Hair Relaxing

Hair relaxing, or lanthionization, reforms or relaxes hair with excessive curl or wave to a straight position. The process is similar to that used for permanent waving, but the absence of the curling rods changes the end result. There are two types of chemical relaxers: sodium hydroxide and ammonium thioglycolate. Sodium hydroxide relaxers (also referred to as lye relaxers) have 2% to 3% sodium hydroxide in a cream base; lithium hydroxide, potassium hydroxide, calcium hydroxide, and guanidine hydroxide are also available and are slightly milder. The pH for this type ranges from 11.5 to 14 [4]. Ammonium thioglycolate relaxers contain 4% to 6% thioglycolate acid and 1% ammonium hydroxide; the pH range is 8.8 to 9.5. The relaxer is applied to the roots of the hair, where it alters the hair shaft’s structure. Some relaxers require a protective base (e.g., petroleum jelly) be placed on the scalp prior to the procedure to prevent burning or irritation. After the relaxing phase is completed, neutralizer is applied to stop the relaxing process and balance the pH. Neutralizers, usually either hydrogen peroxide, sodium perborate, or sodium bromate, are known as fixatives or stabilizers. These bonding agents can cause the hair to be fragile, and hair can be significantly damaged by excessive application of relaxers.

SKIN-CARE PRODUCTS AND COSMETICS

Skin-care products and cosmetics often contain combinations of methyl, propyl, and ethyl parabens. Common ingredients in this group include glycerine, propylene glycol, sorbitol, and hyaluronic acid. Propylene glycol is a petroleum-based humectant used to retain water and is used in the manufacture of many skin-care products. Synthetic colors, usually labeled as FD&C or D&C followed by a number, may be toxic to sensitive individuals. They are coal-tar based additives and known cancer-causing agents. Triethanolamine (TEA) and diethanolamine (DEA) are common ingredients used to adjust pH balances. These are very toxic and are associated with eye problems and skin dryness. The simple ingredient “fragrance” can include a variety of chemicals including phthalates, a substance known to cause cancer and birth defects in lab animals.

The FDA has created a guide outlining its rules for labeling on cosmetics. The guide sets guidelines for the use of certain terms and claims, including [8; 9]:

- **Cosmetic:** A product, except soap, intended to be applied to the human body for cleansing, beautifying, promoting attractiveness, or altering the appearance.
- **Alcohol-free:** In cosmetic labeling, the term “alcohol,” used by itself, refers to ethyl alcohol. Cosmetic products, including those labeled “alcohol free,” may contain other alcohols, such as cetyl, stearyl, cetearyl, or lanolin alcohol.
- **Hypoallergenic:** The term means whatever a particular company wants it to mean; there are no Federal standards or definitions that govern the use of the term.

SUMMARY

Knowledge regarding the physical and chemical structures of hair, nails, and skin is essential for all salon professionals. This section has provided an overview of healthy hair, nails, and skin, and disorders and conditions that can affect these structures. An understanding of the variety of beauty and health products used in cosmetology will help to improve client satisfaction and salon safety.

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Environmental Issues

This part fulfills the
Environmental Issues requirement.

Part VII — 1 CE Hour

Faculty

Paragon CET Staff

Division Planner

Leah Pineschi Alberto

Course Objective

The purpose of this course is to outline environmental issues that may be encountered in the salon or spa setting as well as steps to manage air and water quality.

Learning Objectives

Upon completion of this course, you should be able to:

1. Discuss factors that contribute to poor indoor air and water quality in the salon environment.
2. Outline steps for managing air and water quality in salons.
3. Review the importance of fire and hazardous materials safety.

INTRODUCTION

Salon professionals often spend 40 hours a week or more at work and therefore should be knowledgeable of the safety issues present in their work environment. Issues such as indoor air quality, water quality, fire hazards, and exposure to chemicals are present every day in the workplace. In fact, the concentrations of many pollutants indoors exceed those outdoors [1]. Many take for granted that their workplace is safe, not realizing that problems may exist and go unnoticed. It is imperative that salon professionals be aware of their working environment and the possible dangers that exist around them. In addition to health concerns for the occupants of a building, business owners and employers should also be well-versed on environmental issues in the work place. It has been estimated that indoor environmental quality-related health issues cost businesses \$20 to \$70 billion annually due to lost productivity, decreased performance, and sick days [2].

INDOOR AIR QUALITY

Indoor air quality, or IAQ, ranges from issues relating to comfort, such as air temperature, humidity, and ventilation, to hazardous conditions, such as secondhand smoke, chemical exposure, and biological pollutants. Although IAQ is not currently regulated in the United States, several states and government organizations have developed guidelines to help increase awareness and decrease unwanted exposure. For example, the U.S. Occupational Safety and Health Administration (OSHA) does not have a general IAQ standard, but has developed IAQ guidelines to address common complaints, including ventilation and certain air contaminants. These guidelines are available at <https://www.osha.gov/Publications/3430indoor-air-quality-sm.pdf> [3].

In the event that IAQ becomes hazardous or may lead to physical harm or death, all employers must comply with Section 5(a)(1) of the OSH Act, often referred to as the General Duty Clause, which requires employers to “furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.” Section 5(a)(2) requires employers to “comply with occupational safety and health standards promulgated under this Act” [4].

SICK BUILDING SYNDROME

The familiar term for a problem with indoor air quality is “sick building syndrome” (SBS). First used in the 1970s, SBS refers to a situation in which the occupants of a building report health-related symptoms that may be associated with their presence in that building [1]. Key signs and symptoms of SBS include fatigue, headache, dizziness, nausea, sensitivity to odors, and irritated eyes, nose, and throat. A main identifiable factor in SBS is the absence of symptoms when the individual is out of the suspected building. Causes may include poor ventilation as a result of poor design, maintenance, or operation of the air conditioning system or the interior design of the building, which may prevent proper air flow [1]. Humidity level (too high or too low), lighting, temperature, and other environmental stressors may also be of impact. Many individuals may suspect SBS based on their symptoms; however, it is important to be aware that other building-related illnesses may affect occupants’ health.

POLLUTION

Tobacco Smoke

Many of the state and federal guidelines on IAQ were originally developed to address the effects of tobacco smoke in the work environment. OSHA originally proposed IAQ standards in 1994, with a primary goal of reducing tobacco smoke in the workplace [5]. The proposal was subsequently withdrawn in 2001, as it was found that many state and local governments and private employers had already banned smoking in public areas and in workplaces [6].

In 1985, the Florida legislature enacted the Florida Clean Indoor Air Act (FCIAA). The purpose of the act was to “protect people from the hazards of secondhand smoke” [7]. In addition, in 2002 Florida voters passed a constitutional amendment to prohibit smoking in all enclosed workplaces [7]. Florida employers are required to develop and enforce a policy prohibiting smoking in the workplace. Health issues related to secondhand smoke exposure include lung and other cancers and lung and heart diseases.

Indoor Contaminates

Indoor air pollutants may originate from both inside and outside the building. Signs and symptoms of exposure may include nasal congestion, nosebleeds, cough, wheezing, shortness of breath, lung disease, eye irritation, headache, dizziness, fatigue, nausea, rash, fever, muscle pain, and hearing loss [1].

Outdoor pollutants that affect IAQ are largely a result of improper ventilation. Sources include motor vehicle exhaust, new construction, and contaminants from building maintenance and public works and utilities. The primary mitigation measure to reduce outdoor pollutants is to place ventilation intakes away from any source of outside pollution [8].

There are a number of sources of indoor pollutants. Many are from the building itself; however, there are industry-specific pollutants as well. Sources can be broadly categorized as chemical, physical, and biological [9]. Transmission can be through air, water, or direct contact. The number of possible contaminants for each category is too great in scope to be addressed in this course. Instead, the most common types of pollutants relevant to the salon professional will be briefly later in this course.

TUBERCULOSIS

Tuberculosis (TB) is a bacteria spread by airborne transmission. Droplets originate in the airway, including the mouth, pharynx, larynx, or lungs. Simply coughing, sneezing, laughing, or singing can spread thousands of the infected particles into the air. Those working in poorly ventilated areas are at a greater risk of acquiring TB. In 2016, a total of 9,029 new TB cases were reported in the United States, at a rate of 2.8 cases per 100,000 population [10]. The majority (69.5%) of these cases were from foreign-born persons, with those from Mexico (1,195), the Philippines (781), India (616), Vietnam (503), and China (374) composing the top five countries. A total of 591 cases were reported in Florida in 2018, and the rate (2.8 cases per 100,000 population) is higher than the national average. Florida was one of four states that reported more than 500 cases of TB in 2018 [10]. Symptoms of TB may be subtle and include fever, night sweats, weight loss, and a cough that may or may not be productive [11]. Those with suspected cases of TB should contact either their doctor or local health department immediately.

AIRBORNE ALLERGENS

Airborne allergens can include pollens, molds, spores, and dust. Symptoms such as nasal congestion, eye irritation, dermatitis, and asthma are common physical reactions to airborne allergens. Among the various airborne allergens, the dust mite is responsible for a large percentage of allergic reactions [1]. Dust mites are present in carpeting, furniture, and bedding and thrive in moist environments. Molds and spores also thrive in moist environments and can trigger an allergic reaction. Increasing ventilation and decreasing humidity will help mitigate many problems associated with these allergens.

In the salon environment, dust from the filing of artificial nails may be detrimental to one's health. Artificial nails are composed of glues, benzoyl peroxide, silica, and acrylic polymers. In all cases, to reduce nail dust, technicians should use masks when filing and minimize the need to file by shaping the nail correctly [12]. When possible, the use of a ventilated table and/or a respirator is recommended.

VOLATILE ORGANIC COMPOUNDS (VOCs)

Volatile organic compounds, or VOCs, are a varied group of chemicals that may have short- and long-term adverse health effects. The airborne concentrations of VOCs are consistently higher indoors (up to ten times higher) than outdoors. Beauty salons, in particular, use a wide diversity of chemical products that contain VOCs, including cleansers, cosmetics, polish and polish removers, depilation products, hair dyes, and glues and adhesives. One international study found that the most common VOCs found in salons and spas were from scent-containing compounds such as acetones, ketones, toluenes, and esters [13; 14]. The odor common to salons is evidence of the presence of these compounds.

Formaldehyde has been classified as a probable human carcinogen by the U.S. Environmental Protection Agency (EPA). Airborne formaldehyde is present in salons in many cosmetics and disinfectants. Salons often use a type of dry sanitizer in their cabinets and drawers to sterilize equipment that emits formaldehyde vapor. Exposure may irritate the eyes and respiratory tract. Individuals with asthma may be more sensitive to the effects of airborne formaldehyde [13; 14; 15]. Other possible sources of

formaldehyde in salons are certain "professional use only" hair smoothing or straightening products. Some of these products fail to list formaldehyde on their labels or Safety Data Sheets, as required by law. According to OSHA, air tests showed formaldehyde at levels above OSHA's limits in salons' professional smoothing solutions [32]. Both federal and state OSHAs have found violations by several manufacturers, importers, and distributors.

Another VOC common to salons and spas is benzene. Benzene is a colorless, highly flammable liquid with a sweet smell that evaporates quickly. It is known to cause cancer in humans. Sources of benzene include detergents, plastics, resins, nylon, and other synthetic fibers [16]. It has been found that long-term exposure to benzene can affect red blood cells, possibly leading to anemia or excessive bleeding. Women who breathe benzene over a long period may have irregular menstrual periods and smaller ovaries [16].

Phthalates are another common compound in salons that can be toxic to humans and fetuses [22]. In one study of indoor air quality, salons had by far the greatest concentrations of phthalates [22]. Personal-care items containing phthalates include perfume, eye shadow, moisturizer, nail polish, liquid soap, and hair spray.

VOCs are common and widespread in indoor settings. It is imperative that the salon professional is aware of the possible health effects of exposure. Signs and symptoms include rash, itchiness, headache, nausea, vomiting, shortness of breath, and irritation of the eyes, nose, and throat. Cosmetologists and other salon professionals can decrease their exposure to VOCs by following certain practices, such as good ventilation of the areas, closing the packages of beauty products when not in use, and selecting safer beauty products without strong odors.

ULTRAVIOLET LIGHT

More recently the risks of exposure to ultraviolet lights used in salons to dry polishes and harden acrylic nails have been explored [21]. The strengths of these lights vary, but exposure to higher wattage lamps can cause significant skin and eye damage. Nail technicians who use this equipment should take steps to protect their eyes and skin on a daily basis.

MANAGEMENT OF AIR QUALITY

The most effective way to successfully manage IAQ is to identify and reduce or eliminate the sources of pollution. Integral to mitigation is a properly working heating, ventilating, and air conditioning system, known as HVAC. An inadequate HVAC system can increase indoor pollutant levels by not bringing in enough outdoor air to dilute emissions from indoor sources and by not carrying indoor air pollutants out of the building. High temperature and humidity levels can also increase concentrations of some pollutants, and the design of a building's interior may affect ventilation as well. In particular, partitions and furniture may prevent the proper flow of air.

In the salon environment, source control is key. Measures to mitigate and control pollutants include [8]:

- Avoiding aerosols and sprays
- Diluting solutions to their proper strength
- Using proper protocol when diluting and mixing solutions
- Storing products properly with containers closed and lids tight
- Eliminating return air for storage spaces
- Storing mops “top up” to dry
- Establishing good pest management and cleaning practices

The control of relative humidity and mold growth may be a challenge in Florida, especially in the salon environment. To manage moisture and mold, keep relative humidity low by setting the air conditioning in accordance with outside air temperature and dew point. Clean and dry spills immediately, and do not allow standing water in any location. Ensure that surfaces that are frequently wet are cleaned thoroughly and often, lowering the susceptibility of mold growth. All porous materials, such as towels, upholstered furniture, and carpets, should be discarded if there are signs of mold growth [8].

WATER QUALITY

Water is a reservoir for several types of chemical pollutants and micro-organisms, including bacteria, fungi, and viruses, that may affect one's health. Tap water must be safe to drink and use for baths according to criteria dictated by local regulations and public health standards. A common micro-organism identified in whirlpools and baths is the bacteria *Pseudomonas aeruginosa* [28]. Infections from *Pseudomonas* bacteria are commonly known as “hot tub rash” and “swimmer's ear.” Symptoms are usually mild, but rash lesions may become inflamed and infected.

A 2005 study of 18 nail salons in California found that 97% of the tested whirlpools footbaths were infected with *Mycobacterium fortuitum* [18]. Mycobacteria may pose an infectious risk for pedicure customers, causing painful boils. Although California has experienced the largest outbreak to date, cases have been reported in other states, including Florida [30; 31]. Since 2005, several recommendations for proper cleaning and disinfection procedures for salon owners, operators, and workers have been developed, and although there are no current studies on the rate of *M. fortuitum* found in salons, there have not been any outbreaks of that scale in recent years, suggesting that there has been an increase in safe cleaning and disinfection rates. The EPA recommendations can be found at <https://www.epa.gov/pesticides/recommended-cleaning-and-disinfection-procedures-foot-spa-basins-salons> [33].

Legionella, which causes infection of the respiratory tract, is another micro-organism commonly found in tap water and bath water. The highest concentrations of *Legionella* are found in areas of water distribution systems (e.g., hot water storage, cooling towers, condensers), where it colonizes [19]. *Legionella* is transmitted only through water, not through person-to-person contact. Inhalation of contaminated water droplets from shower heads or faucet aerators may cause disease [20]. In addition, high humidity levels in a room may promote the growth of *Legionella* and molds [19]. Infection with *Legionella* may result in Legionnaires' disease, a pneumonia that primarily attacks exposed individuals older than 50 years of age, especially those who smoke, abuse alcohol, or already have a compromised immune system [1].

Water filtration devices may help to reduce the risk of infections related to water [19]. Ducts, humidifiers, dehumidifiers, and other areas of a ventilation system should be kept clean and dry, as micro-organisms can colonize in water that accumulates in these areas [19]. Whirlpools and tubs should be regularly sanitized to prevent infection.

FIRE SAFETY

Workplaces such as salons that handle flammable chemicals and potentially hazardous material and that service clients should be concerned with the risks of fire. Fire safety should be part of any employee training program. Smoke alarms, sprinklers, and/or fire extinguishers must be present. All employees should know the fire risks associated with chemicals, gases, or equipment used, as well as how to respond to a fire, including assisting clients and employees and the location and proper use of fire extinguishers [29].

Fire safety plans should include fire emergency preparation with alarm systems, marked exits, and written emergency plans. Many businesses use acronyms such as RACE (Rescue, Alert, Confine, Extinguish) to help employees remember the proper steps for fire emergency response.

Annual inspections by the fire marshal, quarterly fire drills, annual fire safety in-services, and monthly fire extinguisher documentation are all elements of the successful fire safety program. Staff education and documentation of education forms another integral part of the fire safety plan.

HAZARDOUS CHEMICALS

Exposure to hazardous chemicals through direct contact is a common occurrence in the salon environment. Hairdressers are exposed daily to chemicals found in hair dyes and relaxers, and nail technicians handle nail polishes, artificial nails, glues, and adhesives. These chemicals enter the body through the skin and, to a lesser extent, through inhalation and may result in burns, irritation to mucous membranes, dermatitis, coughing, and airway irritation. Both the professional and the client may be adversely affected.

Studies suggest that certain substances in hair dyes can be extremely harmful to health. P-phenylenediamine (PPD), a substance found in many hair dyes, may cause severe dermatitis, eye irritation, asthma, abdominal pain, kidney failure, convulsions, and coma in humans [23]. PPD has been the leading permanent hair coloring agent in the Western world since the 1890s, but the rate of adverse reactions to PPD among hairdressers appears to be on the increase [24].

Certain “progressive” hair dye products contain lead acetate as a color additive. These dyes add color gradually over the course of several applications and are often used to cover grey hair. Lead acetate is a known toxic substance; however, its safety in hair products is in question. Although banned in Canada and the European Union, the FDA concluded that products containing lead acetate were safe, until October 2018, when a repeal and final rule was made by the FDA to stop using lead acetate in hair dyes due to data demonstrating that there is no reasonable certainty that it does not harm [25]. However, under the FDA petition process that allows 30 days for any person adversely affected by the ruling to petition, an objection was received, rendering the ruling pending until more information is gathered [34]. The FDA does require that safety be established before products containing the dye can be marketed, and a warning label cautioning consumers must appear on all products [25].

A link between hair dye and bladder cancer has been suggested, with the strongest association for occupational exposure (as with hairdressers and salon workers) rather than personal use [26]. In one study of occupational exposures to carcinogens and bladder cancer, hairdressers were found to have a significantly increased risk of developing bladder cancer [17]. The incidence of bladder cancer was highest in professions (such as hairdressing) with increased exposures to aromatic amines. The study also noted that the bladder cancer risk increased with the duration of employment as a hairdresser. There is conflicting evidence as to the risk to customers, but the occupational hazard to cosmetologists is generally accepted [26].

In the United States, cosmetics are regulated by the FDA's Center for Food Safety and Applied Nutrition. According to the FDA, the two most important laws pertaining to cosmetics marketed in the United States are the Federal Food, Drug, and Cosmetic Act (FD&C Act) and the Fair Packaging and Labeling Act (FPLA) [27]. The FD&C Act prohibits the commerce of unsafe and misbranded substances. Under FPLA, all products require labeling to allow the consumer to make informed decisions. Although the FDA does not pre-approve cosmetic products, they may inspect cosmetic manufacturing facilities to ensure product safety. Cosmetic companies are responsible for the safety of their products. The FDA requires that if a product has not been safety tested, it must include a label that warns the consumer that the safety of the product has not been determined [27].

The FDA encourages professionals and clients to report problems with cosmetics (including hair dyes and nail polishes) by submitting a form online through MedWatch (at <https://www.accessdata.fda.gov/scripts/medwatch>) or by calling 1-800-FDA-1088.

Salon professionals, employers, and owners should be familiar with OSHA's Right-to-Know Law, which ensures that chemical hazards in the workplace are identified and evaluated and that information concerning these hazards is communicated to employers and employees. In addition, every salon should have protocol in place for spills of hazardous chemicals. Proper storage of hazardous chemical is also of utmost importance.

CONCLUSION

The salon environment is full of potential pollutants and contaminants, and addressing the quality of the indoor environment can improve employee and client health. Salon professions should be vigilant of possible symptoms from various environmental issues, such as sick building syndrome, indoor air and water contaminants, and chemical hazards. To prevent exposure to harmful pollutants, salon air and water quality should be maintained, with a primary focus on identifying and reducing possible sources of pollution. Maintaining an adequate HVAC system is integral to the process. The presence of flammable chemicals and potentially hazardous materials in the salon environment requires that a fire safety plan and protocols for handling dangerous substances be in place. Maintaining a clean, safe environment for employees and clients will ensure a pleasant experience for all.

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Burnout in Salon and Spa Professionals

This part is an elective subject.

Part VIII — 1 CE Hour

Faculty

Paragon CET Staff

Division Planner

Leah Pineschi Alberto

Course Objective

The purpose of this course is to explore work-related stress in salon and spa professionals, with an emphasis on techniques to prevent burnout.

Learning Objectives

Upon completion of this course, you should be able to:

1. Define stress and burnout.
2. Outline causes, symptoms, and consequences of burnout.
3. Describe burnout in salon and spa professionals, with a focus on self-care techniques to prevent or reduce burnout.

INTRODUCTION

Across all occupations, work is a significant source of stress. According to a nationwide survey, job pressure was the leading cause of stress. Other surveys have shown that approximately one-third of working Americans experience chronic work stress, with only 37% of people saying they were excellent or very good at managing work stress [1; 2]. Salon and spa professionals are no exception. Work-related stress that is left unaddressed has the potential to develop into burnout over a period of time. The costs of burnout are even higher than those for stress and affect not only the well-being of the individual but that of the individual's family, friends, and colleagues.

This course will define burnout as it applies to salon and spa professionals, including signs and risk factors. Methods of self-care as a means to prevent and reduce the symptoms of burnout in salon and spa professionals.

DEFINITION AND DEVELOPMENT OF STRESS AND BURNOUT

Stress and burnout are terms that are often used interchangeably, but their meanings are quite different. Understanding the fundamental meanings of these two concepts and their essential differences is important to develop an overall appreciation of the basics of self-care.

According to the American Psychological Association, stress is "a state of physiological or psychological response to internal or external stressors. Stress involves changing nearly every system of the body, influencing how people feel and behave" [28; 29]. On the other hand, burnout is defined as [28; 29]:

Physical, emotional, or mental exhaustion, especially in one's job or career, accompanied by decreased motivation, lowered performance, and negative attitude towards oneself and others. It results from performing at a high level until stress and tension, especially from extreme and prolonged physical and mental exhaustion or an overburdening workload, take their toll.

Although these are the dictionary definitions of the terms, it may be helpful to consider the metaphor of work life being a fireplace to understand the fundamental differences between stress and burnout (and how the two can be inter-related). When properly managed, a fireplace continues to stay warm and regulated, serving its purpose to heat the house. Outside stressors, like gusts of air or wind, adding too many logs to the fire, or needlessly poking the fire, can cause it to rage out of control, having the potential to cause serious damage. This is like stress, when work life is being overburdened and tasks are not adequately controlled.

Burnout, on the other hand, is the fire going cold. In some cases, the fire dies after it has burned all of its fuel and there is nothing to burn. In other situations, the fire burns out before it is depleted of fuel because of the fire keeper's failure to properly maintain and cultivate the fire. If the fire of professional capacity dies due to lack of care (especially if that capacity had once burned brightly), then all of the other aspects of life (e.g., personal identity outside of work) can feel the chill. For people who are so wrapped up in their professional identities that the other aspects of themselves have disappeared, the loss of the work "fire" can be devastating.

In general, when an individual first enters a chosen career, he or she is motivated. If the work environment is not supportive of the individual's efforts and concerns, the reality of the job and the individual's expectations begin to diverge and frustration and disappointment arise [3]. These feelings can lead to job dissatisfaction, resulting in decreased productivity, loss of confidence and enthusiasm, and behavior changes. If the situation is not addressed, stress accumulates and causes typical stress-related symptoms. These physical symptoms, when coupled with emotional emptiness, signify the first stage of burnout: mental and physical exhaustion [5]. Left untreated, burnout will continue through four more stages: indifference, feelings of failure as a professional, feelings of failure as a person, and emotional numbness (being "dead inside") [5].

CAUSES OF STRESS AND BURNOUT

The specific factors in the work environment that lead to stress and burnout vary among occupations and among individuals within a single occupation. While much of what causes burnout is in the work environment, there are also personal risk factors, such as personality traits, gender, and age, that make certain individuals more likely to develop burnout [3].

Some of the factors that most commonly lead to burnout in any work environment are [6]:

- Work overload: Limitations in terms of staff, time, and other resources
- Lack of control: Unable to perform job functions the way an individual believes is the "right" way
- Insufficient reward: Absence of acknowledgment of an individual's contributions in the work environment and lack of opportunities to advance
- Absence of community: Poor working relationships, absence of adequate supervisory or peer support, poor leadership style
- Lack of fairness: Inequality in workload, salary, or other signs of professional respect
- Conflict in values: Disagreement between job requirements and an individual's personal principles

SYMPTOMS AND CONSEQUENCES OF STRESS AND BURNOUT

The signs and symptoms of stress and burnout can be physical, psychologic, and/or interpersonal/social. These symptoms are listed in **Table 1** [1; 2; 5; 7; 12].

There are several negative effects of burnout, apart from the physical, psychologic, and social symptoms. Burnout not only affects the salon professional, but also the salon or spa workplace setting and clients.

When salon or spa professionals experience burnout, it can be felt by all in the workplace. This can result in tension between coworkers, high employee turnover, low employee motivation, and/or a negative work environment for employees. Clients may also feel the tension and choose not to return. In some cases, clients feel uncomfortable asking important questions or stating their opinions,

SYMPTOMS ASSOCIATED WITH STRESS AND BURNOUT	
Dimension	Manifestation
Physical	Exhaustion, lack of energy Musculoskeletal pain Respiratory illness Gastrointestinal disorders Cardiovascular conditions Headache Insomnia Changes in appetite
Psychologic	Anger Depression Anxiety Frustration Guilt Cynicism Tension, irritability Mood swings, outbursts of temper Sadness Withdrawn, numb feeling Emotional detachment Decreased coping abilities Inability to concentrate Lack of drive or initiative Loss of idealism Dissatisfaction with personal accomplishments Addictive behavior
Interpersonal/social	Inability to communicate with family, friends, and colleagues Cynicism, suspiciousness toward co-workers and others in work environment Neglect of family and social obligations Marital dysfunction Questioning of spiritual beliefs
Source: [1; 2; 5; 7; 12]	

Table 1

resulting in dissatisfaction with services received. If the environment of a salon is hostile, clients may also give negative reviews of the salon or spa, thus reducing the number of new clients and compromising the future of the salon altogether [36].

Salon and spa professionals experiencing burnout may find themselves unmotivated and uninspired, perhaps completing their work at a subpar level. After experiencing burnout, some salon and spa professionals may choose to leave the profession entirely [33; 36].

BURNOUT IN SALON PROFESSIONALS

While statistics are not available about the prevalence of burnout among salon and spa professionals, burnout is considered to be a common occurrence in this profession [25; 26; 27; 32; 33; 34; 36]. Most salon and spa professionals enter the profession because they wish to express themselves as artists, to be creative, and to work with people and make clients happy [25; 27; 36]. However, professionals working in the salon setting can become frustrated with certain aspects of their work. For example, some professionals may feel that there are limits put upon them as artists. Clients may want a very simple look or may always ask for the same haircut or treatment. While

it is important to attend to the client as she or he wishes, this can create a feeling of stagnancy or lack of creativity [26; 33; 36].

Salon and spa professionals may also face challenges when attempting to set themselves apart from the competition while also keeping prices fair, both to the client and the professional. It is important to reach a balance in order to attract and keep clients while also feeling that work is valued and appreciated [36]. Additionally, salon and spa professionals are faced with many physical demands. Professionals in this field often hold awkward body and hand positions for long periods of time and are susceptible to injury. It is also common for salon professionals to spend long hours on their feet [32].

Salons and spas are widely known as places where one can talk and discuss personal matters [36]. Many salon professionals assume a role similar to that of a therapist for their clients, listening to personal stories and problems. This is especially true if the client and salon professional have had a friendly relationship over a long period of time. However, filling this role can cause emotional exhaustion at the end of a long work day. Some may feel as if they are giving too much of themselves while receiving little or nothing in return [25]. Some clients may tell distressing or depressing stories, causing the salon professional to feel anxiety at the thought of attending to a particular client [36].

In some cases, it is possible for salon professionals to experience “compassion fatigue,” a stress-related syndrome commonly seen in mental health professionals, in which one experiences emotional exhaustion as a result of being exposed to the traumas of others. While counselors or psychologists often receive self-care tips and training to avoid compassion fatigue, salon professionals typically do not receive the same kind of support [25]. The relationship with one’s client is important, but boundaries are essential in order to prevent burnout [36].

Salon professionals should maintain a professional relationship with clients and avoid talking about one’s own personal life. While it is considered good practice to ask about the client’s hobbies or work, salon professionals should not gossip with or around clients and should avoid potentially inflammatory topics (e.g., politics, religion, sex) altogether [37]. If a salon professional feels a client is beginning to talk about off-limit or highly emotional topics that may affect emotional well-being, he or she should respectfully bring the conversation back to a more appropriate topic [38].

In order to set boundaries with clients, it is also important to remember that clients are not friends, even if interactions are friendly. Clients should respect a salon professional’s time, both outside of the salon (by respecting business hours) and in the salon (by arriving on time for appointments). It may be possible to feel underappreciated or that one’s time is not important if one gives clients too much access or special allowances. This can eventually lead to stress and burnout. Therefore, salon professionals should be firm from the very start of a relationship with a new client [37; 38].

SELF-CARE STRATEGIES

All salon and spa professionals should invest in self-care in order to avoid stress and burnout. There are many steps that can be taken to begin an effective self-care plan. Starting with a few small actions, and adding more as time passes, is a way to ensure that one’s unique professional and personal needs are being met.

The National Institute for Occupational Safety and Health has identified the three essential components of a self-care plan [30]:

- Balance between work and family or personal life
- A support network of friends and coworkers
- A relaxed and positive outlook

While this is a good overall framework, many professionals require more specific strategies that will bring the framework to life. The following actions can be taken at work to address feelings of stress and/or burnout; some may be more realistic or applicable than others, depending upon the situation [31]:

- Clarify your job description
- Ask for new duties
- Take time off
- Resist perfectionism
- Flip negative thinking and look for the positive
- Take a time out
- Talk about perceived problems or issues
- Recognize sources of support at work
- Find humor in the situation
- Learn how to say “no”
- Avoid people who add stress
- Take control of your environment

- Avoid hot-button topics
- Pare down your to-do list
- Express and share your feelings
- Be willing to compromise
- Be more assertive
- Manage your time better
- Do not try to control the uncontrollable
- Learn to forgive
- Reframe problems
- Look at the big picture
- Do something you enjoy every day

While these suggestions may improve a work situation or environment, it is also vital to address stressors in one's personal life. One way to do this is to adopt a healthy lifestyle. Take time to engage in activities that nourish the body and/or mind in a positive way, such as [25; 26; 31; 33; 34; 35]:

- Exercising regularly
- Eating a healthy diet
- Sleeping seven to eight hours per night
- Spending time in nature
- Talking to a supportive friend
- Writing in a journal
- Taking a long bath
- Playing with a pet
- Getting a massage
- Reading
- Listening to music

Just as it is important to take proactive steps to overall wellness, it is also important to consider what should be avoided in order to fully embrace a lifestyle of self-care. A few habits that should be avoided or eliminated include [31]:

- Smoking
- Self-medicating with alcohol or illicit drugs
- Relying on sleeping pills or tranquilizers to relax
- Overeating or undereating
- Procrastinating
- Withdrawing from friends, family, and activities

In addition to these lists, which provide a good starting point for developing a personalized plan of self-care, there are other steps that may be useful. A spiritual belief system is often a basis for dealing with stress, and clergy or religious leaders can be a valuable resource. Always make time for enjoyable hobbies or activities; even when time is minimal, there may be greater consequences later if all activities that bring joy are abandoned.

Do not be afraid to seek outside help if necessary. Professional counseling may be necessary to deal with the stressors of the workplace. Another major suggestion is to use healthy boundaries at all times, both personally and professionally. Although it is important to have some collegial bonds at work, if possible, avoid workplace drama. Learn who can be trusted and who are positive people to be around.

CONCLUSION

Salon and spa professionals can experience stress and burnout in the workplace, and a number of work environment and personal factors increase the risk. Self-care is of utmost importance in order to avoid burnout and its negative consequences. Maintaining professionalism, setting boundaries with clients and coworkers, and ensuring that one has time to unwind and partake in relaxing or enjoyable activities are a few ways in which salon and spa professionals can practice self-care and avoid burnout.

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TEST QUESTIONS

10-Hour CE Course for Florida Salon Professionals (Includes Burnout Elective)

This is an open book test. Please record your responses online at www.ParagonCET.com. A passing grade of at least 75% must be achieved in order to receive credit for this course.

Accreditations/Approvals: Paragon CET is approved by the Florida Department of Business and Professional Regulation to provide continuing education for Cosmetologists, Estheticians, and Nail Technicians. Provider #0004997.

Designations of Credit: This course has been approved by the Florida Board of Cosmetology for 10 hours. Course #0501368.

This 10-hour CE course must be completed by May 17, 2022.

1. Approximately 36.9 million individuals were living with HIV/AIDS worldwide in 2018.
A) True
B) False
2. Injecting drug use is an established risk category for HIV transmission.
A) True
B) False
3. There have been no cases of HIV transmission traced to blood.
A) True
B) False
4. Sanitation is defined as the removal of all visible dirt and debris from surfaces, tools, and equipment.
A) True
B) False
5. Pathogenic bacteria are disease-causing.
A) True
B) False
6. When disinfecting multi-use items, implements should not be immersed in a disinfectant.
A) True
B) False
7. With regard to hand hygiene, hands should be scrubbed for at least 20 seconds.
A) True
B) False
8. If a lawyer investigates an employee incident, he or she will expect to examine safety conditions, employee medical records, and training and education records.
A) True
B) False
9. According to Florida Statutes Chapter 440, an employer who employs fewer than four employees and elects not to secure payment of compensation must post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits.
A) True
B) False
10. In the state of Florida, only those who are duly licensed in cosmetology may practice cosmetology.
A) True
B) False
11. Professionals whose practice is confined solely to hair braiding, hair wrapping, or body wrapping are required to complete 10 hours of continuing education each biennium in order to renew their license.
A) True
B) False
12. The main two layers of the skin are the stratum granulosum and stratum spinosum.
A) True
B) False

13. Melanin is produced in the stratum germinativum layer of the epidermis.
A) True
B) False
14. There are no hair follicles on the palms of the hands.
A) True
B) False
15. Coarse hair has the largest diameter, while fine hair has the smallest.
A) True
B) False
16. Use of a liquid nail monomer containing any trace of methyl methacrylate (MMA) is illegal in Florida.
A) True
B) False
17. An active ingredient in alkaline permanent waves is ammonium thioglycolate.
A) True
B) False
18. Temporary hair color can be used to attain a lighter color.
A) True
B) False
19. A familiar term for an indoor air quality problem is "sick building syndrome."
A) True
B) False
20. According to an international study, the most common volatile organic compounds in salons and spas were acetones, ketones, toluenes, and esters.
A) True
B) False
21. Salon professionals can decrease their exposure to volatile organic compounds by following certain practices, such as good ventilation of the areas, closing the packages of the beauty products when not in use, and selecting safer beauty products without strong odors.
A) True
B) False
22. The most effective way to successfully manage indoor air quality is to identify and reduce or eliminate the sources of pollution.
A) True
B) False
23. A micro-organism commonly found in whirlpools and baths is streptococci.
A) True
B) False
24. Work overload rarely leads to burnout.
A) True
B) False
25. The three essential components of a self-care plan are balance between work and family or personal life, a support network of friends and coworkers, and a relaxed and positive outlook.
A) True
B) False

HOW TO RECEIVE CREDIT

Transfer your answers online at www.ParagonCET.com/FLSP22 or to the Answer Sheet located between pages 32–33. DO NOT send these test pages to Paragon CET. Retain them for your records.

Online Course Availability List

These additional Florida Board-Approved courses can be accessed online.

www.ParagonCET.com/FLSPCourses

10-HOUR CE COURSE FOR FLORIDA SALON PROFESSIONALS (INCLUDES AROMATHERAPY IN THE SALON AND SPA ELECTIVE)

#0501369 • 10 CE HOURS • \$34

EXPIRATION DATE: 05/17/22

Purpose: This course will fulfill all 10 mandated hours, including topics pertaining to HIV/AIDS, sanitation and sterilization, OSHA, workers' compensation, state and federal laws, the chemical makeup of hair/nails/skin, and environmental issues. In addition, the course will explore the benefits and risks of aromatherapy when used by salon and spa professionals.

Faculty: Paragon CET Staff

Audience: This course is designed for all Florida salon professionals required to complete continuing education.

NEW!

10-HOUR CE COURSE FOR FLORIDA SALON PROFESSIONALS (INCLUDES REPETITIVE MOTION INJURIES IN THE SALON AND SPA ELECTIVE)

#0501371 • 10 CE HOURS • \$34

EXPIRATION DATE: 05/26/22

Purpose: This course will fulfill all 10 mandated hours, including topics pertaining to HIV/AIDS, sanitation and sterilization, OSHA, workers' compensation, state and federal laws, the chemical makeup of hair/nails/skin, and environmental issues. In addition, the course will explore the risks of repetitive motion on salon and spa professionals as well as strategies for prevention of injury.

Faculty: Paragon CET Staff

Audience: This course is designed for all Florida salon professionals required to complete continuing education.

NEW!

1-HOUR CE COURSE FOR OVERCOMING COVID-19 ECONOMIC STRUGGLES: STRATEGIES FOR SALON PROFESSIONALS

#P1021 • 1 CE HOUR • FREE

EXPIRATION DATE: 02/31/22

Purpose: This course will help salon owners and professionals navigate the economic turmoil caused by COVID-19, with a goal of surviving short-term financial struggles and developing long-term business strategies.

Faculty: Paragon CET Staff

Audience: This course is designed for salon owners and beauty professionals in all settings.

FREE!



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Customer Assistance

Our Online Help Center is available 24 hours a day, 7 days a week at Help.ParagonCET.com. If you require special assistance, please email Help@ParagonCET.com or call 800-707-5644, Monday through Friday, 8am – 5pm Pacific Time.



Return Policy

Satisfaction guaranteed or your money back within 30 days of purchase, unless certificates have been issued or hours have been electronically reported. For more information, please visit Help.ParagonCET.com.



Instant Certificates

Your certificates are available immediately upon electronic completion in your online Paragon CET Dashboard and are emailed to you.



Pricing

Prices are subject to change. Please visit www.ParagonCET.com for a complete list of current courses and their prices.



Returned checks

If, for any reason, your check is returned, you will be contacted requesting full reimbursement of the order with an additional reinstatement fee of \$25.00. In addition, we are unable to accept temporary checks.





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Issue No. 1
FLSP22

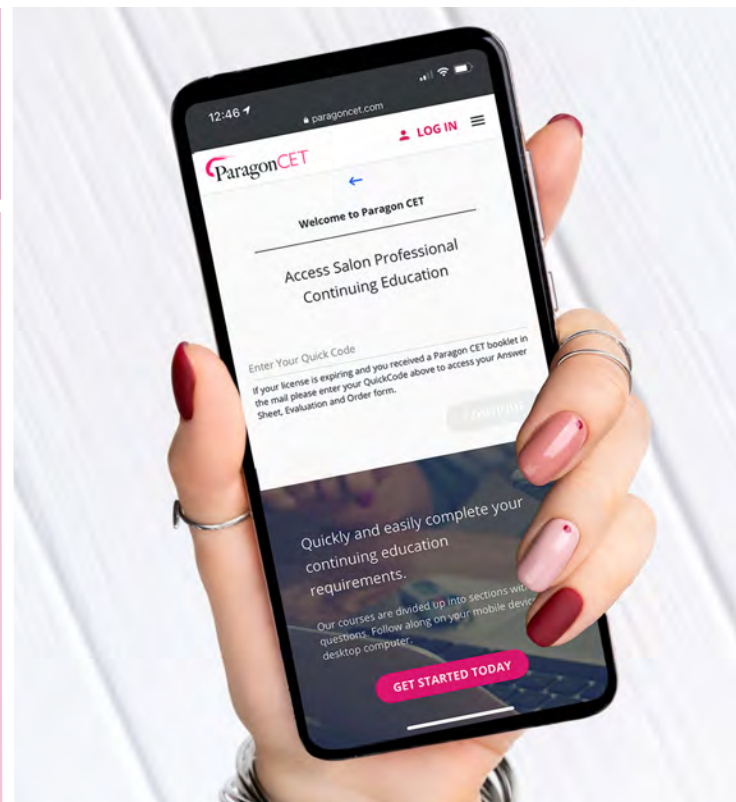
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