

Georgia TCSG Health and Safety (3 hours)

Developed by: The Technical College System of Georgia

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SECTION 1: Skin, Diseases, Disorders

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- Glands of the Skin
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Skin, Diseases, Disorders

Introduction

The flexible, waterproof, tough protective covering known as the skin is the largest organ in the body both by weight and surface area. Skin accounts for approximately 16% of the body's weight.

Healthy skin has a fine texture that is slightly moist, soft, and flexible. Varying in thickness, the skin is thinnest on the eyelids and thickest on the palms and soles. A callous can be caused by continuous friction on any part of the skin.

The skin has appendages that include the hair, sweat and oil glands, and the nails. Composed of the substance known as keratin, this protein gives the skin its protective ability. The skin is slightly acidic in pH, which enables good immunity responses to intruding organisms.

Normally the skin separates the internal environment from the external. However skin diseases and infections can invade that barrier. For this reason, a thorough understanding of the histology of the skin and its diseases and disorders is needed for a better position to give clients professional advice.

Objectives

- Explain the structure and the composition of the skin.
- Identify the functions of the skin.
- Describe terms relating to skin disorders.
- Recognize which skin diseases/disorders may be dealt with in the salon and which should be referred to a physician.
- Identify online dermatology resources.

Anatomy and Histology of the Skin

The two major divisions of the skin are the dermis and the epidermis. The outermost layer of the skin is the epidermis that is composed of sheets of dead cells that serve as the major waterproof barrier to the environment.

The epidermis is the visible layer of skin. This layer contains numerous nerve endings, but no blood vessels. The human epidermis is renewed every 15-30 days.

The epidermis consists of many layers. The stratum corneum is the outer layer that is often called the horny layer. Cells are continually being shed and replaced. This layer of skin for the most part is dead – it is composed of cells that are almost pure protein.

The stratum lucidum consists of translucent cells through which light can penetrate.

The stratum granulosum, known as the granular layer, consists of cells that resemble granules. These cells are transforming into a harder form of protein.

The stratum mucosum is also known as the basal cell layer. Basal cells are continuously being reproduced. It is the deepest layer of the epidermis.

This layer also contains melanocytes that produce the coloring matter known as melanin and determines skin color. Melanocytes also react to ultraviolet rays to darken the skin for added protection.

The middle layer, the dermis, provides a tough, flexible foundation for the epidermis. In the dermis, body temperature is regulated by sweat glands and blood vessels. It also contains arrector pilli muscles, papillae, and hair follicles. Nerve endings send sensations of pain, itching, touch, and temperature to the brain. The skin is moisturized by oil glands that produce sebum.

The dermis consists of two layers. The papillary layer connects the dermis to the epidermis. Tactile corpuscles are nerve fiber endings that contain looped capillaries. Tactile corpuscles are responsible for the sense of touch. The papillary layer also contains some of the melanin.

The reticular layer is the deepest layer of the dermis. It contains fat cells, blood vessels, lymph vessels, oil glands, sweat glands, hair follicles, and arrector pilli muscles. The reticular layer supplies the skin with oxygen and nutrients.

Subcutaneous tissue is the fatty layer found below the dermis. It is also called the adipose or the subcutis tissue. It varies in thickness according to age, sex, and general health of the individual. The subcutaneous tissue contains fats for energy, gives smoothness and contour to the body, and acts as a protective cushion for the outer skin. Arteries and lymphatics maintain circulation to the body.

Nerves of the Skin

Sensory nerves are receptors and send messages to the brain causing reactions to heat, cold, touch, pressure, and pain.

Motor nerve fibers, attached to the hair follicles, are distributed to the arrector pilli muscles which may cause goose flesh when you are frightened or cold.

The secretory nerve fibers regulate the excretion of perspiration from the sweat glands and regulate the flow of sebum to the surface of the skin.

Glands of the Skin

There are two types of duct glands contained in the skin that pull out minerals from the blood to create new substances. The sudoriferous glands are the sweat glands and the sebaceous glands are the oil glands.

Sweat glands excrete perspiration. This secretion is odorless when excreted, but in a short period of time produces an offensive odor due to the bacteria on the skin's surface feeding on the fats of its secretion. Perspiration is controlled by the nervous system.

About 1-2 pints of liquid containing salts are excreted daily through the sweat pores in the skin. The sweat glands consist of a coiled base or fundus and a tube-like duct that

ends at the skin surface forming the pores. Sweat glands are more numerous on the palms, soles, forehead, and armpits. Body temperature is regulated by the sweat glands that also aid in the elimination of waste.

Oil glands secrete sebum through little sacs whose ducts open in to the hair follicles. These glands are found in all parts of the body with the exception of the palms and soles. The oily substance produced by the oil glands is called sebum. Sebum lubricates the skin and preserves the pliability of the hair. When the duct becomes clogged with hardened sebum, a blackhead is formed.

Nourishment of the Skin

Blood and lymph circulate through the skin providing nourishment essential for growth and repair of the skin, hair, and nails.

Functions of the Skin

The major functions of the skin are sensation, heat regulation, absorption, protection, excretion, and secretion. The functions of the skin can easily be remembered using the acronym: SHAPES

S – ensation – response to heat, cold, pressure, and pain

H – eat regulation – maintains body temperature of 98.6

A – bsorption - substances can enter the body through the skin and affect it to a minor degree

P – rotection – from bacterial invasion

E – xcretion – sweat glands excrete perspiration

S – ecretion - sebum is secreted by the sebaceous glands

Terminology

Dermatology study of the skin, its nature, functions, and treatment

Dermatologist a medical skin specialist

Disease a pathological condition of the body, organ, or mind making it incapable of carrying on normal functions

Disorder abnormal condition usually not contagious

Immunity freedom from or resistance to disease

Integumentary system	one of the 10 systems of the body; pertains to the skin, its appendages and functions
Pathology	study of disease
Etiology	study of the causes of diseases
Trichology	study of hair
Diagnosis	recognition of a disease by its symptoms
Prognosis	foretelling of the probable course of a disease
Objective symptom	visible symptom
Subjective symptom	symptom that can be felt by client, but not by observation
Acute	rapid onset with severe symptoms of short duration
Chronic	long duration, usually mild, but often recurring
Infectious	invasion of body tissue by bacteria that cause disease
Contagious	communicable; by contact
Occupational	due to certain kinds of employment
Seasonal	influenced by weather
Parasitic	caused by vegetable or animal parasites
Pathogenic	produced by disease causing bacteria
Systemic	due to over or under functioning of the internal glands
Venereal disease	acquired by sexual contact
Epidemic	emergence of a disease that affects a large number of people simultaneously
Allergy	reaction due to extreme sensitivity to normally harmless substances

Inflammation	skin disorder characterized by redness, pain, edema, and heat
Rhytidectomy	face lift
Blepharoplasty	eyelid surgery
Chemical peel	chemical solution applied to skin areas causing a mild, controlled burn of the skin
Rhinoplasty	plastic surgery of the nose
Mentoplasty	chin surgery
Dermabrasion	sandblasting irregularities of the skin
Injectable fillers	tiny injections of collagen to soften wrinkles
Retin-A	a prescription cream used in the treatment of acne

Diseases and Disorders

In a salon, you will come in contact with diseases and disorders of the skin and its appendages: the hair and nails. Your license requires you to be responsible for the recognition of potentially infectious diseases. Some disorders can be treated in cooperation with and under the supervision of a physician.

CAUTION: DO NOT TREAT OR REMOVE
HAIR FROM MOLES.

WARNING: NEVER TRY TO DIAGNOSE A DISEASE;
ALWAYS REFER TO A PHYSICIAN.

NOTE: COLOR CHANGES, A CRACK ON THE SKIN, A TYPE OF THICKENING, OR ANY DISCOLORATION, RANGING FROM SHADES OF RED TO BROWN AND PURPLE TO ALMOST BLACK, MAY BE SIGNS OF DANGER AND SHOULD BE EXAMINED BY A DERMATOLOGIST.

Skin Conditions /Descriptions

Condition/ Disease/Disorder	Description
Pigmented Lesions	Lentigo small, yellow to brown spots
Chloasma	moth patches, liver spots = increased deposits of pigment
Naevus	birthmark (portwine or strawberry) small-large malformation of skin due to pigmentation or dilated capillaries
Leucoderma	abnormal light patches due to congenital defective pigmentations
Vitiligo	acquired condition of leucoderma-may affect skin or hair
Albinism	congenital absence of melanin pigment
Stain	abnormal, brown, skin patches having a circular & irregular shape

Disorders of the Sebaceous Glands

Comedones	blackheads, a worm-like mass of keratinized cells & hardened sebum
Milia	whiteheads, an accumulation of dead, keratinized cells and sebaceous matter trapped beneath the skin
Acne Simplex	chronic inflammatory disorder usually related to hormonal changes & overactive sebaceous glands
Acne Vulgaris	acne-pimples
Acne Rosacea	chronic inflammatory congestion of the cheeks & nose
Seborrhea/Seborrhea	overactive sebaceous glands- Oleosa = Oily Dandruff often the basis of acne
Steatoma Asteatosis	wen or sebaceous cyst (subcutaneous tumor) ranges in size from a pea to an orange dry, scaly skin characterized by absolute or partial deficiency of sebum

Furuncle boil-a subcutaneous abscess that fills with pus

Cysts sac-like, elevated (usually round) area, contains liquid or semi-liquid substance-when a follicle ruptures deep within the dermis & irritating oil & dead cells seep into the surrounding tissues-often cause acne pits

Pimples follicle filled with oil, dead cells, & bacteria-inflammation causes white blood cells to rush to fight bacteria creating a pus

Disorders of the Sudoriferous Glands

Bromidrosis osmidrosis=foul-smelling perspiration

Anhidrosis lack of perspiration

Hyperhidrosis excessive perspiration

Miliaria Rubra prickly heat-eruptions of small red vesicles accompanied by burning & itching-caused by excessive heat

Hypertrophies

Keratoma callus-superficial, round, thickening of the epidermis caused by friction (inward growth is called a corn)

Mole a small, brown spot-believed to be inherited-may be flat or deeply seated-pale tan-brown or bluish black

Verruca wart, a viral infection of the epidermis-benign

Skin Tag bead-like fibrous tissue that stands away from the flat surface-often a dark color

Polyp growth that extends from the surface or may also grow with the body

Inflammations

Eczema dry or moist lesions accompanied by itching, burning, & various other unpleasant sensations-usually red-blistered, & oozing

Psoriasis rarely on the face, lesions are round, dry patches covered with coarse, silvery scales-if irritated, bleeding points occur- may be spread to larger area-not contagious

Herpes Simplex/

Herpes Zoster = Shingles fever blisters/cold sores-single group of vesicles on a red swollen base

Allergy Related Dermatitis

Dermatitis Venenata allergy to ingredients in cosmetics, etc.- protection is the prevention-gloves, etc.

Dermatitis Medicamentosa dermatitis that occurs after an injection of a substance

Urticaria hives-inflammation caused by an allergy to specific drugs/foods

Primary Skin Lesions

Macule small, discolored spot or patch on the skin's surface, neither raised nor sunken-ex: freckles

Papule small elevated pimple containing no fluid, but may have pus note: yellow or white fatty papules around the eyes indicate an elevated cholesterol level-refer to a physician (xanthelasma).

Wheal itchy, swollen lesion that lasts only a few hours-ex: mosquito bite

Tubercle solid lump larger than a papule- projects above the skin or lies with-sized from pea to hickory nut

Tumor external swelling-varies in size, shape & color

Vesicle blister with clear fluid-lie within or just beneath the epidermis-ex: poison ivy

Bulla blister containing a watery fluid-larger than a vesicle

Pustule elevation with inflamed base, containing pus

Secondary Skin Lesions

Scale accumulation of epidermal flakes, dry or greasy-ex: abnormal dandruff

Crust accumulation of serum & pus- mixed with epidermal material- ex: scab

Excoriation abrasion produced by scratching or scraping-ex: raw surface after injury

Fissure crack in the skin penetrating into the dermis

Ulcer open lesion on skin or mucous membrane, accompanied by pus & loss of skin depth

Acne Scars

Ice Pick Scar large, visible, open pores that look as if the skin has been jabbed with an ice pick-follicle always looks open-caused by deep pimple or cyst

Acne Pit Scar slightly sunken or depressed appearance-caused by pimples/systs that have destroyed the skin & formed scar tissue

Acne Raised Scar lumpy mass of raised tissue on the surface of the skin-caused where cysts have clumped together

Contagious Disorders

Tinea [ringworm, due to fungi (plant or vegetable parasites) with scaling]

Tinea Unguium - Ringworm of Nails

Tinea Capitis - Ringworm of Scalp

Tinea Sycosis - Barber's Itch

Tinea Favosa - Honeycomb Ringworm

Athlete's Foot - Ringworm of Feet - patch of little small reddened blisters that spread outward and heal in the middle

CAUTION! NEVER ATTEMPT TO DIAGNOSE BUMPS, LESIONS, ULCERATIONS, OR DISCOLORATIONS AS SKIN CANCER, BUT YOU SHOULD BE ABLE TO RECOGNIZE THE CHARACTERISTICS OF SERIOUS SKIN DISORDERS AND SUGGEST THAT THE CLIENT SEE A PHYSICIAN OR DERMATOLOGIST.

Extremely Serious Disorders-Skin Cancers

Basal Cell Carcinoma least malignant-most common skin cancer-characterized by light or pearly nodules & visible blood vessels

Squamous Cell Carcinoma scaly, red papules- blood vessels are not visible-more serious than basal cell

Malignant Melanoma most serious-characterized by dark brown, black, or discolored patches on the skin

Tumor abnormal growth of swollen tissue

Nail Diseases/Disorders

Onychophagy nail biting

Onychogryposis overcurvature of the nail- clawlike

Pterygium sticky overgrowth of the cuticle

Eggshell Nail extremely thin nail

Leuconychia white spots under the nail plate

Paronychia bacterial inflammation of tissue (perionychium) around the nail

Tinea Corporis ringworm of the hand

Tinea Pedis ringworm of the foot

Agnail	hangnail
Onychia	an inflammation somewhere in the nail
Onychocyanosis	blue nail (usually caused by poor circulation)
Hematoma Nail	bruised nail (usually caused by a hammer or slammed door)
Tinea Unguium	onychomycosis-ringworm of the nail
Onychorrexia	split or brittle nails with a series of lengthwise ridges
Beau's Lines	ridges/corrugations/furrows
Onychatrophia	atrophy or wasting away of the nail
Onychocryptosis	ingrown nail
Onychauxis	overgrowth of the nail plate
Onychosis	any nail disease
Onychophosis	accumulation of horny layers of epidermis under the nail

■ Hair Disease/Disorders

Pityriasis Capitis Simplex	dry dandruff
Pityriasis Capitis Steatoids Seborrhea Oleosa = Oily Dandruff	greasy dandruff
Trichoptilosis	split hair ends
Trichorrehexis Nodosa	knotted
Tinea Favosa	honeycomb ringworm
Tinea Capitis	ringworm of the scalp
Tinea Sycosis	barber's itch
Androgenetic Alopecia	common hereditary hair loss

Alopecia Adnata	loss of hair shortly after birth
Alopecia Areata	hair loss in patches
Alopecia Follicularis	hair loss caused by inflammation of hair follicles
Alopecia Prematura	hair loss early in life
Alopecia Senilis	hair loss from old age
Alopecia Totalis	hair loss from entire scalp
Alopecia Universalis	hair loss from entire body
Traction/Traumatic	patchy hair loss
Alopecia pulling or twisting	sometimes due to repetitive traction on the hair by pulling or twisting
Postpartum Alopecia	temporary hair loss at the conclusion of pregnancy
Telogen Effluven cycle	hair loss during the telogen phase of the hair growth cycle
Canities	gray hair
Pediculosis Capitis	headlice
Monilithrix	beaded hair
Fragilitis Crinium	brittle hair
Hirsuties/Hypertrichosis	superfluous hair, excessive
Scabies	contagious disease caused by the itch mite
Impetigo/Infantigo	highly contagious bacterial infection, usually staphylococcal
Discoïd Lupus	chronic autoimmune
Erythematosus (DLE)	disorder, causes red often scarring plaques, hair loss, & internal effects

Keloids forms when excess collagen forms at the site of a healing scar-overhealing

Asteatosis excessive dry skin

Websites: Online Dermatology Resources

<http://tray.dermatology.uiowa.edu/DermImag.htm>
<http://www.medic.mie-u.ac.jp/derma/world/worldd1.html>
<http://www.skin-information.com/>
<http://www.skin-disease.com/>
<http://www.skin-cancers.net/>
<http://www.age-spot.com/>
<http://www.i-wrinkle.com/>
<http://www.i-wrinkle.com/>
<http://www.asds-net.org> American Society of Dermatologic Surgery
<http://www.aad.org> American Academy of Dermatology

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Oleosa = Oily Dandruff**

overactive sebaceous glands-often the basis of acne

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wen or sebaceous cyst (subcutaneous tumor)
ranges in size from a pea to an orange



Asteatosis

dry, scaly skin characterized by absolute or partial deficiency of sebum

Furuncle

boil-a subcutaneous abscess that fills with pus



Cysts

sac-like, elevated (usually round) area, contains liquid or semi-liquid substance-when a follicle ruptures deep within the dermis & irritating oil & dead cells seep into the surrounding tissuesoften cause acne pits



Pimples

follicle filled with oil, dead cells, & bacteria inflammation causes white blood cells to rush to fight bacteria creating a pus



Disorders of the Sudoriferous Glands

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growth that extends from the surface or may also grow with the body

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rarely on the face, lesions are round, dry patches covered with coarse, silvery scales-if irritated, bleeding points occur-may be spread to larger area-not contagious



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Herpes Simplex



Herpes Zoster

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itchy, swollen lesion that lasts only a few hours-ex: mosquito bite



Tubercle

solid lump larger than a papule-projects above the skin or lies with-sized from pea to hickory nut

Tumor

external swelling-varies in size, shape & color

Vesicle

blister with clear fluid-lie within or just beneath the epidermis-ex: poison ivy



Bulla

blister containnig a watery fluid-larger than a vesicle



Pustule

elevation with inflamed base, containing pus

Secondary Skin Lesions

Scale

accumulation of epidermal flakes, dry or greasyex: abnormal dandruff

Crust

accumulation of serum & pus-mixed with epidermal material-ex: scab

Excoriation

abrasion produced by scratching or scraping-ex: raw surface after injury

Fissure

crack in the skin penetrating into the dermis



Ulcer

open lesion on skin or mucous membrane, accompanied by pus & loss of skin depth

Acne Scars

Ice Pick Scar

large, visible, open pores that look as if the skin has been jabbed with an ice pick-follicle always looks open-caused by deep pimple or cyst



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slightly sunken or depressed appearance-caused by pimples/systs that have destroyed the skin & formed scar tissue



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Tinea

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Tinea Sycosis - Barber's Itch

Tinea Favosa - Honeycomb Ringworm

Tinea Unguium - Ringworm of Nails

Athlete's Foot - Ringworm of Feet

ringworm, due to fungi
(plant or vegetable
parasites) -small reddened
patch of little blisters that
spread outward and heal in
the middle with scaling



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Onychophagy

nail biting



Onychogryposis

overcurvature of the nail-clawlike



Pterygium

sticky overgrowth of the cuticle

Eggshell Nail

extremely thin nail

Leuconychia

white spots under the nail plate



Paronychia

bacterial inflammation of tissue (perionychium) around the nail

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ringworm of the hand



Tinea Pedis

ringworm of the foot



Agnail

hangnail



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an inflammation somewhere in the nail



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Onychocryptosis

ingrown nail



Onychauxis overgrowth of the nail plate

Onychosis any nail disease

Onychophosis accumulation of horny layers of epidermis under the nail



Hair Disease/Disorders

Pityriasis Capitis Simplex dry dandruff

Pityriasis Capitis Steatoids Seborrhea Oleosa = Oily Dandruff greasy dandruff

Trichoptilosis split hair ends

Trichorrehexis Nodosa knotted
Tinea Favosa honeycomb ringworm

Tinea Capitis ringworm of the scalp



Tinea Sycosis barber's itch

Androgenetic Alopecia common hereditary hair loss

Alopecia Adnata

loss of hair shortly after birth

Alopecia Areata

hair loss in patches



Alopecia Follicularis

hair loss caused by inflammation of hair follicles



Alopecia Prematura

hair loss early in life

Alopecia Senilis

hair loss from old age

Alopecia Totalis

hair loss from entire scalp

**Alopecia Universalis
Traction/Traumatic
Alopecia**

hair loss from entire body
patchy hair loss sometimes due to repetitive
traction on the hair by pulling or twisting

**Postpartum
Alopecia**

temporary hair loss at the conclusion
of pregnancy

Telogen Effluven

hair loss during the telogen phase of the hair
growth cycle



Canities gray hair

Pediculosis Capitis headlice

Monilithrix beaded hair

Fragilitis Crinium brittle hair

Hirsuties/Hypertrichosis superfluous hair, excessive

Scabies contagious disease caused by the itch mite



Impetigo/Infantigo highly contagious bacterial infection, usually staphylococcal



Discoid Lupus Erythematosus (DLE) chronic autoimmune disorder, causes red often scarring plaques, hair loss, & internal effects



Keloids

forms when excess collagen forms at the site of a healing scar-overhealing

Asteatosis

excessive dry skin

SECTION 2: Bloodborne Pathogens

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- What Are Bloodborne Pathogens?
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 - Human Immunodeficiency Virus (HIV)
- Signs and Symptoms⁵
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 - Signs and Symptoms of (HIV)
- Transmission⁷
 - Transmission Mediums
 - Transmission Routes
- Risk Factors and Behaviors⁹
- Personal Protective Equipment
- Decontamination & Sterilization
- Common Questions
 - Discuss with the class:
 - HBV
 - HIV
- Precautions
- Summary

Introduction

A bloodborne pathogen is a specific cause of disease, such as a virus or bacteria. “Bloodborne” means carried by or in blood and certain other body fluids. AIDS, hepatitis B and C, malaria, and syphilis are examples of diseases that are caused by bloodborne pathogens.

Objectives

- Discuss bloodborne pathogens,
- Identify two bloodborne pathogens of concern in the workplace,
- Explain how bloodborne pathogens are transmitted,
- List four high risk factors, and
- Discuss the precautions to be used in the workplace.

What Are Bloodborne Pathogens?

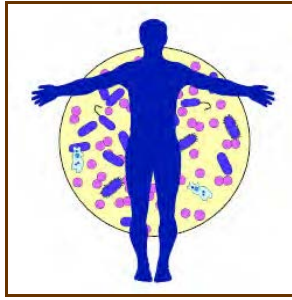


Two types of pathogens of concern in the workplace are:

1. Hepatitis B Virus (HBV)
2. Human Immunodeficiency Virus (HIV)

Hepatitis B is much more contagious than HIV.

Hepatitis B Virus (HBV)



The HB Virus infects the liver: it's more common than HIV and is a greater risk on the job. Many HBV infected people have no problems or symptoms. Some, however, do develop serious or fatal problems such as cirrhosis, liver cancer, or chronic liver disease. There is a vaccine for HBV which is dispensed in three doses. Any employee at risk should take the vaccine.

Human Immunodeficiency Virus (HIV)



HIV causes AIDS, it attacks the body's immune system, reducing its ability to fight disease.

To protect yourself against HIV and HBV, avoid direct exposure to infectious blood or body fluids - the prime transmitters of HBV and HIV.

Signs and Symptoms

Signs and Symptoms of (HBV)

The symptoms of HBV are much like a mild "flu". Initially there is a sense of fatigue, possible stomach pain, loss of appetite, and even nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin and eyes), and a darkened urine will often occur. However, people who are infected with HBV will often show no symptoms for some time. After exposure it can take 1- 9 months before symptoms become noticeable. Loss of appetite and stomach pain, for example, commonly appear within 1 - 3 months, but can occur as soon as 2 weeks or as long as 6 - 9 months after infection.

Signs and Symptoms of (HIV)

The symptoms of HIV can vary, but often include weakness, fever, sore throat, nausea, headaches, diarrhea, a white coating on the tongue, weight loss, and swollen lymph glands. If you believe you have been exposed to HBV or HIV, especially if you have experienced any of the signs or symptoms of these diseases, you should consult your physician or doctor as soon as possible.

Transmission

Transmission Mediums

Body Fluids that can transmit infection are:

- Blood

- Semen
- Vaginal secretions
- Cerebrospinal fluid (brain and spinal fluid)
- Synovial fluid (lubricating fluid of joints and tendons)
- Pleural fluid (fluid around the lungs)
- Pericardial fluid (fluid around the heart)
- Peritoneal fluid (fluid in the abdomen)
- Amniotic fluid (fluid that surrounds an embryo)
- Saliva (in dental procedures)

Transmission Routes

HIV and hepatitis are transmitted only in the following ways:

1. Unprotected sexual contact involving the transfer of body fluids such as blood, semen and vaginal secretions.
2. Direct contact with infected blood through needle-sharing, transfusions and needlesticks.
3. Infected mothers can transmit the virus to their babies while in the womb or in breast milk.

You can't catch HIV through casual contact, such as touching, hugging, being coughed on or sneezed on or working around someone who has AIDS. Family members and health care workers who are constantly around patients with AIDS do not catch AIDS when they use proper precautions.

Risk Factors and Behaviors

In light of what we know about the way the HBV and HIV virus are transmitted, risk of exposure to either virus is increased for people who:

- Have unprotected sex or multiple partners.
- Have unprotected sex with an IV drug user.
- Have shared needles while using drugs.
- Have occupational exposure to the blood or body fluids of others.
- Between 1978 and the spring of 1985, received blood or blood products in transfusion.
- Between 1978 and the spring of 1985, received an organ transplant.
- Received artificial insemination from an untested donor.
- Between 1978 and the spring of 1985, received treatment for a clotting disorder.
- Have been exposed to blood or body fluids of a person known to have AIDS or be HIV-positive.
- Are immigrants from high risk areas (southeast Asia, Africa, Southern and Central Europe):

- Have tattoos.
- Are family of infected persons.

Personal Protective Equipment

"Universal Precautions" is the name used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are, in fact, infectious, regardless of the perceived status of the source individual.

In other words, whether or not you think the blood/body fluid is infected with bloodborne pathogens, you treat it as if it is. This approach is used in all situations where exposure to blood or potentially infectious materials is possible. This also means that certain engineering and work practice controls shall always be utilized in situations where exposure may occur.

Probably the first thing to do in any situation where you may be exposed to bloodborne pathogens is to ensure you are wearing the appropriate personal protective equipment (PPE). For example, you may have noticed that emergency medical personnel, doctors, nurses, dentists, dental assistants, and other health care professionals always wear latex or protective gloves.

This is a simple precaution they take in order to prevent blood or potentially infectious body fluids from coming in contact with their skin. To protect yourself, it is essential to have a barrier between you and the potentially infectious material.

Rules to Follow:

- Always wear personal protective equipment in exposure situations.
- Remove PPE that is torn or punctured, or has lost its ability to function as a barrier to bloodborne pathogens.
- Replace PPE that is torn or punctured.
- Remove PPE before leaving the work area.

If you work in an area with routine exposure to blood or potentially infectious materials, the necessary PPE should be readily accessible. Contaminated gloves, clothing, PPE, or other materials should be placed in appropriately labeled bags or containers until it is disposed of, decontaminated, or laundered. It is important to find out where these bags or containers are located in your area before beginning work.

This approach is used in all situations where exposure to blood or potentially infectious materials is possible. This also means that certain engineering and work practice controls shall always be utilized in situations where exposure may occur.

Gloves

Gloves should be made of latex, nitril, rubber, or other water impervious materials. If glove material is thin or flimsy, double gloving can provide an additional layer of protection. Also, if you know you have cuts or sores on your hands, you should cover these with a bandage or similar protection as an additional precaution before donning your gloves.

You should always inspect your gloves for tears or punctures before putting them on. If a glove is damaged, don't use it! When taking contaminated gloves off, do so carefully. Make sure you don't touch the outside of the gloves with any bare skin, and be sure to dispose of them in a proper container so that no one else will come contact with them either.



Always Check your gloves for damage before using them!!

Goggles



Anytime there is a risk of splashing or vaporization of contaminated fluids, goggles and/or other eye protection should be used to protect your eyes. Again, bloodborne pathogens can be transmitted through the thin membranes of the eyes so it is important to protect them. Splashing could occur while cleaning up a spill, during laboratory procedures, or while providing first aid or medical assistance.

Face Shields



Face shields may be worn in addition to goggles to provide additional face protection. A face shield will protect against splashes to the nose and mouth.

Aprons



Aprons may be worn to protect your clothing and to keep blood or other contaminated fluids from soaking through to your skin. Normal clothing that becomes contaminated with blood should be removed as soon as possible because fluids can seep through the cloth to come into contact with skin.

Contaminated laundry should be handled as little as possible, and it should be placed in an appropriately labeled bag or container until it is decontaminated, disposed of, or laundered.

SECTION 3: Decontamination & Sterilization

All surfaces, tools, equipment and other objects that come in contact with blood or potentially infectious materials must be decontaminated and sterilized as soon as possible. Equipment and tools must be cleaned and decontaminated before servicing or being put back into use.

Decontamination should be accomplished by using:

- A solution of 5.25% sodium hypochlorite (household bleach/ Clorox) diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water.
- Lysol or some other EPA-registered tuberculocidal disinfectant. Check the label of all disinfectants to make sure they meet this requirement.

If you are cleaning up a spill of blood, you can carefully cover the spill with paper towels or rags, and leave it for at least 10 minutes. This will help ensure that any bloodborne pathogens are killed before you actually begin cleaning or wiping the material up. By covering the spill with paper towels or rags, you decrease the chances of causing a splash when you pour the bleach on it.

If you are decontaminating equipment or other objects, you should leave the disinfectant in place for at least 10 minutes before continuing the cleaning process.

Of course, any materials you use to clean up a spill of blood or potentially infectious materials must be decontaminated immediately, as well. This would include mops, sponges, reusable gloves, buckets, pails, etc.

Common Questions

HBV

What symptoms do I have if I am suffering from hepatitis B infection?

Many people with HBV do not have any symptoms and feel perfectly well. Occasionally, the hepatitis B infection may become active and make the patient feel ill with nausea, have a loss of appetite, and become jaundiced.

What kind of outlook can I expect if I have a hepatitis B infection?

Many patients with the hepatitis B infection can expect to lead a full and normal life. It is most important to regard yourself as a normal individual who happens to be infected with hepatitis B. However, it is important to take precautions not to spread the disease and to get medical checkups regularly.

Can I get hepatitis from the vaccine?

No. The hepatitis vaccine is a safe and highly purified vaccine. It does not contain any blood products or living or dead viruses.

What should be done if the second or third vaccine dose is delayed?

If the doses are delayed for less than one year, the remaining doses can be resumed to complete the vaccination without the need to restart the vaccination series. If the lapsed doses are more than one year apart, extra doses or restarting of the series may be required for high risk individuals.

HIV

What will the AIDS test tell me?

A positive result indicates the presence of antibodies to HIV, which has been found in people with AIDS.

Does a negative test mean that I am not infected?

Unfortunately, no. Although the test is reliable, there is a “window”- some say it’s six to twelve weeks, some say longer-when you could be developing the antibody, but the test will still be negative. That’s why you need to be retested at six to twelve weeks and again in 6 months.

If you test negative, but still carry HIV, it is still possible to transmit the virus.

Counseling will be provided when you receive your test results whether they are negative or positive.

What happens if I test HIV positive?

Currently, there is no known therapy to reverse antibody status. If an employee tests HIV positive, we recommend ongoing medical monitoring and possible anti-retroviral (contains RNA for protein productions) drugs.

What is the prognosis?

Research indicates that HIV - positive individuals will eventually develop AIDS. Currently, there is no treatment for AIDS and it is generally believed to be eventually fatal. As discussed previously, there is a vaccine for hepatitis B which is available to all employees at risk.

What HIV symptoms should I watch for?

Almost half of the people who contract HIV experience a flu-like illness six to twelve weeks after exposure. Employees who experience an exposure incident should report any illness that feels like the flu or mononucleosis, especially if it is accompanied by fever, rash, or swollen glands.

Will my employer know the results of my test?

No. The health care professional will give the results of your tests to you only. All records, including test results, relating to an exposure incident are Strictly Confidential.

Precautions

The following precautions should be taken by anyone who has had an exposure incident so that others are not exposed.

- Inform sexual or needle-sharing partners so they can be tested for the virus.
- Inform physicians and other health care givers so they can protect themselves.
- Don't give any blood, tissue, organs, or semen.
- Remove the organ donor designation from your driver's license.
- Hold off on getting pregnant until your health care provider says it is okay.
- If you are pregnant, get counseling.
- Don't breast-feed.
- Be careful not to expose others to your blood or bodily fluids.
- Don't share personal items such as toothbrushes, razors, etc.
- Use a bleach solution of 1:10, 70% isopropyl alcohol or other EPA-approved germicide to clean up any spills of blood.
- Refrain from sexual activity, or at least take the following **precautions**:
 - Limit the number of partners
 - Use latex condoms from start to finish, even if your partner is HIV-positive.

Job situations which may result in exposure include:

- Job duties that bring you into contact with needles or other sharp objects such as glass



that might be contaminated with infected blood.

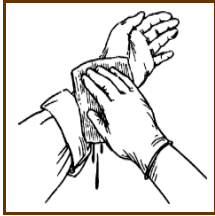
- Providing emergency first-aid assistance to co-workers. It is important that you use universal precautions to prevent becoming infected by contaminated blood. Universal precautions means that all blood and body fluids are considered potentially infectious.

When first aid measures are needed, make sure that you adhere to the following:

1. Mouth-to-Mouth Breathing – The safest course of action is to use a breathing mask whenever you are called on to give mouth-to-mouth resuscitation.



2. Controlling Bleeding – To help the victim without infecting yourself (or the victim), wear rubber gloves.



While chance of infection on the job are small, why take unnecessary risks with your life? Following the necessary safety precautions is the best way to minimize risks.

Summary

Bloodborne pathogens are a very real risk in the workplace. However, protective measures are in place for employees at risk. To avoid infection of bloodborne pathogens, it is very important to follow all precautions.

Knowing how infection occurs is the first step in preventing the spread of disease.

Certain factors and behaviors put employees at risk. Avoid these behaviors as much as y

SECTION 4: Decontamination and Infection Control

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Decontamination and Infection Control

Introduction

Infection and disease control is one of the most important aspects of being a professional salon operator or owner. Federal and state laws govern what must be done by operators and owners to ensure the safety of the public and that no germs are allowed to spread uncontrolled.

This unit will provide trainees with the necessary elements to help control dangerous disease-causing germs. By following some very important basic procedures and by providing a clean salon it will be easy to provide your clients with the very best professional care without the fear of your clients becoming infected by a disease agent. It is important to understand that the removal of all disease-causing germs in a salon will be almost impossible, but the control of dangerous levels is the key to providing a safe salon.

Objectives

- Decontamination
- Sanitation, disinfecting, and sterilization
- Use of disinfectant products
- Using disinfectants in the salon
- Salon professionalism.

Professional Salon Environment

Let's take a close look and see what can be done to identify and control the professional salon environment. Things like tables, chairs, walls, and floors are very likely contaminated with a number of germs that may be very serious disease-causing germs. There may be millions of germs present that do not affect humans when contact is made. However, one case of an infected client can send your career and the reputation of your salon downward. By understanding contamination and knowing the proper techniques of decontamination, shop operators and owners can avoid ugly lawsuits and having the business they worked hard to build destroyed.

It is important to understand the more people that enter the salon environment, the greater the chance that new germs will be introduced and reintroduced as a result of the human contact factor. Control over where and what people do before they get to the salon is impossible to monitor, so contamination concerns must be continuous and ongoing.

Your responsibility as a professional to eliminate and control contamination is vital. *Decontamination* of surfaces and tools used in the salon will allow for a safe and professional experience for the client. Contamination can occur in many forms and on the surface of equipment, implements, and furnishings may not show signs of contamination. Soiled towels, combs, brushes, and even clippers can and more than likely are sources for contamination if not disinfected or sterilized properly.

Sanitation and disinfection are required in the salon to provide a safe environment for clients, co-workers, employees and oneself. Sanitation is the removal of large amounts of living organisms from a surface. By sanitizing tools and other items used in the salon, bacteria and germs are eliminated or lowered to safer levels.

Popular forms of sanitation are described below.

- **The Heat steam of an autoclave** has been used for many years and has proven to be one of the most dependable forms of sanitizing.
- **Hospital-grade disinfectants** are used to sanitize surfaces and tools as well.
- **Quaternary Ammonium Compounds (quats)** are available in liquid or tablet form. Implements should be immersed for 20 minutes or longer to ensure elimination of germs and bacteria.
- **Glutaraldehyde** is a germicidal used to disinfect and sterilize implements that cannot be heat sterilized.
- **Ethyl Alcohol** is used as a disinfectant. In order to remain effective, the strength of ethyl alcohol should be no less than 70%.

- **Bleach (sodium hypochlorite)**, commonly known as house hold bleach, has for many years been utilized as a disinfectant at killing germs. As a result of more advanced techniques now being used, bleach is not the preferred method for decontamination. It is, however, very effective on floors, sinks, and general cleaning around the salon.
- **Ultrasonic Cleaners** are used in some salons but must be used with a **disinfectant**. The advantage of this device is that it may reach tiny crevices that may otherwise be omitted in the cleaning and sanitizing process.
- **Disinfection** is also a part of operating a safe salon. **Disinfection** is used when objects can be damaged due to exposure to extreme heat. Disinfection kills microorganisms with the exception of spores. It is important to understand that disinfectants should never be used on clients.

Note: It is important that directions are followed when using disinfectants. When directions are not followed money can be wasted. Furthermore, by not following directions properly, the product that is to be disinfected may not be if a solution is too weak. It is also important to understand that the disinfectant solution always remain at an effective level. In saying this, always remember to wash all products to be disinfected with soap and water. If you attempt to disinfect soiled implements, the solution may become too weak to do an effective job.

Safety Precautions

Remember that disinfectants are industrial strength cleaners that are powerful and can be harmful if used improperly. Never use a disinfectant to clean your hands. This is an unsafe practice and can cause skin disease. You should wear protective equipment such as gloves and safety goggles while mixing chemicals for disinfection control. Use soaking baskets and tongs to insert and remove equipment in disinfectant solutions. Always remember to clearly mark containers that are used for storing disinfectants.

Look at the following definition.

Sanitation is the process of reducing the levels of pathogens found on a surface. While the surface may be clean, there are still many microorganisms residing on the surface.

Material Safety Data Sheet (M.S.D.S.)

Every chemical used in the United States must have an M.S.D.S. report developed by the manufacturer that developed the chemical. The purpose of the M.S.D.S. is to report the product name, active ingredients, directions for use, and safety instructions in case of accidents involving the chemical. The following is a break down of the sections on an M.S.D.S. report.

Product information of the chemical is listed at the very start of the report. The Manufacturer's/Distributor emergency contact number(s) along with product identity, product code number, product use, and hazard classification.

Section 1 is a listing of the hazardous ingredients found in the product along with specific ingredient codes.

Section 2 is the characteristics both physical and chemical of the product in general. These characteristics include but are not limited to physical state (liquid or solid), odor appearances like smell and color of product.

Section 3 is fire and explosion hazard information on the product. Usually the fire/flame point will be listed and the level of danger to which this product will burn. Also, the extinguishing procedures are listed here in case there is a need to control a chemical fire as a result of this product.

Section 4 is the reactivity data section. This section lists chemical(s), which this product must not come in contact with to ensure the product remains stable.

Section 5 lists the health hazards and if special precautions need to be followed. This section discusses or lists exposure concerns and first aid procedures to follow in case of an accident.

Section 6 lists control and protective measures that will need to be followed to ensure safe use of the product or chemical.

Section 7 are control measures and precautions on the product. Safe handling is necessary to ensure that accidents are minimized. Waste disposal is also listed in this area.

Section 8 is the regulatory information for the product. A listing of active ingredients that must be reported and a record maintained on file (M.S.D.S.).



Clorox Professional Products Company
 1221 Broadway
 Oakland, CA 94612
 Tel: (510) 271-7000

Material Safety Data Sheet

I Product: COMMERCIAL SOLUTIONS® LIQUID-PLUMR® HEAVY DUTY CLOG OPENER										
Description: CLEAR ALKALINE LIQUID WITH A CHLORINE ODOR										
Other Designations	Distributor									
Drain Cleaner	Clorox Sales Company 1221 Broadway Oakland, CA 94612									
Emergency Telephone Nos.										
For Medical Emergencies call: (800) 446-1014 For Transportation Emergencies Chemtrec (800) 424-9300										
II Health Hazard Data	III Hazardous Ingredients									
<p>CORROSIVE to the eyes. Injures eyes, skin and mucous membranes on contact. Harmful if swallowed, nausea, vomiting, and burning sensation of the mouth and throat may occur. No adverse health effects are expected with recommended use. Occasional clinical reports suggest a low potential for sensitization upon exaggerated exposure to sodium hypochlorite if skin damage (e.g. irritation) occurs during exposure. However, clinical tests conducted on intact skin with Liquid-Plumr found no sensitization in the test subjects.</p> <p>Although not expected, heart conditions or chronic respiratory problems such as asthma, chronic bronchitis or obstructive lung disease may be aggravated by exposure to high concentrations of vapor or mist.</p> <p>FIRST AID: EYE CONTACT: Immediately flush eyes with water for 15 minutes. Contact a physician. SKIN CONTACT: Remove contaminated clothing. Flush skin with water. Contact a physician if irritation or discomfort persists. INGESTION: Drink a glassful of water. DO NOT induce vomiting. Immediately contact a physician or Poison Control Center. INHALATION: Remove from exposure to fresh air. HMIS/NFPA: H=3, F=0, R=1, PP=B HMIS Hazard Scale: 1=slight 2=moderate 3=serious 4=severe</p>	<table border="1"> <thead> <tr> <th>Ingredient</th> <th>Concentration</th> <th>Worker Exposure Limit</th> </tr> </thead> <tbody> <tr> <td>Sodium hypochlorite CAS# 7681-52-9</td> <td>5-10%</td> <td>Not established</td> </tr> <tr> <td>Sodium hydroxide CAS # 1310-73-2</td> <td>0.5-2%</td> <td>2 mg/m³ - TLV-Ceiling limit^a 2 mg/m³ - PEL^b</td> </tr> </tbody> </table> <p>^aTLV-Ceiling limit = ACGIH Threshold Limit Value-Ceiling limit ^bPEL = OSHA Permissible Exposure Limit-Time Weighted Average</p> <p>None of the materials in this product are on the IARC, OSHA, or NTP carcinogen lists.</p>	Ingredient	Concentration	Worker Exposure Limit	Sodium hypochlorite CAS# 7681-52-9	5-10%	Not established	Sodium hydroxide CAS # 1310-73-2	0.5-2%	2 mg/m ³ - TLV-Ceiling limit ^a 2 mg/m ³ - PEL ^b
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Sodium hydroxide CAS # 1310-73-2	0.5-2%	2 mg/m ³ - TLV-Ceiling limit ^a 2 mg/m ³ - PEL ^b								
IV Special Protection and Precautions	V Transportation and Regulatory Data									
<p>Hygienic Practices: Wash skin after direct contact. Do not wear product-contaminated clothing.</p> <p>Engineering Controls: Use general ventilation to minimize exposure to vapors.</p> <p>Personal Protective Equipment: Wear safety glasses and gloves. The availability of an eye wash and shower is recommended in a manufacturing environment.</p> <p>KEEP OUT OF REACH OF CHILDREN. Avoid all splashing, particularly in eyes, on skin and on clothing. Keep children away from basins containing Liquid-Plumr®. Do not use Liquid-Plumr® with plunger or in toilets. Do not use Liquid-Plumr® with ammonia, toilet bowl cleaners or other drain openers. Do not reuse empty container. Rinse container and replace cap before discarding.</p>	<p>DOT/ATA/MDG: Not restricted.</p> <p>EPA - SARA Title III/CERCLA: This product is regulated under Sections 311/312. This product contains no chemicals regulated under Section 313 and contains sodium hypochlorite and sodium hydroxide which are regulated under Section 304/CERCLA.</p>									
VI Spill Procedures/Waste Disposal	VII Reactivity Data									
<p>Spill Procedures: Absorb and containerize. Wash residual down to sanitary sewer. Contact the sanitary treatment facility in advance to assure ability to process washed down material. For spills of multiple products, responders should evaluate the MSDS's of the products for incompatibility with sodium hypochlorite. Breathing protection should be worn in enclosed, and/or poorly ventilated areas until hazard assessment is complete.</p> <p>Waste Disposal: Dispose of in accordance with all applicable federal, state, and local regulations.</p>	<p>Stable under normal use and storage conditions.</p> <p>Reacts with other household chemicals such as acid toilet bowl cleaners, rust removers, acids, and ammonia-containing products to produce hazardous gases, such as chlorine and other chlorinated compounds.</p>									
VIII Fire and Explosion Data	IX Physical Data									
<p>Not flammable or explosive. In a fire, cool containers to prevent rupture and release of sodium chlorate.</p>	<p>Boiling point ~212°F/100°C (decomposes) Specific gravity ~1.1 Solubility in Water complete pH ~13.2</p>									

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Organizing an M.S.D.S. Notebook

Suggestions for setting up an M.S.D.S. notebook include:

- Using a three-ring binder that pages can easily be placed in or removed from.
- Highlighting specific areas to identify key aspects of the M.S.D.S. report within the notebook.
- Alphabetizing the M.S.D.S. reports so that locating the sheets will be fast.
- Clearly mark the notebook on all sides to indicate it as the M.S.D.S. notebook.
- Use a white or bright colored notebook so it can be easily identified as the M.S.D.S. Notebook.
- When ordering products for the first time, request the company send you a product sheet (M.S.D.S.) page to add to your notebook.
- Remove any M.S.D.S. reports when the product is no longer used in the salon.
- Establish an emergency contact sheet that will be the very first page in your M.S.D.S. notebook. List the local emergency numbers for your salon area.
- Add the Centers for Disease Control and the National Poison Control Center to the emergency contact page.
- Have a sheet that states your salon operators have read and understand the concept of the M.S.D.S. notebook and have them sign a form stating the information has been read. Keep a copy of this form in their employment file.
- Make sure the M.S.D.S. Notebook is located in a place where all employees have access to it and they are aware of its location.

SECTION 5: GEORGIA STATE BOARD OF COSMETOLOGY SANITARY REGULATIONS FOR SALONS AND SCHOOLS

POST THESE PAGES IN THE SALON/SCHOOL WHERE IT CAN BE READ BY ALL.

Georgia State Board of Cosmetology Sanitary Regulations for Salons and Schools

130-4-.01 Facilities.

(1) All facilities (salons/shops or schools) wherein cosmetology services are practiced or taught within the State of Georgia must provide suitable quarters equipped to give adequate services, subject to inspection by representatives of the Georgia State Board of Cosmetology.

(2) A beauty facility shall have a permanent and definite location in which the cosmetology professions of master cosmetologist, hair designer, nail technician, and/or esthetician, are practiced in accordance with the laws and rules of the Georgia State Board of Cosmetology. All mobile units, including kiosks, carts, mobile homes, trailers, and motor homes, shall not be licensed as salons/shops unless they meet all requirements of the Board and are permanently anchored on the ground with wheels detached.

130-4-.02 Use of Facility for Home Salon/Shop.

Space used for a cosmetology facility must be separated by tight, ceiling high partitions from residence rooms and must have separate restrooms. The cosmetology facility shall have a separate outside entrance. Separate space must be provided for a cosmetology facility. The use of any such space for sleeping, dining or any other domestic purpose is prohibited.

130-4-.03 Facilities (salon/shop/school).

Space used for a cosmetology facility must be separated by tight, ceiling high partitions from other commercial facilities.

130-4-.04 Cleanliness.

Walls, ceiling, floors, furniture and equipment must be kept free from excessive dust, dirt and debris. All equipment must be kept in good and safe working condition.

130-4-.05 Plumbing, Hot and Cold Water.

Each facility must have proper toilet and plumbing facilities and an adequate supply of hot and cold running water in accordance with recognized health standards.

130-4-.08 Posting of Licenses, Rules, Reports and Inspection Reports.

(1) Each salon/shop shall post in an open area the current salon/shop license issued to them by the Georgia State Board of Cosmetology, or a current copy of the online verification of licensure.

(2) Each person employed in the salon/shop shall post, in an open area, the current license/permit issued to them by the Georgia State Board of Cosmetology or the Georgia State Board of Barbers, or a current copy of the online verification of licensure.

(3) Salons/Shops shall have posted in an open area at all times a copy of the most recent inspection report.

(4) Salons/Shops shall comply with rules for sanitation, health and disinfectants in Chapter 130-5 of the Rules of Georgia State Board of Cosmetology.

(5) Sanitary rules and regulations governing salons or shops in the State of Georgia shall be posted in an open area in the salon/shop so as to be easily read by customers.

130-5-.01 Shampoo Equipment.

Shampoo bowls must be thoroughly cleansed and sanitized.

130-5-.02 Linens.

Towels/linens, after being used once, must be placed in a closed container until properly laundered. Clean towels must be kept in a closed cabinet, container, or closet except linens which are designated for use on current patrons.

130-5-.03 Sterilization.

The use of any article that is not properly cleansed and disinfected on any patron is prohibited. Hands must be properly cleansed and sanitized prior to servicing each client.

130-5-.04 Waste and Garbage.

All waste material must be removed daily. Garbage shall be stored in a covered, washable container and shall not be left in the establishment overnight. Each facility must be free from stale food and soiled dishes.

130-5-.05 Cleaning and Recommended Disinfection of Implements.

(1) All multi-use tools, implements, and equipment used for cosmetology services that come in contact with a client must be cleaned of all visible debris after each use and disinfected after each use by complete saturation or immersion for at least 10 minutes in an EPA-registered, hospital-grade disinfectant according to the manufacturer's directions. Autoclave is an acceptable method of sterilization. Each salon or shop shall provide correct wet disinfection and dry storage standards at all times.

(a) Multi-use items constructed of nonporous materials such as metal, glass, or plastic for use on more than one client include, but are not limited to the following items: nail clippers, cuticle nippers, cuticle pushers, scissors, shears, reusable nail forms, manicure and pedicure bowls, foot files, glass, metal and fiberglass files, metal drill bits, tweezers, comedone extractors, brushes, combs, clips, reusable pencil sharpeners, reusable gloves, and any other metal tools/non-porous implements not listed above.

(b) Single use items shall be discarded after being used one time. These items include: buffers, emery boards, nail files, sleeves and sanders for electric files, orangewood/birchwood sticks, wooden applicator sticks or spatulas, porous foot files, pedicure slippers and toe separators, disposable gloves, paraffin liners, cotton balls, cotton strips or swabs, neck strips and muslin strips or any items that cannot be disinfected.

(2) Wet disinfection standards for tools, implements, or equipment:

(a) After cleaning, all tools, implements and equipment must be disinfected by complete saturation or immersion (enough solution to cover all surfaces of the item) for 10 minutes in an EPA-registered, hospital-grade disinfectant that is bactericidal, virucidal, fungicidal, and pseudomonacidal. The disinfecting solution must be changed daily and/or prepared according to manufacturer's directions.

(b) All tools, implements, or equipment that come in contact with blood or body fluids must be disinfected by complete immersion for a minimum of 10 minutes in an EPA registered disinfectant that is effective against HIV-1 and Human Hepatitis B Virus, or tuberculocidal that is prepared and used according to the manufacturer's directions. Autoclave is an acceptable method of sterilization.

(3) Dry storage standards for tools, implements, or equipment:

(a) All disinfected tools and implements shall be stored in a sanitary manner in a covered container. The container must be labeled to show that it contains disinfected tools and implements.

(b) Soiled and dirty tools and implements must be stored in a separate and properly labeled covered container. Soiled and dirty tools and implements shall not be used again until properly cleaned and disinfected according to the procedures stated in this rule.

(4) Hand washing is required before and between providing services to each client. An anti-bacterial soap is recommended to sanitize the hands and the exposed portions of arms before providing services and after smoking, drinking, eating, and using restrooms.

(5) Pedicure equipment cleaning and disinfection procedures to be used for all pedicure equipment that holds water including sinks, bowls, basins, pipe-less, and whirlpool spas are as follows:

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

(b) At the end of each day of use, the following procedures shall be used:

1. All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be sanitized. All visible debris in the screen and the inlet must be removed and cleaned with a chelating soap or detergent and water. For all pedicure units, the jet components and/or foot plate must be removed and any debris removed and cleaned. The screen, jet, and/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, and/or foot plate should be replaced after disinfection is completed and the system flushed with warm water and low sudsing soap for 5 minutes, rinsed, and drained.

2. 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.

(c) Once each week, additional procedures should be performed. After completing the required cleaning procedures for the end of the day, the basin should be filled with water that contains one teaspoon of 5.25% bleach for each gallon of water.

The solution should be circulated through the spa system for 5 to 10 minutes and then the solution should sit overnight in the basin, or for at least 6 to 10 hours. Before being used again, the system should be drained and flushed.

(d) A record or log book containing the dates and times of all pedicure equipment cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon or shop and made available for review upon request by a consumer and/or an inspector from the Board.

(6) Signs shall be posted in clear view in the reception area of the salon/shop as follows:

(a) Cosmetology laws, rules, and regulations are available upon request.

(b) All cosmetology services shall only be performed on intact, healthy scalp, skin, and nails.

(c) Customers should not shave their legs the same day as receiving pedicure services to reduce the risk of infection.

(7) Signs shall be posted in clear view in the pedicure services area of the salon/shop as follows:

(a) All cosmetology services shall only be performed on intact, healthy scalp, skin, and nails.

(b) Customers should not shave their legs the same day as receiving pedicure services to reduce the risk of infection.

(c) Any razor-like implement, such as a credo blade, shall not be used to reduce the chance of injury or infection.

(d) Pumice stones shall not be reused from one customer to another to prevent the spread of bacteria.

130-5-.06 Storage of Preparations.

Creams, lotions and other cosmetics for use on patrons must be kept in sanitary, closed containers.

130-5-.07 Pets.

Pets shall not be allowed in cosmetology facilities, with the exception of animals for handicapped patrons.

130-5-.08 Protective Clothing and Footwear for Patrons.

Patrons in all Georgia Schools/salons/shops shall wear appropriate clothing and footwear to prevent exposure to potential infectious materials.

130-5-.09 Protective Clothing.

Cosmetologists, hair designers, nail technicians, and estheticians in Georgia are required to abide by all state laws for cosmetology, hair design, nail care, and esthetics. The professions of cosmetology, hair design, nail technology and esthetics are subject to the guidelines and rules promulgated by Georgia State Board of Cosmetology. Cosmetologists, hair designers, nail technicians, estheticians are also subject to the provisions of O.C.G.A. §43-1-19. Practitioners of the cosmetology profession in Georgia shall wear appropriate protective clothing for clinical services to prevent occupational exposure to potential infectious materials. Appropriate clothing and footwear may include, but not be limited to, clinical jackets, gloves and/or similar outer garments for the protection from infectious or harmful materials.

SECTION 6: Appendix A

Georgia State Board of Cosmetology Glossary of Legal Definitions

Master Cosmetologist

Any person who performs any one or more of the following services for compensation:

- Cuts or dresses the hair
- Gives facial or scalp massage or facial and scalp treatment with oils or creams and other preparations made for this purpose, either by hand or mechanical appliance
- Singes and shampoos the hair, dyes the hair, or does permanent waving of the hair
- Braids the hair by hair weaving, interlocking, twisting, plaiting, wrapping by hand, chemical or mechanical devices, or using any natural or synthetic fiber for extensions to the hair
- Performs nail care, pedicure, or manicuring services as defined in Nail Technician
- Performs the services of an esthetician as defined in Esthetician or Esthetics Operator

Such person shall be considered as practicing the occupation of a cosmetologist within the meaning of this Code section; provided, however, that such term shall not mean a person who only braids the hair by hairweaving; interlocking; twisting; plaiting; wrapping by hand, chemical, or mechanical devices; or using any natural or synthetic fiber for extensions to the hair, and no such person shall be subject to the provisions of this chapter. Such term shall not apply to a person whose activities are limited to the application of cosmetics which are marketed to individuals and are readily commercially available to consumers.

Hair Designer

Any person who performs any one or more of the following services for compensation:

- Cuts or dresses the hair
- Singes and shampoos the hair or dyes the hair.

Esthetician

A person who, for compensation, engages in any one or a combination of the following practices, esthetics, or cosmetic skin care:

- Massaging the face or neck of a person
- Trimming eyebrows
- Dyeing eyelashes or eyebrows
- Waxing, stimulating, cleansing, or beautifying the face, neck, arms, or legs of a person by any method with the aid of the hands or any mechanical or electrical apparatus or by the use of a cosmetic preparation.

Such practices of esthetics shall not include the diagnosis, treatment, or therapy of any dermatological condition. Such term shall not apply to a person whose activities are limited to the application of cosmetics which are marketed to individuals and are readily commercially available to consumers.

Nail Technician

A person who, for compensation, trims, files, shapes, decorates, applies sculptured or otherwise artificial nails, or in any way cares for the nails of the hands and feet of another person.