

*BOARD FOR PROFESSIONAL AND
OCCUPATIONAL REGULATION*

**Report on the Need to Regulate
Electrologists**

November 18, 2002

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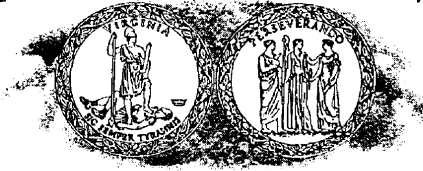
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COMMONWEALTH OF VIRGINIA



DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

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MEMORANDUM

TO: The Honorable Mark R. Warner
Governor, Commonwealth of Virginia

The Honorable Bruce F. Jamerson
Clerk of the House of Delegates, Virginia House of Delegates

The Honorable Susan Clarke Schaar
Clerk of the Senate, Senate of Virginia

FROM: Louise Fontaine Ware *LFW*
Director

PHONE: 397-8519

DATE: November 27, 2002

RE: Report on the Need to Regulate Estheticians
Report on the Need to Regulate Electrologists ✓

The Board for Professional and Occupational Regulation (Board), in response a request by the Board for Barbers and Cosmetology, conducted a study to determine the need for regulation of estheticians. The Board recommended that further coordinated study be done with the Department of Health Professions to determine the appropriate regulation of this and related occupations such as electrology. Based on research and public comment, the Board has found convincing evidence to support regulation by mandatory licensure of Estheticians and Electrologists through the Board for Barbers and Cosmetology with appropriate exemptions. By reason of the evidence presented and duty to the protection of the health, safety, and welfare of the citizens of the Commonwealth, the Board for Professional and Occupational Regulation, after collaboration with the Department of Health Professions, hereby refers these reports to the Governor and General Assembly. I am pleased to submit the results of these studies to you.

The Board conducted the studies in accordance with Section 54.1-310 of the *Code of Virginia*, which gives authority to study and make recommendations to the General Assembly on the need to regulate professions or occupations and, if so, the degree of

regulation that should be imposed. Section 54.1-311 B. of the *Code of Virginia*, states that whenever the Board determines that a profession or occupation should be regulated, it shall consider degrees of regulation and shall regulate only to the degree necessary to fulfill the need for regulation and only upon approval of the General Assembly.

These reports, approved by the Board on November 18, 2002, outline the findings, conclusions and recommendations of the Board. Members of the Board for Professional and Occupational Regulation would be pleased to answer any questions you may have regarding these studies. Please send any questions that you may have to:

Karen O'Neal
Deputy Director, Regulatory Programs
Department of Professional and Occupational Regulation
3600 West Broad Street
Richmond, Virginia 23230
(804) 367-8537
oneal@dpor.state.va.us

- c: The Honorable Michael J. Schewel
Secretary of Commerce and Trade
- The Honorable Jane H. Woods
Secretary of Health and Human Resources
- The Honorable John S. Reid
Chairman, House General Laws Committee
- The Honorable Walter A. Stosch
Chairman, Senate General Laws Committee
- The Honorable Phillip A. Hamilton
Chairman, House Health, Welfare and Institutions Committee
- The Honorable H. Russell Potts, Jr.
Chairman, Senate Education and Health Committee
- The Honorable E. M. Miller
Director, Division of Legislative Services
- The Honorable Robert A. Nebiker
Director, Department of Health Professionals
- Board Members
Board for Barbers and Cosmetology

Report on the Need to Regulate Electrologists

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I. SUMMARY

On March 5, 2001, the Board for Barbers and Cosmetology voted to request the Board for Professional and Occupational Regulation (Board) to conduct a study to determine the need for regulation of estheticians. On November 13, 2001, at the conclusion of its study into the need for regulation of estheticians, the Board recommended that further coordinated study be done with the Department of Health Professions to determine the appropriate regulation of that profession and related occupations such as electrology.

The Board conducted the study in accordance with Section 54.1-310 of the *Code of Virginia* which gives authority to study and make recommendations to the General Assembly on the need to regulate professions or occupations and, if so, the degree of regulation that should be imposed. Section 54.1-311 B. of the *Code of Virginia*, states that whenever the Board determines that a profession or occupation should be regulated, it shall consider degrees of regulation and shall regulate only to the degree necessary to fulfill the need for regulation and only upon approval of the General Assembly. In April 2002, the General Assembly established separate licensing categories for wax technicians, tattooists and body piercers under the Board for Barbers and Cosmetology.

The Board reviewed the competencies and standards of practice for electrology in the Commonwealth and other jurisdictions. The study's objectives were to determine specialized skills and training, independent judgment required, actual harm and potential risk for harm to the consumer, the scope of practice, the economic impact of regulation, other alternatives than state regulation, and the least restrictive level of regulation that is consistent with the protection of the public's health, safety and welfare.

The Board conducted reviews of general policy literature, federal and states' laws and regulations, and the definition and scope of practice for electrology, malpractice insurance coverage data. In addition three public hearings were conducted to receive comments from the public on the issue of the state regulation.

Public comment supported regulation of electrologists. Public comment included testimony and evidence of personal harm from electrolysis that supported the need for regulation that protects the health, safety, and welfare of the citizens of the Commonwealth.

Based on research and public comment, the Board has found convincing evidence to support regulation by mandatory licensure of Electrologists through the Board for Barbers and Cosmetology with appropriate exemptions. By reason of the evidence presented and duty to the protection of the health, safety, and welfare of the citizens of the Commonwealth, the Board for Professional and Occupational Regulation, after collaboration with the Department of Health Professions, hereby refers this report to the General Assembly and the Governor with copies to the Department of Health Professions and Board for Barbers and Cosmetology.

II. INTRODUCTION

A. Background

In 1998, pursuant to Senate Joint Resolution 128 and House Joint Resolution 204, the Board studied the need for regulation of electrologists. At that time, the Board determined that the practice of electrology did not meet the criteria for regulation as established in § 54.1-100 of the *Code of Virginia*. In April 2002, the General Assembly established separate licensing categories for wax technicians, tattooists and body piercers under the Board for Barbers and Cosmetology. While the Board acknowledged that the occupation requires specialized skill and training, it did not find sufficient evidence to determine that the practice of electrology posed a threat to public health, safety, and welfare that should be addressed through state regulation.

On March 5, 2001, the Board for Barbers and Cosmetology voted to request the Board to conduct a study to determine the need for regulation of estheticians. On November 13, 2001, at the conclusion of its study into the need for regulation of estheticians, the Board recommended that further coordinated study be done with the Department of Health Professions to determine the appropriate regulation of that profession and related occupations such as electrology.

B. Statutory Authority for Study

Section 54.1-310 of the *Code of Virginia* provides the statutory authority for the Board to study and make recommendations to the General Assembly on the need to regulate professions or occupations and, if so, the degree of regulation that should be imposed.

Pursuant to Section 54.1-311 B. of the *Code of Virginia*, whenever the Board determines that a profession or occupation should be regulated, it shall consider the following degrees of regulation and shall regulate only to the degree necessary to fulfill the need for regulation and only upon approval of the General Assembly:

1. Whether the practitioner, if unregulated, performs a service for individuals involving a hazard to the public health, safety or welfare.
2. The opinion of a substantial portion of the people who do not practice the particular profession, trade or occupation on the need for regulation.
3. The number of states which have regulatory provisions similar to those proposed.
4. Whether there is sufficient demand for the service for which there is no regulated substitute and this service is required by a substantial portion of the population.

5. Whether the profession or occupation requires high standards of public responsibility, character and performance of each individual engaged in the profession or occupation, as evidenced by established and published codes of ethics.
6. Whether the profession or occupation requires such skill that the public generally is not qualified to select a competent practitioner without some assurance that he has met minimum qualifications.
7. Whether the professional or occupational associations do not adequately protect the public from incompetent, unscrupulous or irresponsible members of the profession or occupation.
8. Whether current laws which pertain to public health, safety and welfare generally are ineffective or inadequate.
9. Whether the characteristics of the profession or occupation make it impractical or impossible to prohibit those practices of the profession or occupation which are detrimental to the public health, safety and welfare.
10. Whether the practitioner performs a service for others which may have a detrimental effect on third parties relying on the expert knowledge of the practitioner.

Section 54.1-2510, of the *Code of Virginia* provides the statutory authority for the Board of Health Professions to advise the Governor, General Assembly and the Director of the Department of Health Professions on matters relating to the regulation or deregulation of health care professions and occupations.

C. Methodology

The general methodology of this study was to review the competencies and standards of practice for electrologists in the Commonwealth and other jurisdictions. The Board focused its efforts in determining the answers to the following key questions:

1. What specialized skills and training do electrologists possess?
2. To what degree is independent judgment required in their practice?
3. What is the documented actual harm and potential risk for harm to the consumer resulting from the tasks performed and judgments made by these practitioners?

4. Is the scope of practice distinguishable from other regulated occupations or professions?
5. What would be the economic impact to the public if this group was regulated?
6. Are there alternatives other than state regulation of this occupation that would adequately protect the public?
7. If the Board determines that this profession requires state regulation, what is the least restrictive level that is consistent with the protection of the public's health, safety and welfare?

To answer the key questions, the following methods were used:

1. A review of the general policy literature related to the regulation of electrology was conducted.
2. A review of the current relevant federal and states' laws and regulations was conducted.
3. Definition and scope of practice for electrologists was reviewed to determine all known facets of the knowledge, skills, abilities, and tasks involved in the practice of this occupation in order to assess risk of harm to consumers.
4. Malpractice insurance coverage data was reviewed for businesses and individuals engaged in offering and providing electrology services in conjunction with other data to address risk of harm to consumers and the economic impact on the practitioner.
5. Three public hearings were conducted to receive comments from the public on the issue of the state regulation of this occupation, including any public health and safety issues germane to current practices. Relevant health professional constituents were notified of all hearings and opportunities for public comment.

III. FINDINGS

A. The Practice of Electrolysis

As defined in *Milady's Standard Comprehensive Training for Estheticians (2002)*, a leading educational resource for the esthetics profession, *electrolysis is the process of removing hair permanently by means of electricity*. While there are other methods of hair removal such as waxing, tweezing, and shaving, electrology is the only proven method of permanent hair removal.

Listed below are the three methods of electrology:

1. Galvanic – uses direct current, which causes chemical decomposition of the hair follicle.
2. Thermolysis – utilizes high-frequency current to produce heat, which destroys the hair follicle.
3. Blend – combines both systems, sending current through a fine needle or probe.

The practice of electrology may require a client to hold an electrode in hand depending on the type of epilator and the modality being used. After cleaning the skin with an alcohol solution, the electrologist inserts a sterilized probe into the hair follicle. The follicle is a pocket in the skin in which the hair grows. An electric current is administered that destroys the papilla cells that regenerate hair. The hair is then removed with a pair of sterilized tweezers. Since hair grows in cycles, this procedure requires a series of treatments in order to achieve permanent results.

The number of treatments and length of time necessary to effect permanent hair removal is relative to the amount and structure of the hair, physiological factors of the hair, cause of growth, previous methods of temporary removal, compliance of the patient/client and other individual factors.

Since the 1999 study on the need to regulate electrologists, the profession has been introduced to two new hair removal procedures. According to The Society of Clinical & Medical Electrologists, Inc., (SCME), over the past few years, laser and light-based hair removal has developed from an experimental technology to a new consumer service with an increasing number of medical and electrology professionals incorporating this treatment into their practices.

Milady's Standard Comprehensive Training for Estheticians textbook which is also used by schools teaching electrology provides the following definitions for Laser and light-based hair removal:

- Laser hair removal – (*The acronym derived from Light Amplification by Stimulated Emission of Radiation.*) A direct beam of radiation that penetrates the epidermis creating a photochemical destruction of hair follicles (photothermolysis).
- Pulsed Light hair removal – The use of energy pulsed light (or photo light) at intervals of a thousandth to almost a billionth of a second to destroy the vein of the hair bulb.

The demand for these two new modalities is increasing because they are viewed by consumers as the latest and most modern technology when compared to the traditional galvanic, thermolysis, and blended methods described above.

In addition to electrologists, many estheticians also provide laser and light-based hair removal except where prohibited by law. Alabama, for example, will only allow estheticians certified by the manufacturer of a device, or under the supervision of a physician, to operate laser and intense-pulsed light devices. Since Virginia does not regulate either of these professions, electrologists or estheticians, the use of these devices and the risk to consumers can not be monitored.

According to a Position Paper dated March 1999, the following statements, in part, represent the SCME's position on laser and light-based hair removal:

- Laser and light-based removal should be considered to be a new modality of hair removal joining the galvanic, short-wave (thermolysis) and blend methods.
- Until such time as sufficient clinical data is presented to support any claims of total and permanent elimination of hair growth, the modality may not be represented as offering permanent hair removal. However, in keeping with FDA stipulations on appropriate claims for laser and light-based hair removal, when allowed by the FDA, this modality may be represented as offering permanent hair reduction.
- Electrologists properly trained in laser and light-based principles and the safe use and application of laser and light-based hair removal devices should be allowed to use these devices to compliment the traditional hair removal modalities.

B. Education and Training

Regulations for all of the states that currently have a licensing program for electrologists consist of curriculum requirements that must be met by their licensed schools and successfully completed by individuals seeking licensure. The following is a list of the standard subject matter content for the electrology curriculum mandated by state licensing boards:

- Histology of the skin
- Histology of the hair
- Bacteriology
- Physiology

- Principles of electricity
- Modalities of electricity used in electrolysis and its effects
- Electrolysis equipment
- Basic dermatology
- Professional conduct
- Office management

There are currently three proprietary schools in Virginia that offer an electrolysis training program. These schools are certified and monitored by the Proprietary Division of the Department of Education. The certification process includes curriculum review, assessment of staff qualifications, and the adequacy of the school's facility and equipment.

These three schools, Vienna School of Electrology, Ana Visage Institute, and The Skin Care Center, are all located in the Northern Virginia area. Listed below are the costs for the esthetic programs, including books and materials, provided by these three schools:

1.	<u>Vienna School of Electrology</u>	
	175 hours	
	300 hours	
	600 hours	Information on cost of courses not available
2.	<u>Ana Visage Institute</u>	
	600 hours	\$6,700.00
	300 hours	\$4,700.00
3.	<u>The Skin Care Center</u>	
	600 hours	\$6,500.00
	300 hours	\$4,000.00

Training and educational opportunities are also made available to electrologists by professional associations such as the American Electrology Association and the Association of Virginia Electrologists. The National Coalition of Esthetic & Related Professional Associations (NCEA) which publishes The Medical Journal for Skin Care Professionals (PCI) also has electrologists as members. These and other professional associations related to the practice of electrology also set standards, and codes of ethics for the industry, however, membership and adherence to these standards are voluntary.

C. Profile of Industry

There are an estimated 15,000 electrologists practicing nationwide. While most electrologists work independently, some can be found operating in day spas, and salons along with estheticians. According to the Association of Virginia Electrologists, there are approximately 200 electrologists currently practicing in Virginia.

Over ninety-five percent of electrolysis clients are women. Most clients seek electrolysis for the treatment of Hirsutism (excessive or superfluous body hair) and many clients have underlying hormonal problems that cause excess hair growth. In such instances, the responsible electrologist will refer many clients to endocrinologists, gynecologists, or other medical professionals for hormonal therapy. It is not uncommon for the electrologist to work cooperatively with health care professionals in the treatment of certain conditions involving excessive and unwanted body hair.

According to Robert N. Kretzmer, CIC, Vice President of Inner Harbour Insurance, Inc., a major provider of insurance coverage for the skin care industry, including electrologists, electrology schools, and facilities providing electrolysis services since 1980, the following claims and incidents have been filed against electrologists:

- Burns
- Scarring
- Discoloration
- Bruising
- Applying chemicals without asking if medications are being taken
- Improper use of skin care products (applying without knowing about earlier adverse reactions)

Referring to his handling of numerous claims related to the skin care industry including electrologists and estheticians, Mr. Kretzmer states that many of the claims stem from untrained, under trained and unregulated individuals engaging in these practices.

Mr. Kretzmer advised that the current minimum annual premium for general and malpractice insurance offered by Inner Harbour Insurance for electrologists and electrology salons is \$350.00. This premium provides for coverage in the amount of one million dollars per occurrence, and one million dollars aggregate for the practitioner or the salon. Kretzmer advised that many electrologists operate as sole proprietors and are only required to pay \$350.00. If an electrologist wants to also practice esthetics and offer microdermabrasion, chemical peel services, or any additional specialty skin care services, there is an additional charge per service based on gross receipts. Mr. Kretzmer advises that the minimum annual

premium for general and malpractice coverage for electrology schools is \$50.00 per student which provides the school with the same coverage as electrologists and electrology salons.

D. Regulation of Electrologists in Other States

Thirty-two states currently regulate the practice of electrology. The minimum training hours required to be eligible for examination and licensure ranges from 300 hours in Maryland, to 1100 hours in New Hampshire. Including these two states, regulation of the electrology profession falls under medical or health related licensing boards in sixteen of the thirty-two states with licensing programs. Listed below are the training hour requirements for five of the sixteen states where regulating the practice of electrology is done by medical or health related state licensing boards:

1. Florida
Board of Medicine, Electrolysis Council
120 hrs theory and 200 hrs practical; Examination N/A
2. Connecticut
Department of Public Health & Addiction Services
State Board of Hypertrichologists
600 hours or 12 month apprenticeship
3. Louisiana
Department of Health & Hospitals
State Board of Electrolysis Examiners
600 hrs theory or 600 hrs apprenticeship
4. Maryland
Department of Health & Mental Hygiene
State Board of Electrologists
300 hrs
5. Tennessee
Department of Health and Environment
State Board of Electrolysis Examiners
600 hrs and 23 credit hours in approved subjects

In the state of West Virginia, only a licensed physician or licensed physician's assistant may practice electrology. Due to the use of needles and the invasive process involved with the practice of electrology, the state of California developed Electrology Performance Criteria to be used in the training of candidates for licensure in order to ensure the highest standards of personal and public hygiene for the protection of the consumer.

Listed below are the mandated training hours, licensing fees, and renewal requirements for five states where regulation of electrologists falls under cosmetology licensing boards:

1.	<u>Delaware</u> 600 hrs	\$28.80	Biennial
2.	<u>Massachusetts</u> 1100 hrs	\$30.00	Biennial
3.	<u>Iowa</u> 425 hrs	\$25.00	Biennial
4.	<u>Rhode Island</u> 650 hrs	\$25.00	Annual
5.	<u>Wisconsin</u> 450 hrs	\$76.00	Biennial

The Executive Director of the American Electrology Association (AEA), Teresa E. Petricca, advises that the most recent states to adopt regulations of electrologists are Connecticut, Florida, Maryland, North Carolina, New Hampshire, Rhode Island, and Wisconsin.

E. Federal Laws Affecting the Practice of Electrolysis

In 1993, The Occupational Safety and Health Act (OSHA), in its federal oversight of workplace safety for employees developed guidelines for the safe handling of bloodborne materials instruments and equipment. These voluntary guidelines are designed to reduce the occupational risk and exposure to the HIV (AIDS) virus and hepatitis B virus (HBV).

Another OSHA requirement that affects the practice of esthetics is the mandatory use of a Material Safety Data Sheet (MSDS) due to the use of chemicals in the workplace. These forms include information about flammability, toxicity, how to handle spills, and other information pertaining to the use of chemicals in the workplace.

F. Public Comment

Public comment supported regulation of electrology. An individual appeared at a public hearing on September 23, 2002 and testified that her face became infected and the scarring on her face was a result of electrolysis that was performed incorrectly in Virginia. Several comments gave evidence of the different types of equipment used and education and training needed to be proficient in electrology. If estheticians are regulated, public comment

indicated that several license categories may be needed to encompass the different services provided and the training and education required to perform these services in a manner that protects the health, safety, and welfare of the citizens of the Commonwealth.

The Board for Professional and Occupational Regulation received written public comment and conducted public hearings on the following dates and locations:

September 20, 2002, 1:30 p.m.
Newport News City Council Chamber
City Hall Building
2400 Washington Avenue
Newport News, Virginia 23607

September 23, 2002, 1:30 p.m.
Department of Professional and Occupational Regulation
3600 West Broad Street
Richmond, Virginia 23230

October 4, 2002, 10:00 a.m.
Roanoke City Council Chamber
Noel C. Taylor Municipal Building
215 Church Avenue SW
Roanoke, Virginia 24011

IV. CONCLUSION

Based on research and public comment, the Board has found convincing evidence to support regulation by mandatory licensure of Electrologists through the Board for Barbers and Cosmetology with appropriate exemptions. By reason of the evidence presented and duty to the protection of the health, safety, and welfare of the citizens of the Commonwealth, the Board for Professional and Occupational Regulation, after collaboration with the Department of Health Professions, hereby refers this report to the General Assembly and the Governor with copies to the Department of Health Professions and Board for Barbers and Cosmetology.

APPENDIX A

Notice and Flyer

COMMONWEALTH OF VIRGINIA



DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

3600 West Broad Street, Richmond, Virginia 23230-4917

Telephone: (804) 367-8500 TDD: (804) 367-9753

<http://www.state.va.us/dpor>

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CHIEF DEPUTY

DEPUTY DIRECTORS:

JAMES L. GUFFEY
Enforcement

STEVEN L. ARTHUR
Administration & Finance

KAREN W. O'NEAL
Regulatory Programs

MEMORANDUM

TO: Board for Barbers and Cosmetology Public Participation List
And Interested Parties

FROM: William H. Ferguson, II
Assistant Director
Board for Barbers and Cosmetology

DATE: August 29, 2002

PHONE: 804-367-8590

SUBJECT: Board for Barbers and Cosmetology Emergency Regulations
Board for Barbers and Cosmetology Proposed Regulations
Board for Barbers and Cosmetology Proposed Public Participation Guidelines
Wax Technician Regulations
Tattooing and Body-piercing Regulations
Board for Professional and Occupational Regulation Estheticians Study
Board for Professional and Occupational Regulation Electrologists Study

The Board for Barbers and Cosmetology would like to notify you of the following seven regulatory actions:

1. **Board for Barbers and Cosmetology Emergency Regulations:** Board for Barbers and Cosmetology Emergency Regulations became effective July 2, 2002. These regulations are available on our website, www.state.va.us/dpor or, you may make a written request or contact us by phone at (804) 367-8509, to request a copy of the regulations.

To access the Board for Barbers and Cosmetology Emergency Regulations on the DPOR Internet Site, please follow the following instructions:

On the internet, go to www.state.va.us/dpor
Select 'Boards and Regulations' from the menu on the left side
Select either 'Barbers' or 'Cosmetology' from the menu that appears below Boards and Regulations
Select 'Barbers and Cosmetology Regulations and Statutes' from the Board's page

Current forms may be accessed at the same site.

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- 2. Board for Barbers and Cosmetology Proposed Regulations:** The Board for Barbers and Cosmetology is conducting regulatory review of its regulations. Board for Barbers and Cosmetology Proposed Regulations are being promulgated and consists of changes necessary to ensure the health, safety, and welfare of the public and effective administration of the Board's programs. The proposed regulatory changes will promulgate regulations for the newly combined Board for Barbers and Cosmetology clarify and standardize requirements for licensure; provide for and ensure that health, sanitation standards, and safety are adequate in facilities where barbering and cosmetology are practiced; and extend the temporary work permit period from 30 to 45 days to allow sufficient time for posting examination scores and avoid interruption of employment, and adjust licensing fees.

The text of the proposed regulations may be accessed electronically on the Virginia Town Hall internet site, www.townhall.state.va.us or requested from the Board for Barbers and Cosmetology.

Public Comments may be submitted to the Board until September 27, 2002. A Public Hearing is scheduled on September 10, 2002, 9:30 a.m., at the Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, VA, 23230.

- 3. Board for Barbers and Cosmetology Proposed Public Participation Guidelines:** The Board for Barbers and Cosmetology is conducting regulatory review of its public participations guidelines. Board for Barbers and Cosmetology Proposed Public Participation Guidelines are also being promulgated to establish Public Participation Guidelines for the newly combined Board for Barbers and Cosmetology to ensure that the Board is meeting its statutory mandate without burdensome requirements and to ensure that the public has knowledge and opportunity to participate in the formation and development of regulations and are being changed to provide access to information through electronic notification to listed participants.

The text of the proposed public participation guidelines may be accessed electronically on the Virginia Town Hall internet site, www.townhall.state.va.us or requested from the Board for Barbers and Cosmetology.

Public Comments may be submitted to the Board until September 27, 2002. A Public Hearing is scheduled on September 10, 2002, 9:30 a.m., at the Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, VA, 23230.

- 4. Wax Technician Regulations:** The Board for Barbers and Cosmetology is promulgating Wax Technician Regulations governing the licensure and practice of waxing as directed by Acts 2002, c. 797. These regulations will establish the licensing requirements and applicable fees for individuals, salons, instructors, and schools offering waxing services.

Public Comments may be submitted to the Board until September 25, 2002.

- 5. Tattooing and Body-piercing Regulations:** The Board for Barbers and Cosmetology is promulgating Tattooing and Body-piercing Regulations governing the licensure and practice of tattooing and body-piercing as directed by Acts 2002, c. 869. These Regulations will establish the licensing requirements and applicable fees for individuals, salons, instructors, and schools offering tattooing and body-piercing services or training programs.

Public Comments may be submitted to the Board until September 25, 2002.

- 6. Board for Professional and Occupational Regulation Estheticians Study:** The Board for Professional and Occupational Regulation within the Department of Professional and Occupational Regulation is conducting a study to examine the appropriateness of regulating estheticians in Virginia.

Public Hearings are scheduled for the following dates and locations:

September 20, 2002, 1:30 p.m.
Newport News City Council Chamber
City Hall Building
2400 Washington Avenue
Newport News, Virginia 23607

September 23, 2002, 1:30 p.m.
Department of Professional and Occupational Regulation
3600 West Broad Street
Richmond, Virginia 23230

October 4, 2002, 10:00 a.m.
Roanoke City Council Chamber
Noel C. Taylor Municipal Building
215 Church Avenue SW
Roanoke, Virginia 24011

- 7. Board for Professional and Occupational Regulation Electrologists Study: The Board for Professional and Occupational Regulation within the Department of Professional and Occupational Regulation is conducting a study to examine the appropriateness of regulating electrologists in Virginia.**

Public Hearings are scheduled for the same dates and locations listed for estheticians in number 6 on previous page.

You may submit comments to the Board for Barbers and Cosmetology by:

**Mail 3600 West Broad Street
 Richmond, Virginia 23230**

E-mail barbercosmo@dpor.state.va.us

FAX: 804-367-9265

Public Hearing

We want to hear from YOU!



The Department of Professional and Occupational Regulation (DPOR), in collaboration with the Department of Health Professions (DHP), is conducting a study to examine the appropriateness of regulating estheticians and electrologists in Virginia.

Public Hearings are scheduled for the following dates and locations:

**September 20, 2002, 1:30 p.m.
Newport News City Council Chamber
City Hall Building
2400 Washington Avenue
Newport News, Virginia 23607**

**September 23, 2002, 1:30 p.m.
Department of Professional and Occupational Regulation
3600 West Broad Street
Richmond, Virginia 23230**

**October 4, 2002, 10:00 a.m.
Roanoke City Council Chamber
Noel C. Taylor Municipal Building
215 Church Avenue SW
Roanoke, Virginia 24011**

Appointments are not required. If you prefer to provide written comments, they may be sent to: Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, Virginia, 23230; ATTN: Board for Cosmetology. Persons desiring to attend a meeting and requiring special accommodations/interpretive services should contact DPOR at (804) 367-8590/TDD (804) 367-9753 as soon as possible so that suitable arrangements can be made. DPOR fully complies with the Americans with Disabilities Act.

APPENDIX B

OSHA

OSHA MANUAL

ON

BLOODBORNE

PATHOGENS

**OSHA MANUAL
ON BLOODBORNE PATHOGENS**

OSHA MANUAL ON BLOODBORNE PATHOGENS

Publisher: Paramedical Consultants, Inc.
Susanne S. Warfield, President

1998 EDITION

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Printed in the United States.

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INTRODUCTION

The Occupational Safety and Health Act (OSHA) of 1970 (29 U.S.C. 651 ET SEQ) was created within the U.S. Department of Labor to encourage employers and employees to implement safer work and health practices in an effort to reduce on the job hazards. The Act also requires the development and implementation of training programs to increase competency of safety and health personnel. Mandatory provisions are evaluated through analysis and are continually redefined to more specific standards, as proves necessary over time.

The purpose of the Act is...to assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources." It is OSHA's responsibility to see that working conditions meet standards established by the Occupational Safety and Health Act. This extends to all employers and employees in the 50 states, the District of Columbia, Puerto Rico and all other territories under federal government jurisdiction.

An employer, as defined by the act, is "any person engaged in a business affecting commerce who has employees, but does not include the United States or any state or political subdivision of a state. The act does not cover self-employed persons; farms at which only immediate members of the farm employer's are employed; and working conditions regulated by other federal agencies under other federal statutes."

PURPOSE OF THE BLOODBORNE PATHOGEN ACT

In 1983, OSHA issued a set of voluntary guidelines designed to reduce the occupational risk or exposure to the Hepatitis B Virus (HBV). The voluntary guidelines, which were sent to employers in the healthcare industry, included a description of the disease, recommended work practices and recommendations for use of immune globulins and the Hepatitis B vaccine.

On November 27, 1987, OSHA published in the *Federal Register* an ANPR announcing the initiation of the rule-making process. On March 6, 1992, they issued new regulations on the protection of employees from infection with bloodborne pathogens.

Although there were various compliance dates, the exposure control plans were required by May 5, 1992 and came into effect on July 6, 1992. These legally enforceable standards for workplace safety authorizes OSHA to conduct workplace inspections. After presenting proper credentials, an OSHA compliance officer (industrial hygienist) can enter any "workplace, or environment, where work is performed by an employee of an employer." Most inspections are conducted without advance notice and any and all findings will be cited and penalties for noncompliance will be imposed on the employer. It is through this system of inspection and issuance of citation and fines that OSHA ensures compliance with the Occupational Safety and Health Act and other standards.

UNIVERSAL PRECAUTIONS

"Universal Precautions" is the name for the Center for Disease Control's recommended policy for workers regarding blood and body fluids.

The general rule is to protect yourself from the transmission of bloodborne pathogens:

Wear gloves and other protective barriers to reduce the risk of exposure. HBV and HIV and other infectious diseases are spread by direct contact through skin or mucous membranes. Preexisting lesions on hands or from injuries incurred at the workplace, at home or from dermatitis may provide a route of entry.

HEPATITIS B VACCINATION

The recommendations of the Immunization Practices Advisory Committee, *Protection Against Viral Hepatitis*, published by the U.S. Public Health Services in 1990, support the OSHA recommendations that, "persons at substantial risk of HBV who are demonstrated or judged likely to be susceptible should be vaccinated."

Exposure determination must be based on the definition of occupational exposure **without regard to personal protective clothing and equipment**. The exposure determination is made by reviewing job classifications and listing exposures.

Employers must make the Hepatitis B vaccine available to all employees within 10 working days of initial assignment where they may have occupational exposure. ¹A Healthcare Professional (MDRN) must evaluate the employee for contradictions of administering the HBV prior to vaccination. This must be well documented in their employee file. Post-exposure evaluation and follow up: employees who experience an exposure incident must be provided and documented.

²All vaccinated employee's must have surface antibodies drawn (HBsAb) to ensure coverage from the vaccine. This result must be part of their employee personnel file. Employee's refusing to receive vaccine may change their mind at anytime and reconsider. At which time the employer is responsible to provide vaccination.

An employer is **not** required to make the Hepatitis B vaccine available if;

- (1) the employee has been previously vaccinated,
- (2) an employee is already immune according to antibody testing or,
- (3) when the vaccine is contraindicated due to medical reasons,
- (4) employee has no exposure risk.

If an employee for whatever reason chooses not to accept the vaccine, the following declination form (provided on page 10) must be signed and kept in the employees records. By far the best way of ensuring employee safety from Hepatitis B infection is by education of the employee about their occupational risk and the safety of having the vaccine. Through vaccination, the vast majority of employees will receive durable immunity to the virus.

¹ Provided by Dame Practice Management.

² Provided by Dame Practice Management.

POSTEXPOSURE EVALUATION AND FOLLOW-UP

All medical evaluations and procedures, including the vaccine and vaccination series, must be made available at no cost to the employee. These procedures must be available within a reasonable time and place and be performed by, or under the supervision of a licensed physician or other licensed health care professional.

The employer must also ensure that all laboratory tests are conducted at an accredited laboratory at no cost to the employee if an bloodborne incident or exposure occurs.

Documentation of the exposure incident in the employees chart must contain the following information;

- (1) Document the route of entry and how it occurred,
- (2) Identify and document the source or individual, if possible,
- (3) Obtain confidential consent from both the individual source and employer to determine HIV or HBV infectivity,
- (4) Provide the employee with serologic testing, if source individual is not available,
- (5) Provide any necessary counseling and safe, effective postexposure prophylaxis according to the U.S. Public Health Service guidelines.

A written evaluation must be provided to the exposed employee within 15 days of the exposure incident and must include documentation for postexposure evaluation and documentation that the employee has been informed of the results of the medical evaluation and that any medical conditions resulting from the exposure incident may require further evaluation or treatment.

³Employers must be aware of the fact that exposure incidents must be reported to Workers Compensation within 24 hours. Most workers compensation carriers require specific treatment for the exposed employee (i.e. go to specific doctor or clinic).

HEPATITIS B VACCINE DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) Infection.

I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Employee Signature

Date

STERILIZATION AND DISINFECTION FOR THE SKIN CARE SPECIALIST

In the skin care industry, following strict sterilization techniques is important not only for our clients, but for our own protection. Every client must be treated as though they could be carrying some kind of infection. The most threatening agents are not even the most publicized, such as mycobacterium tuberculosis or the Hepatitis B virus. The implements used by a skin care specialist should be at best disposable or one-time use items. These would include facial sponges/cloths, extraction tissue/cotton, brushes, lancets and gloves.

There is a distinct difference between sterilization and disinfection. Sterilization is the destruction of all forms of microbial life, in or about an object, by heat (steam or hot air), chemical sterilant (sodium hypochlorite, glutaraldehyde, phenolic, iodophor), or gas (ethylene oxide). Disinfection is the process that eliminates many pathogenic microorganisms on inanimate objects with the exception of bacterial spores.

The disposable combine roll is an inexpensive alternative to sponges/cloths and provides enough absorbency to clean and remove products. Lancets should be individually wrapped and sterile. Disposable gloves can be non-sterile and are available in three types. Latex gloves are composed of natural rubber derived from petroleum. This type of glove provides better touch accuracy, however, latex breaks down when exposed to cream and oil products. During the course of a facial treatment this type of glove will be compromised.

Vinyl or polyvinyl chloride (PVC) gloves provide optimum protection during the course of a facial treatment. Gloves must be worn throughout the facial treatment procedure in order to provide protection. Polyethylene gloves also provide optimum protection and tend to allow for better feel but are generally more costly.

The issue of creating a "latex-safe environment" is also of increasing importance, due to the increased signs of latex allergies. Current data suggest that about 10% of workers have latex-specific IgE antibodies in their bloodstream and another 2.5% already experience type I mediated allergic responses to the material. (Johns Hopkins Medical Institution Study). The availability of nonlatex materials—polyvinyl chloride, nitrile, neoprene, and other forms of synthetic rubber can block infectious pathogens as well as standard gloves. However, nitrile gloves have been shown to contain allergenic ingredients such as mercaptobenzothiazole, thiurams, and carbamates. For more information you can contact the Web site of the nonprofit ELASTIC Coalition, a latex allergy patient advocacy group at http://www.netcom.com/~nam1/latex_allergy.html.

The more expensive implements such as comedone extractors, epilating needles, tweezers, high frequency electrodes, and galvanic electrodes require following rigid guidelines to prevent contamination. (See Table A.1)

Providing an antiseptic environment does not stop here however. It should include counter-tops, machinery, chairs, magnifying lamps, and any other objects that you or your client may touch. To simplify the process of disinfecting these items, use only stainless steel bowls and hard, non-porous materials if possible. When it comes to gowns, towels, and sheets, it may be easier to use a laundry service. If you do, ask about their procedure and if they use a detergent with bleach. All laundry facilities are required by OSHA to follow proper washing procedures and a sur-charge may be applied to your invoice.

The skin care specialist must also follow strict rules of hygiene, including washing their hands

every time they leave the client's face and touch another object. Wearing gloves outside of the treatment room is strictly prohibited. Upon removal of gloves, the employee must be provided with hand washing facility to immediately wash their hands, in case the gloves were compromised. An antibacterial soap can accomplish this level of sanitization. If you are suffering from a cold and are coughing, a face mask is mandatory. It should also be used when performing acne surgery(extractions) on a pilosebaceous client to protect yourself from accidentally getting fluids on your face.

In conclusion, it is evident that if the skin care specialist comes into contact with five mucous membranes, possible body fluids and blood. The following of strict sterilization procedures to prevent the spread of infectious agents is now law and not just a matter of good professional conduct. The Center for Disease Control in Atlanta, Georgia and your local OSHA office may be a source of continuous information to update these guidelines. Also please be aware the OSHA is a nationally governed act under the Department of Labor and these laws supersede any state cosmetology board guidelines.

METHODS OF STERILIZATION AND DISINFECTION

Classification of Object	Sterilization		Disinfection	
	Procedure	Time	Procedure	Time
1. Critical Objects				
<i>Enters tissue or comes in contact with blood/body fluids</i> Smooth, hard surface i.e., epilating needles, comedone extractors	A	MR		
	B	MR		
	C	MR		
	D	6 Hrs.		
	E	6 Hrs.		
<hr/>				
2. Semi-critical Objects				
<i>Comes in contact with mucous membranes or non-intact skin</i> Smooth, hard surface i.e., HF/Galvanic electrodes, tweezers	A	MR		
	B	MR		
	C	MR		
	D	6 Hrs.		
	E	6 Hrs.		
	F	30 min.		
	G	20 min.		
<hr/>				
3. Non-critical Objects				
<i>Could come into contact with intact skin</i> Smooth, hard surface i.e., countertops, machine, magnifying loop				G
				F
				J
				K
				L

Modified from Rutolo, Washington, Guidelines for Infection Control Practice, Association for Practitioners in Infection Control, Inc. January 1990.

KEY TO STERILIZATION AND DISINFECTION METHODS

- A Heat sterilization (steam or hot air æ see manufacturer's recommendations)
- B Ethylene oxide gas (see manufacturer's recommendations)
- C Glutaraldehyde-based formulations (2 percent), used at full strength has been shown to sterilize items if they are soaked for about seven hours.
- D Demand-release chlorine dioxide. Will corrode aluminum, copper, brass, series 400 stainless steel, and chrome with prolonged exposure.
- E Stabilized hydrogen peroxide 6 percent. Will corrode copper, zinc, and brass.
- F Wet pasteurization at 75 degrees Centigrade for 30 minutes after detergent cleansing.
- G Sodium hypochlorite (1,000 ppm available chlorine). Will corrode metal instruments.
- H Ethyl or Isopropyl alcohol (70 to 90 percents)
- I Sodium Hypochlorite (100 ppm available chlorine)
- J Phenolic germicidal detergent solution (follow manufacturer's recommendations)
- K Iodophor germicidal detergent solution (follow manufacturer's recommendations)
- L Quaternary ammonium germicidal detergent solution (follow manufacturer's recommendations)

**Note: Scientific literature has been used to augment the manufacturer's label claims because these claims are not consistently verifiable. Variations in chemical sterilant efficacy is evident when subjected to conditions such as dilution age, temperature, pH, and the presence of organic matter. The Environmental Protection Agency registration claims are based only on efficacy data submitted by the manufacturer. Post-registration efficacy testing is not performed by the EPA.*

A HEAT STERILIZATION

Dual purpose autoclaves/sterilizers can be used for steam or dry heat. Requires distilled water to operate, depending on manufacturer's recommendations. Takes approximately 30 minutes to sterilize. Only for use with hard, non-porous implements, it has a tendency to dull sharp points.

B ETHYLENE OXIDE GAS STERILIZATION

Ideal for porous or difficult to clean, narrow, channeled implements. Refer to manufacturer's recommendations for operation and sterilization time.

C GLUTARALDEHYDE-BASED FORMULATIONS - (2 PERCENT)

Lower percentages of glutaraldehyde phenate are no longer considered high level disinfectants and must be used at 2 percent. Time requirements have also been updated by the Center for Disease Control to 20 minutes for disinfection. Once activated by alkaline solution, it has a limited shelf life of 14 days.

⁴Glutaraldehyde products (i.e. CidexPlus) have a shelf life of 28 days. You must verify efficacy with glutaraldehyde test strips.

D DEMAND-RELEASE CHLORINE DIOXIDE

A relatively new sterilant which sterilizes after six hours. Refer to manufacturer's recommendations for restrictions and directions.

E STABILIZED HYDROGEN PEROXIDE - (6 PERCENT)

Scientific literature contains limited accounts of the properties of hydrogen peroxide, although it has been found to be antibacterial, anti-viral, anti-sporicidal, and anti-fungal. Commercially available 3 percent hydrogen peroxide is a stable and effective disinfectant when used on inanimate surfaces.

F WET PASTEURIZATION

Some scientific data challenges the efficacy of this method of disinfection and doesn't consider it for high level use.

G SODIUM HYPOCHLORITE

Sodium hypochlorite, or household bleach has a broad spectrum of antimicrobial activity and is inexpensive and fast-acting (20 minutes). Unfortunately its use is limited due to corrosiveness, inactivation by organic matter and instability. Chlorine stability is dependent on pH, and as the pH rises due to prolonged shelf life so the number of hypochlorite ions, which reduce the anti-microbial efficiency. Alternative compounds that release chlorine and have more stability are demand-release chlorine dioxide and Chloramine-T.

H ETHYL OR ISOPROPYL ALCOHOL (70 - 90 PERCENT)

These alcohols are rapidly anti-bacterial, anti-tuberculous, anti-fungal, and anti-viral, but they do not destroy bacterial spores. Not recommended for high-level disinfection because of their inability to inactivate bacterial spores and isopropyl's inability to inactivate hydrophilic viruses.

I SODIUM HYPOCHLORITE

Refer to G

4. Provided by Dame Practice Management.

J PHENOLIC GERMICIDAL DETERGENT SOLUTION

Phenol (carbolic acid) may be used with numerous other derivatives such as ortho-phenylphenol or ortho-benzyl-para-chlorophenol. The CDC has deleted 3 percent phenolics and iodophors as high-level disinfectants due to their inactivity against bacterial spores, mycobacterium tuberculosis and fungi.

K IODOPHOR GERMICIDAL DETERGENT SOLUTION

Iodine solution or tinctures have long been used by health care professionals. The most widely used is povidone-iodine and is generally found to be free of skin irritation. However, antiseptic iodophors are not suitable as disinfectants due to their varying concentration difference. See above for CDC ruling.

L QUATERNARY AMMONIUM GERMICIDAL DETERGENT SOLUTION

Quaternaries that are sold as disinfectants are anti-fungal, antibacterial, and anti-viral against lipophilic viruses, but they are not anti-sporicidal, anti-tuberculous, or anti-viral against hydrophilic viruses. The CDC recommends quaternaries be used only for ordinary environmental sanitation of non-critical surfaces such as floors, furniture and walls.

⁵All sterilization processes must be thoroughly documented. Documentation must be updated every two years.

ENGINEERING AND WORK CONTROL PRACTICES

Engineering and work practice controls are the primary methods used to prevent occupational transmission of HBV and HIV. Engineering controls reduce employee exposure in the workplace by either removing or isolating the hazard. These controls need to be examined and maintained on a regular schedule to ensure their effectiveness. Proper work controls alter the manner in which a task is performed. This would include the restriction of eating, drinking, smoking, applying cosmetics or lip balms, and handling of contact lenses around work areas. The storage of food and/or drink in refrigerators or other locations of possible infectivity need also be monitored.

Employees are required to wash their hands immediately or as soon as feasible after removal of gloves or other protective equipment as well as when there has been possible contact with a potentially infectious material. Hand washing facilities must therefore be accessible to all employees in order for safe and proper performance of their tasks.

Equipment should also be routinely checked which might have become contaminated with blood or potentially infectious materials and decontaminated. Equipment in need of repair, should also be checked and, if necessary, decontaminated prior to servicing or shipping.

"Contaminated sharps" (means any contaminated object that may have come in contact with a bloodborne pathogen) must be disposed of in the proper fashion, as regulated. A sharps container must be used for any objects that can penetrate the skin, including but not limited to, broken glass, needles and lancets. The Environmental Protection Agency (EPA), in its standards for the tracking and management of hazardous waste, has a much broader definition of sharps, but OSHA deals with the concern of the presence of potentially infectious materials.

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment must be used if exposure to bloodborne pathogens is a possibility even after instituting engineering and work practice controls, or if those controls are not feasible.

An employer is required to provide and ensure that an employee uses appropriate personal protective equipment when there is a risk of occupational exposure.

"Appropriate personal protective equipment means that the equipment does not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, hands(skin), eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time when the protective equipment will be used."

Personal protective equipment that must be provided includes, but is not limited to, gloves, fluid resistant gowns, laboratory coats, face shield or mask and eye protection. Appropriate sizes must be accessible at the work site or issued to employees at no cost to the employees.

Hypoallergenic gloves or a similar alternative must be made available to any employees who are allergic to the gloves normally provided. If the employee's responsibility is to provide cleaning, laundering or disposal of contaminated material, the employer must provide the appropriate protective clothing for this task.

Also, all protective equipment must be removed before an employee leaves a work area and should be placed in an appropriate container or area for storage, washing, decontaminating or disposal.

⁶Please note that employees performing decontaminating of surgical instruments must wear eye protection/face mask or full face shield, fluid resistant gown that comes down to waist (fully covers clothing/arms) and utility gloves must be worn. Employee non-compliance must be fully documented.

HOUSEKEEPING

The OSHA Standard on Bloodborne Pathogens requires each employer to assure that the workplace is maintained in a clean and sanitary condition. The employer must determine and implement a written schedule for cleaning and provide methods of decontamination. The method is based upon the location, type of surface to be cleaned, type of soil present and the tasks and procedures being carried out in the work area. A checklist of housekeeping chores should be maintained at each work site and completed at the end of each work shift.

Sample Checklist

- All work surfaces have been cleaned with an appropriate disinfectant.
- Protective coverings on equipment have been replaced such as plastic wrap, or aluminum foil.
- All bins, pails or other receptacles intended for reuse have been properly disinfected.
- All handling of laundry is done as if it is potentially contaminated.
- All contaminated sharps have been properly disposed of in a sharps container.

LABELING

The standard requires that fluorescent orange or orange-red warning labels be attached to containers of regulated waste. The BIOHAZARD label must be in a contrasting color and be attached to the container to prevent unintentional removal.

A regulated waste container such as a sharps container requires a red container as well as a Biohazard label. Reusable contaminated sharps container such as a sterilizing tray also requires use of a Biohazard label.

⁷Corrugated boxes/red bags (not removed daily) must also be labeled with name and address of facility as well as dated when the first piece of waste is disposed. All paper/gauze products must be removed off- site within 30 days.

⁸The sharp box label must also include the above, however, a date is not warranted unless paper gauze products are in the box. Sharp boxes may be used till 3/4 full as long as there's no paper. It's not cost effective to place paper in sharp boxes.

7. Provided by Dame Practice Management.

8. Provided by Dame Practice Management.

RECORDKEEPING

Employers must preserve and maintain for each employee an accurate record of occupational exposure, Title 29 Code of Federal Regulations, Part 1910.20.

The Bloodborne Pathogens Standard also requires employers to maintain and to keep accurate training records on each employee at risk of occupational exposure.

These records should include;

- (1) Dates of training and by whom, must be maintained every 3 years;
- (2) Summary of OSHA Regulations for Bloodborne Pathogens,
- (3) Epidemiology and Symptoms of Bloodborne Diseases,
- (4) Modes of Transmission of Bloodborne Pathogens,
- (5) Exposure Control Plans,
- (6) HBV Vaccination Form/ Declination,
- (7) Occupational Exposure including Postexposure Evaluation and Follow-Up,
- (8) OSHA Publications,
- (9) Your Exposure Plan of Action.

OSHA CONSULTATION PROJECT DIRECTORY

Consultation programs provide free services to employers who request information on identifying hazards or want to improve their safety programs and/or need further assistance in training and education. Funded by OSHA and administered by well-trained professional staff of state governments, consultation services are comprehensive and include an appraisal of all workplace hazards, practices, job safety and health programs; conferences and agreements with management assistance in implementing recommendations and a follow up appraisal to ensure that any required corrections are made.

For more information on consultation programs, contact the appropriate office in your state.

****Please note that the above consultation program does not guarantee that you will not be fined for noncompliance.**

For more information on risk management, you may contact: Dame Practice Management Health Care Consultants, (561) 967-6565 or fax (561) 967-7885.

STATES WITH APPROVED PLANS

ALASKA

Alaska Department of Labor
Business Address:
1111 West Eighth Street
Juneau, AK 99801
(907) 465-4855

Mailing Address:
PO. Box 21149
Juneau, AK 99802

ARIZONA

Industrial Commission of Arizona
Business Address:
800 W Washington
Phoenix, AZ 85007
(602) 542-5795

Mailing Address:
P.O. Box 19070
Phoenix, AZ 85005-9070

CALIFORNIA

California Department of Industrial Relations
1390 Market Street
Room 718
San Francisco, CA 94102
(415) 557-8640

CONNECTICUT

Connecticut Department of Labor
Business Address:
38 Wolcott Hill Road
Wethersfield, CT 06109
(860) 566-4550

Mailing Address:
200 Folly Brook Blvd.
Wethersfield, CT 06109-

HAWAII

Hawaii Department of Labor and Industrial Relations
830 Punchbowl Street
Room 423
Honolulu, HI 96813
(808) 586-9100

INDIANA

Indiana Department of Labor
402 West Washington Street
Indianapolis, IN 46204-2751
(317) 232-2665

IOWA

Iowa Division of Labor Services
1000 E. Grand Avenue
Des Moines, IA 50319
(515) 281-3447

KENTUCKY

Commissioner for Workplace Standards
Kentucky Labor Cabinet
1047 U.S. Highway 127 South
Frankfort, KY 40601-4381
(502) 564-3070

MARYLAND

Maryland Division of Labor
Department of Licensing and Regulation
312 Marshall Avenue,
Laurel, MD 20707
(301) 483-8406

MICHIGAN

Michigan Department of Safety and Regulation
State Secondary Complex
P.O. Box 30643
Lansing, MI 48909-8143
(517) 322-1814

MINNESOTA

Minnesota Department of Labor and Industry
443 Lafayette Road
St. Paul, MN 55155
(612) 296-2342

NEVADA

Nevada Department of Industrial Relations
Division of Occupational Safety and Health
Capitol Complex
400 West King Street
Carson City, NV 89710
(702) 687-3032

NEW MEXICO

New Mexico Environment Department
Occupational Health and Safety Bureau
1 Civic Plaza Northwest
Albuquerque, NM 87103
(505) 768-4510

NEW YORK

New York Department of Labor
State Campus Building 12
Albany, NY 12240
(518) 457-2741

NORTH CAROLINA

North Carolina Department of Labor
319 Chapanoke Road
Suite 105
Raleigh, NC 27603
(919) 733-7426

OREGON

Oregon Occupational Safety and Health Administration
Department of Consumer and Business Services
530 Winter Street N. E.
Room 430
Salem OR 97310
(503) 378-3272

PUERTO RICO

Puerto Rico Department of Labor and Human Resources
Prudencio Rivera
Martinez Building
505 Munoz Rivera Avenue
Hata Rey, PR 00918
(809) 754-2119

SOUTH CAROLINA

South Carolina Department of Labor
3600 Forest Drive
P.O. Box 11329
Columbia, SC 29211-1329
(803) 734-9606

TENNESSEE

Tennessee Department of Labor
710 James Robertson Parkway
Andrew Johnson Tower, 3rd Floor
Nashville, TN 37243-0659
(615) 741-2582

UTAH

Utah Occupational Safety and Health Administration
1781 South 300 West
Salt Lake City, UT 84115-1802
(801) 487-0267

VERMONT

Vermont Department of Labor and Industry
National Life Insurance Building
Drawer 20
Montpelier, VT 05620-3401
(802)828-2765

VIRGIN ISLANDS

Virgin Islands Department of Labor
2131 Hospital Street, Box 890
Christiansted
St. Croix, VI 00840-4666
(809) 773-1994

VIRGINIA

Virginia Department of Labor and Industry
Occupational Safety and Health Administration
Powers-Taylor Building
13 S. 13th Street
Richmond, VA 23219-4101
(804) 786-8707

WASHINGTON

Washington Safety and Health Act
300 West Harrison Street Room 301
Seattle, WA 98119-4081
(206) 281-5470

WYOMING

Department of Employment
Division of Employment Affairs
Occupational Safety and Health Administration
Herschler Building 2nd Floor East
122 West 25th Street
Cheyenne, WY 82002
(307) 777-7786

ADDITIONAL PUBLICATIONS

A single free copy of the following material may be obtained from OSHA Field Offices or the OSHA Publications Office, 200 Constitution Avenue, N.W., Room N3101, Washington, DC 20210, (202) 219-4667. Enclose a self-addressed label with request.

OSHA 2056 - All about OSHA

OSHA 3021 - Employee Workplace Rights

OSHA 3047 - Personal Protective Equipment

OSHA 3088 - How to Prepare for Workplace Emergencies

OSHA 3110 - Access to Medical and Exposure Records

Other available publications are subject to fees and checks are to be made payable to the Superintendent of Documents. The Government Printing Office gives a 25% discount for orders of 100 or more copies. Credit cards; Visa and MasterCard are accepted.

Chemical Hazard Communication Guidelines (OSHA 3111)

Order No. 029-016-00127. Cost \$1.00

Ergonomics: The Study of Work (OSHA 3125)

Order No. 029-016-00124-7. Cost \$1.00

GLOSSARY

A

B

Biohazard

A danger to life.

Bloodborne Pathogen

Pathogenic microorganism that is present in human blood and that can infect and cause disease in persons who are exposed to blood containing such pathogens, including, but not limited to, HBV and the human immunodeficiency virus (HIV).

C

Compliance

To act in accordance with.

Contaminated

The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry

Laundry which has been soiled with blood or other potentially infectious material and may contain sharps.

Contaminated Sharps

Any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, broken glass and lancets.

D

Decontamination

The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

E

Efficacy

Effectiveness.

Engineering Controls

Controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogens hazard from the workplace.

Epidemiology

The study of the relationships of the various factors determining the frequency, distribution and causation of disease in a human community.

Exposure Control Plan

A plan designed to minimize or reduce employee exposure to bloodborne pathogens and other infectious materials.

Exposure Incident

A specific eye, mouth, other mucous membrane, non-intact skin or other parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

H

HBV

Hepatitis B virus.

HIV

Human immunodeficiency virus.

Hand Washing Facilities

A facility providing an adequate supply of running potable water, soap and single-use towels or hot drying machines.

N

NIOSH

National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services.

O

Occupational Exposure

Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OSHA

Occupational Safety and Health Administration.

P

Parenteral

Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

Personal Protective Equipment

Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Prophylaxis

A measure to prevent or protect from disease.

R

Regulated Waste

Liquid or semi-liquid blood or other potentially infectious material; contaminated items that would release blood or other potentially infectious material; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious material.

S

Source Individual

Any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to an employee.

Sterile

The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

U

Universal Precautions

An approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

V

Vaccination Declination

The right of an employee to refuse vaccination for HBV.

Vaccine

Any preparation of killed microorganisms, living weakened organisms, etc., introduced into the body to produce immunity to a specific disease by causing antibodies to be formed.

W

Work Practice Controls

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

REFERENCES

1. *Federal Registrar* 56(235):64175, December 6, 1991

Federal Register

Friday
December 6, 1991

Part II (Excerpts)

Pages 64175 thru 64182

Department of Labor

Occupational Safety and Health
Administration

29 CFR Part 1910.1030
Occupational Exposure to Bloodborne
Pathogens; Final Rule

XI. The Standard**General Industry**

Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—(AMENDED)**Subpart Z—(Amended)**

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for § 1910.1030 is added:

Authority: Secs. 6 and 8, Occupational Safety and Health Act, 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12-71 (38 FR 8754), 8-76 (41 FR 25059), or 9-83 (48 FR 35735), as applicable; and 29 CFR part 1911.

Section 1910.1030 also issued under 29 U.S.C. 653.

2. Section 1910.1030 is added to read as follows:

§ 1910.1030 Bloodborne Pathogens.

(a) *Scope and Application.* This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) *Definitions.* For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove,

inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) *Exposure control*—(1) *Exposure Control Plan.* (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to

eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph (c)(2).

(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) *Exposure determination.* (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) *Methods of compliance*—(1) *General*—Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) *Engineering and work practice controls.* (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure.

(B) Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed. These containers shall be:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

(D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) Personal protective equipment—(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious

materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin: when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(1) Periodically reevaluate this policy;

(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

(i) When the employee has cuts, scratches, or other breaks in his or her skin;

(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual;

(iii) When the employee is receiving training in phlebotomy.

(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or

droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(4) Housekeeping. (i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means.

such as a brush and dust pan, tongs, or forceps.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment. (1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(i) Closable;

(ii) Puncture resistant;

(iii) Leakproof on sides and bottom;

and

(iv) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:

(i) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(ii) Maintained upright throughout use; and

(iii) Replaced routinely and not be allowed to overflow.

(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

(i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(ii) Placed in a secondary container if leakage is possible. The second container shall be:

(A) Closable;

(B) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(C) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) Other Regulated Waste Containment. (1) Regulated waste shall be placed in containers which are:

(i) Closable;

(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(2) If outside contamination of the regulated waste container occurs, it

shall be placed in a second container. The second container shall be:

(i) Closable;

(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) HIV and HBV Research Laboratories and Production Facilities.

(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

These requirements apply in addition to the other requirements of the standard.

(2) Research laboratories and production facilities shall meet the following criteria:

(i) Standard microbiological practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) Special practices.

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment equipment. (A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) *Training Requirements.* Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) *Hepatitis B vaccination and post-exposure evaluation and follow-up—(1) General.* (i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) *Hepatitis B Vaccination.* (i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(1) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3) *Post-exposure Evaluation and Follow-up.* Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested if feasible and

after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status:

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service:

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.* (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee, including vaccination status which are the employer's responsibility to maintain.

(5) *Healthcare Professional's Written Opinion.* The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) *Medical recordkeeping.* Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) *Communication of hazards to employees— (1) Labels and signs.* (i) Labels. (A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:



BIOHAZARD

(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

(D) Labels required by affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) Signs. (A) The employer shall post signs at the entrance to work areas specified in paragraph (e). HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



BIOHAZARD

(Name of the infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

(B) These signs shall be fluorescent: orange-red or predominantly so, with lettering or symbols in a contrasting color.

(2) *Information and Training.* (i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) Within 90 days after the effective date of the standard; and

(C) At least annually thereafter.

(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(v) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used

(vi) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) *Recordkeeping*—(1) *Medical Records*. (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(iii) *Confidentiality*. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and

(B) Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20

(2) *Training Records*. (i) *Training records shall include the following information:*

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) *Availability*. (i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(4) *Transfer of Records*. (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(i) *Dates*—(1) *Effective Date*. The standard shall become effective on March 6, 1992.

(2) The Exposure Control Plan required by paragraph (c)(2) of this section shall be completed on or before May 5, 1992.

(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g) (1) Labels and Signs, shall take effect July 6, 1992.

Appendix A to Section 1910.1030—Hepatitis B Vaccine Declaration (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at charge to myself. However, I decline hepatitis

B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

U.S. Department of Labor Program Highlights



Fact Sheet No. OSHA 92-48

Bloodborne Pathogens Final Standard: Summary of Key Provisions

PURPOSE: Limits occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death.

SCOPE: Covers all employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials. OSHA has not attempted to list all occupations where exposures could occur. "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

Infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. They also include any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures and HIV or hepatitis B (HBV)-containing culture medium or other solutions as well as blood, organs or other tissues from experimental animals infected with HIV or HBV.

EXPOSURE CONTROL PLAN: Requires employers to identify, in writing, tasks and procedures as well as job classifications where occupational exposure to blood occurs—without regard to personal protective clothing and equipment. It must also set forth the schedule for implementing other provisions of the standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan must be accessible to employees and available to OSHA. Employers must review and update it at least annually—more often if necessary to accommodate workplace changes.

METHODS OF COMPLIANCE: Mandates universal precautions, (treating body fluids/materials as if infectious) emphasizing engineering and work practice controls. The standard stresses handwashing and requires employers to

provide facilities and ensure that employees use them following exposure to blood. It sets forth procedures to minimize needlesticks, minimize splashing and spraying of blood, ensure appropriate packaging of specimens and regulated wastes and decontaminate equipment or label it as contaminated before shipping to servicing facilities.

Employers must provide, at no cost, and require employees to use appropriate personal protective equipment such as gloves, gowns, masks, mouthpieces and resuscitation bags and must clean, repair and replace these when necessary. Gloves are not necessarily required for routine phlebotomies in volunteer blood donation centers but must be made available to employees who want them.

The standard requires a written schedule for cleaning, identifying the method of decontamination to be used, in addition to cleaning following contact with blood or other potentially infectious materials. It specifies methods for disposing of contaminated sharps and sets forth standards for containers for these items and other regulated waste. Further, the standard includes provisions for handling contaminated laundry to minimize exposures.

HIV AND HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES: Calls for these facilities to follow standard microbiological practices and specifies additional practices intended to minimize exposures of employees working with concentrated viruses and reduce the risk of accidental exposure for other employees at the facility. These facilities must include required containment equipment and an autoclave for decontamination of regulated waste and must be constructed to limit risks and enable easy clean up. Additional training and experience requirements apply to workers in these facilities.

HEPATITIS B VACCINATION: Requires vaccinations to be made available to all employees who have occupational exposure to blood within 10 working days of assignment, at no cost, at a reasonable time and place, under the supervision of licensed physician/licensed healthcare professional and according to the latest recommendations of the U.S. Public Health Service (USPHS). Prescreening

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may not be required as a condition of receiving the vaccine. Employees must sign a declination form if they choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee. Should booster doses later be recommended by the USPHS, employees must be offered them.

POST-EXPOSURE EVALUATION AND FOLLOW-UP: Specifies procedures to be made available to all employees who have had an exposure incident plus any laboratory tests must be conducted by an accredited laboratory at no cost to the employee. Follow-up must include a confidential medical evaluation documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood if he/she consents, post-exposure prophylaxis, counseling and evaluation of reported illnesses. Healthcare professionals must be provided specified information to facilitate the evaluation and their written opinion on the need for hepatitis B vaccination following the exposure. Information such as the employee's ability to receive the hepatitis B vaccine must be supplied to the employer. All diagnoses must remain confidential.

HAZARD COMMUNICATION: Requires warning labels including the orange or orange-red biohazard symbol affixed to containers of regulated waste, refrigerators and freezers and other containers which are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling. When a facility uses universal precautions in its handling of all specimens, labeling is not required within the facility. Likewise, when all laundry is handled with universal precautions, the laundry need not be labelled. Blood which has been tested and found free of HIV or HBV and released for clinical use, and regulated waste which has been decontaminated, need not be labeled. Signs must be used to identify restricted areas in HIV and HBV research laboratories and production facilities.

INFORMATION AND TRAINING: Mandates training within 90 days of effective date, initially upon assignment and annually—employees who have received appropriate training within the past year need only receive additional training in items not previously covered. Training must include making accessible a copy of the regulatory text of the standard and

explanation of its contents, general discussion on bloodborne diseases and their transmission, exposure control plan, engineering and work practice controls, personal protective equipment, hepatitis B vaccine, response to emergencies involving blood, how to handle exposure incidents, the post-exposure evaluation and follow-up program, signs/labels/color-coding. There must be opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter. Laboratory and production facility workers must receive additional specialized initial training.

RECORDKEEPING: Calls for medical records to be kept for each employee with occupational exposure for the duration of employment plus 30 years, must be confidential and must include name and social security number; hepatitis B vaccination status (including dates); results of any examinations, medical testing and follow-up procedures; a copy of the healthcare professional's written opinion; and a copy of information provided to the healthcare professional. Training records must be maintained for three years and must include dates, contents of the training program or a summary, trainer's name and qualifications, names and job titles of all persons attending the sessions. Medical records must be made available to the subject employee, anyone with written consent of the employee, OSHA and NIOSH—they are not available to the employer. Disposal of records must be in accord with OSHA's standard covering access to records.

DATES: Effective date: March 6, 1992. Exposure control plan: May 5, 1992. Information and training requirements and recordkeeping: June 4, 1992. And the following other provisions take effect on July 6, 1992: engineering and work practice controls, personal protective equipment, housekeeping, special provisions covering HIV and HBV research laboratories and production facilities, hepatitis B vaccination and post-exposure evaluation and follow-up and labels and signs.

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U.S. Department of Labor Program Highlights



Fact Sheet No. OSHA 93-26

HAZARD COMMUNICATION STANDARD

SUMMARY

Protection under OSHA's Hazard Communication Standard (HCS) includes all workers exposed to hazardous chemicals in all industrial sectors. This standard is based on a simple concept - that employees have both a need and a right to know the hazards and the identities of the chemicals they are exposed to when working. They also need to know what protective measures are available to prevent adverse effects from occurring.

SCOPE OF COVERAGE

More than 30 million workers are potentially exposed to one or more chemical hazards. There are an estimated 650,000 existing hazardous chemical products, and hundreds of new ones are being introduced annually. This poses a serious problem for exposed workers and their employers.

BENEFITS

The HCS covers both physical hazards (such as flammability or the potential for explosions), and health hazards (including both acute and chronic effects). By making information available to employers and employees about these hazards, and recommended precautions for safe use, proper implementation of the HCS will result in a reduction of illnesses and injuries caused by chemicals. Employers will have the information they need to design an appropriate protective program. Employees will be better able to participate in these programs effectively when they understand the hazards involved, and to take steps to protect themselves. Together, these employer and employee actions will prevent the occurrence of adverse effects caused by the use of chemicals in the workplace.

REQUIREMENTS

The HCS established uniform requirements to make sure that the hazards of all chemicals imported into, produced, or used in U.S. workplaces are evaluated and that this hazard information is transmitted to affected employers and exposed employees.

Chemical manufacturers and importers must convey the hazard information they learn from their evaluations to downstream employers by means of labels on containers and material safety data sheets (MSDS's). In addition, all covered employers must have a hazard communication program to get this information to their employees through labels on containers, MSDS's, and training.

This program ensures that all employees receive the information they need to inform and train their employees properly and to design and put in place employee protection programs. It also provides necessary hazard information to employees so they can participate in, and support, the protective measures in place at their workplaces.

All employers in addition to those in manufacturing and importing are responsible for informing and training workers about the hazards in their workplaces, retaining warning labels, and making available MSDS's with hazardous chemicals.

Some employees deal with chemicals in sealed containers under normal conditions of use (such as in the retail trades, warehousing and truck and marine cargo handling). Employers of these employees must assure that labels affixed to incoming containers of hazardous chemicals are kept in place. They must maintain and provide access to MSDS's received, or

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obtain MSDS's if requested by an employee. And they must train workers on what to do in the event of a spill or leak. However, written hazard communication programs will not be required for this type of operation.

All workplaces where employees are exposed to hazardous chemicals must have a written plan which describes how the standard will be implemented in that facility. The only work operations which do not have to comply with the written plan requirements are laboratories and work operations where employees only handle chemicals in sealed containers.

The written program must reflect what employees are doing in a particular workplace. For example, the written plan must list the chemicals present at the site, indicate who is responsible for the various aspects of the program in that facility and where written materials will be made available to employees.

The written program must describe how the requirements for labels and other forms of warning, material safety data sheets, and employee information and training are going to be met in the facility.

EFFECT ON STATE RIGHT-TO-KNOW LAWS

The HCS pre-empts all state (in states without OSHA-approved job safety and health programs) or local laws which relate to an issue covered by HCS without regard to whether the state law would conflict with, complement, or supplement the federal standard, and without regard to whether the state law appears to be "at least as effective as" the federal standard.

The only state worker right-to-know laws authorized would be those established in states and jurisdictions that have OSHA-approved state programs.

These states and jurisdictions include: Alaska, Arizona, California, Connecticut (state and municipal employees only), Hawaii, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Nevada, New Mexico, New York (state and municipal employees only), North Carolina, Oregon, Puerto Rico, South Carolina, Tennessee, Utah, Vermont, Virgin Islands, Virginia, Washington, and Wyoming.

FEDERAL WORKERS

Under the hazard communication standard federal workers are covered by executive order.

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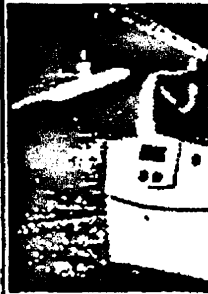
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APPENDIX C

Electrology Performance Criteria

ELECTROLOGY PERFORMANCE CRITERIA



2001

**DEPARTMENT OF CONSUMER AFFAIRS
BUREAU OF BARBERING AND COSMETOLOGY
P. O. BOX 944226
SACRAMENTO, CA 94244-2260**

FORWARD

The Bureau of Barbering and Cosmetology and its mandatory requirements for licensure exist to benefit public health, safety, and welfare.

The following performance criteria was originally developed as a guide for the electrology instructor in the preparation of students for a career in the electrology profession. The use of this publication is not restricted to use by instructors.

Article 7, Section 961 (b), of the Rules and Regulations states in part.

(b) Each student shall possess the following:

- (1) At least one (1) of the textbooks approved by the board.
- (2) The Performance Criteria developed by the board.

This publication is designed to help the instructor train students to follow and maintain the highest standards of personal and public hygiene for the protection of the consumer. The instructor's role in the training of students, and therefore, potential licensees, is of the greatest importance. The instructor should stress that the use of common sense, good personal and public hygiene, careful reading and following of all written instructions will be the student's greatest tool to achieve success in both their licensing examination and subsequent careers.

Candidates for licensure must be prepared to perform all of the following:

1. Practical application of disinfection and sanitation techniques
2. Practical application of manufacturer's instructions, including testing the epilation machine
3. Completion of client's health history record card
4. Client consultation
5. Pretreatment skin care
6. Successful epilation of terminal hair on the face, including eyebrows, chin, lip, and/or cheeks and neck
7. Successful epilation of terminal hairs from the body, including forearm, lower leg, thigh, hand, or underarm
8. Post treatment skin care
9. Explanation of "at home" skin care
10. Notation of treatment on client's record card

Factors on which candidates will be tested and rated are:

1. Sterilization, disinfection, and sanitation techniques
2. Client protection, safety, and comfort
3. Safety precautions related to all subjects
4. Proper use of all products and equipment
5. Performance of all assigned operations

The performance criteria has been changed to help clarify the position of the Bureau of Barbering and Cosmetology and its commitment to the health and well-being of the consuming public. Additional emphasis has been placed on the disinfection and sanitation laws, as well as the safety precautions required for the proper handling of equipment and chemicals used in the industry today. This tool should be used as a *guide* to establish standards for the examination process.

SECTION 1

DISINFECTION AND STERILIZATION OF ELECTROLYSIS INSTRUMENTS

Approved Disinfection Techniques

It is a licensee's or potential licensee's responsibility to strictly follow the health and safety regulations adopted by the Bureau of Barbering and Cosmetology. Sections 979 through 982 of the Rules and Regulations outline specific procedures to protect the health and safety of consumers of licensed establishments and schools. Outlined below are specific steps to help maintain compliance with these regulations.

1. **Disinfection of non-electrical instruments**
 - a. Scrub each implement with a clean brush in a solution of soap and water to remove all organic matter.
 - b. Rinse implements thoroughly in clean water.
 - c. Pat the implements dry with a clean towel (paper or cloth) to prevent the dilution of the disinfection solution.
 - d. Totally immerse in an EPA registered disinfectant with demonstrated bactericidal, viricidal, and fungicidal capabilities according to manufacturer's directions.
 - e. Implements must be removed by either gloved hands or clean tongs to prevent contamination of the solution.
 - f. Implements should then be rinsed with clean water again and patted dry.
 - g. Store implements in a dry, clean, covered container until they are used to prevent contamination.
 - h. The container for disinfecting implements must be clean and large enough to thoroughly immerse (completely cover) all implements placed in the disinfectant solution.
 - i. The disinfectant container must be properly labeled as to its contents (quats, etc.). The container must be covered to help prevent evaporation, as well as, product contamination from airborne bacteria.
 - j. The disinfectant solution must be changed at least weekly or whenever visibly cloudy or dirty. If it becomes contaminated (visibly cloudy or dirty) in less than a week, it must be changed.
 - k. If the technician is unable to immediately attend to used implements, used implements must be placed into a covered, properly labeled receptacle until such time as disinfection can be accomplished.

NOTE: All disinfectant solutions used must be EPA registered and possess bactericidal, fungicidal, and viricidal capabilities. You will find this information printed on the label if it is an EPA registered disinfectant.

2. Sterilizing electrolysis instruments

Note: The technician must sterilize each electrolysis needle and tweezer before use on a client.

- a. Scrub each implement with a clean brush with soap and water to remove all organic matter. This procedure may also include the use of ultrasonic equipment with protein dissolving enzyme detergents.
- b. Rinse the implements thoroughly in clean water. Allow implements to air dry before they are placed into the sterilizer.
- c. Sterilize the implements by one of the following methods:
 1. Steam sterilizer, registered and listed with the federal Food and Drug Administration (FDA), used according to manufacturer's instructions.
 2. Dry heat sterilizer, registered and listed with the FDA, used according to manufacturer's instructions.
- d. Sterilization equipment shall be checked weekly to ensure that it is reaching the temperature required by manufacturer's instructions.

STERILIZATION UPDATE:

In the State of California, the steam sterilizer (autoclave) and dry heat sterilizer are the only two sterilization methods that may be used by electrologists to sterilize electrolysis needles and tweezers.

Boiling, as well as, the use of the glass bead sterilizer are no longer acceptable methods of sterilization in the State of California.

The Bureau of Barbering and Cosmetology was informed by the Center for Disease Control that boiling cannot be relied upon for sterilization as some spores are resistant to boiling temperatures.

The Bureau of Barbering and Cosmetology was also informed by disease control experts that the glass bead sterilizer cannot be relied upon to produce true sterilization. The FDA believes that the device "presents a potential unreasonable risk of illness or injury to the patient because the device may fail to sterilize dental instruments adequately." Currently, no data has been submitted to the FDA for the necessary evaluation for use of the glass bead sterilizer in other health or cosmetic related fields.

Dry heat and steam sterilizers must be registered and listed with the FDA in order to be legally marketed in the United States. They are available from medical/hospital/electrolysis supply outlets and manufacturers.

If you buy a dry heat or steam sterilizer from an entity other than a medical supply outlet, it is important to make sure that it is registered and listed with the FDA. Ask the sales representative or manufacturer to prove that the device is registered and listed with the FDA. Proof should be in the form of a 510K Application and a copy of the returned listing and registration documents from the FDA on FDA letterhead.

The FDA requires that the manufacturer include instructions for proper use with all sterilization equipment. Therefore, you are required to use the dry heat and steam sterilizers according to manufacturer's instructions.

SECTION 2

SANITARY MAINTENANCE AREA PROCEDURES

Purpose: To maintain previously disinfected implements in a sanitary condition while serving the client.

There are two methods which can be used to maintain sanitary conditions in the individual work areas to afford the maximum protection to the client and the technician. There are two (2) acceptable sanitary maintenance areas (S.M.A.'s); one or the other must be used.

DRY SANITARY MAINTENANCE AREA

1. Use a clean paper or plastic covering to maintain a sanitary work area.
2. Place previously disinfected implements to be used on this paper towel.
3. Place the towel and implements on a clean working surface and begin the client service.
4. Implements to be re-used must be wiped free of lotions, creams, or organic matter prior to returning them to the sanitary maintenance area.
5. At the conclusion of the service the implements must be properly disinfected/sterilized before re-use, and the paper or plastic covering must be disposed of. A sanitary cloth towel may be used in place of paper but should not be confused with the normal table set-up. A separate towel is required.

WET SANITARY MAINTENANCE AREA

NOTE: A wet sanitizer may be used for holding implements while working on the client. If used, it is placed on the individual work-station while serving the customer. It should not be confused with the disinfectant container. Use of a wet sanitizer on the work-station cannot take the place of approved disinfection/sterilization techniques outlined in Section 1.

1. A wet sanitizer is only used after an implement has already been correctly disinfected/sterilized.
2. Sanitizing solution (sometimes known as holding solutions) placed in a wet sanitizer must completely cover the useable portion of the implements. Fill the container 3/4 of the way leaving only the implement's handle uncovered.

- a. Holding solutions may be:
1. EPA registered disinfectant with bactericidal, fungicidal, and viricidal activity.
 2. Clean, soapy water.
3. The container must be sanitary and made of plastic or glass and be large enough to safely hold all implements to be used for the operation.
 4. Container bottom may contain clean cotton to protect the sharp or pointed tips of the implements to be used.
 5. Implements to be re-used must be wiped free of lotions, creams, or organic matter prior to returning the implement to the wet sanitary maintenance area.
 6. The wet sanitizer must be emptied at the completion of each individual client's service. It must be washed with soap and water prior to storage for re-use.
 7. Articles dropped must be picked up with a clean tissue and washed with soap and water, rinsed, disinfected again, or, if time does not permit, placed in a properly labeled container for soiled implements.

NOTE: If the hands become soiled they must be resanitized by washing with soap and water.

SECTION 4

GENERAL SAFETY PRECAUTIONS TO BE FOLLOWED ON ALL ELECTRICAL OPERATIONS

1. Do not operate any electrical equipment without first reading the manufacturer's directions.
2. Do not go out of the room and leave a client attached to any electrical appliance or exposed to any lamp.
3. Do not allow the client to come in direct contact with any metal (radiators, gas, or water pipes) when using any electrical current.
4. Electrical shock may occur while operating electrical equipment if water is present on the floor. Do not handle any electrical equipment with wet hands.
5. Never turn the current so high as to cause injury or severe pain.
6. Stop the service if the client is distressed. Never provide treatment to an area where there is an accumulation of pus.
7. Do not overload electrical circuits.
8. Use a fuse or circuit breaker of the right capacity.
9. Do not apply any electric modality on any client with a cardiac condition or metal implants without a written authorization from the client's physician.
10. To disconnect the cord, grasp the plug in the wall socket and pull. Never unplug any appliance by pulling on the cord, you may cause electrical shock to yourself or the client.
11. Examine cords regularly to ensure safe use of machinery. Repair and replace as needed.

SECTION 5

FIRST AID

The following steps for basic first aid were taken from the American Red Cross text, "Advanced FIRST AID and Emergency Care," Second Edition. It has been provided for your use in preparing your students to appropriately handle minor emergencies which may occur in the school or salon. It does not give them the authority to practice medicine or treat the client. The technician should have enough basic first aid knowledge to keep the work place as safe as possible for them, as well as the consumer. The technician should be able to distinguish between minor emergencies and those that may require the immediate attention of trained medical personnel. If a minor emergency occurs during the course of the license examination, the candidate is responsible for ensuring that appropriate first aid has been administered. Failure to do so will result in the loss of points on the licensing examination.

NOTE: If candidates have cuts, abrasions, etc. on their hands, they should wear gloves to protect themselves and the client from potential infection from blood borne diseases.

1. Minor Cut/Drawing of Blood

- a. The technician must wash his/her hands.
- b. Wash the cut with soap and water.
- c. Rinse thoroughly with clean water and pat dry.
- d. Apply an antiseptic or antibacterial ointment.
- e. Apply a bandage to prevent further contamination.
- f. The technician should wash his/her hands with soap and water. Even if gloves are worn, the candidate should wash his/her hands.

NOTE: Symptoms of burns that may not require immediate medical attention but warrant action by the technician. Burns that are more severe and have symptoms greater than those described below must be referred to a physician immediately!

2. Symptoms of Burn

- a. Redness or slight discoloration
- b. Mild swelling or pain

3. First Degree Burn--Chemicals

- a. Wash away the chemical with large amounts of water for at least 5 minutes.
- b. Remove the victim's clothing from the affected area to prevent further skin contact.
- c. Consult the product MSDS for additional first aid information.

4. Eye Injuries

- a. Flush the affected eye thoroughly with cool water.
- b. If pain or irritation persists, advise client to seek immediate medical attention.

NOTE: At the examination site, whenever first aid care is required for the health and safety of any persons, it is at the discretion of the examiner to stop the examination to seek further medical assistance.

SECTION 6

DEFINITIONS

The following definitions are provided to aid the student in understanding the appropriate terminology used in the written and practical examinations.

1. **Disinfection** The process of destroying harmful bacteria, viruses, etc.

Disinfection is required for all implements which come in contact with the consumer.

2. **Sanitation** The science and practice of effecting healthful and hygienic working conditions; study and use of hygienic measures such as drainage, ventilation, pure water supply, etc.

The process of maintaining a clean working environment should not be confused with the disinfection process.

3. **Sterilization** The process of rendering an object free from all living microorganisms by subjecting the implements to great heat.

7. Electrology Treatment

- a. A sufficient number of hairs must be successfully treated. (i.e. if treatment time is 2 minutes, at least six (6) hairs must be epilated.)
- b. At least one area from each of the following categories may be required to be treated:
 - 1. eyebrows
upper Lip
cheeks
chin
neck
 - 2. lower Leg
underarm
hand
forearm
thigh
- c. A client record card must be completed. See Section 7, Page 11.

8. Probe Insertion and Epilation

- a. Ease of Entry
 - 1. The probe must slide smoothly without undue pressure into the follicle along the side of the hair. It should be accomplished without poking, jabbing, or any noticeable degree of skin depression.
 - 2. Use a firm holding pressure on skin without distorting the follicles (slightly stretch the skin).
 - 3. Do not apply current until insertion is completed.
- b. Depth of Insertion
 - 1. An approximate depth guide should be established by the examination of an epilated hair. The depth of insertion should be approximately the distance from the skin line to the bottom of the hair bulb.
 - 2. Use gentle smooth movements to avoid puncturing the skin.
 - 3. Select coarse/dark hairs for treatment.
- c. Correct Angle of Insertion
 - 1. The needle should enter the follicle at the correct angle. This insertion should duplicate the angle at which the hair shaft emerges from the follicle.

d. Selection of Probe Size

1. The probe must be approximately the same diameter as the hair to be treated.
2. The probe must be of sufficient length to reach the dermal papilla.

e. Epilation

1. The treated hair must slide out easily with a gentle lift. This removal should be completed without the elevation of the epidermis.
2. The proper timing and intensity should be used for each modality. (This varies with the type of machine used.)

f. Insertion Spacing

1. The skin should not show excessive swelling.
2. Avoid concentrating the epilations in one area. This will cause over treatment of the skin.

g. Skin Condition

1. The skin must not have excessive redness, blanching, or searing. This may indicate overtreatment of the skin.
2. There should never be excessive manipulation of the hair or skin.
3. Hold probe steady to avoid puncturing the skin.

h. Current balance

1. The balance of the current intensities and timings should be correct and appropriate for hair texture, skin type, and client's comfort.

9. Post Treatment Skin Care

- a. If using Galvanic or Blended currents on the face or body, you must cataphoresis the treated area with cotton saturated with a mild antiseptic or astringent around the roller.
- b. If using Thermolysis on the face or body, apply a mild antiseptic or astringent with a cotton pad.

NOTE: A topical anesthetic is not to be used as an after treatment application. Cataphoresis with Sea Breeze may be extremely irritating to some clients; use caution with this product.

10. Cleanup

- a. All materials and supplies must be put away.
 - b. Work area must be cleaned and sanitized. (Washed with soap and water.)
 - c. Paper head drapes must be disposed of immediately following use.
 - d. Implements to be reused must be properly cleansed with soap and warm water, thoroughly rinsed and disinfected/sterilized prior to storage.
 - e. Wet sanitizer, if used, must be emptied and washed with soap and water prior to storage.
 - f. The sanitary maintenance area must be properly disposed of at the completion of the service.
 - g. Used paper products, cotton, gloves, and sterilization packaging must be sealed securely and disposed of in a labeled, plastic bag or disposal container. When operation is complete the bag must be taped shut (to prevent expulsion) and thrown into the regular trash can.
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