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Table of Contents

Introduction and Instructions i
Table of Contents ii

Unit 1 HIV/AIDS and Communicable Diseases 1

Unit 2 State and Federal Laws and Rules 23

Unit 3 Workers Compensation Issues 68

Unit 4 Occupational Safety and Health Administration 82

Unit 5 Environmental Issues 90

Unit 6 Chemical Makeup 92

Unit 7 Sanitation and Sterilization 100

Post Course Learning Assessments Answer Sheet 110

License Information 111
Program Method Evaluation

Unit 1 - HIV/AIDS Learning Assessment 112

Unit 2 - State and Federal Laws and Rules Learning Assessment 113

Unit 3 – Workers' Compensation Issues Learning Assessment 115
Unit 4 - Occupational Safety and Health Learning Assessment 116

Unit 5 - Environmental Issues Learning Assessment 117
Unit 6 - Chemical Makeup 118

Unit 7 - Sanitation and Sterilization Learning Assessment 119

Mailing Instructions 120

Unit- 1

HIV/AIDS

(Two Credit Hours)

Course Learning Objectives

Although there are concerns about many diseases, specific attention is being given to HIV infection and AIDS because of the varied and complicated issues they bring to our workplace and the community. The epidemic continues to affect all groups; however, of the 40,000 Americans who will become infected with HIV this year, current research has indicated half will be under the age of 25. Infections among women and adolescents are increasing the fastest of all population groups. AIDS affects our children, our co-workers, our employees and our customers.

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

1. An increased understanding of the HIV virus and AIDS and related issues
2. A full knowledge of the Modes of HIV Transmission
3. The practical skills needed to apply various Infection Control Procedures
4. The knowledge of the core concepts of Clinical Management, testing and treatment of HIV/AIDS
5. A complete understanding of the skills necessary for applying HIV infection prevention practices
6. A more accurate perception of the attitudes people have towards HIV/AIDS
7. The ability to choose appropriate behavior in dealing with persons who may have the virus or syndrome

Educating everyone about how to protect themselves and their loved ones is the only way that we can stop the spread of this needless threat to the public health and the world economy.

Bloodborne Pathogens

Bloodborne Pathogens means pathogenic microorganisms such as viruses or bacteria that are present in human blood and can cause disease in humans. There are many different bloodborne pathogens. These pathogens include, but are not limited to, malaria, syphilis, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV).

A virus called HIV causes AIDS

HIV stands for human immunodeficiency virus. The term AIDS applies to the most advanced stages of HIV infection. It has been identified as the virus that causes AIDS (acquired immunodeficiency syndrome). Evidence indicates that AIDS is caused by the human immunodeficiency virus (HIV), which was discovered in 1983. HIV is spread from one person to another through sharing of needles, unprotected sexual contact, blood and body fluids. HIV infection could be described as having 3 stages: acute/early, middle and advanced (AIDS). The HIV virus attacks a person's immune system and, over time, destroys it. By the time, an individual begins to experience diseases and infections as the consequence of the destructive process of HIV, his/her T-cell count is commonly below 200 per milliliter. An individual develops AIDS when his/her immune system can no longer successfully fight off disease and infection, and if not attended to, the person will die from complications. HIV does not discriminate and anybody can acquire the virus. People infected with HIV may seem and feel healthy for an extended period. Not uncommonly, it can take up to 10 years for a person infected with HIV to develop AIDS. Thus, infected people may spend a decade not knowing that they are infected, yet are all the while infecting others.

Symptoms of infection differ from one person to another. Some people get fevers and diarrhea others get swollen glands. Commonly, people infected lose weight for no apparent reason while the virus cripples the body's defenses. At the time people develop AIDS, they might have illnesses that people not infected would usually resist. It is necessary to take a blood test in order to determine if an individual is infected with HIV.

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

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

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

Modes of HIV Transmission

For more than 20 years, scientists have made new discoveries about HIV infection and AIDS. But one piece of information has never changed – how the disease spreads. Scientists have confirmed and reconfirmed this for more than 20 years. The basic facts about HIV transmission and prevention are sound. They can be trusted. These are some of the common ways in

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

Risky behavior

HIV can infect anyone who practices risky behaviors such as:

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

Infected blood

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

Contaminated needles

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

It is rare, however, for a patient to give HIV to a health care worker or vice-versa by accidental sticks with contaminated needles or other medical instruments.

Mother to child

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

A study sponsored by the National Institute of Allergy and Infectious Diseases (NIAID) in Uganda found a highly effective and safe drug for preventing transmission of HIV from an infected mother to her newborn. Independent studies have also confirmed this finding. This regimen is more affordable and practical than any other examined to date. Results from the study show that a single oral dose of the antiretroviral drug nevirapine (NVP) given to an HIV-infected woman in labor and another to her baby within 3 days of birth reduces the transmission rate of HIV by half compared with a similar short course of AZT (Azidothymidine). For more information on preventing transmission from mother to child, go to http://aidsinfo.nih.gov/guidelines.

Saliva

Although researchers have found HIV in the saliva of infected people, there is no evidence that the virus is spread by contact with saliva. Laboratory studies reveal that saliva has natural properties that limit the power of HIV to infect, and the amount of virus in saliva appears to be very low. Research studies of people infected with HIV have found no evidence that the virus is spread to others through saliva by kissing. HIV, however, can infect the lining of the mouth,, and instances of HIV transmission through oral intercourse have been reported.

Scientists have found no evidence that HIV is spread through sweat, tears, urine, or feces.

Casual contact

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

Biting insects such as mosquitoes or bedbugs does not spread HIV.

Sexually transmitted infections

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

Early Symptoms of the HIV Virus

If you are like many people, you will not have any symptoms when you first become infected with HIV. You may, however, have a flu-like illness within a month or two after exposure to the virus. This illness may include:

- Fever
- Headache
- Tiredness

Enlarged lymph nodes (glands of the immune system easily felt in the neck and groin)

These symptoms usually disappear within a week to a month and are often mistaken for those of another viral infection. During this period, people are very infectious, and HIV is present in large quantities in genital fluids.

More persistent or severe symptoms may not appear for 10 years or more after HIV first enters the body in adults, or within 2 years in children born with HIV infection. This period of "asymptomatic" infection varies greatly in each

individual. Some people may begin to have symptoms within a few months, while others may be symptom-free for more than 10 years.
Even during the asymptomatic period, the virus is actively multiplying, infecting, and killing cells of the immune system. The virus can also hide within infected cells and lay dormant. The most obvious effect of HIV infection is a decline in the number of CD4 positive T (CD4+) cells found in the blood-the immune system's key infection fighters. The virus slowly disables or destroys these cells without causing symptoms.

As the immune system worsens, a variety of complications start to take over. For many people, the first signs of infection are large lymph nodes or "swollen glands" that may be enlarged for more than 3 months.

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

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

Some people develop frequent and severe herpes infections that cause mouth, genital, or anal sores, or a painful nerve disease called shingles. Children may grow slowly or be sick a lot.

Opportunistic infections

HIV doesn't kill anybody directly. Instead, it weakens the body's ability to fight disease. Infections, which are rarely seen in those with normal immune systems, are deadly to those with HIV. In the United States, opportunistic infections continue to produce morbidity and mortality among the estimated 650,000-900,000 persons who are infected with HIV, especially among the estimated 200,000-250,000 persons who are severely immunosuppressed. People with HIV can get many infections (called opportunistic infections, or OIs), sometimes referred to as opportunistic diseases.
Types of OI's include:

- Bacterial and Mycobacterial
- Fungal Infections
- Malignancies
- Protozoal Infections
- Viral Infections
- Neurological Conditions

Cancers

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

Most opportunistic infections generally do not affect healthy people. In people with AIDS, these infections are often severe and sometimes fatal because the immune system is so ravaged by HIV that the body cannot fight off certain bacteria, viruses, fungi, parasites, and other microbes.

Symptoms of opportunistic infections common in people with AIDS include:

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

Children with AIDS may get the same opportunistic infections, as do adults with the disease. In addition, they also have severe forms of the typically common childhood bacterial infections, such as conjunctivitis (pink eye), ear infections, and tonsillitis.

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

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

Many people are so debilitated by the symptoms of AIDS that they cannot hold a steady job nor do household chores. Other people with AIDS may experience phases of intense life-threatening illness followed by phases in which they function normally.

A small number of people first infected with HIV 10 or more years ago have not developed symptoms of AIDS. Scientists are trying to determine what factors may account for their lack of progression to AIDS, such as:

1. Whether their immune systems have particular characteristics

2. Whether they were infected with a less aggressive strain of the virus

3. If their genes may protect them from the effects of HIV Scientists hope that understanding the body's natural method of controlling infection may lead to ideas for protective HIV vaccines and use of vaccines to prevent the disease from progressing.

Many of these illnesses are very serious, and they need to be treated. Some can be prevented. A number of available drugs help treat opportunistic infections.

These drugs include:

- Foscarnet and ganciclovir to treat CMV (cytomegalovirus) eye infections
- Fluconazole to treat yeast and other fungal infections
- TMP/SMX (trimethoprim/sulfamethoxazole) or pentamidine to treat PCP (Pneumocystis carinii pneumonia)

Facts about HIV/AIDS

1) AIDS results from the late stage of infection with HIV. The onset of AIDS can take up to 10 or more years, and new drug therapies can delay the progression of the disease into AIDS even longer. A person infected with HIV may look and feel healthy for many years, but can still transmit the virus to others, which is why testing is so important.

2) HIV is transmitted through the exchange of any HIV infected body fluids. Transfer may occur during all stages of the disease. The HIV virus is found in the following fluids: blood, semen (and pre-ejaculated fluid), vaginal secretions, and breast milk. HIV does not survive long outside the body and therefore can only be transmitted when any of the above body fluids from an infected individual enters an uninfected individual.

3) HIV most frequently is transmitted sexually. The only way you can be completely sure to prevent the sexual transmission of HIV is by abstaining from all sexual contact. How can you have sex and still significantly reduce your risk of contracting HIV? By correctly using a latex condom from start to finish, every time you have vaginal sex or anal intercourse. Use a condom with each act of oral sex on a man. Oral sex can transmit HIV. Use a dental dam or a condom cut open while performing each act of oral sex with a woman. Bear in mind that all semen, even pre-ejaculated fluid, can carry the HIV virus. Engage in safer sex practices that involve no penetration, (such as kissing, massaging, hugging, touching, body rubbing, and masturbation).

4) It is important to know that in the US, all blood, organs, and tissues used during transfusions or surgeries have been tested for HIV. Medical professionals immediately and carefully dispose of all contaminated products. All medical and surgical instruments, including those used for tattooing and body piercing, must be completely sterilized or discarded properly after each use in order to prevent HIV transmission. For information on HIV/AIDS in the work place or referrals to organizations that handle the proper disposal of medical instruments call the CDC National HIV/AIDS Hotline at 1-800-342-AIDS.

5) Anonymous HIV testing is the only form of HIV testing that is not name based. If you receive a test from an anonymous testing center, no one but you will know the results of your test. Currently, 40 states plus the District of Columbia and Puerto Rico offer anonymous testing.

6) You do not get HIV from donating blood, from mosquito bites or bites from other bugs, from the urine, sweat, or sneezes of an infected person, nor from public restrooms, saunas, showers or pools. You also do not get HIV from being friends with a person who has HIV/AIDS, touching, hugging, or dry kissing a person with HIV, sharing towels or clothing, or sharing eating utensils.

7) Young adults (under age 25) are quickly becoming the most at risk age group, now accounting for an estimated 50% of all new HIV infections in the United States. Teenagers and young people here and around the world need to take an active role in changing the course of the HIV/AIDS epidemic by adjusting their behaviors and attitudes toward the disease.

8) Discriminating against people who are infected with HIV/AIDS, or anyone thought to be at risk of infection, violates individual human rights. Every person infected with and affected by HIV/AIDS deserves compassion and support, regardless of the circumstances surrounding their infection. Education is crucial in getting this message out.

9) You can help stop the spread of HIV by getting involved in community efforts. World AIDS Day is a special event held every year to focus attention on this urgent challenge that affects all of us. It is marked around the world by thousands of different events designed to increase awareness and to express compassion and solidarity.

Be a role model for others. Show your support and caring for people who are infected with HIV and for those who are living with AIDS. Keep in mind that you cannot get AIDS from being a friend.

Prevention and Safe Practices

HIV is a very dangerous disease, that you may have less of a chance of contracting if you follow some basic guidelines for prevention. The following facts about HIV and AIDS will educate you on how to protect yourself. If you are sexually active and want to avoid HIV, you must have sex only with a partner who does not shoot drugs, does not share needles or syringes, is not infected, and is monogamous. Are you asking if this is even possible? Remember that these things are impossible to know for sure about someone unless they never leave your side. There is never a 100% guarantee that a partner will not participate in risky behavior unbeknownst to you.

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

- Do not use drugs or alcohol. They keep you from making wise decisions and thinking clearly.
- Do not have sex. You can get infected from one sexual experience.
- Never share any kind of needle or syringe.

- If you do have sex, learn and use safe sex practices.
- Birth control pills and diaphragms will not protect you from HIV or other STD's.

Effectiveness of Condoms

Condoms are classified as medical devices and are regulated by the Food and Drug Administration (FDA). There are many different types and brands of condoms available—however, only latex or polyurethane condoms provide a highly effective mechanical barrier to HIV. In laboratories, viruses occasionally have been shown to pass through natural membrane ("skin" or lambskin) condoms, which may contain natural pores and are therefore not recommended for disease prevention (they are documented to be effective for contraception).

Condom manufacturers in the United States test each latex condom for defects, including holes, before it is packaged. The proper and consistent use of latex or polyurethane (a type of plastic) condoms when engaging in sexual intercourse—vaginal, anal, or oral—can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases, including HIV infection. For condoms to provide maximum protection, they must be put on prior to genital contact, they must be used *consistently* (every time) and *correctly*, from beginning to end, each time you have vaginal, anal, or oral sex.

Women may wish to consider using the female condom when a male condom cannot be used. There is always a chance you will not know if you or your partner is infected. Condoms can provide protection for those who choose to have more than one sexual partner; however, condoms are not a 100% guarantee against the AIDS virus.

Condoms do not absolutely exclude the possibility of becoming infected because they can rupture, tear, or even slide off. Latex condoms are approximately 90% effective at preventing pregnancy and the passage of almost all sexually transmitted diseases. Similarly, numerous studies among sexually active people have demonstrated that a properly used latex condom provides a high degree of protection against a variety of sexually transmitted diseases, including HIV infection. This figure would be higher if everyone used a condom properly For more detailed information about condoms, see the CDC publication "Male Latex Condoms and Sexually Transmitted Diseases."

Make careful choices. Whether or not to have sex, or whether or not to use condoms, is a decision you may be faced with at one time or another. Many will be faced with this decision time and time again. Apply what you have learned to make judgments about sex that are beneficial to you and your mate. Get the most recent information from the CDC.

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

The likelihood of acquiring HIV from a blood transfusion in the U.S. is currently remote. At the beginning of the epidemic, some people contracted the virus through infected blood in the nation's blood supply. Subsequently, safeguards were implemented and the risk of getting an HIV contaminated transfusion has diminished significantly, being now estimated at two in one million units of blood. As time has gone on, testing procedures have improved notably. Nonetheless, testing cannot entirely remove the chance of infected blood. If someone donates blood or plasma soon after they are infected, current tests may not always detect the existence of the virus.

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

Diagnosis Through Blood Tests

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

Accepted blood tests are over 99% accurate. Still, there is usually a window period of a few weeks to a few months subsequent to a person becoming infected before enough antibodies develop to be detected. Get in touch with your local public health department, Red Cross chapter, AIDS service organization, or doctor's office for more information about testing and HIV counseling.

How HIV Tests Work

When HIV enters the body, it begins to attack certain white blood cells called T4 lymphocyte cells (helper cells). Your doctor may also call them CD4 cells. The immune system then produces antibodies to fight off the infection. Although these antibodies are ineffective in destroying HIV, their presence is used to confirm HIV infection. Therefore, the presence of antibodies to HIV results from HIV infection. HIV tests look for the presence of HIV antibodies; they do not test for the virus itself.

Test Models for HIV

HIV testing consists of an initial screening with two types of tests commonly used to detect HIV infection. The most commonly used initial test is an enzyme immune assay (EIA) or the enzyme-linked immunosorbent assay (ELISA). If EIA test results show a reaction, the test is repeated on the same blood sample. If the sample is repeatedly the same result or either duplicate test is reactive, the results are "confirmed" using a second test such as the Western blot.

This more specific (and more expensive) test can tell the difference between HIV antibodies and other antibodies that can react to the EIA and cause false positive results. False positive EIA results are uncommon, but can occur. A person is considered infected following a repeatedly reactive result from the EIA, confirmed by the Western blot test. In addition to the EIA or ELISA and Western blot,

Other tests now available include:

- Radioimmunoprecipitation assay (RIPA): A confirmatory blood test that may be used when antibody levels are very low or difficult to detect, or when Western blot test results are uncertain. An expensive test, the RIPA requires time and expertise to perform.
- Dot-blot immunobinding assay: A rapid-screening blood test that is cost-effective and that may become an alternative to standard EIA and Western blot testing.
- Immunoflourescence assay: A less commonly used confirmatory blood test used on reactive ELISA samples or when Western blot test results are uncertain.
- Nucleic acid testing (e.g., viral RNA or proviral DNA amplification method): A less available blood test that can be used to resolve an initial indeterminate Western blot result in certain situations.
- Polymerase chain reaction (PCR): A specialized blood test that looks for HIV genetic information. Although expensive and labor-intensive, the test can detect the virus even in someone only recently infected.

Alternatives Tests: Urine and Oral-fluid HIV Tests

Urine and oral-fluid HIV tests offer alternatives for anyone reluctant to have blood drawn. Urine testing for HIV antibodies is not as sensitive or specific as blood testing. Available urine tests include an EIA and a Western blot test that can confirm EIA results. A physician must order these tests, and the results are reported to the ordering physician or his or her assistant.

Orasure© and OraQuick Advance HIV1/2 are currently the only FDA approved oral-fluid tests. Fluid is collected from inside the mouth and analyzed using an EIA test and supplemental Western blot test, if necessary. Oral fluid tests are offered at many HIV testing locations. Contact a location near you to find out if this test is available.

Rapid HIV Tests

A rapid HIV test is a test that usually produces results in up to 20 minutes. In comparison, results from the commonly used HIV-antibody screening test, the EIA, are not available for 1-2 weeks. There are currently four rapid HIV tests licensed for use in the United States:

- OraQuick Rapid HIV-1 and Advance HIV ½ Antibody Tests, manufactured by OraSure Technologies, Inc.
- Reveal G2 HIV-Antibody Tests, manufactured by MedMira, Inc.
- Multispot, manufactured by Bio-Rad Laboratories
- Uni-Gold Recombigen, manufactured by Trinity Biotech

The availability of these tests may differ from one place to another. These rapid HIV blood tests are considered to be just as accurate as the EIA. As is true for all screening tests (including the EIA), a positive test result must be confirmed with an additional specific test before a diagnosis of infection can be given.

Home Test Kits

The Food and Drug Administration (FDA) has not approved home-use HIV test kits, which allow consumers to interpret their own HIV test results in a few minutes. The Federal Trade Commission has warned that these home-use HIV test kits, many of which are available on the Internet, supply inaccurate results.

Currently only the Home Access test is approved by the Food and Drug Administration. The Home Access test kit can be found at most drug stores. The testing procedure involves pricking your finger, placing drops of blood on a specially treated card, and then mailing the card in for testing at a licensed laboratory. Customers are given an identification number to use when phoning for the test results. Callers may speak to a counselor before taking the test, while waiting for the test result, and when getting the result.

Getting Tested

Evidence suggests that HIV, the virus that causes AIDS, has been in the United States at least since 1978. The following are known risk factors for HIV infection. If you answer yes to any of these questions, you should definitely seek counseling and testing.

You may be at increased risk of infection if any of the following apply to you since 1978.

- Have you injected drugs or steroids or shared equipment (such as needles, syringes, cotton, water) with others?
- Have you had unprotected vaginal, anal, or oral sex with men who have sex with men, multiple partners, or anonymous partners?
- Have you exchanged sex for drugs or money?
- Have you been diagnosed with or treated for hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD), like syphilis?
- Have you received a blood transfusion or clotting factor between 1978 and 1985?
- Have you had unprotected sex with someone who could answer yes to any of the above questions?

If you have had sex with someone whose history of risk-taking behavior is unknown to you or if you or they may have had many sex partners, then you have increased the chances that you might be HIV infected. If you plan to become pregnant, counseling and testing is even more important. If a woman is

infected with HIV, medical therapies are available to lower the chance of passing HIV to the infant before, during, or after birth.

Detecting Infection

The HIV-antibody test is the only way to tell if you are infected. You cannot tell by looking at someone if he or she carries HIV. Someone can look and feel perfectly healthy and still be infected. In fact, an estimated one-third of those who are HIV positive do not know it. Neither do their sex partners.

When HIV enters the bloodstream, it begins to attack certain white blood cells called T4 lymphocyte cells (helper cells). The immune system then produces antibodies to fight off the infection. Therefore, the presence of antibodies to HIV results from HIV infection. Testing can tell you whether or not you have developed antibodies to HIV.

Exposure to HIV

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

HIV Infection Testing Locations

Many places offer HIV testing including local health departments, private doctors' offices, hospitals, and sites specifically set up to provide HIV testing. It is important to get tested at a place that also provides counseling about HIV and AIDS. Counselors can answer any questions you might have about risky behavior and ways you can protect yourself and others in the future. In addition, counselors can help you understand the meaning of the test results and tell you about AIDS-related resources in your area.

HIV Positive Test Results

If you test positive for HIV, immediate medical treatment and a healthy lifestyle can help you stay well. There are now many drugs that treat HIV infection and AIDS-related illnesses. Prompt medical care may help delay the onset of AIDS and prevent some life-threatening conditions. You can get prompt medical attention, allowing one to take a number of important steps to protect your health:

- See a doctor, even if you do not feel sick. Try to find a doctor who has experience in treating HIV.
- Have a TB (tuberculosis) test done. You may be infected with TB and not know it. Undetected TB can cause serious illness, but it can be successfully treated if caught early.
- Smoking cigarettes, drinking too much alcohol, or using illegal drugs (such as cocaine) can weaken your immune system. Cessation programs are available that can help you reduce or stop using these substances.
- Have a screening test for sexually transmitted diseases (STDs). Undetected STDs can cause serious health problems. It is also important to practice safe-sex behaviors so you can avoid getting STDs.

Stand-alone Testing Centers

Stand-alone sites, also known as freestanding sites, are generally operated by nongovernmental organizations (NGOs) and are not associated with medical institutions. Usually CT is the only service these sites offer, and the staff is dedicated full-time to providing counseling and testing. Because clients most often self refer to stand-alone sites, they are commonly called voluntary counseling and testing (VCT) sites. For reasons of cost and cost-benefit, stand-alone sites are often located in high population density areas and where HIV infection rates are high.

Treatment

When AIDS first surfaced in the United States, there were no medicines to combat the underlying immune deficiency and few treatments existed for the opportunistic diseases that resulted. Researchers, however, have developed drugs to fight both HIV infection and its associated infections and cancers.

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

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

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

Nucleoside analogs include:

- AZT (Azidothymidine)
- ddC (zalcitabine)
- ddI (dideoxyinosine)
- d4T (stavudine)
- 3TC (lamivudine)
- Abacavir (ziagen)

- Tenofovir (viread)
- Emtriva (emtricitabine)

Health care providers can prescribe non-nucleoside reverse transcriptase inhibitors (NNRTIs), such as:

Transcriptase inhibitors include:

- Delavridine (Rescriptor)
- Nevirapine (Viramune)
- Efravirenz (Sustiva) (in combination with other antiretroviral drugs)

FDA also has approved a second class of drugs for treating HIV infection. These drugs, called protease inhibitors, interrupt the virus from making copies of itself at a later step in its life cycle.

Protease inhibitors include:

- Ritonavir (Norvir)
- Saquinivir (Invirase)
- Indinavir (Crixivan)
- Amprenivir (Agenerase)
- Nelfinavir (Viracept)
- Lopinavir (Kaletra)
- Atazanavir (Reyataz)
- Fosamprenavir (Lexiva)

FDA also has introduced a third new class of drugs, known at fusion inhibitors, to treat HIV infection. Fuzeon (enfuvirtide or T-20), the first approved fusion inhibitor, works by interfering with HIV-1's ability to enter into cells by blocking the merging of the virus with the cell membranes. This inhibition blocks HIV's ability to enter and infect the human immune cells. Fuzeon is designed for use in combination with other anti-HIV treatment. It reduces the level of HIV infection in the blood and may be active against HIV that has become resistant to current antiviral treatment schedules.

ARV

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

HAART

Because HIV can become resistant to any of these drugs, health care providers must use a combination treatment to effectively suppress the virus. HAART stands for highly active antiretroviral therapy. It is the combination of at least three ARV drugs that attack different parts of HIV or stop the virus from entering blood cells. People who are newly infected with HIV as well as people with AIDS can use HAART. Even among people who respond well to HAART, the treatment does not get rid of HIV. The virus continues to reproduce but at a slower pace.

Researchers have credited HAART as being a major factor in significantly reducing the number of deaths from AIDS in this country. While HAART is not a cure for AIDS, it has greatly improved the health of many people with AIDS and it reduces the amount of virus circulating in the blood to nearly undetectable levels. Researchers, however, have shown that HIV remains present in hiding places, such as the lymph nodes, brain, testes, and retina of the eye, even in people who have been treated.

Adverse effects

Despite the beneficial effects of HAART, there are side effects associated with the use of antiviral drugs that can be severe. Some of the nucleoside RT inhibitors may cause a decrease of red or white blood cells, especially when taken in the later stages of the disease. Some may also cause inflammation of the pancreas and painful nerve damage.

There have been reports of complications and other severe reactions, including death, to some of the antiretroviral nucleoside analogs when used alone or in combination. Therefore, health care experts recommend that you be routinely seen and followed by your health care provider if you are on antiretroviral therapy.

The most common side effects associated with protease inhibitors include nausea, diarrhea, and other gastrointestinal symptoms. In addition, protease inhibitors can interact with other drugs resulting in serious side effects. Fuzeon may also cause severe allergic reactions such as pneumonia, trouble breathing, chills and fever, skin rash, blood in urine, vomiting, and low blood pressure. Local skin reactions are also possible since it is given as an injection underneath the skin.

Although more than two dozen different products are now available for the treatment of HIV infection, there is a growing need for new drugs. Significant problems related to long-term toxicity and adherence are anticipated with therapies that will presumably need to span whole decades, As a result, there is an urgent need for new drugs that are easier to take, with high genetic barriers to the development of resistance and above all less toxic.

Attitudes in the US towards HIV/AIDS

The attitude toward HIV/AIDS can cover a myriad of issues. They include attitudes toward the disease associated with social policy issues, the global crisis, such as, government efforts and participation, and discrimination and stigma. The publics' knowledge and beliefs about issues influence the outcome of prevention and control measures. Statistics indicating attitudes and beliefs about fundamental questions associated with HIV/AIDS are listed in this section. The data was derived from a program developed to monitor the American public's knowledge and beliefs on major health issues and health care challenges. In a survey conducted by researchers on the public's attitudes towards HIV/AIDS and the related social issues, completed in 2004, reports indicate the following:

SURVEY FINDINGS

The broad foreign policy context within which Americans view the global HIV epidemic has not changed much in the past few years. Most Americans think the U.S. currently spends too much on foreign aid in general, and a strong majority believes the U.S. should address problems at home first rather than spending more money on the global HIV/AIDS epidemic.

However, when asked specifically about foreign aid for HIV/AIDS The public expects more action on the global HIV/AIDS epidemic from a variety of individuals and groups, and in general, people are somewhat supportive of the U.S. spending money to aid in the fight against global HIV/AIDS. There has been a substantial increase since 2002 in the share who believe that spending more money on HIV prevention in Africa will lead to meaningful progress

African Americans and young people ages 18-29 are the groups in the U.S. that are most concerned about HIV/AIDS as a problem facing the nation, and the most likely to say that the government spends too little to fight the disease.

In addition to being concerned about HIV/AIDS as a problem facing the nation, African Americans and Latinos are more likely to be personally concerned about the disease, both in terms of themselves and their children. African Americans are also more likely to know someone who has HIV or AIDS or has died from AIDS, and more likely to say there is a lot of discrimination against people with HIV/AIDS in the U.S. today.

Overall, the public sees global HIV/AIDS as a serious problem, and they particularly recognize the impact of the epidemic in Africa. In fact, Americans seem to have a fairly accurate perception of the global epidemic. Half the public says that when it comes to the epidemic, the world today is losing ground, while four in ten say the world is making progress. Nearly four in ten know that less than ten percent of people worldwide who need treatment for HIV actually get it.

When it comes to the domestic HIV/AIDS epidemic, the public is more likely to say they see progress in the U.S. than in
developing countries and they are somewhat more supportive of spending more money on domestic HIV/AIDS. Most people think there is at least some discrimination against people with HIV/AIDS in the United States, and more than twenty years into the epidemic, a variety of misconceptions about how HIV is transmitted continue to exist among significant minorities of the public.

The vast majority of the public reports getting their information about HIV/AIDS mainly from the media, though young adults ages 18-29 are more likely to get such information from other sources. and many say they have seen a lot about the problem of AIDS in Africa in the last year.

While more than half the public associates Nelson Mandela with the fight against global AIDS, fewer than half say the same thing about a variety of other leaders, including Bill Clinton, George Bush and Kofi Annan.

A variety of misconceptions about how HIV is transmitted and about other aspects of the epidemic exist among the public, and while African Americans and Latinos are better informed on some questions, they are less well informed on others.

About half of adults report ever having been tested for HIV, and African Americans, Latinos, and people under age 50 are the groups most likely to say they have been tested. The percent overall who says they have been tested for HIV has increased since 1997; however, the share who says they have been tested in the last twelve months has remained relatively stable since 1997 for most groups since 1997

Many people are at least somewhat concerned about the possibility that they will become infected with HIV, and in 2006, significant minorities of the public still incorrectly think HIV might be transmitted through various forms of casual contact, such as kissing (37%), touching a toilet seat (16%) and sharing a drinking glass (22%).

These and other lingering misconceptions are potential contributing factors to prejudice against HIV-positive individuals, since people who believe that HIV can be transmitted in these ways are much more likely to express discomfort about working with someone who has AIDS.

Basic Facts About HIV and the Law

As more effective drug therapies are extending the lives of HIV-positive people—and improving their quality of life—more workers are returning to the workforce and staying productive. Lawsuits filed by HIV-infected workers continue under the ADA. Most of these lawsuits are preventable through training and education.

The majority of people in 2006 who are infected with HIV are between the ages of 25-44 and are employed. The increase in the number of people with HIV means that in time there will be more employees with HIV on the job. That could mean that you, someone you know or employ, or an employee's family member or close friend is already coping with HIV or AIDS. It is important that you know the laws surrounding HIV/AIDS and how they affect labor leaders, managers, and you.

Laws Protecting People Living With HIV/AIDS

AIDS has generated more individual lawsuits across a broad range of health issues than any other disease in history. The following laws must be kept in mind when making decisions that affect any staff/worker with HIV/AIDS:

What Laws Affect You?

- The **Americans with Disabilities Act of 1990 (ADA)** prohibits employment discrimination on the basis of disability. The ADA, which covers employers of 15 or more people, applies to employment decisions at all stages. Court decisions have found that an individual with even asymptomatic HIV is protected under this law.

- The mission of the **Occupational Safety and Health Administration (OSHA)** is to save lives, prevent injuries, and protect the health of America's workers. To accomplish this, Federal and state governments work in partnership with the more than 100 million working men and women and their six-and-one-half million employers who are covered by the **Occupational Safety and Health Act of 1970.**

- The **Family Medical Leave Act of 1993 (FMLA)** applies to private-sector employers with 50 or more employees within 75 miles of the work site. Eligible employees may take leave for serious medical conditions or to provide care for an immediate family member with a serious medical condition, including HIV/AIDS. Eligible employees are entitled to a total of 12 weeks of job-protected, unpaid leave during any 12-month period.

- The **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** addresses some of the barriers to health care facing people with HIV as well as other vulnerable populations. HIPAA gives persons with group coverage new protections from discriminatory treatment, makes it easier for small groups (such as businesses with a small number of employees) to obtain and keep health insurance coverage, and gives persons losing/leaving group coverage new options for obtaining individual coverage.

- The **Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA)** allows employees to continue their health insurance coverage at their own expense for a period of time after their employment ends. For most employees ceasing work for health reasons, the period of time to which benefits may be extended ranges from 18 to 36 months.

Tuberculosis

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

In 2005 the total number of new cases of tuberculosis in the United States was (14,097), and was the tenth consecutive year the number of reported TB cases has decreased. However, as recently as April 2007 it is reported that Tuberculosis infection is present in 1.8 billion people worldwide. It can affect anyone of any age, and can be fatal.

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

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

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

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

A person with TB infection has breathed TB bacteria into his/her lungs. The tubercle bacilli a person inhales may or may not cause tuberculosis. The human immune system has a variety of ways to capture and kill these bacteria. If the immune system is successful in doing so, the person will not become ill with TB. Many people who have TB infection never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the bacteria become active and cause TB disease.

If the immune system doesn't kill the TB bacteria, the bacteria can remain alive but inactive in the body. This is called TB infection. A person with TB infection is not and does not feel sick and cannot spread TB to others. However, they may progress to TB disease in the future, especially if their immune system weakens. Treatment of TB infection can prevent TB disease.

Adults with TB infection have about a 10 % chance of developing TB disease during their lifetime. Adults whose immune system is weakened (serious illness, diabetes, poor eating habits, heavy drinking), the TB bacteria may become active and cause TB disease. People with both TB and HIV infection have a much greater chance of developing TB disease.

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

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

The World Health Organization (WHO) has expressed concern over the emergence of virulent drug-resistant strains of tuberculosis (TB) and is calling for measures to be

strengthened and implemented to prevent the global spread of the deadly TB strains. This follows research showing the extent of XDR-TB, a newly identified TB threat that leaves patients (including many people living with HIV) virtually untreatable using currently available anti-TB drugs.

What is MDR-TB and XDR-TB

TB can usually be treated with a course of four standard, or first-line, anti-TB drugs. If these are misused or mismanaged, multidrugresistant TB (MDR-TB) can develop. MDR-TB takes longer to treat with second-line drugs, which are more expensive and have more side-effects.

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

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

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

Resistance to anti-TB drugs in populations is a phenomenon that occurs primarily due to poorly managed TB care. Problems include incorrect drug prescribing practices by providers, poor quality drugs or erratic supply of drugs, and also patient non-adherence.

TB and HIV infection

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

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

Early Detection

People with TB and HIV infection need to know about both diseases as soon as possible. They also need to be seen by a doctor who is an expert in this area to find out if they have TB disease. Treatment of TB infection and treatment of TB disease by an expert could save their life!

Symptoms of TB Disease

People with TB disease of the lungs or vocal cords feel sick. They usually have symptoms such as:
TB in the lungs may cause the following:

- A bad cough that lasts longer than 2 weeks
- Pain in the chest
- Coughing up blood or sputum (phlegm)
- Weakness or feeling very tired
- Weight loss
- No appetite
- Chills
- Fever
- Night sweats

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

Extrapulmonary Tuberculosis

TB disease outside the lungs is most often found in the lymph. Most people with TB disease outside the lungs feel sick or weak, lose weight, and have fever and night sweats. In addition, they may have symptoms from the affected area.

Some of the tissues and organs in which extrapulmonary tuberculosis may appear are the following:

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

TB Testing

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

People at Risk

- You have spent time with a person known to have active TB disease or suspected to have active TB disease; or
- You have HIV infection or another condition that puts you at high risk for active TB disease; or
- You have signs and symptoms of active TB disease; or
- You are from a country where active TB disease is very common (most countries in Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia); or
- You live somewhere in the United States that active TB disease is more common, such as a homeless shelter, migrant farm camp, prison or jail, and some nursing homes); or
- You inject illegal drugs.

The TB Skin Test

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

QuantiFERON®-TB Gold Test

The QuantiFERON®-TB Gold test (QFT-G) is a whole-blood test for use as an aid in diagnosing TB infection, including latent tuberculosis infection (LTBI) and tuberculosis (TB) disease. The U.S. Food and Drug Administration (FDA) approved this test in 2005.

In order to spread the TB germs, a person must have TB disease. Having TB infection is not enough to spread the germ. Tuberculosis may last for a lifetime as an infection, never developing into the disease. The symptoms of TB disease include a low-grade fever, night sweats, fatigue, weight loss, and a persistent cough. Some people may not have obvious symptoms.

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

Treatment

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

Directly observed therapy

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

Drug Therapy

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

Drugs provide the most effective treatment for TB patients. Three principles govern the use of drug treatment for tuberculosis:

- First, the number of bacilli must be lowered as quickly as possible. By so doing, the risk of transmitting the disease to other people is reduced.
- Second, efforts must be made to prevent the development of drug resistance. If a person develops a resistance to a drug, it will no longer be helpful in curing the disease. As a result, most patients are given a combination of two or three different drugs at first.
- Third, drug treatment must be continued to prevent reoccurrence of the disease.

Five drugs are used today to treat tuberculosis are:

- Isoniazid (INH);
- Rifampin
- Pyrazinamide
- Streptomycin and
- Ethambutol

Surgery

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

It is **VERY IMPORTANT** to keep taking TB drugs to complete treatment, otherwise drug-resistant TB may develop.

Contact tracing is done to find and skin test family, friends and coworkers to look for the spread of TB infection

Some parts of the population are at higher risk of getting TB than others. The high-risk groups are:

- Elderly people
- Minorities including:
- African Americans
- Hispanics,
- Asians, and people from the
- Pacific Islands
- People who are infected with the human immunodeficiency virus (HIV/ AIDS

Prevention

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

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

HIV infection, when it occurs in tandem with TB infection, without treatment, can work together to shorten the life of an infected person. Other medical risk factors, which increase the chance of developing TB disease, include diabetes mellitus, prolonged corticosteroid therapy, Immuno-suppressive therapy, cancer, silicosis, as well as being 10 percent or more below ideal body weight.

Seek treatment if TB infection has occurred. It should be noted that TB is one of the few diseases related to HIV infection that is easily prevented and cured with medication. People that are immune-compromised are currently being treated with drug combinations containing three and four different drugs simultaneously. Conversely, in addition to spreading the disease to others, an untreated person will become severely ill or die.

The most important way to stop the spread of tuberculosis is to cover the mouth and nose when coughing, and to take all the TB medication exactly as prescribed by the physician. Some strains of TB have the ability to grow and multiply even in the presence of certain drugs that would normally kill them. There have been some studies that found strongly increased risks for multidrug-resistant TB (MDR TB) among patients coinfected with TB and HIV.

Other people who may develop drug-resistant tuberculosis include TB patients who have failed to take anti-tuberculosis medications as prescribed, TB patients who have been prescribed an ineffective treatment plan, and people who have been treated previously for TB. For patients with disease due to multi-drug-resistant organisms, expert consultation from a specialist in treating multi-drug-resistant TB should be obtained. Patients with multi-drug-resistant disease should be treated with a minimum of two or three drugs to which their organisms are susceptible.

It is currently unknown whether preventive therapy can effectively prevent the development of active TB disease in people who are infected with MDR-TB strains. Nevertheless, recommendations concerning preventive therapy for people who have been infected with MDR-TB are being developed by the Centers for Disease Control (CDC). The most important ways to stop the spread of MDR-TB remain the same— to cover the mouth and nose when coughing, and to seek adequate treatment. It is also essential that health officials directly oversee the administration of TB medications to people who, due to mental illness or incapacity, are unable to follow the prescribed regimens themselves.

Hepatitis

The word *hepatitis* simply means inflammation of the liver. Hepatitis is characterized as a severe inflammation of the liver. Those infected will usually develop liver disease, according to the national Centers for Disease Control and Prevention. Hepatitis C is one of five currently identified viruses—hepatitis A, B, C, D, and E—all of which can attack and damage the liver. Widely viewed as one of the most serious of the five, the hepatitis C virus (HCV) is spread primarily through contact with infected blood and can cause cirrhosis (irreversible and potentially fatal liver scarring), liver cancer, or liver failure.

Hepatitis C is the major reason for liver transplants in the United States, accounting for 1,000 of the procedures annually. The disease is responsible for between 8,000 and 10,000 deaths yearly. Some estimates say the number of HCV-infected people may be four times the number of those infected with the AIDS virus.

Symptoms of hepatitis C include:

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

If you have reason to believe that you may be infected or have these symptoms, see a doctor for testing.

Viral Hepatitis

Hepatitis is an inflammation of the liver. It can result from medications, alcohol, or a other means including the viruses that cause herpes, mumps, measles, and infectious mononucleosis. Hepatitis A (HAV), Hepatitis B (HBV), or Hepatitis C (HCV), are the forms of hepatitis commonly referred to by health professionals when they speak of viral hepatitis.

The Differences between Hepatitis A, B and C
Although hepatitis A, B and C have some similarities, the viruses are significantly different.

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

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

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

Infection Control

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

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

The Symptoms of Viral Hepatitis

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

Initial Infection:

☑No symptoms - in some cases
☑Mild symptoms - in some cases

Early Symptoms of Hepatitis Include:

☑ Fatigue
☑ Headache
☑ Tenderness in the upper right abdomen
☑ Sore muscles & joints
☑ Loss of appetite
☑ An altered sense of taste & smell
☑ Nausea,
☑ Vomiting
☑ Diarrhea
☑ Low-grade fever
☑ Malaise

Later symptoms include:

☑ Jaundice - abnormally yellow skin & eyes caused by bile entering the blood
☑ Darkened urine;
☑ Light-colored or gray stool
☑ Yellowing skin
☑ Yellowing eyes
☑ Foamy urine

Diagnosis of Hepatitis

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

Treatments for Viral Hepatitis

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

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

Your health professional may recommend hospitalization if you experience severe vomiting or do not feel better after several weeks. You should know that researchers are making gains in treating the chronic liver disease associated with both hepatitis B and C. There is not much available for treatment. Interferon has been approved in chronic hepatitis B and C cases for those aged 18 or older. Prevention is still the best option.

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

Hepatitis A (HAV)

Hepatitis A: is a liver disease caused by the hepatitis A virus (HAV). Hepatitis A can affect anyone. In the United States, hepatitis A can occur in situations ranging from isolated cases of disease to widespread epidemics. Hepatitis A infects 125,000 - 200,000 people each year and can be easily transmitted. Hepatitis A is passed in the stool of infected persons.

Transmission is from person-to-person contact or through contaminated food and water. You can become infected by eating or drinking something that has been contaminated by someone who has the disease.

Symptoms occur 2-6 weeks after infection and can persist from several days to six months. The virus typically causes some illness and has been know to be mistaken for a stomach

virus, although occasionally symptoms are more serious. It is seldom fatal and does not cause permanent liver damage.

A person with hepatitis A is considered infectious, which means they can transmit the virus to others as early as two weeks before symptoms appear. The hepatitis A virus does not cause the permanent, chronic symptoms that other hepatitis viruses can cause.

Behavior Practices Associated with Hepatitis A Infection

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

Protecting Against Hepatitis When Traveling Abroad

Hepatitis A and Hepatitis B can hide in places most people don't even think of. Not only are they serious liver diseases that can ruin a trip, both can be transmitted to others. Fortunately, there is a helpful Web site where you can learn if Hepatitis A and Hepatitis B are high risk problems at your vacation spot, Get started by going to Travel Safely.com, select the country you are traveling to, it will tell you if your destination will put you at risk for hepatitis A and/or hepatitis B. If it does they will show you how to protect yourself and your family. Remember even if you have traveled destination before, that no guarantee for the next trip.

Preventive Practices: Monitor your meals

Practice good personal hygiene. Always wash your hands after any contact with blood, when cleaning or after using the toilet, and before preparing or eating food. Avoid foods that could be contaminated, such as uncooked shellfish or food that's been prepared by someone who has the virus.

When traveling to developing countries, drink only bottled or boiled water, don't use ice, which can expose you to hepatitis A, and don't eat raw fruits or vegetables unless they've been peeled. Foods should be washed thoroughly, and then cooked at temperatures high enough to kill germs.

Hepatitis A Vaccine - Two-Dose Schedules

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

- HAVRIX® is available in two formulations, and the formulation differs according to the person's age: for persons 2-18 years of age, 720 EL.U. per dose in a two-dose schedule; and for persons greater than 18 years of age, 1,440 EL.U. per dose in a two-dose schedule.

- VAQTA® is licensed in two formulations, and the formulation differs according to the person's age: for persons 2-17 years of age, 25 U in a two-dose schedule; for persons greater than 17 years of age, 50 U per dose in a two-dose schedule.

Exposure to Hepatitis A

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

Preventing the Spread of Hepatitis A

If you think you may be infected with hepatitis A.

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

Hepatitis B (HBV*)*

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

In the United States, approximately 300,000 people are infected with HBV annually, from which some cases become fatal. "Hepatitis" means "inflammation of the liver," and its name implies, Hepatitis B is a virus that infects the liver. Hepatitis B is transmitted through 'blood-to-blood` contact.

Hepatitis B initially causes inflammation of the liver, but it can lead to more serious conditions, the virus can cause lifelong infection, cirrhosis (scarring) of the liver and liver cancer, liver failure, and death.

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

other employees who may come in contact with blood or potentially infectious materials.

Symptoms

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

After exposure it can take 1-9 months before symptoms become noticeable. Loss of appetite and stomach pain, for example, commonly appears within 1-3 months, but can occur as soon as 2 weeks or as long as 6-9 months after infection. It varies from one individual to another.

Hepatitis B (HBV) and Sexually Transmitted Disease Prevented by HBV Vaccine

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

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

Risk Behaviors for Contracting HBV

1) Practicing unsafe sex. The more partners with whom you have vaginal, anal or oral contact, the higher your risk of becoming infected with hepatitis B. Abstinence is the most effective way to prevent sex-related transmission. If you have vaginal, anal or oral contact, always use barrier protection. People who have sex with multiple partners should ask their health provider about getting vaccinated for hepatitis B.

2) Sharing needles. No matter what drug is injected, whether its crack, heroin or steroids, sharing needles is extremely risky. In fact, an estimated 60-80 percent of the people who share needles is or has been infected with hepatitis B. Similarly; beware of needles that could be contaminated when getting tattoos, having acupuncture or your ears pierced. Select a reputable professional for these services.

3) Close, frequent contact with the blood, semen, vaginal secretions or saliva of infected persons. Occasionally, people who share living quarters for a long time with others who have hepatitis B have gotten infected. Receiving a blood transfusion or other blood products no longer carries the threat of hepatitis B that it once did. Today, all blood is screened for hepatitis B before it is used.

Prevention of Hepatitis B

If you are at risk of contracting hepatitis B, get vaccinated. The hepatitis B vaccine is an inactivated antigen (genetically engineered; not a live or killed virus). It is administered in a series of three injections over a six-month period. Approximately 95% of persons who receive the three injections obtain full immunity after receiving the vaccine.

You are asked to report side effects (rash, nausea, joint pain, and/or fatigue) to your health care provider. Also, avoid high-risk behaviors and practice good personal hygiene when sharing food and using bathrooms. Don't share razors, toothbrushes or pierced earrings with others.

Exposure to Hepatitis B

If you have not been vaccinated against hepatitis B but are exposed to the virus, your health professional can treat you with hepatitis B immune globulin (HBIG), combined with the hepatitis B vaccination. Don't delay, get immunized and vaccinated as soon as possible after exposure.

Preventing the Spread of Hepatitis B

- Don't engage in sexual contact without a condom
- Don't donate blood. Bandage all cuts and open sores
- Don't share anything that could be contaminated with your blood, semen, vaginal secretions or saliva – such as needles, razors or toothbrushes
- Wash your hands well after using the toilet
- If you have hepatitis B and you're pregnant, your baby must be immunized at birth. All pregnant women should be screened for hepatitis B

Hepatitis A and Hepatitis B Vaccinations for Travel and High Risk Groups

The Centers for Disease Control and Prevention (CDC) recommends vaccination as an effective way to protect against hepatitis A and hepatitis B.

If you plan to travel to an area that poses an increase risk of infection or if you are or someone you live with are in a high-risk group, talk to your doctor and see if TWINRIX vaccination is right for you. TWINRIX offers long-lasting protection against vaccine-preventable hepatitis (VPH), which includes hepatitis A and hepatitis B, through a single vaccine series

Hepatitis C (HCV)

HCV is widely viewed as one of the most serious of the five hepatitis viruses. The Hepatitis C virus is spread primarily through contact with infected blood and can cause cirrhosis (irreversible and potentially fatal liver scarring), liver cancer, or liver failure. Hepatitis C is the major reason for liver

transplants in the United States, accounting for 1,000 of the procedures annually. The disease is responsible for between 8,000 and 10,000 deaths yearly. Some estimates say the number of HCV-infected people may be four times the number of those infected with the AIDS virus. Hepatitis C is less likely than the other hepatitis viruses to cause serious illness at first (only one quarter of the people infected actually develops symptoms); about 70% of those infected develop chronic liver disease. Like hepatitis B, hepatitis C can be spread by contact with infected blood, and possibly semen, vaginal secretions and saliva. Hepatitis C infects about 150,000 Americans each year.

Risk Behaviors

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

Prevention of Hepatitis C

Since hepatitis C is transmitted in much the same way as hepatitis B, you can help avoid infection by using some of the same precautions. Always use barrier protection during sexual contact; practice good personal hygiene; and never share needles, razors, toothbrushes or pierced earrings with anyone. All donated blood is screened for the virus. Drugs are licensed for treatment of persons with chronic infection, though they are only about 15-30% effective. Currently, there is no vaccine available.

Hepatitis C Treatment

Some patients learn they have hepatitis through a routine physical or when they donate blood and a blood test shows elevated liver enzymes.

Once diagnosed, health professionals recommend the following:

- See a doctor regularly
- If liver damage is present, get vaccinated against hepatitis A, a food- and water-borne virus.
- Don't start any new medicines or use over-the counter, herbal, or other drugs without consulting with a doctor.
- Stop using alcohol

Co- infection with HIV and Hepatitis C Virus

About one quarter of HIV-infected persons in the United States are also infected with hepatitis C virus (HCV). HCV is one of the most important causes of chronic liver disease in the United States and HCV infection progresses more rapidly to liver damage in HIV infected persons. HCV infection may also impact the course and management of HIV infection. The latest U.S. Public Health Service/ Infectious Diseases Society of America (USPHS/IDSA) guidelines recommend that all HIV-infected persons should be screened for HCV infection. Prevention of HCV infection for those not already infected and reducing chronic liver disease in those who are infected are important concerns for HIV-infected individuals and their health care providers.

Hepatitis D (HDV)

Hepatitis D: is a liver disease caused by the hepatitis D virus (HDV), a defective virus that needs the hepatitis B virus to exist. Hepatitis D virus (HDV) is found in the blood of persons infected with the virus, and may cause infection only in the presence of active hepatitis B infection.. The symptoms and routes of transmission are similar to those of hepatitis B infection, but are particularly significant with intravenous drug abusers.

Syphilis

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

Transmission

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

Symptoms

The first sign of syphilis is generally one or more painless sores that become visible at the site of initial contact. It might be accompanied by swollen glands, which develop within a week after the appearance of the first sore. The sore will persist for 1 to 5 weeks and will vanish by itself, even if no medical care is obtained.

Roughly 6 weeks after the sore first appears, a person will enter the second stage of the disease. The most likely symptom during this stage is a rash, which might appear on any part of the body: trunk, arms, legs, palms, soles, etc. Other, more generalized symptoms include fatigue, swollen glands, fever, headaches, loss of appetite, and sore throat. These symptoms will last 2 to 6 weeks and will disappear with or without medical care.

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

How soon do symptoms appear? Symptoms can emerge from 10 to 90 days after an individual becomes infected, though usually within 3 to 4 weeks. Symptoms often go unnoticed or are thought to be minor abrasions or heat rash, thus treatment is not sought.

When, and for how long is a person able to spread syphilis? Syphilis is considered contagious for a duration of up to 2

years, perhaps more. The extent of communicability depends on the existence of infectious lesions (sores), which may or may not be visible. There is no natural immunity to syphilis and prior infection lends no defense to the patient.

Treatment
Syphilis is treated with penicillin or tetracycline. The amount of medication a patient must take and treatment depends on the stage of syphilis. Expectant women with a history of allergic reaction to penicillin should undergo penicillin desensitization, followed by appropriate penicillin therapy.

Untreated syphilis can lead to destruction of soft tissue and bone, heart failure, insanity, blindness, and a variety of other conditions, which may be mild to incapacitating.

Equally as important, a pregnant woman with untreated syphilis will transmit the disease to her unborn child, which may result in death or deformity of the child. Physicians and hospitals are required to test pregnant women for syphilis at prenatal visits. Tests of newborns or their mothers are required at the time of delivery.

Prevention
There are a number of ways to prevent the spread of syphilis:

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

Pediculosis

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

Pediculosis is easily transmitted from person to person through direct contact. Head lice infestations are commonly found in school settings or institutions. Crab lice infestations can be found among sexually active individuals. Body lice infestation generally can be found in people living in unsanitary conditions, and lacking hygiene where clothing is infrequently changed or laundered.

For both head lice and body lice, transmission can occur during direct contact with an infested individual, or through sharing of clothing, combs or brushes. While other means are possible, crab lice are most often transmitted through sexual contact.

Symptoms of Infestation

Usually, the first evidence of an infestation is the itching or scratching in the area of the body where the lice feed. Scratching at the back of the head or around the ears should lead to an examination for head louse eggs (nits) on the hair. Itching around the genital area should lead to an examination for crab lice or their eggs.

Scratching can be sufficiently intense to result in secondary bacterial infection in these areas. It may take as long as 2 to 3 weeks or longer for a person to notice the intense itching associated with this infestation. Pediculosis can be spread as long as lice or eggs remain alive on the infested person or clothing.

Treating Pediculosis

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

The Food and Drug Administration (FDA), requires products containing lindane be labeled with prominent warnings about possible neurotoxicity, particularly in young patients. Because the skin of children and the elderly is more permeable, their skin is more vulnerable to the toxic effects, of lindane. It is to be used with extreme caution if at all, in anyone under 110 pounds. Patients who have conditions, such as HIV infection, or take certain medications that may lower the seizure threshold may be at greater risk for serious adverse events.

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

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

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

Ringworm

Ringworm is a skin infection caused by a fungus that affects the scalp, skin, fingers, toenails, or feet. Anyone can get ringworm. Children are more susceptible to certain varieties, while adults may be more affected by others. Transmission of these fungal agents can occur by direct skin-to-skin contact with infected people or pets, or indirectly by contact with such items as barber clippers, hair from infected people, shower stalls or floors.

Ringworm of the scalp usually begins as a small pimple, which becomes larger in size, leaving scaly patches of temporary baldness. Infected hairs become brittle and break off easily. Occasionally, yellowish cup-like, crusty areas are seen. With ringworm of the nails, the affected nails become thicker, discolored, and brittle, or they will become chalky and disintegrate.

Ringworm of the body appears as flat, spreading, ring-shaped areas. The edge is reddish and may be both dry and scaly, or moist and crusted. As it spreads, the center area clears and appears normal. Ringworm of the foot appears as a scaling or cracking of the skin, especially between the toes.

The incubation period is unknown for most of these agents, however, ringworm of the scalp is usually seen 10 to 14 days after contact, and ringworm of the body is seen 4 to 10 days after initial contact. Since so many species of fungus can cause ringworm, infection with one species will not make a person immune to future infections.

Your doctor may prescribe fungicidal tablets to swallow, or powders that can be applied directly to the affected areas. Griseofulvin is an oral medication, commonly prescribed for treatment of fungal infections of the skin, scalp, and nails where topical therapy has failed or is considered inappropriate. Towels, hats, and clothing of the infected individual should not be shared with others. Young children who are infected should minimize close contact with other children until they are effectively treated. When multiple cases occur, seek advice from your local health department.

Sexually Transmitted Diseases and Infections (STD's) and (STI's)

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

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

The STDs, HIV Connection

Sexually Transmitted Diseases (STDs), also known as sexually transmitted infections or STI, come in a variety of types. There are fungi, bacteria, parasites, and viruses.

As explained in the previous section on the subject of Tuberculosis, HIV can affect persons carrying the virus with an increase of multiple medical conditions. Carriers stand an increase chance of contracting many airborne diseases. Germs in their environment can become increasingly troublesome, much more so than for persons not infected. As time continues persons with the HIV virus experience a brake down in their immune system, followed by a break down in their health. The continued weakening of the infected individuals' ability to fight off sicknesses eventually progresses to an accelerated rate. As persons infected with the HIV virus are more susceptible to all types of infections, and illness from the environment, they are equally more susceptible to infections from fungi, bacteria, parasites, and viruses they may come in contact with during a sexual encounter. For this reason it is fitting to review the subject of STDs.

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

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

Sexually active individuals should get routine checkups. Some STD's do not produces immediate symptoms. A long time may pass before signs that there is something wrong appear, alerting the infected individual. Moreover, the sexually active should use every precaution to protect from contracting any one of the many STD's from their sexual partner. This should be a given, but it is not always the case. It is impossible to know with 100% certainty if your sexual partner has not been exposed and may have something you don't want. If you have any doubt whatsoever it is not worth the risk, and risk it is, of your life. Fidelity and loyalty are a valued part of a relationship, however statistics show infidelity occurs in some relationships.

Overall, if you are remotely unsure about your sexual partners' faithfulness, and you are not using protection, you are gambling your life; it's as simple as that. Because there are so many different STD's/STI's to cover in the context of this course the list here has been confined to STD's/STI's which are prevalent and pose an accelerated threat when compounded with HIV infection the list is of the STD's that are not uncommonly found in sexually active people that either did not use protection or the protection used failed.

Getting Tested For STDs

For those, which are fungal or bacterial infections, you can be tested as soon as two weeks after exposure. For the viral infections, you will have to wait for your body to produce enough antibodies to that specific virus to take what is called a "titer" blood test. That time is generally 3 months after exposure. An important rule of thumb: should you experience any symptoms after sexual contact, it is advisable to seek the advice of a physician as soon as possible.

Letting symptoms get worse or putting off STD testing can result in severe illness, sterility, Pelvic Inflammatory Disease, passing an infection to your next partner, irreversible damage to your nervous system, or even death.

Within the state of Florida, all Public Health Departments offer STD testing. The HIV/AIDS Hotline has a listing of STD test sites throughout the state of Florida.

STDs and STI's Index
Acquired Immunodeficiency Syndrome (AIDS)
Syphilis
Gonorrhea
Genital Herpes
Genital Warts
Chlamydia
Trichomoniasis (Trich)
Candida/Vaginal Thrush
Pediculosis Pubis (pubic lice)
Scabies
Moluscoum Contagiosum
Hepatitis A
Hepatitis B
Hepatitis C

AIDS Drug Assistance Programs (ADAPs)

AIDS Drug Assistance Programs (ADAPs) provide FDA-approved HIV-related prescription drugs to low-income people with HIV/AIDS who have limited or no prescription drug coverage. They do so directly or by purchasing health insurance that includes medications. ADAPs reached approximately one quarter of people with HIV/AIDS estimated to be receiving care in the United States.

Each state operates its own ADAP, including determining eligibility criteria and other program elements, resulting in wide variation in ADAPs across the country. Clients must be HIV positive, low-income, and under- or uninsured. Effective July 1, 2007, requiring ADAPs to cover at least one medication from within each antiretroviral drug class there are currently four classes.

Eligibility Criteria
As of June 2006:

- All ADAPs require documentation of HIV status. Seven use additional clinical criteria (e.g., specific CD4 counts or viral load ranges) generally; 13 use clinical criteria for access to particular drugs.
- All ADAPs require clients to be residents in their state, and some require proof of residency.
- Financial eligibility ranges from a low of 125% of the Federal Poverty Level (FPL) in North Carolina8 to 500% FPL or more in 4 states—Maryland, Massachusetts, New Jersey, and Ohio (in 2006, FPL was $9,800 annually for a single person). Some ADAPs also have asset limits.

Waiting Lists and Other Cost-Containment Measures
Due to budget shortfalls, some ADAPs have instituted waiting lists and other cost-containment measures.

- As of March 2007, 4 ADAPs had waiting lists, totaling 571 people with HIV who could not gain access to medications through their state's ADAP, despite meeting eligibility criteria.
- Many states have other cost-containment measures in place, including formulary limits, drug-specific enrollment caps, client cost-sharing and prior authorization for drugs. A few states implemented new measures over the past fiscal year: 3 further restricted eligibility; 2 reduced formularies; and 1 introduced client cost-sharing.

Appropriate behavior in dealing with HIV Positive People

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

Regrettably, not everyone is compassionate or caring. Realistically though … it's no secret; some people are just down right rude, and some are even mean and hateful. An unfortunate by product made necessary by people who fit this group, are the many laws which have been established to protect HIV positive people from unfair treatment. These laws, not unlike the disease itself, tend to be complicated and can be perplexing. They are designed to protect the rights of HIV positive people, by making certain conduct compulsory so as to compel certain behavior or face the risk of costly legal actions.

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

that protect the rights of HIV positive people, with the expectation you will develop a better understanding of both voluntary behavior toward people with HIV/AIDS, and compulsory behavior toward people with HIV/AIDS, the latter of which if followed can help protect you from unwanted legal actions.

HIV Positive Coworkers or Customers
If someone you know has HIV infection or AIDS, you may feel anxious. That is a normal reaction. People with HIV infection or AIDS also feel anxious about their health and about how coworkers will treat them.

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

1. Most people with HIV infection or AIDS are able to function normally and independently. They want to live and work without being singled out or harassed. They need your understanding and sensitivity.

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

3. People infected with the virus have damaged immune systems. Be careful not to expose them to your colds or coughs. Even a minor cold can be dangerous to someone with HIV infection or AIDS.

4. Your coworkers may have a spouse, family member, life-partner or close friend with the virus. Be supportive of them.

Discrimination

Forms of Discrimination to HIV Positive People

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

Rules protecting HIV positive individuals

1. The ADA also requires employers to make "reasonable accommodations" or their disabled workers. "Reasonable accommodations" mean adapting the workplace to the employee's disability so that he/she can continue working.

2. The person with the disability must identify him or herself as having a disability and must request the accommodation.

3. In Florida Any person who maliciously, or for monetary gain, breaches the confidentiality of sexually transmitted

4. Disease information commits a felony of the third degree.

5. HIV positive people cannot be fired for using health or disability benefits.
6. Plan participants and beneficiaries cannot be discharged, fined, suspended, expelled, disciplined, or discriminated against for exercising any right or prospective rights under a plan.

7. Treatment of employees with AIDS or who are HIV positive should be consistent with treatment of other employee medical conditions.

8. The Employee Retirement Income Security Act of 1974 (ERISA) prohibits forced retirement of an employee with AIDS or HIV infection; denial of short or long term disability payments; denial of disability pension, or discontinuation of health insurance.

9. The Americans with Disabilities Act does also prohibit discrimination in the terms and conditions of employment, including health and disability insurance benefits.

10. An employer may not ask or require a job applicant to take a medical examination before making a job offer. It cannot make any pre-offer inquiry about a disability or the nature or severity of a disability.

Workplace Programs and Policies
Design policies and implement workplace programs before your company is directly confronted by the issue. Then, you can:

- Help prevent the spread of HIV infection among your employees and their families and within your community
- Plan for reasonable accommodations as you would for other persons with disabilities
- Reduce employee fear, work disruption, and customer concern
- Demonstrate your company’s responsiveness and compassion
- Meet national and State antidiscrimination requirements as mandated in the ADA, the Rehabilitation Act of 1973, and State and local statutes
- Where applicable, address the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard in your policy, mandating the use of infection-control procedures and the establishment of written exposure control plans to protect workers

BUILDING YOUR PROGRAM

A division of the CDC known as "Business/Labor Responds to AIDS", (BRTA/LRTA), is a resource for workplace programs that can protect you your employees and your business. If you are an employee it can protect you from unnecessary litigation and costly court cases, and if you are a person living with HIV/AIDS it can help you know your rights and be treated fairly.

The Five Components

There are five components to the BRTA/LRTA programs. Each of these components can be implemented individually, but the program works best when all five components are implemented as a group. The BRTA/LRTA components are relevant to large and small businesses, labor unions, and other organizations, both domestically and internationally. These components can be used for a specific HIV/AIDS prevention program or can be incorporated into a larger, overall health and wellness program:

HIV/AIDS Policy Development, a written policy that covers HIV that complies with U.S. Federal, state, and local laws or relevant laws in other countries and describes the parameters of legal and other workplace issues. Such as reasonable accommodation, confidentiality, hiring, benefits, non-discrimination, other employment practices, universal precautions, co-worker anxiety, insurance and other healthcare issues, and implementation of workplace education efforts. This can be a specific HIV policy or part of a pre-existing catastrophic illness policy.

Training for managers, supervisors, and labor leaders, to address HIV issues in the workplace. This includes imparting knowledge of the organization's policy and strengthening the ability of leaders and managers to exercise the skills necessary to address the full scope of HIV issues in the workplace.

HIV/AIDS education for employees/workers to address HIV transmission, prevention practices, workplace issues, and the company's HIV policies in these and related areas; with the increased turnover and high mobility of today's workplace, it is necessary to continue with educational efforts consistent with sound training principles. Training sessions must be an ongoing process of information dissemination.

HIV/AIDS education for employees/workers' families, through the employee/worker or directly from the employer to the family.

Cumulative AIDS Cases for 31 States and Florida's Major Cities Reported through December 2005*

RANK	STATE (EMA)	TOTAL
1	New York	172,377
2	California	139,019
3	**Florida**	**100,809**
4	Texas	67,227
5	New Jersey	48,431
6	Illinois	32,595
7	Pennsylvania	31,977
	Miami, FL	25,357
8	Georgia	30,405
9	Maryland	29,116
10	Massachusetts	18,896
11	Louisiana	16,952
12	Virginia	16,378
	Ft. Lauderdale, FL	**15,920**
13	North Carolina	14,915
14	Connecticut	14,487
15	Michigan	14,386
16	Ohio	14,381
17	South Carolina	12,715
18	Tennessee	11,867
19	Washington	11,438
20	Missouri	10,630
	Tampa-St. Petersburg, FL	**10,6889**
21	Arizona	9,952
	West Palm Beach, FL	**9,576**
22	Colorado	8,480
	Orlando, FL	**8,239**
23	Alabama	8,252
24	Indiana	7,963
25	Oregon	5,740
26	Mississippi	6,376
	Jacksonville, FL	**5,785**
27	Nevada	5,481
28	Oklahoma	4,651
29	Minnesota	4,632
30	Wisconsin	4,332
31	Wyoming	225

* Source: CDC HIV/AIDS Surveillance Report, 2005

Unit-2

2006 and 2007 State and Federal Laws and Rules

(Four Credit Hours)

Course Outline

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

Course Overview

The practice of cosmetology in the State of Florida is governed by several areas of law. The areas featured in this course have been carefully selected to meet the requirements set forth in:
CHAPTER 61G5-32 CONTINUING EDUCATIONS,
which describes the mandatory subject matter for continuing education curricula. Those subjects being divided into the following 3 sections:

A. Florida Statutes
B. Florida Administrative Code
C. Federal Tax Law

Section A. Florida Statutes includes 2004 Florida Statutes, Chapter 455 and Chapter 477

Section B. includes 2004 Florida Administrative Code Chapter 61G5 BOARD OF COSMETOLOGY

Section C. includes tax information found in the avail able publications posted on the IRS website to educate taxpayers in the cosmetology industry. The foundation for this section is based on the IRS training program provided to cosmetology students.

As a licensed professional, you are responsible to be knowledgeable about the laws you are subject to. It is the purpose of this course that you learn the most current laws regarding the cosmetology industry, and that you understanding it is up to you to maintain awareness of any pertinent laws not covered by this subject mater. Always keep in mind that laws change and that not finding out about the change does not lessen your duty to obey the law. In short, in between renewal take the time to visit the web where you can review the laws that affect you, as they are becoming law.

This course will provide you with the latest law in both state statutes, and code as well as federal law that pertain to the cosmetology industry in the state of Florida. The important areas that will be addressed in this course are:

- The Florida Cosmetology Practice Act: Chapter 477 of the Florida Statutes
- Chapter 61G5 of the Florida Administrative Code

The following pages review the regulations that address you as a cosmetologist. These laws state your legal responsibilities and obligations. Other sections or chapters of the Florida Statutes [FS] and Florida Administrative Code [FAC] that apply to the practice of cosmetology (such as Chapter 456: Health Professions and Occupations; or
Chapter 120: Administrative Procedure Act; among others) are not addressed in this chapter. It should also be mentioned that the History of the laws contained in this course has not been included. To review the history or . Specific Authority, you should visit the Internet location where a posting of the current law is made available. There a version of text in full for the Laws of Florida may be found at
http://www.state.fl.us/dbpr/pro/cosmo/cos_codes.shtml. Please refer directly to the Laws of Florida to determine the effective date of an act or a particular amendment to see if there have been changes that affect you

Chapter 477
FLORIDA COSMETOLOGY ACT

The 2006 Florida Statutes

CHAPTER 477 COSMETOLOGY
477.011 Short title
477.012 Purpose
477.013 Definitions
477.0132 Hair braiding, hair wrapping, and body wrapping registration
477.0135 Exemptions
477.014 Qualifications for practice
477.015 Board of Cosmetology
477.016 Rulemaking
477.017 Legal services
477.018 Investigative services

477.019 Cosmetologists; qualifications; licensure; supervised practice; license renewal; endorsement; continuing education.
477.0201 Specialty registration; qualifications; registration renewal; endorsement
477.0212 Inactive status
477.0213 Cosmetology graduates of Florida School for the Deaf and the Blind; licenses
477.022 Examinations
477.023 Schools of cosmetology; licensure
477.025 Cosmetology salons; specialty salons; requisites; licensure; inspection; mobile cosmetology salons
477.026 Fees; disposition
477.0263 Cosmetology services to be performed in licensed salon; exception
477.0265 Prohibited acts
477.028 Disciplinary proceedings
477.029 Penalty
477.031 Civil proceedings.
477.011 Short title.--This act shall be known and may be cited as the "Florida Cosmetology Act."

477.12 Purpose.—
The Legislature deems it necessary in the interest of public health to regulate the practice of cosmetology in this state. However, restrictions shall be imposed only to the extent necessary to protect the public from significant and discernible danger to health and not in a manner, which will unreasonably affect the competitive market. Further, consumer protection for both health and economic matters shall be afforded the public through legal remedies provided for in this act.

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

477.0132 Hair braiding, hair wrapping, and body wrapping registration. --
(1)(a) Persons whose occupation or practice is confined solely to hair braiding must register with the department, pay the applicable registration fee, and take a two-day 16-hour course. The course shall be board approved and consist of 5 hours of HIV/AIDS and other communicable diseases, 5 hours of sanitation and sterilization, 4 hours of disorders and diseases of the scalp, and 2 hours of studies regarding laws affecting hair braiding.
(b) Persons whose occupation or practice is confined solely to hair wrapping must register with the department, pay the applicable registration fee, and take a one-day 6-hour course. The course shall be board approved and consist of education in HIV/AIDS and other communicable diseases, sanitation and sterilization, disorders and diseases of the scalp, and studies regarding laws affecting hair wrapping.
(c) Unless otherwise licensed or exempted from licensure under this chapter, any person whose occupation or practice is body wrapping must register with the department, pay the applicable registration fee, and take a two-day 12-hour course. The course shall be board approved and consist of education in HIV/AIDS and other communicable diseases, sanitation and sterilization, disorders

and diseases of the skin, and studies regarding laws affecting body wrapping.
(d) Only the board may review, evaluate, and approve a course required of an applicant for registration under this subsection in the occupation or practice of hair braiding, hair wrapping, or body wrapping. A provider of such a course is not required to hold a license under chapter 1005.
(2) Hair braiding, hair wrapping, and body wrapping are not required to be practiced in a cosmetology salon or specialty salon. When hair braiding, hair wrapping, or body wrapping is practiced outside a cosmetology salon or specialty salon, disposable implements must be used or all implements must be sanitized in a disinfectant approved for hospital use or approved by the federal Environmental Protection Agency.
(3) Pending issuance of registration, a person is eligible to practice hair braiding, hair wrapping, or body wrapping upon submission of a registration application that includes proof of successful completion of the education requirements and payment of the applicable fees required by this chapter.

477.0135 Exemptions.--
(1) This chapter does not apply to the following persons when practicing pursuant to their professional or occupational responsibilities and duties:
(a) Persons authorized under the laws of this state to practice medicine, surgery, osteopathic medicine, chiropractic medicine, massage, naturopathy, or podiatric medicine.
(b) Commissioned medical or surgical officers of the United States Armed Forces hospital services.
(c) Registered nurses under the laws of this state.
(d) Persons practicing barbering under the laws of this state.
(e) Persons employed in federal, state, or local institutions, hospitals, or military bases as cosmetologists whose practices are limited to the inmates, patients, or authorized military personnel of such institutions, hospitals, or bases.
(f) Persons whose practice is limited to the application of cosmetic products to another person in connection with the sale, or attempted sale, of such products at retail without compensation from such other person other than the regular retail price of such merchandise.
(2) A license is not required of any person whose occupation or practice is confined solely to shampooing.
(3) A license or registration is not required of any person whose occupation or practice is confined solely to cutting, trimming, polishing, or cleansing the fingernails of any person when said cutting, trimming, polishing, or cleansing is done in a barbershop licensed pursuant to chapter 476 which is carrying on a regular and customary business of barbering, and such individual has been practicing the activities set forth in this subsection prior to October 1, 1985.
(4) A photography studio salon is exempt from the licensure provisions of this chapter. However, the hair-arranging services of such salon must be performed under the supervision of a licensed cosmetologist employed by the salon. The salon must use disposable hair-arranging implements or use a wet or dry sanitizing system approved by the federal Environmental Protection Agency.
(5) A license is not required of any individual providing makeup, special effects, or cosmetology services to an actor, stunt person, musician, extra, or other talent during a production recognized by the Office of Film and Entertainment as a qualified production as defined in s. 288.1254(2). Such services are not required to be performed in a licensed salon. Individuals exempt under this subsection may not provide such services to the general public.
(6) A license is not required of any individual providing makeup or special effects services in a theme park or entertainment complex to an actor, stunt person, musician, extra, or other talent, or providing makeup or special effects services to the general public. The term "theme park or entertainment complex" has the same meaning as in s. 509.013(9).

477.13 Qualifications for practice.—
On and after January 1, 1979, no person other than a duly licensed cosmetologist shall practice cosmetology or use the name or title of cosmetologist.

477.015 Board of Cosmetology.--
(1) There is created within the department the Board of Cosmetology consisting of seven members, who shall be appointed by the Governor, subject to confirmation by the Senate, and whose function it shall be to carry out the provisions of this act.
(2) Five members of the board shall be licensed cosmetologists and shall have been engaged in the practice of cosmetology in this state for not less than 5 years. Two members of the board shall be laypersons. Each board member shall be a resident of this state and shall have been a resident of this state for not less than 5 continuous years.
(3) The Governor may at any time fill vacancies on the board for the remainder of unexpired terms. Each member of the board shall hold over after the expiration of his or her term until a successor is duly appointed and qualified. No board member shall serve more than two consecutive terms, whether full or partial.
(4) Before assuming his or her duties as a board member, each appointee shall take the constitutional oath of office and shall file it with the Department of State, which shall then issue to such member a certificate of his or her appointment.
(5) The board shall, in the month of January, elect from its number a chair and a vice chair.
(6) The board shall hold such meetings during the year as it may determine to be necessary, one of which shall be the annual meeting. The chair of the board shall have the authority to call other meetings at his or her discretion. A quorum of the board shall consist of not less than four members.
(7) Each member of the board shall receive $50 for each day spent in the performance of official board business, with the total annual compensation per member not to exceed $2,000. Additionally, board members shall receive per diem and mileage as provided in s. 112.061, from place of residence to place of meeting and return.
(8) Each board member shall be held accountable to the Governor for the proper performance of all his or her duties and obligations. The Governor shall investigate any complaints or unfavorable reports received concerning the actions of the board, or its members, and shall take appropriate action thereon, which action may include removal of any board member. The Governor may remove from office any board member for neglect of duty, incompetence, or unprofessional or dishonorable conduct.

477.016 Rulemaking.--
(1) The board may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter conferring duties upon it.
(2) The board may by rule adopt any restriction established by a regulation of the United States Food and Drug Administration related to the use of a cosmetic product or any substance used in the practice of cosmetology if the board finds that the product or substance poses a risk to the health, safety, and welfare of clients or persons providing cosmetology services.

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

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

477.019 Cosmetologists; qualifications; licensure; supervised practice; license renewal; endorsement; continuing education.-
(1) A person desiring to be licensed as a cosmetologist shall apply to the department for licensure.
(2) An applicant shall be eligible for licensure by examination to practice cosmetology if the applicant:
(a) Is at least 16 years of age or has received a high school diploma;
(b) Pays the required application fee, which is not refundable, and the required examination fee, which is refundable if the applicant is determined to not be eligible for licensure for any reason other than failure to successfully complete the licensure examination; and
(c) 1. Is authorized to practice cosmetology in another state or country, has been so authorized for at least 1 year, and does not qualify for licensure by endorsement as provided for in subsection (6); or
2. Has received a minimum of 1,200 hours of training as established by the board, which shall include, but shall not be limited to, the equivalent of completion of services directly related to the practice of cosmetology at one of the following:
a. A school of cosmetology licensed pursuant to chapter 1005.
b. A cosmetology program within the public school system.
c. The Cosmetology Division of the Florida School for the Deaf and the Blind provided the division meets the standards of this chapter.
d. A government-operated cosmetology program in this state.
The board shall establish by rule procedures whereby the school or program may certify that a person is qualified to take the required examination after the completion of a minimum of 1,000 actual school hours. If the person then passes the examination, he or she shall have satisfied this requirement; but if the person fails the examination, he or she shall not be qualified to take the examination again until the completion of the full requirements provided by this section.
(3) Upon an applicant receiving a passing grade, as established by board rule, on the examination and paying the initial licensing fee, the department shall issue a license to practice cosmetology.
(4) Following the completion of the first licensing examination and pending the results of that examination and issuance of a license to practice cosmetology, graduates of licensed cosmetology schools or cosmetology programs offered in public school systems, which schools or programs are certified by the Department of Education, are eligible to practice cosmetology, provided such graduates practice under the supervision of a licensed cosmetologist in a licensed cosmetology salon. A graduate who fails the first examination may continue to practice under the supervision of a licensed cosmetologist in a licensed cosmetology salon if the graduate applies for the next available examination and until the graduate receives the results of that examination. No graduate may continue to practice under this subsection if the graduate fails the examination twice.
(5) Renewal of license registration shall be accomplished pursuant to rules adopted by the board.
(6) The board shall adopt rules specifying procedures for the licensure by endorsement of practitioners desiring to be licensed in this state who hold a current active license in another state and who have met qualifications substantially similar to, equivalent to, or greater than the qualifications required of applicants from this state.
(7)(a) The board shall prescribe by rule continuing education requirements intended to ensure protection of the public through updated training of licensees and registered specialists, not to exceed 16 hours biennially, as a condition for renewal of a license or registration as a specialist under this chapter. Continuing education courses shall include, but not be limited to, the following subjects as they relate to the practice of cosmetology: human immunodeficiency virus and acquired immune deficiency syndrome; Occupational Safety and Health Administration regulations; workers' compensation issues; state and federal laws and rules as they pertain to cosmetologists, cosmetology, salons, specialists, specialty salons, and booth renters; chemical makeup as it pertains to hair, skin, and nails; and environmental issues. Courses given at cosmetology conferences may be counted toward the number of continuing education hours required if approved by the board.
(b) Any person whose occupation or practice is confined solely to hair braiding, hair wrapping, or body wrapping is exempt from the continuing education requirements of this subsection.
(c) The board may, by rule, require any licensee in violation of a continuing education requirement to take a refresher course or refresher course and examination in addition to any other penalty. The number of hours for the refresher course may not exceed 48 hours.

477.0201 Specialty registration; qualifications; registration renewal; endorsement.--
(1) Any person is qualified for registration as a specialist in any one or more of the specialty practices within the practice of cosmetology under this chapter who:
(a) Is at least 16 years of age or has received a high school diploma.
(b) Has received a certificate of completion in a specialty pursuant to s. 477.013(6) from one of the following:
1. A school licensed pursuant to s. 477.023.
2. A school licensed pursuant to chapter 1005 or the equivalent licensing authority of another state.
3. A specialty program within the public school system.

4. A specialty division within the Cosmetology Division of the Florida School for the Deaf and the Blind provided the training programs comply with minimum curriculum requirements established by the board.
(2) A person desiring to be registered as a specialist shall apply to the department in writing upon forms prepared and furnished by the department.
(3) Upon paying the initial registration fee, the department shall register the applicant to practice one or more of the specialty practices within the practice of cosmetology.
(4) Renewal of registration shall be accomplished pursuant to rules adopted by the board.
(5) The board shall adopt rules specifying procedures for the registration of specialty practitioners desiring to be registered in this state who have been registered or licensed and are practicing in states which have registering or licensing standards substantially similar to, equivalent to, or more stringent than the standards of this state.
(6) Pending issuance of registration, a person is eligible to practice as a specialist upon submission of a registration application that includes proof of successful completion of the education requirements and payment of the applicable fees required by this chapter, provided such practice is under the supervision of a registered specialist in a licensed specialty or cosmetology salon.

477.0212 Inactive status.--
(1) A cosmetologist's license that has become inactive may be reactivated under s. 477.019 upon application to the department.
(2) The board shall promulgate rules relating to licenses, which have become inactive and for the renewal of inactive licenses. The board shall prescribe by rule a fee not to exceed $50 for the reactivation of an inactive license and a fee not to exceed $50 for the renewal of an inactive license.

477.0213 Cosmetology graduates of Florida School for the Deaf and the Blind; licenses.—
The department shall license candidates upon graduation from the Cosmetology Division of the Florida School for the Deaf and the Blind. The department shall, by rule, provide fees for licenses issued to candidates from the Cosmetology Division of the Florida School for the Deaf and the Blind and shall also provide, by rule, for the type of licenses to be issued and for any required applications.
(1) The board shall specify by rule the general areas of competency to be covered by examinations for the licensing under this chapter of cosmetologists. The rules shall include the relative weight assigned in grading each area, the grading criteria to be used by the examiner, and the score necessary to achieve a passing grade. The board shall ensure that examinations adequately measure both an applicant's competency and her or his knowledge of related statutory requirements. Professional testing services may be utilized to formulate the examinations. The board may, by rule, offer a written clinical examination or a performance examination, or both, in addition to a written theory examination.
(2) The board shall ensure that examinations comply with state and federal equal employment opportunity guidelines.
(3) The examination shall be given at least once a year.
(4) The board shall adopt rules providing for reexamination of applicants who have failed the examinations.
(5) All licensing examinations shall be conducted in such manner that the applicant shall be known by number only until her or his examination is completed and the proper grade determined. An accurate record of each examination shall be made; and that record shall be filed with the secretary of the department and shall be kept for reference and inspection for a period of not less than 2 years immediately following the examination.

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

477.025 Cosmetology salons; specialty salons; requisites; licensure; inspection; mobile cosmetology salons.--
(1) No cosmetology salon or specialty salon shall be permitted to operate without a license issued by the department except as provided in subsection (11).
(2) The board shall adopt rules governing the licensure and operation of salons and specialty salons and their facilities, personnel, safety and sanitary requirements, and the license application and granting process.
(3) Any person, firm, or corporation desiring to operate a cosmetology salon or specialty salon in the state shall submit to the department an application upon forms provided by the department and accompanied by any relevant information requested by the department and by an application fee.
(4) Upon receiving the application, the department may cause an investigation to be made of the proposed cosmetology salon or specialty salon.
(5) When an applicant fails to meet all the requirements provided herein, the department shall deny the application in writing and shall list the specific requirements not met. No applicant denied licensure because of failure to meet the requirements herein shall be precluded from reapplying for licensure.
(6) When the department determines that the proposed cosmetology salon or specialty salon may reasonably be expected to meet the requirements set forth herein, the department shall grant the license upon such conditions as it shall deem proper under the circumstances and upon payment of the original licensing fee.
(7) No license for operation of a cosmetology salon or specialty salon may be transferred from the name of the original licensee to another. It may be transferred from one location to another only upon approval by the department, which approval shall not be unreasonably withheld.
(8) Renewal of license registration for cosmetology salons or specialty salons shall be accomplished pursuant to rules adopted by the board. The board is further authorized to adopt rules governing delinquent renewal of licenses and may impose penalty fees for delinquent renewal.
(9) The board is authorized to adopt rules governing the periodic inspection of cosmetology salons and specialty salons licensed under this chapter.

(10)(a) The board shall adopt rules governing the licensure, operation, and inspection of mobile cosmetology salons, including their facilities, personnel, and safety and sanitary requirements.
(b) Each mobile salon must comply with all licensure and operating requirements specified in this chapter or chapter 455 or rules of the board or department that apply to cosmetology salons at fixed locations, except to the extent that such requirements conflict with this subsection or rules adopted pursuant to this subsection.
(c) A mobile cosmetology salon must maintain a permanent business address, located in the inspection area of the local department office, at which records of appointments, itineraries, license numbers of employees, and vehicle identification numbers of the licenseholder's mobile salon shall be kept and made available for verification purposes by department personnel, and at which correspondence from the department can be received.
(d) To facilitate periodic inspections of mobile cosmetology salons, prior to the beginning of each month each mobile salon licenseholder must file with the board a written monthly itinerary listing the locations where and the dates and hours when the mobile salon will be operating.
(e) The board shall establish fees for mobile cosmetology salons, not to exceed the fees for cosmetology salons at fixed locations.
(f) The operation of mobile cosmetology salons must be in compliance with all local laws and ordinances regulating business establishments, with all applicable requirements of the Americans with Disabilities Act relating to accommodations for persons with disabilities, and with all applicable OSHA requirements.
(11) Facilities licensed under part II of chapter 400 or under part I of chapter 429 are exempt from this section, and a cosmetologist licensed pursuant to s. 477.019 may provide salon services exclusively for facility residents.

477.026 Fees; disposition.--
(1) The board shall set fees according to the following schedule:
(a) For cosmetologists, fees for original licensing, license renewal, and delinquent renewal shall not exceed $25.
(b) For cosmetologists, fees for endorsement application, examination, and reexamination shall not exceed $50.
(c) For cosmetology and specialty salons, fees for license application, original licensing, license renewal, and delinquent renewal shall not exceed $50.
(d) For specialists, fees for application and endorsement registration shall not exceed $30.
(e) For specialists, fees for initial registration, registration renewal, and delinquent renewal shall not exceed $50.
(f) For hair braiders, hair wrappers, and body wrappers, fees for registration shall not exceed $25.
(2) All moneys collected by the department from fees authorized by this chapter shall be paid into the Professional Regulation Trust Fund, which fund is created in the department, and shall be applied in accordance with ss. 215.37 and 455.219. The Legislature may appropriate any excess moneys from this fund to the General Revenue Fund.
(3) The department, with the advice of the board, shall prepare and submit a proposed budget in accordance with law.

477.0263 Cosmetology services to be performed in licensed salon; exception.--
(1) Cosmetology services shall be performed only by licensed cosmetologists in licensed salons, except as otherwise provided in this section.
(2) Pursuant to rules established by the board, cosmetology services may be performed by a licensed cosmetologist in a location other than a licensed salon, including, but not limited to, a nursing home, hospital, or residence, when a client for reasons of ill health is unable to go to a licensed salon. Arrangements for the performance of such cosmetology services in a location other than a licensed salon shall be made only through a licensed salon.
(3) Any person who holds a valid cosmetology license in any state or who is authorized to practice cosmetology in any country, territory, or jurisdiction of the United States may perform cosmetology services in a location other than a licensed salon when such services are performed in connection with the motion picture, fashion photography, theatrical, or television industry; a photography studio salon; a manufacturer trade show demonstration; or an educational seminar.

477.0265 Prohibited acts.--
(1) It is unlawful for any person to:
(a) Engage in the practice of cosmetology or a specialty without an active license as a cosmetologist or registration as a specialist issued by the department pursuant to the provisions of this chapter.
(b) Own, operate, maintain, open, establish, conduct, or have charge of, either alone or with another person or persons, a cosmetology salon or specialty salon:
1. Which is not licensed under the provisions of this chapter; or
2. In which a person not licensed or registered as a cosmetologist or a specialist is permitted to perform cosmetology services or any specialty.
(c) Engage in willful or repeated violations of this chapter or of any rule adopted by the board.
(d) Permit an employed person to engage in the practice of cosmetology or of a specialty unless such person holds a valid, active license as a cosmetologist or registration as a specialist.
(e) Obtain or attempt to obtain a license or registration for money, other than the required fee, or any other thing of value or by fraudulent misrepresentations.
(f) Use or attempt to use a license to practice cosmetology or a registration to practice a specialty, which license or registration is suspended or revoked.
(g) Advertise or imply that skin care services or body wrapping, as performed under this chapter, have any relationship to the practice of massage therapy as defined in s. 480.033(3), except those practices or activities defined in s. 477.013.
(h) In the practice of cosmetology, use or possess a cosmetic product containing a liquid nail monomer containing any trace of methyl methacrylate (MMA).
(2) Any person who violates any provision of this section commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

477.028 Disciplinary proceedings.--
(1) The board shall have the power to revoke or suspend the license of a cosmetologist licensed under this chapter, or the registration of a specialist registered under this chapter, and to

reprimand, censure, deny subsequent licensure or registration of, or otherwise discipline a cosmetologist or a specialist licensed or registered under this chapter in any of the following cases:
(a) Upon proof that a license or registration has been obtained by fraud or misrepresentation.
(b) Upon proof that the holder of a license or registration is guilty of fraud or deceit or of gross negligence, incompetency, or misconduct in the practice or instruction of cosmetology or a specialty.
(c) Upon proof that the holder of a license or registration is guilty of aiding, assisting, procuring, or advising any unlicensed person to practice as a cosmetologist.
(2) The board shall have the power to revoke or suspend the license of a cosmetology salon or a specialty salon licensed under this chapter, to deny subsequent licensure of such salon, or to reprimand, censure, or otherwise discipline the owner of such salon in either of the following cases:
(a) Upon proof that a license has been obtained by fraud or misrepresentation.
(b) Upon proof that the holder of a license is guilty of fraud or deceit or of gross negligence, incompetency, or misconduct in the operation of the salon so licensed.
(3) Disciplinary proceedings shall be conducted pursuant to the provisions of chapter 120.
(4) The department shall not issue or renew a license or certificate of registration under this chapter to any person against whom or salon against which the board has assessed a fine, interest, or costs associated with investigation and prosecution until the person or salon has paid in full such fine, interest, or costs associated with investigation and prosecution or until the person or salon complies with or satisfies all terms and conditions of the final order.

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

477.031 Civil proceedings.--
As cumulative of any other remedy or criminal prosecution, the department may file a proceeding in the name of the state seeking issuance of a restraining order, injunction, or writ of mandamus against any person who is or has been violating any of the provisions of this chapter or the lawful rules or orders of the department.

Chapter 455
BUSINESS AND PROFESSIONAL REGULATION: GENERAL PROVISIONS

The 2006 Florida Statutes
CHAPTER 455
BUSINESS AND PROFESSIONAL REGULATION: GENERAL PROVISIONS

455.2123 Continuing education
455.2124 Proration of or not requiring continuing education
455.2177 Monitoring of compliance with continuing education requirements
455.2179 Continuing education provider and course approval; cease and desist orders
455.2228 Barbers and cosmetologists; instruction on HIV and AIDS
455.2235 Mediation
455.224 Authority to issue citations
455.225 Disciplinary proceedings
455.2255 Classification of disciplinary actions
455.227 Grounds for discipline; penalties; enforcement
455.2273 Disciplinary guidelines
455.2275 Penalty for giving false information
455.2277 Prosecution of criminal violations
455.228 Unlicensed practice of a profession; cease and desist notice; civil penalty; enforcement; citations; allocation of moneys collected
455.2281 Unlicensed activities; fees; disposition
455.232 Disclosure of confidential information
455.271 Inactive and delinquent status
455.273 Renewal and cancellation notices
455.275 Address of record

455.2123 Continuing education.--
A board, or the department when there is no board, may provide by rule that distance learning may be used to satisfy continuing education requirements.

455.2124 Proration of or not requiring continuing education.
A board, or the department when there is no board, may:
(1) Prorate continuing education for new licensees by requiring half of the required continuing education for any applicant who becomes licensed with more than half the renewal period remaining and no continuing education for any applicant who becomes licensed with half or less than half of the renewal period remaining; or

(2) Require no continuing education until the first full renewal cycle of the licensee.
These options shall also apply when continuing education is first required or the number of hours required is increased by law or the board, or the department when there is no board.

455.2177 Monitoring of compliance with continuing education requirements.
(1) The department shall establish a system to monitor licensee compliance with applicable continuing education requirements and to determine each licensee's continuing education status. As used in this section, the term "monitor" means the act of determining, for each licensee, whether the licensee was in full compliance with applicable continuing education requirements as of the time of the licensee's license renewal.
(2) The department may refuse renewal of a licensee's license until the licensee has satisfied all applicable continuing education requirements. This subsection does not preclude the department or boards from imposing additional penalties pursuant to the applicable practice act or rules adopted pursuant thereto.
(3) The department may waive the continuing education monitoring requirements of this section for any profession that demonstrates to the department that the monitoring system places an undue burden on the profession. The department shall waive the continuing education monitoring requirements of this section for any profession that has a program in place, which measures compliance with continuing education requirements through statistical sampling techniques or other methods and can indicate that at least 95 percent of its licensees are in compliance.
(4) The department may adopt rules under ss. 120.536(1) and 120.54 to implement this section.

455.2179 Continuing education provider and course approval; cease and desist orders.
(1) If a board, or the department if there is no board, requires completion of continuing education as a requirement for renewal of a license, the board, or the department if there is no board, shall approve providers of the continuing education. The approval of continuing education providers and courses must be for a specified period of time, not to exceed 4 years. An approval that does not include such a time limitation may remain in effect pursuant to the applicable practice act or the rules adopted under the applicable practice act.
(2) The board, or the department if there is no board, shall issue an order requiring a person or entity to cease and desist from offering any continuing education programs for licensees, and fining, suspending, or revoking any approval of the provider previously granted by the board, or the department if there is no board, if the board, or the department if there is no board, determines that the person or entity failed to provide appropriate continuing education services that conform to approved course material. Such fine may not exceed $500 per violation. Investigations and prosecutions of a provider's failure to comply with its duties under this section shall be conducted under s. 455.225.
(3) Each board authorized to approve continuing education providers, or the department if there is no board, may establish, by rule, a fee not to exceed $250 for anyone seeking approval to provide continuing education courses and may establish, by rule, a biennial fee not to exceed $250 for the renewal of providership of such courses. The Florida Real Estate Commission, authorized under the provisions of chapter 475 to approve prelicensure, precertification, and postlicensure education providers, may establish, by rule, an application fee not to exceed $250 for anyone seeking approval to offer prelicensure, precertification, or postlicensure education courses and may establish, by rule, a biennial fee not to exceed $250 for the renewal of such courses. Such postlicensure education courses are subject to the reporting, monitoring, and compliance provisions of this section and ss. 455.2177 and 455.2178.
(4) The department and each affected board may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this section.

455.2228 Barbers and cosmetologists; instruction on HIV and AIDS.
(1) The board, or the department where there is no board, shall require each person licensed or certified under chapter 476 or chapter 477 to complete a continuing educational course approved by the board, or the department where there is no board, on human immunodeficiency virus and acquired immune deficiency syndrome as part of biennial relicensure or recertification. The course shall consist of education on modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome, with an emphasis on appropriate behavior and attitude change.
(2) When filing fees for each biennial renewal, each licensee shall submit confirmation of having completed said course, on a form provided by the board or by the department if there is no board. At the time of the subsequent biennial renewal when coursework is to be completed, if the licensee has not submitted confirmation, which has been received and recorded by the board, or department if there is no board, the department shall not renew the license.
(3) The board, or the department where there is no board, shall have the authority to approve additional equivalent courses that may be used to satisfy the requirements in subsection (1).
(4) As of December 31, 1992, the board, or the department where there is no board, shall require, as a condition of granting a license under any of the chapters or parts thereof specified in subsection (1), that an applicant making initial application for licensure complete an educational course acceptable to the board, or the department where there is no board, on human immunodeficiency virus and acquired immune deficiency syndrome. An applicant who has not taken a course at the time of licensure shall, upon an affidavit showing good cause, be allowed 6 months to complete this requirement.
(5) The board, or the department where there is no board, shall have the authority to adopt rules to carry out the provisions of this section.
(6) The board, or the department where there is no board, shall report to the Legislature by March 1 of each year as to the implementation and compliance with the requirements of this section.
(7) Any professional holding two or more licenses subject to the provisions of this section shall be permitted to show proof of having taken one board-approved course, or one department-approved course where there is no board, on human immunodeficiency virus and acquired immune deficiency

syndrome, for purposes of relicensure or recertification for additional licenses.

455.2235 Mediation.
(1) Notwithstanding the provisions of s. 455.225, the board, or the department when there is no board, shall adopt rules to designate which violations of the applicable professional practice act are appropriate for mediation. The board, or the department when there is no board, may designate as mediation offenses those complaints where harm caused by the licensee is economic in nature or can be remedied by the licensee.
(2) After the department determines a complaint is legally sufficient and the alleged violations are defined as mediation offenses, the department or any agent of the department may conduct informal mediation to resolve the complaint. If the complainant and the subject of the complaint agree to a resolution of a complaint within 14 days after contact by the mediator, the mediator shall notify the department of the terms of the resolution. The department or board shall take no further action unless the complainant and the subject each fail to record with the department an acknowledgment of satisfaction of the terms of mediation within 60 days of the mediator's notification to the department. In the event the complainant and subject fail to reach settlement terms or to record the required acknowledgment, the department shall process the complaint according to the provisions of s. 455.225.
(3) Conduct or statements made during mediation are inadmissible in any proceeding pursuant to s. 455.225. Further, any information relating to the mediation of a case shall be subject to the confidentiality provisions of s. 455.225.
(4) No licensee shall go through the mediation process more than three times without approval of the department. The department may consider the subject and dates of the earlier complaints in rendering its decision. Such decision shall not be considered a final agency action for purposes of chapter 120.
(5) If any board fails to adopt rules designating which violations are appropriate for resolution by mediation by January 1, 1995, the department shall have exclusive authority to, and shall, adopt rules to designate the violations which are appropriate for mediation. Any board created on or after January 1, 1995, shall have 6 months to adopt rules designating which violations are appropriate for mediation, after which time the department shall have exclusive authority to adopt rules pursuant to this section. A board shall have continuing authority to amend its rules adopted pursuant to this section.

455.224 Authority to issue citations.
(1) Notwithstanding s. 455.225, the board or the department shall adopt rules to permit the issuance of citations. The citation shall be issued to the subject and shall contain the subject's name and address, the subject's license number if applicable, a brief factual statement, the sections of the law allegedly violated, and the penalty imposed. The citation must clearly state that the subject may choose, in lieu of accepting the citation, to follow the procedure under s. 455.225. If the subject disputes the matter in the citation, the procedures set forth in s. 455.225 must be followed. However, if the subject does not dispute the matter in the citation with the department within 30 days after the citation is served; the citation becomes a final order and constitutes discipline. The penalty shall be a fine or other conditions as established by rule.
(2) The board, or the department when there is no board, shall adopt rules designating violations for which a citation may be issued. Such rules shall designate as citation violations those violations for which there is no substantial threat to the public health, safety, and welfare.
(3) The department shall be entitled to recover the costs of investigation, in addition to any penalty provided according to board or department rule, as part of the penalty levied pursuant to the citation.
(4) A citation must be issued within 6 months after the filing of the complaint that is the basis for the citation.
(5) Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the subject's last known address.
(6) Within its jurisdiction, the department has exclusive authority to, and shall adopt rules to, designate those violations for which the licensee is subject to the issuance of a citation and designate the penalties for those violations if any board fails to incorporate this section into rules by January 1, 1992. A board created on or after January 1, 1992, has 6 months in which to enact rules designating violations and penalties appropriate for citation offenses. Failure to enact such rules gives the department exclusive authority to adopt rules as required for implementing this section. A board has continuous authority to amend its rules adopted pursuant to this section.

455.225 Disciplinary proceedings.
(1)(a) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. A complaint is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department has occurred. In order to determine legal sufficiency, the department may require supporting information or documentation. The department may investigate, and the department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion. The department may investigate an anonymous complaint if the complaint is in writing and is legally sufficient, if the alleged violation of law or rules is substantial, and if the department has reason to believe, after preliminary inquiry, that the violations alleged in the complaint are true. The department may investigate a complaint made by a confidential informant if the complaint is legally sufficient, if the alleged violation of law or rule is substantial, and if the department has reason to believe, after preliminary inquiry, that the allegations of the complainant are true. The department may initiate an investigation if it has reasonable cause to believe that a licensee or a group of licensees has violated a Florida statute, a rule of the department, or a rule of a board.
(b) When an investigation of any subject is undertaken, the department shall promptly furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation. The subject may submit a written response to the information contained in such complaint or document within 20 days after service to the subject of the

complaint or document. The subject's written response shall be considered by the probable cause panel. The right to respond does not prohibit the issuance of a summary emergency order if necessary to protect the public. However, if the secretary, or the secretary's designee, and the chair of the respective board or the chair of its probable cause panel agree in writing that such notification would be detrimental to the investigation, the department may withhold notification. The department may conduct an investigation without notification to any subject if the act under investigation is a criminal offense.

(2) The department shall allocate sufficient and adequately trained staff to expeditiously and thoroughly determine legal sufficiency and investigate all legally sufficient complaints.

When its investigation is complete and legally sufficient, the department shall prepare and submit to the probable cause panel of the appropriate regulatory board the investigative report of the department. The report shall contain the investigative findings and the recommendations of the department concerning the existence of probable cause. At any time after legal sufficiency is found, the department may dismiss any case, or any part thereof, if the department determines that there is insufficient evidence to support the prosecution of allegations contained therein. The department shall provide a detailed report to the appropriate probable cause panel prior to dismissal of any case or part thereof, and to the subject of the complaint after dismissal of any case or part thereof, under this section. For cases dismissed prior to a finding of probable cause, such report is confidential and exempt from s. 119.07(1). The probable cause panel shall have access, upon request, to the investigative files pertaining to a case prior to dismissal of such case. If the department dismisses a case, the probable cause panel may retain independent legal counsel, employ investigators, and continue the investigation and prosecution of the case as it deems necessary.

(3)(a) As an alternative to the provisions of subsections (1) and (2), when a complaint is received, the department may provide a licensee with a notice of noncompliance for an initial offense of a minor violation. A violation is a minor violation if it does not demonstrate a serious inability to practice the profession, result in economic or physical harm to a person, or adversely affect the public health, safety, or welfare or create a significant threat of such harm. Each board, or the department if there is no board, shall establish by rule those violations, which are minor violations under this provision. Failure of a licensee to take action in correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings.

(b) The department may issue a notice of noncompliance for an initial offense of a minor violation, notwithstanding a board's failure to designate a particular minor violation by rule as provided in paragraph (a).

(4) The determination as to whether probable cause exists shall be made by majority vote of a probable cause panel of the board, or by the department, as appropriate. Each regulatory board shall provide by rule that the determination of probable cause shall be made by a panel of its members or by the department. Each board may provide by rule for multiple probable cause panels composed of at least two members. Each board may provide by rule that one or more members of the panel or panels may be a former board member. The length of term or repetition of service of any such former board member on a probable cause panel may vary according to the direction of the board when authorized by board rule. Any probable cause panel must include one of the board's former or present consumer members, if one is available, willing to serve, and is authorized to do so by the board chair. Any probable cause panel must include a present board member. Any probable cause panel must include a former or present professional board member. However, any former professional board member serving on the probable cause panel must hold an active valid license for that profession. All proceedings of the panel are exempt from s. 286.011 until 10 days after probable cause has been found to exist by the panel or until the subject of the investigation waives his or her privilege of confidentiality. The probable cause panel may make a reasonable request, and upon such request the department shall provide such additional investigative information as is necessary to the determination of probable cause. A request for additional investigative information shall be made within 15 days from the date of receipt by the probable cause panel of the investigative report of the department. The probable cause panel or the department, as may be appropriate, shall make its determination of probable cause within 30 days after receipt by it of the final investigative report of the department. The secretary may grant extensions of the 15-day and the 30-day time limits. In lieu of a finding of probable cause, the probable cause panel, or the department when there is no board, may issue a letter of guidance to the subject. If, within the 30-day time limit, as may be extended, the probable cause panel does not make a determination regarding the existence of probable cause or does not issue a letter of guidance in lieu of a finding of probable cause, the department, for disciplinary cases under its jurisdiction, must make a determination regarding the existence of probable cause within 10 days after the expiration of the time limit. If the probable cause panel finds that probable cause exists, it shall direct the department to file a formal complaint against the licensee. The department shall follow the directions of the probable cause panel regarding the filing of a formal complaint. If directed to do so, the department shall file a formal complaint against the subject of the investigation and prosecute that complaint pursuant to chapter 120. However, the department may decide not to prosecute the complaint if it finds that probable cause had been improvidently found by the panel. In such cases, the department shall refer the matter to the board. The board may then file a formal complaint and prosecute the complaint pursuant to chapter 120. The department shall also refer to the board any investigation or disciplinary proceeding not before the Division of Administrative Hearings pursuant to chapter 120 or otherwise completed by the department within 1 year after the filing of a complaint. The department, for disciplinary cases under its jurisdiction, must establish a uniform reporting system to quarterly refer to each board the status of any investigation or disciplinary proceeding that is not before the Division of Administrative Hearings or otherwise completed by the department within 1 year after the filing of the complaint. A probable cause panel or a board may retain independent legal counsel, employ investigators, and continue the investigation, as it deems necessary; all costs thereof shall be paid from the Professional Regulation Trust Fund. All proceedings of the probable cause panel are exempt from s. 120.525.

(5) A formal hearing before an administrative law judge from the Division of Administrative Hearings shall be held pursuant to chapter 120 if there are any disputed issues of material fact. The administrative law judge shall issue a recommended order pursuant to chapter 120. If any party raises an issue of disputed fact during

an informal hearing, the hearing shall be terminated and a formal hearing pursuant to chapter 120 shall be held.
(6) The appropriate board, with those members of the panel, if any, who reviewed the investigation pursuant to subsection (4) being excused, or the department when there is no board, shall determine and issue the final order in each disciplinary case. Such order shall constitute final agency action. Any consent order or agreed settlement shall be subject to the approval of the department.
(7) The department shall have standing to seek judicial review of any final order of the board, pursuant to s. 120.68.
(8) Any proceeding for the purpose of summary suspension of a license, or for the restriction of the license, of a licensee pursuant to s. 120.60(6) shall be conducted by the Secretary of Business and Professional Regulation or his or her designee, who shall issue the final summary order.
(9) The department shall periodically notify the person who filed the complaint of the status of the investigation, whether probable cause has been found, and the status of any civil action or administrative proceeding or appeal.
(10) The complaint and all information obtained pursuant to the investigation by the department are confidential and exempt from s. 119.07(1) until 10 days after probable cause has been found to exist by the probable cause panel or by the department, or until the regulated professional or subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. However, this exemption does not apply to actions against unlicensed persons pursuant to s. 455.228 or the applicable practice act. Upon completion of the investigation and pursuant to a written request by the subject, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. The subject may file a written response to the information contained in the investigative file. Such response must be filed within 20 days, unless an extension of time has been granted by the department. This subsection does not prohibit the department from providing such information to any law enforcement agency or to any other regulatory agency.
(11) A privilege against civil liability is hereby granted to any complainant or any witness with regard to information furnished with respect to any investigation or proceeding pursuant to this section, unless the complainant or witness acted in bad faith or with malice in providing such information.

455.2255 Classification of disciplinary actions.
(1) A licensee may petition the department to review a disciplinary incident to determine whether the specific violation meets the standard of a minor violation as set forth in s. 455.225(3). If the circumstances of the violation meet that standard and 2 years have passed since the issuance of a final order imposing discipline, the department shall reclassify that violation as inactive if the licensee has not been disciplined for any subsequent minor violation of the same nature. After the department has reclassified the violation as inactive, it is no longer considered to be part of the licensee's disciplinary record, and the licensee may lawfully deny or fail to acknowledge the incident as a disciplinary action.
(2) The department may establish a schedule classifying violations according to the severity of the violation. After the expiration of set periods of time, the department may provide for such disciplinary records to become inactive, according to their classification. After the disciplinary record has become inactive, the department may clear the violation from the disciplinary record and the subject person or business may lawfully deny or fail to acknowledge such disciplinary actions. The department may adopt rules to implement this subsection.
(3) Notwithstanding s. 455.017, this section applies to the disciplinary records of all persons or businesses licensed by the department.

455.227 Grounds for discipline; penalties; enforcement.
(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
(a) Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession.
(b) Intentionally violating any rule adopted by the board or the department, as appropriate.
(c) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession.
(d) Using a Class III or a Class IV laser device or product, as defined by federal regulations, without having complied with the rules adopted pursuant to s. 501.122(2) governing the registration of such devices.
(e) Failing to comply with the educational course requirements for human immunodeficiency virus and acquired immune deficiency syndrome.
(f) Having a license or the authority to practice the regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.
(g) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee.
(h) Attempting to obtain, obtaining, or renewing a license to practice a profession by bribery, by fraudulent misrepresentation, or through an error of the department or the board.
(i) Failing to report to the department any person who the licensee knows is in violation of this chapter, the chapter regulating the alleged violator, or the rules of the department or the board.
(j) Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to this chapter, the chapter regulating the profession, or the rules of the department or the board.
(k) Failing to perform any statutory or legal obligation placed upon a licensee.
(l) Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so. Such reports or records shall include only those that are signed in the capacity of a licensee.
(m) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession.
(n) Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party.

(o) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.
(p) Delegating or contracting for the performance of professional responsibilities by a person when the licensee delegating or contracting for performance of such responsibilities knows, or has reason to know, such person is not qualified by training, experience, and authorization when required to perform them.
(q) Violating any provision of this chapter, the applicable professional practice act, a rule of the department or the board, or a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department.
(r) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.
(s) Failing to comply with the educational course requirements for domestic violence.
(2) When the board, or the department when there is no board, finds any person guilty of the grounds set forth in subsection (1) or of any grounds set forth in the applicable practice act, including conduct constituting a substantial violation of subsection (1) or a violation of the applicable practice act which occurred prior to obtaining a license, it may enter an order imposing one or more of the following penalties:
(a) Refusal to certify, or to certify with restrictions, an application for a license.
(b) Suspension or permanent revocation of a license.
(c) Restriction of practice.
(d) Imposition of an administrative fine not to exceed $5,000 for each count or separate offense.
(e) Issuance of a reprimand.
(f) Placement of the licensee on probation for a period of time and subject to such conditions as the board, or the department when there is no board, may specify. Those conditions may include, but are not limited to, requiring the licensee to undergo treatment, attend continuing education courses, submit to be reexamined, work under the supervision of another licensee, or satisfy any terms which are reasonably tailored to the violations found.
(g) Corrective action.
(3)(a) In addition to any other discipline imposed pursuant to this section or discipline imposed for a violation of any practice act, the board, or the department when there is no board, may assess costs related to the investigation and prosecution of the case excluding costs associated with an attorney's time.
(b) In any case where the board or the department imposes a fine or assessment and the fine or assessment is not paid within a reasonable time, such reasonable time to be prescribed in the rules of the board, or the department when there is no board, or in the order assessing such fines or costs, the department or the Department of Legal Affairs may contract for the collection of, or bring a civil action to recover, the fine or assessment.
(c) The department shall not issue or renew a license to any person against whom or business against which the board has assessed a fine, interest, or costs associated with investigation and prosecution until the person or business has paid in full such fine, interest, or costs associated with investigation and prosecution or until the person or business complies with or satisfies all terms and conditions of the final order.
(4) In addition to, or in lieu of, any other remedy or criminal prosecution, the department may file a proceeding in the name of the state seeking issuance of an injunction or a writ of mandamus against any person who violates any of the provisions of this chapter, or any provision of law with respect to professions regulated by the department, or any board therein, or the rules adopted pursuant thereto.
(5) In the event the board, or the department when there is no board, determines that revocation of a license is the appropriate penalty, the revocation shall be permanent. However, the board may establish, by rule, requirements for reapplication by applicants whose licenses have been permanently revoked. Such requirements may include, but shall not be limited to, satisfying current requirements for an initial license.

455.2273 Disciplinary guidelines.
(1) Each board, or the department when there is no board, shall adopt, by rule, and periodically review the disciplinary guidelines applicable to each ground for disciplinary action which may be imposed by the board, or the department when there is no board, pursuant to this chapter, the respective practice acts, and any rule of the board or department.
(2) The disciplinary guidelines shall specify a meaningful range of designated penalties based upon the severity and repetition of specific offenses, it being the legislative intent that minor violations be distinguished from those which endanger the public health, safety, or welfare; that such guidelines provide reasonable and meaningful notice to the public of likely penalties which may be imposed for proscribed conduct; and that such penalties be consistently applied by the board.
(3) A specific finding of mitigating or aggravating circumstances shall allow the board to impose a penalty other than that provided for in such guidelines. If applicable, the board, or the department when there is no board, shall adopt by rule disciplinary guidelines to designate possible mitigating and aggravating circumstances and the variation and range of penalties permitted for such circumstances.
(4) The department must review such disciplinary guidelines for compliance with the legislative intent as set forth herein to determine whether the guidelines establish a meaningful range of penalties and may also challenge such rules pursuant to s. 120.56.
(5) The administrative law judge, in recommending penalties in any recommended order, must follow the penalty guidelines established by the board or department and must state in writing the mitigating or aggravating circumstances upon which the recommended penalty is based.

455.2275 Penalty for giving false information.
In addition to, or in lieu of, any other discipline imposed pursuant to s. 455.227, the act of knowingly giving false information in the course of applying for or obtaining a license from the department, or any board thereunder, with intent to mislead a public servant in the performance of his or her official duties, or the act of attempting to obtain or obtaining a license from either the department, or any board thereunder, to practice a profession by knowingly misleading statements or knowing misrepresentations constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

455.2277 Prosecution of criminal violations.
The department or the appropriate board shall report any criminal violation of any statute relating to the practice of a profession

regulated by the department or appropriate board to the proper prosecuting authority for prompt prosecution.

455.228 Unlicensed practice of a profession; cease and desist notice; civil penalty; enforcement; citations; allocation of moneys collected.

(1) When the department has probable cause to believe that any person not licensed by the department, or the appropriate regulatory board within the department, has violated any provision of this chapter or any statute that relates to the practice of a profession regulated by the department, or any rule adopted pursuant thereto, the department may issue and deliver to such person a notice to cease and desist from such violation. In addition, the department may issue and deliver a notice to cease and desist to any person who aids and abets the unlicensed practice of a profession by employing such unlicensed person. The issuance of a notice to cease and desist shall not constitute agency action for which a hearing under ss. 120.569 and 120.57 may be sought. For the purpose of enforcing a cease and desist order, the department may file a proceeding in the name of the state seeking issuance of an injunction or a writ of mandamus against any person who violates any provisions of such order. In addition to the foregoing remedies, the department may impose an administrative penalty not to exceed $5,000 per incident pursuant to the provisions of chapter 120 or may issue a citation pursuant to the provisions of subsection (3). If the department is required to seek enforcement of the order for a penalty pursuant to s. 120.569, it shall be entitled to collect its attorney's fees and costs, together with any cost of collection.

(2) In addition to or in lieu of any remedy provided in subsection (1), the department may seek the imposition of a civil penalty through the circuit court for any violation for which the department may issue a notice to cease and desist under subsection (1). The civil penalty shall be no less than $500 and no more than $5,000 for each offense. The court may also award to the prevailing party court costs and reasonable attorney fees and, in the event the department prevails, may also award reasonable costs of investigation.

(3)(a) Notwithstanding the provisions of s. 455.225, the department shall adopt rules to permit the issuance of citations for unlicensed practice of a profession. The citation shall be issued to the subject and shall contain the subject's name and any other information the department determines to be necessary to identify the subject, a brief factual statement, the sections of the law allegedly violated, and the penalty imposed. The citation must clearly state that the subject may choose, in lieu of accepting the citation, to follow the procedure under s. 455.225. If the subject disputes the matter in the citation, the procedures set forth in s. 455.225 must be followed. However, if the subject does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation shall become a final order of the department. The penalty shall be a fine of not less than $500 or more than $5,000 or other conditions as established by rule.

(b) Each day that the unlicensed practice continues after issuance of a citation constitutes a separate violation.

(c) The department shall be entitled to recover the costs of investigation, in addition to any penalty provided according to department rule as part of the penalty levied pursuant to the citation. (d) Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the subject's last known address.

(4) All fines, fees, and costs collected through the procedures set forth in this section shall be allocated to the professions in the manner provided for in s. 455.2281 for the allocation of the fees assessed and collected to combat unlicensed practice of a profession.

(5) The provisions of this section apply only to the provisions of s. 455.217 and the professional practice acts administered by the department.

455.2281 Unlicensed activities; fees; disposition.

In order to protect the public and to ensure a consumer-oriented department, it is the intent of the Legislature that vigorous enforcement of regulation for all professional activities is a state priority. All enforcement costs should be covered by professions regulated by the department. Therefore, the department shall impose, upon initial licensure and each renewal thereof, a special fee of $5 per licensee. Such fee shall be in addition to all other fees collected from each licensee and shall fund efforts to combat unlicensed activity. Any profession regulated by the department which offers services that are not subject to regulation when provided by an unlicensed person may use funds in its unlicensed activity account to inform the public of such situation. The board with concurrence of the department, or the department when there is no board, may earmark $5 of the current licensure fee for this purpose, if such board, or profession regulated by the department, is not in a deficit and has a reasonable cash balance. A board or profession regulated by the department may authorize the transfer of funds from the operating fund account to the unlicensed activity account of that profession if the operating fund account is not in a deficit and has a reasonable cash balance. The department shall make direct charges to this fund by profession and shall not allocate indirect overhead. The department shall seek board advice regarding enforcement methods and strategies prior to expenditure of funds; however, the department may, without board advice, allocate funds to cover the costs of continuing education compliance monitoring under s. 455.2177. The department shall directly credit, by profession, revenues received from the department's efforts to enforce licensure provisions. The department shall include all financial and statistical data resulting from unlicensed activity enforcement and from continuing education compliance monitoring as separate categories in the quarterly management report provided for in s. 455.219. The department shall not charge the account of any profession for the costs incurred on behalf of any other profession. For an unlicensed activity account, a balance which remains at the end of a renewal cycle may, with concurrence of the applicable board and the department, be transferred to the operating fund account of that profession.

455.232 Disclosure of confidential information.

(1) No officer, employee, or person under contract with the department, or any board therein, or any subject of an investigation shall convey knowledge or information to any person who is not lawfully entitled to such knowledge or information about any public meeting or public record, which at the time such knowledge or information is conveyed is exempt from the provisions of s. 119.01, s. 119.07(1), or s. 286.011.

(2) Any person who willfully violates any provision of this section is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, and may be subject to discipline pursuant to s. 455.227, and, if applicable, shall be removed from office, employment, or the contractual relationship.

455.271 Inactive and delinquent status.

(1) A licensee may practice a profession only if the licensee has an active status license. A licensee who practices a profession without an active status license is in violation of this section and s. 455.227, and the board, or the department when there is no board, may impose discipline on the licensee.

(2) Each board, or the department when there is no board, shall permit a licensee to choose, at the time of licensure renewal, an active or inactive status. However, a licensee who changes from inactive to active status is not eligible to return to inactive status until the licensee thereafter completes a licensure cycle on active status.

(3) Each board, or the department when there is no board, shall, by rule, impose a fee for an inactive status license which is no greater than the fee for an active status license.

(4) An inactive status licensee may change to active status at any time, provided the licensee meets all requirements for active status, pays any additional licensure fees necessary to equal those imposed on an active status licensee, pays any applicable reactivation fees as set by the board, or the department when there is no board, and meets all continuing education requirements as specified in this section.

(5) A licensee shall apply with a complete application, as defined by rule of the board, or the department when there is no board, to renew an active or inactive status license before the license expires. Failure of a licensee to renew before the license expires shall cause the license to become delinquent in the license cycle following expiration.

(6)(a) A delinquent status licensee must affirmatively apply with a complete application, as defined by rule of the board, or the department if there is no board, for active or inactive status during the licensure cycle in which a licensee becomes delinquent. Failure by a delinquent status licensee to become active or inactive before the expiration of the current licensure cycle shall render the license void without any further action by the board or the department.

(b) Notwithstanding the provisions of the professional practice acts administered by the department, the board, or the department if there is no board, may, at its discretion, reinstate the license of an individual whose license has become void if the board or department, as applicable, determines that the individual has made a good faith effort to comply with this section but has failed to comply because of illness or unusual hardship. The individual must apply to the board, or the department if there is no board, for reinstatement in a manner prescribed by rules of the board or the department, as applicable, and shall pay an applicable fee in an amount determined by rule. The board, or the department if there is no board, shall require that such individual meet all continuing education requirements prescribed by law, pay appropriate licensing fees, and otherwise be eligible for renewal of licensure under this chapter. This subsection does not apply to individuals subject to regulation under chapter 473.

(7) Each board, or the department when there is no board, shall, by rule, impose an additional delinquency fee, not to exceed the biennial renewal fee for an active status license, on a delinquent status licensee when such licensee applies for active or inactive status.

(8) Each board, or the department when there is no board, shall, by rule, impose an additional fee, not to exceed the biennial renewal fee for an active status license, for processing a licensee's request to change licensure status at any time other than at the beginning of a licensure cycle.

(9) Each board, or the department when there is no board, may, by rule, impose reasonable conditions, excluding full reexamination but including part of a national examination or a special purpose examination to assess current competency, necessary to ensure that a licensee who has been on inactive status for more than two consecutive biennial licensure cycles and who applies for active status can practice with the care and skill sufficient to protect the health, safety, and welfare of the public. Reactivation requirements may differ depending on the length of time licensees are inactive. The costs to meet reactivation requirements shall be borne by licensees requesting reactivation.

(10) Before reactivation, an inactive or delinquent licensee shall meet the same continuing education requirements, if any, imposed on an active status licensee for all biennial licensure periods in which the licensee was inactive or delinquent.

(11) The status or a change in status of a licensee shall not alter in any way the board's, or the department's when there is no board, right to impose discipline or to enforce discipline previously imposed on a licensee for acts or omissions committed by the licensee while holding a license, whether active, inactive, or delinquent.

(12) This section does not apply to a business establishment registered, permitted, or licensed by the department to do business or to a person licensed, permitted, registered, or certified pursuant to chapter 310 or chapter 475.

455.273 Renewal and cancellation notices.

(1) At least 90 days before the end of a licensure cycle, the Department of Business and Professional Regulation shall:

(a) Forward a licensure renewal notification to an active or inactive licensee at the licensee's last known address of record with the department.

(b) Forward a notice of pending cancellation of licensure to a delinquent status licensee at the licensee's last known address of record with the department.

(2) Each licensure renewal notification and each notice of pending cancellation of licensure must state conspicuously that a licensee who remains on inactive status for more than two consecutive biennial licensure cycles and who wishes to reactivate the license may be required to demonstrate the competency to resume active practice by sitting for a special purpose examination or by completing other reactivation requirements, as defined by rule of the board or the department when there is no board.

455.275 Address of record.

(1) Each licensee of the department is solely responsible for notifying the department in writing of the licensee's current mailing address and place of practice, as defined by rule of the board or the department when there is no board. A licensee's failure to notify the department of a change of address constitutes a violation of this section, and the licensee may be disciplined by the board or the department when there is no board.

(2) Notwithstanding any other provision of law, service by regular mail to a licensee's last known address of record with the department constitutes adequate and sufficient notice to the licensee for any official communication to the licensee by the board or the department except when other service is required pursuant to s. 455.225.

SECTION B

The following laws have become effective after the last publication of the 2006 Florida Administrative Code and have been added to this volume of FAC 61G5

61G5-18.011 Final Effective: 08/01/2005
61G5-18.0055 Final Effective: 02/25/2007
61G5-20.001 Final Effective: 02/25/2007
61G5-20.002 Final Effective**:** 02/25/2007
61G5-20.003 Development 6/29/2007
61G5-20.004 Final Effective: 12/06/2006
61G5-24.002 Final Effective: 05/08/2007
61G5-24.005 Final Effective: 05/08/2007
61G5-24.008 Final Effective: 05/08/2007
61G5-24.010 Final Effective: 05/08/2007
61G5-24.017 Final Effective: 05/08/2007
61G5-24.020 Final Effective: 07/16/2006
61G5-30.001 Final Effective: 05/29/2006
61G5-32.001 Final Effective: 12/06/2006

FLORIDA ADMINISTRATIVE CODE

BOARD OF COSMETOLOGY
CHAPTER 61G5,

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

61G5-17.006 General Information and Forms.
61G5-17.008 Probable Cause Determination.
61G5-17.009 Meetings and Election of Officers.
61G5-17.0095 Unexcused Absences.
61G5-17.010 Notice of Meetings.
61G5-17.011 Agenda.
61G5-17.013 Emergency Meetings.
61G5-17.016 Time for Payment of Administrative Fines.
61G5-17.017 Board Member Compensation.
61G5-17.018 Investigators; Criteria for Selection.
61G5-17.020 Security and Monitoring Procedures for Licensure Examination.
61G5-17.0201 Licensure Examinations and Examination Procedures for Handicapped Candidates.
61G5-17.021 Designation of Official Reporter.
61G5-17.023 Final Orders.
61G5-17.006 General Information and Forms.

61G5-17.006 General Information and Forms
(1) The Board may be contacted through the Department of Business and Professional Regulation, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0790. Office hours are 8:00 A.M. to 5:00 P.M., Monday through Friday, except for state holidays.

(2) The following forms are used by the Department and may be obtained by writing to the Board's Office:
(a) Examination Applications for Cosmetologists and Specialty Registration Applications.
(b) Re-examination Applications for Cosmetologists.
(c) Application for Endorsement of Cosmetologists and Specialists.
(d) Salon and Specialty Salon Applications.

61G5-17.008 Probable Cause Determinations
The determination as to whether probable cause exists to believe that a violation of the provisions of
Chapter 455 or 477, F.S., or of the rules promulgated there under has occurred, shall be made by the Department of Business and Professional Regulation.

61G5-17.009 Meetings and Election of Officers.
The Board shall hold such meetings during the year as it may deem necessary, one of which shall be the annual meeting. The Chairman or a quorum of the Board shall have the authority to call other meetings.
The Chairman and Vice-Chairman shall be elected at the annual meeting in January

61G5-17.0095 Unexcused Absences.
Unexcused absences shall include any absence other than: one caused by serious illness of a member preventing attendance; death or serious illness of a family member; unavoidable travel delays or cancellations preventing attendance; or any conflict, extraordinary circumstances or event approved by the chairperson of the board. Members shall communicate the reason for any absence to the Executive
Director prior to the meeting and the reason for the absence shall be made part of the minutes of that meeting.

61G5-17.010 Notice of Meetings.
(1) Except in the case of emergencies, the Board shall give at least seven (7) days notice of any meeting or workshop to the public by publication in the Florida Administrative Weekly.
(2) The notice shall state the date, time and place of the meeting, a brief description of the purpose of the meeting, and the address where persons may write to obtain a copy of the agenda.

61G5-17.011 Agenda.
The Executive Director and Chairman of the Board shall prepare an agenda and make it available in time to insure that a copy of the agenda may be received at least seven (7) days before the event by any person in the state who requests a copy and pays the reasonable cost of the copy. The agenda may be changed prior to the meeting, or at the meeting, for good cause, as stated in the record.

61G5-17.013 Emergency Meetings.
The Board may hold an emergency meeting, notwithstanding the provisions of Rules 61G5-17.010 and

61G5-17.011, F.A.C., for the purpose of acting on emergency matters affecting the public health, safety, and welfare.

61G5-17.016 Time for Payment of Administrative Fines.
In cases where the Board imposes an administrative fine for violation of Chapter 455 or 477, F.S., or the rules promulgated thereunder, the penalty shall be paid to the Department of Business and Professional
Regulation within thirty (30) days of its imposition by order of the Board unless otherwise stated by the Board.

61G5-17.017 Board Member Compensation
In addition to receiving fifty dollars ($50.00) compensation per day for attending official meetings of the board, a board member shall also be eligible to receive compensation for the following "other business involving the board":
(1) All joint Board or committee meetings required by statute, Board rule or Board action;
(2) Official meetings or workshops called by the chairman at which either a committee composed of two
(2) or more board members or a quorum of the board is present pursuant to Chapters 120 and 477, F.S.;
(3) Meetings of Board members with Department staff or contractors of the Department at the Department's or the Board's request. Any participation or meeting of members noticed or unnoticed will be on file in the Board Office;
(4) Meetings or conferences which the board member attends at the request of the Secretary or the
Secretary's designee;
(5) Administrative hearings or legal proceedings at which the board member appears as witness or representative of the board at the request of counsel to the board;
(6) All activity of Board members, if authorized by the Board, when grading, proctoring or reviewing examinations given by the Department;
(7) All participation in Board authorized meetings with professional associations of which the Board is a member or invitee. This would include all meetings of national associations or registration boards of which the Board is a member as well as Board authorized participation in meetings of national or professional associations or organizations involved in educating, regulating or reviewing the profession over which the Board has statutory authority;
(8) Any and all other activities which are Board approved and which are necessary for Board members to attend in order to further protect the public health, safety and welfare, through the regulation of which the Board has statutory authority;
(9) In the event that a board member is present for a meeting or hearing defined above, and the meeting is cancelled without prior notice, the attending board member will be eligible for compensation provided the member was present at the scheduled time. Specific Authority 455.207(4) FS. Law

61G5-17.018 Investigators; Criteria for Selection.
Investigators employed by the Department to assist the Board in disciplinary matters shall be selected based upon the following criteria:
(1) Attainment of high school diploma or a recognized academic equivalent, and
(2) Graduation from an accredited four-year college or university and either two years of regulatory inspection experience or two years sworn law enforcement or investigative experience, or
(3) Experience as either a regulatory inspector, a sworn law enforcement officer, or as a non-law enforcement investigator may be substituted on a year-by-year basis for the required college training.
(4) Persons selected by the Department based upon the above criteria shall complete a minimum of 14 days of orientation and training as established by the Department for the purpose of training them in the fact-finding process. This training shall be under the direct supervision of an investigator who has had at least six months experience in cosmetology investigations. This training may include training by individual board members as deemed necessary by the Department or Board.

61G5-17.020 Security and Monitoring Procedures for Licensure Examination.
The Board adopts by reference Rule 61-11.014, F.A.C., of the Department of Business and Professional Regulation as its rule governing examination security and monitoring.

61G5-17.0201 Licensure Examinations and Examination Procedures for Handicapped Candidates.
The Board adopts by reference Rule 61-11.008, F.A.C., of the Department of Business and Professional
Regulation as its rule governing examination format and examination procedure for handicapped candidates.

61G5-17.021 Designation of Official Reporter.
The Board designates PSC Professional Services, Inc., Publishers of the Florida Administrative Law
Reports (FALR), as its official reporter for the purposes of publishing and indexing by subject matter all orders rendered after a proceeding which affects substantial interests has been held.

61G5-17.023 Final Orders.
All Final Orders of the Board may be signed by the Executive Director of the Board. Final Orders shall be effective upon filing with the Clerk of the Department of Business and Professional Regulation.

CHAPTER 61G5-18
COSMETOLOGIST

61G5-18.00015 Cosmetologist and Compensation Defined.
61G5-18.001 Who May Apply.
61G5-18.002 Manner of Application.
61G5-18.003 Cosmetology Examination.
61G5-18.004 Re-examination.
61G5-18.005 Examination Review Procedure.
61G5-18.0055 Supervised Cosmetology Practice Exception.
61G5-18.007 Endorsement of Cosmetologists.
61G5-18.008 Cosmetologist License Renewal.
61G5-18.011 Initial Licensure or Registration Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; Course Content and Approval Requirements.
61G5-18.0055 Supervised Cosmetology Practice Exception.

61G5-18.00015 Cosmetologist and Compensation Defined.
A cosmetologist is a person, who is licensed to perform the mechanical or chemical treatment of the head, face, and scalp for aesthetic rather than medical purposes, including, but not limited to, hair shampooing, hair cutting, hair arranging, hair braiding, hair coloring, permanent waving, and hair relaxing, for compensation. A cosmetologist may also perform non-invasive hair removals, including wax treatments but not including electrolysis as that term is defined in Chapter 478, F.S., manicures, pedicures, and skin care services. For the purposes of this act "compensation" is defined as the payment of money or its equivalent, the receipt or delivery of property, or the performance of a service, or the receipt or delivery of anything of value in exchange for cosmetology services. For the purposes of this act "medical purposes" is defined as any form of bodily intrusion into the orifices, skin, muscles, or any other tissues of the body.

61G5-18.001 Who May Apply.
(1) Individuals desiring to be licensed as a cosmetologist shall meet all required qualifications as specified in Section 477.019, F.S.
(2) If an applicant for licensure by examination meets all required qualifications except the required minimum hours of training, he or she shall be entitled to take the licensure examination to practice cosmetology if the applicant has received a minimum of 1,000 hours of training established by the Board, and has been certified by the Director of the school or program in which he or she is currently enrolled to have achieved the minimum competency standards of performance as prescribed in Chapter 61G5-22, F.A.C., for the hours completed.

61G5-18.002 Manner of Application.
Every person desiring to be examined for licensure as a cosmetologist shall apply to the department in writing upon forms prepared and furnished by the Department and pay an examination fee as required by Chapter 61G5-24, F.A.C.
(1) The applicant must present an application and evidence of completion of cosmetologist training defined in Rule 61G5-18.001, F.A.C., above. Applications will be scheduled on an as available basis.
(2) The Department shall notify the applicant fourteen (14) days prior to the examination if the applicant is eligible to take the examination.

61G5-18.003 Cosmetology Examination.
(1) The Cosmetology examination shall consist of two parts, a written theory examination and a written clinical examination, both parts must be successfully completed prior to licensure.
(2)(a) The written theory examination shall be administered by the Department. The following subjects will be tested on the examination and will be weighted approximately as designated:
Category Weight
1. General Safety and Sanitation Procedures 34%
2. Client Services 24%
3. Facial, Make-up, and Hair Removal 16%
4. Manicuring and Pedicuring 16%
5. Professional/Legal and Ethical Laws and Rules 10%
(b) Passing Grade. Candidates' scores will be converted to a scale of 0 to 100; the minimum passing score as determined by the Board shall be set at 75 on that scale. All forms of the examination are statistically equated so that the relative passing scores remain equivalent.
(3) The second part of the examination shall be a written clinical examination administered by the Department. The following subjects will be tested on the examination and will be weighted approximately as follows:
Category Weight
(a) Hair Coloring and Lightening 39%
(b) Permanent Waving and Chemical Relaxing 34%
(c) Scalp and Hair Care 5%
(d) Hair Cutting/Shaping 10%
(e) Hair Styling 12%
(4) Passing Grade. Candidates' scores will be converted to a scale of 0 to 100; the minimum passing score as determined by the Board shall be set at 75 on that scale. All forms of the examination are statistically equated so that the relative passing scores remain equivalent.
(5) In rounding percentages, any percentage which is point five (.5) or above shall be rounded up to the next number. Percentages less than point five (.5) shall be rounded down to the next whole number.
(6) An accurate record of each examination shall be made and the record, together with all examination papers, shall be filed with the Secretary of the Department and shall be kept for reference and inspection for a period of not less than two (2) years immediately following the examination.
(7) An applicant shall be permitted to use a strict translation dictionary in taking the examination. Such a dictionary shall give only the translation of words from one language to another without giving any definition or explanation of any word.

61G5-18.004 Re-examination.
(1) Any applicant who fails the examination shall be entitled to re-examination pursuant to the terms and conditions set forth in this rule. Those applicants not achieving a passing grade on each part will have failed that part of the examination and shall be required to retake and pass only that part failed in order to be licensed as a cosmetologist, provided however that the applicant must pass both parts of the examination within a two-year period. If any applicant fails to achieve a passing grade on all parts within the 2 years as provided in this rule, the applicant shall be required to retake and successfully complete the full examination. In rounding percentages, any percentage which is point five (.5) or above shall be rounded up to the next whole number. Percentages less than point five (.5) shall be rounded down to the next whole number.
(2) Any person desiring to be reexamined for licensure as a cosmetologist shall apply to the Department in writing upon forms prepared and furnished by the department and shall pay a reexamination fee as required by Rule 61G5-24.006, F.A.C.
(3) Those applicants who qualified to take the examination after completion of only 1,000 hours of training pursuant to Section 477.019(1)(b), F.S., and failed, shall be entitled to reexamination only upon completion of the full requirements provided for in Section 477.019, F.S.
(4) An applicant who has twice failed the examination or any part thereof, shall return to an approved school of cosmetology for a minimum of 40 hours of remedial instruction prior to taking any part of the examination for the third time. An applicant who fails any portion for the third time shall return to an approved school of cosmetology for 80 hours of remedial instruction

61G5-18.005 Examination Review Procedure.
(1) An applicant is entitled to review his examination questions, answers, papers, grades and grading key used in the state examination for licensure under such terms and conditions as may be prescribed by the
Department of Business and Professional Regulation; however, no applicant may copy any materials provided for his review. Such review shall be conducted in accord with Rule 61-11.011, F.A.C., during regular business hours in the presence of a representative of the Department, in the Office of Examination Services of the Department.
(2) If, following the review of his examination, an applicant believes that an error was made in the grading of his examination, or in the evaluation of his answers, he may request that the Department review his examination. Requests for review must be in writing, state with specificity the reasons why review is requested, and must be received by the Department within thirty (30) days after the applicant receives notice that he failed the examination.
(3) Upon the receipt of a request for review, and appropriate fee as described in Rule 61G5-24.018,
F.A.C., the Department shall review the applicant's examination. If the Department finds that an error was made, the Department may adjust the grade received by the applicant to reflect the correction. The applicant shall be notified of the decision.

61G5-18.0055 Supervised Cosmetology Practice Exception.
(1) Following the completion of the first licensing examination by a graduate of licensed cosmetology school or cosmetology program offered in a public school system, which school or program is certified by the Department of Education, and pending the results of that examination and the issuance of a license to practice cosmetology by the Department, an applicant for licensure as a cosmetologist by examination shall be eligible to practice cosmetology subject to the following conditions:
(a) All cosmetology services to be performed by the applicant under this exception shall be performed under the supervision of a licensed cosmetologist. "Under the supervision of a licensed cosmetologist" shall mean that an individual who then holds a current, active Florida license as a cosmetologist shall be physically present at all times when the applicant is performing cosmetology services.
(b) All cosmetology services performed by the applicant under this exception shall be performed in a licensed cosmetology salon. For all times during which the applicant is practicing in the cosmetology salon, the license for the cosmetology salon shall be in a current and active status.
(2) Prior to beginning the practice of cosmetology or performance of cosmetology services under this exception, all applicants shall provide to the cosmetology salon license holder or his or her representative a copy of the completed application for licensure by examination submitted to the Department by the applicant, and a copy of the notification by the Department that the applicant has been scheduled to take the licensure examination. All applicants shall also provide to the cosmetology salon license holder or his or her representative a
copy of the results of all licensure examinations taken by the applicant immediately upon receipt of those results by the applicant. If the applicant is required to apply for reexamination in order to continue practicing cosmetology or performing cosmetology services under this exception, the applicant shall also provide to the cosmetology salon license holder or his or her representative a copy of the completed application for reexamination submitted to the Department by the applicant.
(3) Upon receipt of the results of the first licensure examination taken by the applicant which indicate that the applicant has failed to achieve a passing grade on the licensure examination, the applicant shall immediately cease the practice of cosmetology or performing cosmetology services under this exception unless and until the applicant applies to retake the licensure examination at the next available licensure examination immediately following the licensure examination which the applicant failed. Once the applicant shall have submitted a complete application for reexamination and shall have paid all applicable reexamination fees, the applicant shall be eligible to resume the practice of cosmetology subject to the same conditions as stated above.
(4) Upon receipt of the results of the second licensure examination taken by the applicant which indicate that the applicant has failed to achieve a passing grade on the licensure examination, the applicant shall immediately cease the practice of cosmetology or performing cosmetology services under this exception; and shall not be eligible to resume the practice of cosmetology until after the applicant shall have taken and passed the licensure examination and been issued a license to practice cosmetology by the Department.

61G5-18.007 Endorsement of Cosmetologists.
The Department of Business and Professional Regulation shall issue a license to an applicant without examination who:
(1) Makes application and pays to the Department the fee specified in Rule 61G5-24.002, F.A.C.;
(2) Demonstrates that the applicant is currently licensed to practice cosmetology under the law of another state;
(3) Demonstrates that the applicant has completed at lest 1200 cosmetology school or program hours substantially similar to, equivalent to, or greater than the qualifications required of applicants from this state;
(4) Demonstrates that the applicant has passed a written licensure examination to obtain a license substantially similar to, equivalent to, or greater than the qualifications required of applicants from this state; and
(5) Demonstrates that the applicant has completed a board approved HIV/AIDS course.

61G5-18.008 Cosmetologist License Renewal.
(1) A cosmetologist shall renew his or her license on or before October 31 each biennial year, according to the fee schedule as outlined in Rule 61G5-24.008, F.A.C.
(2) Spouses of members of the Armed Forces of the United States are exempted from all licensure renewal provisions, but only in cases of absence from the state because of their spouses' duties with the Armed Forces. .

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

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

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

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

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

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

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

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

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

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

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

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

61G5-18.0055 Supervised Cosmetology Practice Exception.

(1) Following the completion of the first licensing examination by a graduate of licensed cosmetology school or cosmetology program offered in a public school system, which school or program is certified by the Department of Education, an applicant for licensure as a cosmetologist by examination is eligible to practice temporarily in a current, actively licensed cosmetology salon under the following conditions:

(a) In the event an applicant obtains passing scores on the first attempt of both the written and clinical examinations, the applicant shall be eligible, prior to having their application acted on by the Board, to practice cosmetology in a licensed salon, provided that they post their examination results for both examinations at their work station with a recent photograph affixed thereto.

(b) In the event that the applicant fails to obtain a passing score on either the written or clinical examination on the first attempt, the applicant shall not be eligible to practice cosmetology under this rule until the applicant:

1. Applies to the Department for authorization to retake the failed portion(s) of the examination; and

2. Presents the salon owner a copy of both the reexamination application and the examination scheduling authorization letter from the testing vendor.

3. Upon completion of these conditions, the applicant is eligible to practice cosmetology in a licensed cosmetology salon subject to the provisions of paragraph (c) referenced below, provided that the applicant posts the examination results for both examinations at their work station with a recent photograph affixed thereto, which practice may extend for a period of no more than 60 days from the date of the reexamination application. The applicant must discontinue practicing when 180 days have passed from the date the original examinations were taken if reexamination has not yet been completed. Under no circumstances shall the applicant be eligible to practice prior to having applied for reexamination and having obtained the examination scheduling authorization letter from the testing vendor.

(c) All cosmetology services performed by the applicant under this exception shall be performed under the supervision of a licensed cosmetologist. "Under the supervision of a licensed cosmetologist" shall mean that an individual who then holds a

current, active Florida license as a cosmetologist shall be physically present at all times when the applicant is performing cosmetology services.
(2) In the event an applicant, who previously failed either or both of the examinations on the first attempt, fails to obtain a passing score on either or both of the second licensure examination(s), the applicant is no longer eligible to practice cosmetology under this exception and must immediately discontinue practicing cosmetology until the applicant has been issued a license to practice by the Department.

CHAPTER 61G5-20
COSMETOLOGY SALONS

61G5-20.001 Salon Defined.
61G5-20.0015 Performance of Cosmetology or Specialty Services Outside a Licensed Salon.
61G5-20.00175 Fashion Photography.
61G5-20.002 Salon Requirements.
61G5-20.003 Inspections.
61G5-20.004 Display of Documents.
61G5-20.005 Salon License Renewal.
61G5-20.006 Transfer of Ownership or Location of a Salon.
61G5-20.007 Communicable Disease.
61G5-20.008 Employment of Applicants for Licensure as a Cosmetologist Prior to Licensure; Employment of Applicants for Registration as a Specialist Prior to Registration.
61G5-20.010 Mobile Salons.

61G5-20.001 Salon Defined.
Salon means any establishment or place of business wherein cosmetology as defined in Section 477.013(4), F.S., or any specialty as defined in Section 477.013(6), F.S., is practiced for compensation, however this does not prevent the practice of cosmetology in a licensed barbershop, or the practice of barbering in a licensed cosmetology salon, provided the salon employs a licensed cosmetologist. Except as provided in Rule 61G5-20.010, F.A.C., a salon must be at a fixed location.

61G5-20.0015 Performance of Cosmetology or Specialty Services Outside a Licensed Salon.
(1) Cosmetology or specialty services may be performed by a licensed cosmetologist or specialist in a location other than a licensed salon, including a hospital, nursing home, residence, or similar facility, when a client for reasons of ill health is unable to go to a licensed salon. The following procedure shall be followed:
(a) Arrangements shall be made through a licensed salon.
(b) Information as to the name of the client and the address at which the services are to be performed shall be recorded in the appointment book.
(c) The appointment book shall remain at the salon and be made available upon request to any investigator or inspector of the Department.
(2) When cosmetology or specialty services are performed in a location other than a licensed salon, such services may lawfully be performed only upon clients, residents, or patients, who for reasons of ill health are unable to visit a licensed salon. Such services are not to be performed upon employees or persons who do not reside in the facility, or any other non-qualified persons.
(3) Cosmetology services may only be performed in a photography studio salon subject to the following requirements:
(a) Only hair-arranging services and the application of cosmetic products may be performed in a photography studio salon; and, may only be performed for the purpose of preparing a model or client of the photography studio for a photographic session. Shampooing the hair, hair cutting, hair coloring, permanent waving of the hair, hair relaxing, removing of hair, manicuring, pedicuring, and the performance of any other service defined as cosmetology may not be performed in a photography studio salon.
(b) All hair-arranging services and applications of cosmetic products to be performed in the photography studio salon shall be performed by a licensed Florida cosmetologist or under the supervision of a licensed cosmetologist employed by the salon. "Under the supervision of a licensed cosmetologist" shall mean that an individual who then holds a current, active Florida license as a cosmetologist shall be physically present at the photography studio salon at all times when hair-arranging services or applications of cosmetic products are being performed.
(c) When performing hair-arranging services, the photography studio salon shall use either disposable hair-arranging implements or shall use a wet or dry sanitizing system approved by the federal Environmental Protection Agency.
Specific Authority

61G5-20.00175 Fashion Photography.
For purposes of Section 477.0263(3), F.S., fashion photography is hereby defined to mean the photographing of one or more human subjects or professional models for commercial purposes where the subject or model receives remuneration, compensation or wages for being photographed. Fashion photography shall not include instances in which the subject pays a photographer a fee to be photographed or instances in which the photographs are made for the personal use and enjoyment of the subject rather than for commercial purposes.

61G5-20.002 Salon Requirements.
(1) Prior to opening a salon, the owner shall:
(a) Submit an application on forms prescribed by the Department of Business and Professional Regulation; and
(b) Pay the required registration fee as outlined in the fee schedule in Rule 61G5-24.005, F.A.C.; and
(c) Meet the safety and sanitary requirements as listed below and these requirements shall continue in full force and effect for the life of the salon:
1. Ventilation and Cleanliness: Each salon shall be kept well ventilated. The walls, ceilings, furniture and equipment shall be kept clean and free from dust. Hair must not be allowed to accumulate on the floor of the salon. Hair must be deposited in a closed container. Each salon which provides services for the extending or sculpturing of nails shall provide such services in a separate area which is adequately ventilated for the safe dispersion of all fumes resulting from the services.
2. Toilet and Lavatory Facilities: Each salon shall provide – on the premises or in the same building as, and within 300 feet of, the salon – adequate toilet and lavatory facilities. To be adequate, such facilities shall have at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning material, sanitary towels or other hand-drying device such as a wall-mounted

electric blow dryer, and waste receptacle. Such facilities and all of the foregoing fixtures and components shall be kept clean, in good repair, well-lighted, and adequately ventilated to remove objectionable odors.

3. A salon, or specialty salon may be located at a place of residence. Salon facilities must be separated from the living quarters by a permanent wall construction. A separate entrance shall be provided to allow entry to the salon other than from the living quarters. Toilet and lavatory facilities shall comply with subparagraph (c)2. above and shall have an entrance from the salon other than the living quarters.

4. Animals: No animals or pets shall be allowed in a salon, with the exception of fish kept in closed aquariums, or trained animals to assist the hearing impaired, visually impaired, or the physically disabled.

5. Shampoo Bowls: Each salon shall have shampoo bowls equipped with hot and cold running water. The shampoo bowls shall be located in the area where cosmetology services are being performed. A specialty salon that exclusively provides specialty services, as defined in Section 477.013(6), F.S., need not have a shampoo bowl, but must have a sink or lavatory equipped with hot and cold running water on the premises of the salon.

(d) Submit proof of compliance with all local building and fire codes.

(2) Each salon shall comply with the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(e) After cleaning and disinfecting, articles shall be stored in a clean, closed cabinet or container until used. Undisinfected articles such as pens, pencils, money, paper, mail, etc., shall not be kept in the same container or cabinet. For the purpose of recharging, rechargeable clippers may be stored in an area other than in a closed cabinet or container, provided such area is clean and provided the cutting edges of such clippers have been disinfected.

(f) Ultra Violet Irradiation may be used to store articles and instruments after they have been cleansed and disinfected.

(g) Pedicure Equipment Sterilization and Disinfection:

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

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

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

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

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

3. Once each week, subsequent to completing the required end-of-day cleaning procedures, the basin must be filled with a solution of water containing one teaspoon of 5.25% bleach for each gallon

of water. The solution must be circulated through the spa system for 5 to 10 minutes and then the solution must sit in the basin for at least 6 hours. Before use, the system must be drained and flushed.

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

(3) No cosmetology or specialty salon shall be operated in the same licensed space allocation with any other business which adversely affects the sanitation of the salon, or in the same licensed space allocation with a school teaching cosmetology or a specialty licensed under Chapter 477, F.S., or in any other location, space, or environment which adversely affects the sanitation of the salon. In order to control the required space and maintain proper sanitation, where a salon adjoins such other business or school, or such other location, space or environment, there must be permanent walls separating the salon from the other business, school, location, space, or environment and there must be separate and distinctly marked entrances for each.

(4) Evidence that the full salon contains a minimum of 200 square feet of floor space. No more than two (2) cosmetologists or specialists may be employed in a salon which has only the minimum floor space.

(5) A specialty salon offering only one of the regulated specialties shall evidence a minimum of 100 square feet used in the performance of the specialty service and shall meet all the sanitation requirements stated in this section. No more than one specialist or cosmetologist may be employed in a specialty salon with only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.

(6) For purposes of this rule, "permanent wall" means a vertical continuous structure of wood, plaster, masonry, or other similar building material, which is physically connected to a salon's floor and ceiling, and which serves to delineate and protect the salon.

(1) Prior to opening a salon, the owner shall:

(a) Submit an application on forms prescribed by the Department of Business and Professional
Regulation; and

(b) Pay the required registration fee as outlined in the fee schedule in Rule 61G5-24.005, F.A.C.; and

(c) Meet the safety and sanitary requirements as listed below and these requirements shall continue in full force and effect for the life of the salon:

1. Ventilation and Cleanliness: Each salon shall be kept well ventilated. The walls, ceilings, furniture and equipment shall be kept clean and free from dust. Hair must not be allowed to accumulate on the floor of the salon. Hair must be deposited in a closed container. Each salon which provides services for the extending or sculpturing of nails shall provide such services in a separate area which is adequately ventilated for the safe dispersion of all fumes resulting from the services.

2. Toilet and Lavatory Facilities: Each salon shall provide – on the premises or in the same building as, and within 300 feet of, the salon – adequate toilet and lavatory facilities. To be adequate, such facilities shall have at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning material, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. Such facilities and all of the foregoing fixtures and components shall be kept clean, in good repair, well-lighted, and adequately ventilated to remove objectionable odors.

3. A salon, or specialty salon may be located at a place of residence. Salon facilities must be separated from the living quarters by a permanent wall construction. A separate entrance shall be provided to allow entry to the salon other than from the living quarters. Toilet and lavatory facilities shall comply with subparagraph (c) 2. above and shall have an entrance from the salon other than the living quarters.

4. Animals: No animals or pets shall be allowed in a salon, with the exception of fish kept in closed aquariums, or trained animals to assist the hearing impaired, visually impaired, or the physically disabled.

5. Shampoo Bowls: Each salon shall have shampoo bowls equipped with hot and cold running water. The shampoo bowls shall be located in the area where cosmetology services are being performed. A specialty salon that exclusively provides specialty services, as defined in Section 477.013(6), F.S., need not have a shampoo bowl, but must have a sink or lavatory equipped with hot and cold running water on the premises of the salon.

(2) Each salon shall comply with the following:

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

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

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

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

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

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

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

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

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

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

3. For purposes of this rule, a "hospital level disinfectant or EPA approved disinfectant" shall mean the following:
a. For all combs, brushes, metallic instruments, instruments with a cutting edge, and implements that have not come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a hospital grade bacterial, virucidal and fungicidal disinfectant;
b. For all combs, brushes, metallic instruments with a cutting edge, and implements that have come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a tuberculocidal disinfectant, in accordance with 29 C.F.R. 1910.1030.
4. All disinfectants shall be mixed and used according to the manufacturer's directions.
(e) After cleaning and disinfecting, articles shall be stored in a clean, closed cabinet or container until used. Undisinfected articles such as pens, pencils, money, paper, mail, etc., shall not be kept in the same container or cabinet. For the purpose of recharging, rechargeable clippers may be stored in an area other than in a closed cabinet or container, provided such area is clean and provided the cutting edges of such clippers have been disinfected.
(f) Ultra Violet Irradiation may be used to store articles and instruments after they have been cleansed and disinfected.

(g)Pedicure Equipment Sterilization and Disinfection:
The following cleaning and disinfection procedures must be used for any pedicure equipment that holds water, including sinks, bowls, basins, pipe-less spas, and whirlpool spas:
1. After each client, all pedicure units must be cleaned with a low-foaming soap or detergent with water to remove all visible debris, then disinfected with an EPA registered hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant used according to manufacturers instructions for at least ten (10) minutes. If the pipe-free foot spa has a foot plate, it should be removed and the area beneath it cleaned, rinsed, and wiped dry.
2. At the end of each day of use, the following procedures shall be used:
(a.) All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be sanitized. All visible debris in the screen and the inlet must be removed and cleaned with a low-foaming soap or detergent and water. For pipe-free systems, the jet components or foot plate must be removed and cleaned and any debris removed. The screen, jet, or foot plate must be completely immersed in an EPA registered, hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant that is used according to manufacturer's instructions. The screen, jet, or foot plate must be replaced after disinfection is completed and the system is flushed with warm water and low-foaming soap for 5 minutes, rinsed, and drained.
(b.) After the above procedures are completed, the basin should be filled with clean water and the correct amount of EPA registered disinfectant. The solution must be circulated through foot spa system for 10 minutes and the unit then turned off. The solution should remain in the basin for at least 6 to 10 hours. Before using the equipment again, the basin system must be drained and flushed with clean water.
3. Once each week, subsequent to completing the required end-of-day cleaning procedures, the basin must be filled with a solution of water containing one teaspoon of 5.25% bleach for each gallon of water. The solution must be circulated through the spa system for 5 to 10 minutes and then the solution must sit in the basin for at least 6 hours. Before use, the system must be drained and flushed.
4. A record or log book containing the dates and times of all pedicure cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon and made available for review upon request by a consumer or a Department inspector.

(3) No cosmetology or specialty salon shall be operated in the same licensed space allocation with any other business which adversely affects the sanitation of the salon, or in the same licensed space allocation with a school teaching cosmetology or a specialty licensed under Chapter 477, F.S., or in any other location, space, or environment which adversely affects the sanitation of the salon. In order to control the required space and maintain proper sanitation, where a salon adjoins such other business or school, or such other location, space or environment, there must be permanent walls separating the salon from the other business, school, location, space, or environment and there must be separate and distinctly marked entrances for each.
(4) Evidence that the full salon contains a minimum of 200 square feet of floor space. No more than two
(2) cosmetologists or specialists may be employed in a salon which has only the minimum floor space.
(5) A specialty salon offering only one of the regulated specialties shall evidence a minimum of 100 square feet used in the performance of the specialty service and shall meet all the sanitation requirements stated in this section. No more than one specialist or cosmetologist may be employed in a specialty salon with only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.

(6) For purposes of this rule, "permanent wall" means a vertical continuous structure of wood, plaster, masonry, or other similar building material, which is physically connected to a salon's floor and ceiling, and which serves to delineate and protect the salon.

61G5-20.003 Inspections.
The Department of Business and Professional Regulation shall cause an inspection of all proposed salons to determine if all the requirements have been met. Each licensed salon shall be inspected at least annually by the Department. No person shall, for any reason intentionally, or directly inhibit an authorized representative of the Department from performing said inspections.

61G5-20.004 Display of Documents.
(1) All holders of a cosmetology or specialty salon license shall display within their salons in a conspicuous place which is clearly visible to the general public upon entering the salon the following documents:
(a) the current salon license,
(b) a legible copy of the most recent inspection sheet for the salon.

(2) All holders of a cosmetology or specialty salon license shall require and ensure that all individuals engaged in the practice of cosmetology, any specialty, hair braiding, hair wrapping, or body wrapping display at the individual's work station their current license or registration at all times when the individual is performing cosmetology, specialty, hair braiding, hair wrapping, or body wrapping services. A photograph of the individual whose name appears on the displayed license or registration certificate, which is approximately 2" by 2" and less than two years old, shall be permanently attached or affixed to all displayed licenses and registration certificates.

61G5-20.005 Salon License Renewal.
All salon licenses shall be renewed on or before November 30 of each biennial (even-numbered) year, by meeting all the current requirements for salon licensure as expressed in Rule Chapter 61G5-20, F.A.C., and by paying the renewal fee specified in Rule 61G5-24.009, F.A.C. A salon license is delinquent if not renewed by the November 30 renewal date. To renew a delinquent license, a licensee shall pay delinquent fee as outlined in Rule 61G5-24.009, F.A.C. (in addition to the biennial renewal fee). A delinquent salon license shall expire at the end of the biennium in which it becomes delinquent. After a salon license has expired at the end of the biennium, a new salon license application, the delinquent fee as outlined in Rule 61G5-24.009 and all fees as outlined in Rule 61G5-24.005, F.A.C., must be filed with the Board. Until such new license is issued for and received by the salon, all cosmetology and specialty services shall cease

61G5-20.006 Transfer of Ownership or Location of a Salon.
No salon license may be transferred from the name of one licensee to another. A salon license may be transferred from one location to another only by filing a new application and fee and obtaining departmental approval, pursuant to the requirements of Rule 61G5-20.002, F.A.C., prior to transferring the license.

61G5-20.007 Communicable Disease.
(1) No person engaged in the practice of cosmetology or a specialty in a salon shall proceed with any service to a person having a visible disease, pediculosis, or open sores suggesting a communicable disease, until such person furnishes a statement signed by a physician licensed to practice in the State of
Florida stating that the disease or condition is not in an infectious, contagious or communicable stage.
(2) No cosmetologist or person registered to practice any specialty in Florida, who has a visible disease,
pediculosis, or open sores suggesting a communicable disease, shall engage in the practice of cosmetology or any specialty, until such cosmetologist or registrant obtains a statement signed by a physician licensed to practice in the State of Florida stating that the disease or condition is not in an infectious, contagious, or communicable stage.

61G5-20.008 Employment of Applicants for Licensure as a Cosmetologist Prior to Licensure; Employment of Applicants for Registration as a Specialist Prior to Registration.
(1) Holders of a cosmetology salon license who wish to permit an applicant for licensure as a cosmetologist by examination to perform cosmetology services in their salon pursuant to Rule 61G5-18.0055, F.A.C., shall:
(a) Prior to permitting an applicant to perform cosmetology services in their salon, obtain from the applicant a copy of the completed application for licensure by examination submitted to the Department by the applicant, and a copy of the notification by the Department to the applicant that he or she has been scheduled to take the licensure examination. The cosmetology salon license holder shall not permit an applicant to practice cosmetology or perform cosmetology services in the salon until after the date of the licensure examination as indicated on the notification from the Department.
(b) Upon learning or in any way becoming aware that an applicant who is performing cosmetology services in their salon pursuant to Rule 61G5-18.0055, F.A.C., has either failed to take the first licensure examination as scheduled by the Department, or has failed to achieve a passing grade on the first licensure examination taken by the applicant, immediately cease to permit the applicant to further perform cosmetology services until the applicant provides to the cosmetology salon license holder a copy of the completed application for reexamination submitted to the Department by the applicant for the next available licensure examination immediately following the licensure examination which the applicant failed to take or pass.
(c) Upon learning or in any way becoming aware that an applicant who is performing cosmetology
services in their salon pursuant to Rule 61G5-18.0055, F.A.C., has either failed to take the next available licensure examination immediately following the licensure examination which the applicant failed to pass, immediately cease to permit the applicant to further perform cosmetology services until the applicant provides to the cosmetology salon license holder proof of having been issued a cosmetology license by the Department.
(d) Ensure that all cosmetology services performed by the applicant in the salon are performed in accordance with the conditions as set forth in Rule 61G5-18.0055, F.A.C.
(e) Display in a conspicuous place at the cosmetology salon location in which the applicant performs cosmetology services under Rule 61G5-18.0055 a copy of the completed application for licensure by examination submitted to the Department by the applicant, and a copy of the completed application for reexamination submitted to the Department by the applicant if such reexamination is required under Rule 61G5-18.0055, F.A.C.
(2) Holders of a cosmetology or specialty salon license who wish to permit an applicant for registration as a specialist to perform specialty services in their salon pursuant to Rule 61G5-29.004, F.A.C., or who wish to permit applicants for registration as a hair braider or hair wrapper to perform hair braiding or hair wrapping services in their salon pursuant to Rule 61G5-31.006, shall:
(a) prior to permitting an applicant to perform any specialty services or hair braiding or hair wrapping services in their salon, obtain from the applicant a copy of the completed application for registration submitted to the Department by the applicant;
(b) upon learning or in any way becoming aware that an applicant who is performing specialty services in their salon pursuant to Rule 61G5-29.004, F.A.C., or performing hair braiding or hair wrapping services in their salon pursuant to Rule 61G5-31.006, F.A.C., has been notified that his or her application is incomplete, or has been determined by the Board to be not qualified for registration as a specialist, shall immediately cease to permit the applicant to further perform specialty services;

(c) ensure that all specialty services performed by the applicant in the salon are performed in accordance with the conditions as set forth in Rule 61G5-29.004, F.A.C., and all other applicable laws and Rules of the Board;
(d) ensure that all hair braiding and hair wrapping services performed by the applicant in the salon are performed in accordance with all applicable laws and Rules of the Board;
(e) display in a conspicuous place at the cosmetology or specialty salon location in which the applicant performs specialty services pursuant to Rule 61G5-29.004, F.A.C., or hair braiding or hair wrapping services pursuant to Rule 61G5-31.006, a copy of the completed application for registration as a specialist or application for registration as a hair braider or hair wrapper submitted to the Department by the applicant.

61G5-20.010 Mobile Salons.
(1) The operation of all mobile cosmetology salons shall meet and at all times remain in compliance with all local laws and ordinances regulating business establishments in all areas in which the mobile salon operates, with all applicable requirements of the Americans with Disabilities Act relating to accommodations for persons with disabilities, and with all applicable OSHA requirements.
(2) Each mobile salon shall meet and at all times remain in compliance with the requirements of this rule, all licensure and operating requirements specified in Chapters 455 and 477, F.S., and all other rules of the Board and the Department which apply to cosmetology salons at fixed locations except to the extent those rules of the Board conflict with this rule.
(3) To facilitate inspections by the Department:
(a) Prior to the beginning of each month, each mobile salon license holder shall file with the Board a written monthly itinerary which lists the locations where and the dates and hours when the mobile salon will be operating.
(b) The salon name and salon license number shall be in lettering at least five inches in height and shall be visibly displayed and clearly legible on at least two exteriors sides of each mobile salon.
(c) If a mobile salon is in a motor vehicle, the vehicle's identifications number shall be included on the mobile salon's application for licensure and shall also be listed on the mobile salon's monthly itinerary required in paragraph (a) of this subsection.
(d) Each mobile salon shall have a telephone or other means of telecommunication by which it can be contacted by the Department personnel. The salon's telephone number shall be included on the mobile salon's application for licensure and shall also be listed on the mobile salon's monthly itinerary required in paragraph (a) of this subsection.
(e) Each salon shall be operated only at the times and places specified in its monthly itinerary.
(f) Each mobile salon license holder shall maintain a permanent business address in the inspection area of the local district office at which records of appointments, itineraries, license numbers of employees, and vehicle identification numbers of the license holder's mobile salon shall be kept and made available for verification purposes by Department personnel, and at which correspondence from the Department can be received. Post Office box or private mail box addresses may not be used for these purposes.
(4) Due to the inherent problems of providing water and sewage service to mobile salons, the following requirements shall apply:
(a) Each mobile salon shall be equipped with a functional restroom which includes a self-contained, flush chemical toilet with a holding tank. The restroom shall also be in substantial compliance with the toilet and lavatory requirements specified in Rule 61G5-20.002, F.A.C.
(b) Each mobile salon shall have storage capacity for at least 35 gallons of clean water for each cosmetologist working in the mobile salon and a total storage capacity for waste water equal to or greater than the mobile salon's total capacity for clean water.
(c) Operation of a mobile salon shall promptly cease:
1. When the mobile salon's clean water supply is depleted or so diminished that further cosmetology service cannot be completed;
2. When the mobile salon's waste water storage capacity if reached;
3. When the mobile salon's restroom is in need of servicing.
(d) No mobile salon shall operate or resume operation unless it has a sufficient amount of clean water as well as waste water capacity necessary for completing all cosmetology services undertaken and its restroom is functional.
(e) In disposing of sewage and waste water, each mobile salon shall comply with applicable state and local environmental and sanitation regulations.
(5) No cosmetology services shall be preformed and no patrons shall remain within a mobile salon while it is in motion.
(6) Applicants for licensure of a mobile salon shall be subject to and shall pay the same fees which licensed salons at fixed locations are subject to.

CHAPTER 61G5-24 FEE SCHEDULE
61G5-24.001 Collection and Payment of Fees.
61G5-24.002 Original Cosmetologist Licensure Fee,
Cosmetologist Examination and
Endorsement Fees, Initial Specialist Registration; Application and Endorsement Fees.
61G5-24.005 Salon License Fee.
61G5-24.006 Cosmetologist Reexamination Fee.
61G5-24.007 Duplicate License Fee.
61G5-24.008 Biennial Renewal Fee for Cosmetologists and Specialists.
61G5-24.009 Biennial Renewal Fee and Delinquent Fee for Salon License.
61G5-24.010 Delinquent License and Specialty Registration Fee.
61G5-24.011 Processing Fee; Change of Status.
61G5-24.016 Reactivation Fee for Cosmetologists and Specialists.
61G5-24.017 Inactive Status License and Specialty Registration Fees.
61G5-24.018 Examination Review Fee.
61G5-24.019 Hair Braiding, Hair Wrapping, and Body Wrapping Fees.
61G5-24.020 Special Assessment Fee.

61G5-24.001 Collection and Payment of Fees.
All fees shall be made payable to the Department of Business and Professional Regulation.
Specific Authority 477.016, 477.026 FS. Law Implemented 477.026 FS. History–New 11-2-80, Formerly 21F-24.01, 21F-

24.001. 61G5-24.002 Original Cosmetologist Licensure Fee, Cosmetologist Examination and Endorsement Fees, Initial Specialist Registration; Application and Endorsement Fees.
(1) The following fees are adopted by the Board:
(a) The fee for original licensure as a cosmetologist shall be twenty-five dollars ($25.00) and shall be paid by all applicants for licensure.
(b) The examination fee for licensure as a cosmetologist by examination shall be fifty dollars ($50.00).
When the examination is not conducted by a professional testing service pursuant to Section 455.2171,
F.S., the entire examination fee shall be payable to the Department. When the examination is conducted
by a professional testing service pursuant to Section 455.2171, F.S., twenty-three dollars ($23.00) of the examination fee shall be payable to the Department; and, twenty-seven dollars ($27.00) shall be payable to the professional testing service.
(c) The application fee for licensure as a cosmetologist by endorsement shall be fifty dollars ($50.00).
(d) The fee for initial registration as a specialist shall be twenty-five dollars ($25.00), and shall be paid by all applicants for registration.
(e) The application fee for registration as a specialist shall be thirty dollars ($30.00).
(f) The fee for registration as a specialist by endorsement shall be thirty dollars ($30.00).
(2) Applicants for licensure as a cosmetologist by examination shall pay both the original licensure fee and that part of the examination fee which is payable to the Department at the time of their application. Any part of the examination fee which is payable to a professional testing service shall be paid to that service upon notification by the Department that the applicant's application for licensure by examination has been approved. Applicants for licensure as a cosmetologist by endorsement shall pay both the original licensure fee and the application fee at the time of their application. Applicants for registration as a specialist shall pay both the initial registration fee and the application fee at the time of their application. Applicants for registration as a specialist by endorsement shall pay both the initial registration fee and the fee for registration as a specialist by endorsement at the time of their application.

61G5-24.005 Salon License Fee.
The salon license fee shall be fifty dollars ($50.00). In addition, a non-refundable application fee of fifty dollars ($50.00) shall be submitted with the salon license application.

61G5-24.006 Cosmetologist Reexamination Fee.
When the examination for licensure as a cosmetologist is not conducted by a professional testing service pursuant to Section 455.2171, F.S., the reexamination fee shall be fifty dollars ($50.00), and shall be payable to the Department. When the examination for licensure as a cosmetologist is conducted by a professional testing service pursuant to Section 455.2171, F.S., the reexamination fee shall be twenty-three dollars ($23.00) which shall be payable to the Department; and, thirteen dollars and fifty cents ($13.50) per part of the licensure examination to be retaken by the applicant, which shall be payable to the professional testing service.

61G5-24.007 Duplicate License Fee.
The fee for a duplicate license of any kind shall be twenty-five dollars ($25.00).

61G5-24.008 Biennial Renewal Fee for Cosmetologists and Specialists.
The fee for biennial renewal of a cosmetologist's license shall be twenty-five dollars ($25.00). The fee for biennial renewal of a specialist's registration shall be fifty dollars ($50.00).

61G5-24.009 Biennial Renewal Fee and Delinquent Fee for Salon License.
(1) The fee for a biennial renewal of a salon license shall be fifty dollars ($50.00).
(2) A salon license which is renewed within twenty-four months of the expiration of the license shall be renewed upon payment of a delinquent fee of fifty dollars ($50.00) (in addition to the biennial renewal fee).

61G5-24.010 Delinquent License and Specialty Registration Fee.
A licensee who is delinquent in applying for renewal shall pay a delinquent fee of twenty-five dollars ($25.00). A registrant who is delinquent in applying for renewal shall pay a delinquent fee of fifty dollars ($50.00). Such fee shall be in addition to the renewal.

61G5-24.011 Processing Fee; Change of Status.
A licensee or registrant who is applying for a change in licensure or registration at any time other than during the licensure or registration renewal period, shall pay a processing fee of five dollars ($5.00).

61G5-24.016 Reactivation Fee for Cosmetologists and Specialists.
The fee for reactivation of an inactive license or specialty registration shall be fifty dollars ($50.00). Such fee shall be in addition to the biennial renewal fee prescribed in Rule 61G5-24.008, F.A.C.

61G5-24.017 Inactive Status License and Specialty Registration Fees.
(1) The fee for renewal of an inactive license shall be fifty dollars ($50.00).
(2) The fee for renewal of an inactive registration shall be fifty dollars ($50.00).

61G5-24.018 Examination Review Fee.
The fee for review of an examination shall be thirty dollars ($30.00).

61G5-24.019 Hair Braiding and Hair Wrapping Fees.
(1) The initial fee for registration as a hair braider, hair wrapper, or body wrapper shall be twenty-five dollars ($25.00).
(2) The fee for biennial renewal of a hair braiding, hair wrapping, or body wrapping registration in an active or inactive status shall be twenty-five dollars ($25.00).
(3) The delinquency fee to be paid by a delinquent status hair braider registrant, hair wrapper registrant, or body wrapper registrant when applying for either active or inactive status shall be twenty-five dollars ($25.00). The delinquency fee shall be paid

in addition to the normal renewal fee for the status for which the registrant has applied.
(4) The fee for the reactivation of an inactive hair braider, hair wrapper, or body wrapper registration to active status shall be fifty dollars ($50.00). The reactivation fee shall be paid in addition to any difference between the normal inactive renewal fee and the active renewal fee.
(5) The fee for a change in the status of a hair braider, hair wrapper, or body wrapper registration if requested at a time other than the normal renewal period shall be five dollars ($5.00).

61G5-24.020 Special Assessment Fee.*(1) As a condition of license or registration renewal for the biennium beginning on November 1, 2006, December 1, 2006, or November 1, 2007,* all active and inactive licensee and registration holders, including all licensed cosmetologists, cosmetology and specialty salon license holders, registered specialists, registered hair braiders, registered hair wrappers, and registered body wrappers, shall pay a one-time special assessment fee of $30.00 in order to eliminate the current cash deficit in the operating funds of the Board. Payment of this fee shall be due and payable at the time the license or registration is renewed.

(2) Failure to comply with this rule and pay the required fee shall constitute grounds for disciplinary action pursuant to Sections 477.029(1)(i), and 455.227(1)(b) and (q), F.S.

CHAPTER 61G5-25
LICENSURE STATUS AND NOTICE OF ADDRESS CHANGE
61G5-25.001 Active Status.
61G5-25.002 Inactive Status; Reactivation.
61G5-25.003 Delinquent Status.
61G5-25.005 Notice to the Department of Mailing Address and Place of Practice of Licensee.

61G5-25.001 Active Status.
(1) The department shall renew an active cosmetology license or specialty registration upon timely receipt of the completed application for status, the biennial renewal fee, and certification that the licensee or registrant has demonstrated participation in the continuing education required by Rule 61G5-32.001, F.A.C.
(2) The term "completed application" for purposes of active status or inactive status shall mean either a completed renewal notice or a written request from the licensee or registrant accompanied by a statement affirming compliance with the applicable requirements for renewal.

61G5-25.002 Inactive Status; Reactivation.
(1) Any licensee or registrant may elect at the time of license renewal to place the license or registration into inactive status by filing with the Board a completed application for inactive status as defined by Rule 61G5-25.001(2), F.A.C., and by paying the inactive status fee.
(2) An inactive status licensee or registrant may change to active status at any time provided the licensee or registrant meets the continuing education requirements of Rule 61G5-32.001, F.A.C., pays the reactivation fee, and if the request to change licensure status is made at any time other than at the beginning of a licensure cycle, pays the additional processing fee. However, a licensee or registrant whose license or registration has been in inactive status for more than two consecutive biennial licensure cycles shall be required to submit a statement affirming that the licensee or registrant has read within the last thirty (30) days and is familiar with the laws and rules for the practice of cosmetology in the State of
Florida before the license or registration can be placed into active status.
(3) Any inactive licensee or registrant who elects active status is not eligible to elect to return to inactive status until the next licensure renewal period.
(4) A cosmetologist or specialist may not work with an inactive or delinquent license or registration.

61G5-25.003 Delinquent Status.
(1) The failure of any license or registration holder to elect active or inactive status before the license or registration expires shall cause the license or registration to become delinquent.
(2) The delinquent status licensee or registrant must affirmatively apply for active or inactive status during the licensure cycle in which the licensee or registrant becomes delinquent. The failure by the delinquent status licensee or registrant to cause the license or registration to become active or inactive before the expiration of the licensure cycle in which the license or registration became delinquent shall render the license or registration null and void without further action by either the Board or the Department.
(3) The delinquent status licensee or registrant who applies for active or inactive license or registration status shall:
(a) file with the Board a completed application for either active or inactive status as defined in subsection 61G5-25.001(2), F.A.C.;
(b) pay to the Board either the active status or inactive status fee, the delinquency fee, and, if the request to change licensure status is made at any time other than at the beginning of a licensure cycle, pays the additional processing fee; and
(c) if active status is elected, demonstrate compliance with the continuing education requirements found in Rule 61G5-32.001, F.A.C.

61G5-25.005 Notice to the Department of Mailing Address and Place of Practice of Licensee.
(1) It shall be the duty of each licensee or registrant to provide written notification to the Department of the licensee's or registrant's current mailing address and place of practice. For purposes of this rule, "place of practice" means the address of the physical location where the licensee or registrant practices cosmetology or a specialty.
(2) Any time that the current mailing address or place of practice of any licensee or registrant changes, written notification of the change shall be provided to the Department within ninety (90) days of the change. Written notice shall be sent to the following address: Florida Board of Cosmetology, Department of Business and Professional Regulation, Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida 32399-0790.
(3) It shall be a violation of this rule for a licensee or registrant to fail to advise the Department within ninety (90) days of a change of mailing address. It shall not be a violation of this rule to fail to advise the Department of a change of one's place of practice within ninety (90) days.

CHAPTER 61G5-29
SPECIALTY LICENSING

61G5-29.001 Definitions.
61G5-29.002 Specialty Registration.
61G5-29.003 Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) Training for Initial Registration.
61G5-29.004 Supervised Specialty Practice Exception.
61G5-29.011 Endorsement of Specialty Registration.
61G5-29.012 Who May Apply.
61G5-29.013 Registration Renewal Procedures.

61G5-29.001 Definitions.
(1) "Specialty Registration" means a registration to practice one or more of the following specialties: manicuring/pedicuring/nail extension, facials (skin care and hair removal).
(2) "Certificate of Completion" means a certificate from one of the following:
(a) A school licensed pursuant to Chapter 1005, F.S., or the equivalent licensing authority of another state.
(b) A specialty program within the public school system.
(c) A specialty division within the Cosmetology Division of the Florida School for the Deaf and the Blind, provided the training programs comply with minimum curriculum requirements established by the board.
(3) "Facials" means the massaging or treating of the face, skin or scalp with or without the use of mechanical devices using oils, creams, lotions or other cosmetic products which are used to cleanse and condition the skin, to prevent or correct problems or conditions of the face and neck, and to color and beautify the face and neck or enhance their features; and, skin care services for the body. Facials shall be performed only by individuals licensed pursuant to Sections 477.019 and 477.0201, F.S., and performed in schools licensed pursuant to Chapter 1005, F.S., or salons licensed pursuant to Section 477.025, F.S.
(4) "Cosmetic Demonstration" means the application or removal of cosmetic products for the purposes of demonstration of the cosmetic products as part of a sales or promotion program rendered without compensation for the service from the individual or individuals who are the recipients or audience of the demonstration.
(5) "Cosmetic products" means any external preparation which is intended to cleanse, tone, color or beautify the face or neck, including but not limited to skin cleansers, astringents, skin fresheners, lipstick, eyeliner, eye shadow, foundation, rouge or cheek color, mascara, face powder or corrective stick.
(6) "Simple Adhesive" as used in Section 477.013(6)(a), F.S., means a substance by which artificial nails (such as "press on nails") can be attached to and then easily detached from a patron with slight pressure only, without the application of any nail primer or solvents of any kind, and without removing the natural oils from or roughing of such patron's nails.

61G5-29.002 Specialty Registration.
(1) An applicant who has received a certificate of completion in manicuring/pedicuring/nail extension shall be registered as a specialist in that field.
(2) An applicant who has received a certificate of completion in facials (skin care and hair removal) shall be registered as a specialist in that field.

61G5-29.003 Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) Training for Initial Registration.
(1) Each applicant for initial registration as a specialist under Chapter 477, F.S., shall complete a board approved educational course on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), and shall submit proof thereof in the form of a certificate of completion from the provider of such course with the application. A copy of the certificate will satisfy this requirement. Completion of such course shall be a condition of registration. Except as provided in subsection (2) below, no person shall be granted an initial registration unless he or she complies with this rule.
(2) If an applicant for initial registration as a specialist under Chapter 477, F.S., has not completed a board-approved educational course on HIV/AIDS at the time of application, but has completed all other requirements for registration, he or she may request an additional 6 month period in which to complete this requirement. Such request shall be submitted at the time of filing the application for registration; and, will be made by filing a written affidavit showing good cause to grant the request. Upon the filing of such affidavit, the applicant shall be granted one, 6 month period in which to complete a board-approved educational course on HIV/AIDS. The applicant shall be required to submit proof of the completion of this course in the form of a certificate of completion from the provider of such course to the department within the 6-month period. A copy of the certificate will satisfy this requirement. Failure to submit such proof during the 6-month period shall cause any previously issued registration to become null and void without further action by the Board.
(3) All educational courses on HIV/AIDS which are taken to fulfill the requirements for initial registration as a specialist under Chapter 477, F.S., must be approved by the Board prior to their completion, and must comply with all requirements regarding HIV/AIDS courses as set forth in Rule 61G5-18.011, F.A.C.
(4) The completion of an education course on HIV/AIDS which is taken as part of the completion of the required curriculum for the specialty registration for which the applicant has applied may be used to satisfy the requirement as set forth in this rule provide that the course has been approved by the Board prior to its completion and the course complies with all requirements regarding HIV/AIDS courses as set forth in Rule 61G5-18.011, F.A.C.

61G5-29.004 Supervised Specialty Practice Exception.
(1) Following the submission of a complete application for registration as a specialist which included proof of the successful completion of all educational requirements for the specialty applied for and the payment of all applicable application and registration fees, and pending the issuance by the Department of a registration as a specialist under Chapter 477, F.S., an applicant for registration as a specialist shall be eligible to perform specialty services in the specialty for which the applicant has applied for registration subject to the following conditions:
(a) All specialty services to be performed by the applicant under this exception shall be performed under the supervision of a registered specialist. "Under the supervision of a registered

specialist" shall mean that an individual who then holds a current, active Florida registration as a specialist in the same specialty for which the applicant has applied, or an individual who then holds a current, active Florida license as a cosmetologist shall be physically present at all times when the applicant is performing specialty services.
(b) All specialty services performed by the applicant under this exception shall be performed in a licensed cosmetology or specialty salon. All times during which the applicant is performing specialty services in the salon, the license for the cosmetology or specialty salon shall be in a current and active status.
(2) Prior to beginning the performance of specialty services under this exception, all applicants shall provide to the cosmetology or specialty salon license holder or his or her representative a copy of the completed application for registration as a specialist submitted to the Department by the applicant.
(3) Upon being notified by the Department that his or her application is incomplete, or that he or she has been determined to be not qualified for registration as a specialist, an applicant shall immediately inform the cosmetology or specialty salon license holder or his or her representative of the notification; and shall immediately cease performing specialty services under this exception until the applicant shall have corrected any deficiencies in their earlier application as noted by the Department, or shall have submitted a new application which demonstrates that the applicant is qualified for registration as a specialist, and shall have paid all applicable application and registration fees.

61G5-29.011 Endorsement of Specialty Registration.
The Department of Business and Professional Regulation shall issue a registration to a person who:
(1) Makes application and pays to the Department the fee specified in Rule 61G5-24.002, F.A.C.;
(2) Is currently registered or licensed to practice and is currently practicing one of the specialties as defined in Section 477.013(6) and (7), F.S., under the law of another state;
(3) Demonstrates that the other state's qualifications and requirements are comparable to or more
stringent than those required by Florida Law (Chapter 477, F.S.) and Rule 61G5-22.015, F.A.C.

61G5-29.012 Who May Apply.
Any person is qualified for registration as a specialist in any one or more of the specialty practices within the practice of cosmetology under Chapter 477, F.S., who:
(1) Is at least 16 years of age or has received a high school diploma or GED equivalent, and
(2) Has received a certificate of completion in a specialty pursuant to Section 477.013(7), F.S., from one of the following:
(a) A school licensed pursuant to Chapter 1005, F.S., or the equivalent licensing authority of another state.
(b) A specialty program within the public school system.
(c) Cosmetology Division of the Florida School for the Deaf and the Blind, provided the training programs comply with minimum curriculum requirements established by the Board.
(3) A person desiring to be registered as a specialist shall apply to the Department in writing upon forms prepared and furnished by the Department.
(4) Upon paying the application fee and initial registration fee, the Department shall register the applicant to practice each of the specialties for which he or she is qualified.

61G5-29.013 Registration Renewal Procedures.
(1) All specialty registrations shall be valid for a period of two years or until the end of the biennial licensure renewal cycle in which they are first issued, whichever occurs first. The biennial licensure renewal cycle for all specialty registrations shall coincide with the biennial licensure renewal cycle used for the renewal of cosmetology licenses.
(2) At the time of registration renewal, all specialty registrants shall pay all applicable renewal fees and charges as provided in Chapter 61G5-24, F.A.C. Prior to the expiration of their specialty registration, all specialty registrants shall complete all continuing education requirements as set forth in Rule 61G5-
32.001, F.A.C., including a Board approved HIV/AIDS training course as provided in Section 455.2228,
F.S. All HIV/AIDS training courses shall comply with the requirements as set forth in Rule 61G5-18.011, F.A.C.
(3) Spouses of members of the Armed Forces of the United States are exempted from all registration renewal provisions, but only in cases of absence from the state because of their spouses' duties with the Armed Forces.

CHAPTER 61G5-30
DISCIPLINARY GUIDELINES
61G5-30.001 Disciplinary Guidelines.
61G5-30.004 Citations.
61G5-30.005 Mediation.
61G5-30.006 Notice of Non Compliance.

61G5-30.001 Disciplinary Guidelines.
(1) The Board shall act in accordance with the following guidelines when it finds the enumerated violations in disciplinary cases. The Board shall impose a penalty within the range of each applicable disciplinary violation set forth below unless the Board finds an aggravating or mitigating circumstance, in which case the Board may deviate from the guideline penalty.

(2) VIOLATION	PENALTY RANGE
(a) Unlicensed cosmetology or specialty practice. (477.0265(1)(a) or 477.029(1)(a), F.S.)	For an individual who was never licensed, a fine of $500. For a licensee or registrant who fails to properly renew, a fine of $50 for every month or partial month during which the individual was unlicensed or unregistered, up to a maximum of $500.
(b) Unlicensed Salon and Delinquent Salon License. (477.0265(1)(b)1. or 477.029(1)(b), F.S.)	For a salon which has never been licensed, or for which the salon license has expired, a fine of $500. For a salon license which has become delinquent, a fine of $50 for every month or partial month of delinquency during which the salon has operated, up to a total of $500.
(c) Permitting a person without a license or registration, unless exempt, to perform cosmetology services or any specialty in a salon. (477.0265(1)(b)2., F.S.)	For a violation involving a person who was never licensed or registered in Florida, a fine of $250 to $500. For a violation involving a person who failed to properly renew or whose exemption has terminated, a fine of $50 for every month or partial month during which the violation took place, up to $500.
(d) Permitting an employee to practice cosmetology or a specialty without being duly licensed, registered, or otherwise authorized. (477.0265(1)(d) or 477.029(1)(c), F.S.)	For employing a person who was never licensed or registered in Florida, or who is not exempt, a fine of $250 to $500. For employing a person who failed to properly renew or whose exemption has terminated, a fine of $50 for every month or partial month during which the person was employed, up to $500.
(e) Engage in willful or repeated violations of Chapter 477, F.S., or any rule adopted by the Board. (477.0265(1)(c), F.S.)	For a first offense, a fine of $500. For a subsequent offense, a fine of $500 and suspension or revocation of any license or registration issued pursuant to Chapter 477, F.S.
(f) Obtain or attempt to obtain a license or registration for money, other than the required fee, or any other thing of value or by fraudulent misrepresentations. (477.0265(1)(e), F.S.)	A fine of $500 and denial or revocation of the license or registration.
(g) Using or attempting to use a suspended or revoked cosmetology license or specialty registration to practice cosmetology or a specialty. (477.0265(1)(f) or 477.029(1)(g), F.S.)	A fine of $500 and suspension for one year of any license or registration issued pursuant to Chapter 477, F.S.
(h) Advertising or implying that skin care services or body wrapping are related to massage therapy, except as allowed by statute. (477.0265(1)(g), F.S.)	A fine of $100 to $200 for the first offense; a fine of $500 for subsequent offenses.
(i) Use or possess a product containing a liquid nail monomer containing any trace of methyl methacrylate (MMA). (477.0265(1)(h), F.S.)	A fine of $500 for the first offense; a fine of $500 and suspension or revocation for a subsequent offense.
(j) License or registration obtained by fraud or false or forged evidence. (477.028(1)(a), 477.028(2)(a) or 477.029(e), F.S.)	A fine of $500 and revocation of the salon license, cosmetology license, or specialty registration.
(k) Guilty of fraud, deceit, gross negligence, incompetency, or misconduct in practice or instruction of cosmetology or specialty, or in operation of the salon. (477.028(1)(b) or 477.028(2)(b), F.S.)	A fine of $200 to $500 and suspension or revocation of the salon license, cosmetology license, or specialty registration.
(l) License or registration holder is guilty of aiding, assisting, procuring, or advising any unlicensed person to practice as a cosmetologist. (477.028(1)(c), F.S.)	A fine of $250 for the first offense. A fine of $500 and revocation or suspension of salon license, cosmetology license, or specialty registration for a subsequent offense.

(2) VIOLATION	PENALTY RANGE
(m) Present license of another as his or her own license. (477.029(1)(d), F.S.)	A fine of $500 and a reprimand for the first offense. A fine of $500 and refusal to certify for licensure for a subsequent offense.
(n) Impersonate any other licenseholder of like or different name. (477.029(1)(f), F.S.)	A fine of $500 and a 6 month suspension of any other license or registration held pursuant to Chapter 477, F.S.
(o) Violate or refuse to comply with:	
1. Any provision of Chapter 455, F.S., or final order of the Board or the Department;	A fine of $500 and suspension, revocation, or refusal to certify to the department for licensure.
2. Any provision of Chapter 477, F.S., or a rule of the Board or the Department except as otherwise provided;	A fine of $100 to $200 for the first violation. A fine of $300 to $500 for a subsequent violation. A fine of $500 and suspension or revocation of license or registration for a refusal to comply.
3. Salon requirements subsections 61G5-20.002(2)-(6), F.A.C., relating to sanitation and safety; or	A fine of $50 per violation for less than three violations. A fine of $250 for three to four violations. A fine of $500 for five or more violations. A fine of $250 for a salon operating without sterilization equipment.
4. Display of documents Rule 61G5-20.004, F.A.C., relating to display of licenses and inspection sheets. (477.029(1)(h)-(i), F.S.)	A fine of $100 for each violation for the first offense. A fine of $200 to $300 for each subsequent offense.

(3) When the Board finds that any person licensed or registered under Chapter 477, F.S., has committed any of the acts set forth in Section 477.028, F.S., it is recommended that the Board issue a final order imposing a revocation of the license or registration involved in any such violation.
(4) Based upon consideration of the following factors, the Board may impose disciplinary action other than the penalties recommended above:
(a) The danger to the public;
(b) The length of time since date of violation;
(c) The number of complaints filed against the licensee;
(d) The length of time licensee or registrant has practiced;
(e) The actual damage, physical or otherwise, caused by the violation;
(f) The deterrent effect of the penalty imposed;
(g) The effect of the penalty upon the licensee's or registrant's livelihood;
(h) Any efforts for rehabilitation;
(i) The actual knowledge of the licensee or registrant pertaining to the violation;
(j) Attempts by licensee or registrant to correct or stop violations or refusal by licensee or registrant to correct or stop violations;
(k) Related violations against a licensee or registrant in another state including findings of guilt or innocence, penalties imposed and penalties served;
(l) Actual negligence of the licensee or registrant pertaining to any violations;
(m) Penalties imposed for related offenses under subsection (1) above;
(n) Any other mitigating or aggravating circumstances.
(5) Penalties imposed by the Board pursuant to Rule 61G5-30.001, F.A.C., may be imposed in combination or individually but may not exceed the limitations enumerated below:
(a) Issuance of a reprimand or censure.
(b) Imposition of an administrative fine not to exceed $500 for each count or separate offense.
(c) Placement on probation for a period of time and subject to such reasonable conditions as the Board may specify.
(d) Revocation or suspension of any license or registration issued pursuant to Chapter 477, F.S.
(e) Refusal to certify to the Department an applicant for licensure or registration.
(6) The provisions of subsections (1) through (5) above shall not be construed so as to prohibit civil action or criminal prosecution as provided for in Section 477.0265(2) or Section 477.031, F.S., and the provisions of subsections (1) through (5) above shall not be construed so as to limit the ability of the Board to enter into binding stipulations with accused parties as per Section 120.57(3), F.S.
(7) In every case the Board imposes a monetary fine, it shall also suspend the Respondent's license(s). However, to enable the Respondent to pay the fine, the suspension shall be stayed for the time period specified in the Board's final order in accordance with Rule 61G5-17.016, F.A.C. If the fine is paid within that time period, the suspension shall not take effect; if the fine is not paid within that time period, then the stay shall expire and the suspension shall take effect. Thereafter, upon payment of the fine, the suspension shall be lifted.

61G5-30.004 Citations.
(1) Definitions. As used in this rule;
(a) "Citation" means an instrument which meets the requirements set forth in Section 455.224, F.S., and which is served upon a subject for the purpose of assessing a penalty in an amount established by this rule;
(b) "Subject" means the licensee, applicant, person, partnership, corporation, or other entity alleged to have committed a violation designated in this rule.

(2) In lieu of the disciplinary procedures contained in Section 455.225, F.S., the Department is hereby authorized to dispose of any violation designated herein by issuing a citation to the subject within six months after the filing of the complaint which is the basis for the citation.
(3) Citations shall be issued for the first offense violations only.
(4) The Board hereby designates the following as citation violations, which shall result in a penalty of fifty dollars ($50.00):
(a) Except as otherwise provided herein, any violation of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C. – however, if it is an initial offense and there are no other violations, then the subject shall be given a Notice of Noncompliance;
(b) Practicing cosmetology or a specialty with an inactive or expired license for one month or part of a month;
(c) Operating a salon with a delinquent license for one month or part of a month;
(d) Employing a person to practice cosmetology or a specialty with an inactive or expired license for one month or part of a month.
(e) Unless otherwise permitted in Chapter 477, F.S., performing cosmetology services in a salon which does not have a license in violation of Section 477.0263(1), F.S.
(5) The Board hereby designates the following as citation violations, which shall result in a penalty of one hundred dollars ($100.00):
(a) Transferring ownership or changing location of a salon without the approval of the Department pursuant to Rule 61G5-20.006, F.A.C., provided the transfer of ownership or change of location has not exceeded 90 days and the salon owner can provide proof that a completed application has been filed with the Department;
(b) Practicing cosmetology or a specialty with an inactive or expired license for more than one month but not more than two months;
(c) Operating a salon with a delinquent license for more than one month but not more than two months;
(d) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than one month but not more than two months;
(e) Two violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.
(6) The Board hereby designates the following as citation violations, which shall result in a penalty of one hundred and fifty dollars ($150.00):
(a) Practicing cosmetology or a specialty with an inactive or expired license for more than two months but not more than three months;
(b) Operating a salon with a delinquent license for more than two months but not more than three months;
(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than two months but not more than three months.
(7) The Board hereby designates the following as citation violations, which shall result in a penalty of two hundred dollars ($200.00):
(a) Practicing cosmetology or a specialty with an inactive or expired license for more than three months but not more than four months;
(b) Operating a salon with a delinquent license for more than three months but not more than four months;
(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than three months but not more than four months;
(d) Five or more violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.
(8) The Board hereby designates the following as citation violations, which shall result in a penalty of two hundred and fifty dollars ($250.00):
(a) Operating a salon without a wet sanitizer as required by paragraph 61G5-20.002(2)(d), F.A.C.;
(b) Three or more violations of the safety, sanitary, or other salon requirements specified in Rule 61G5- 20.002, F.A.C.;
(c) Practicing cosmetology or a specialty with an inactive or expired license for more than four months but not more than five months;
(d) Operating a salon with a delinquent license for more than four months but not more than five months; and
(e) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than four months but not more than five months.
(9) The Board hereby designates the following as citation violations, which shall result in a penalty of three hundred dollars ($300.00):
(a) Practicing cosmetology or a specialty with an inactive or expired license for more than five months but not more than six months;
(b) Operating a salon with a delinquent license for more than five months but not more than six months;
(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than five months but not more than six months; and
(d) Five or more violations of the safety, sanitary, or other salon requirements specified in Rule 61G5-20.002, F.A.C.
(10) The Board hereby designates the following as citation violations, which shall result in a penalty of three hundred and fifty dollars ($350.00):
(a) Practicing cosmetology or a specialty with an inactive or expired license for more than six months but not more than seven months;
(b) Operating a salon with a delinquent license for more than six months but not more than seven months; and
(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than six months but not more than seven months.
(11) The Board hereby designates the following as citation violations, which shall result in a penalty of four hundred dollars ($400.00):
(a) Practicing cosmetology or a specialty with an inactive or expired license for more than seven months but not more than eight months;
(b) Operating a salon with a delinquent license for more than seven months but not more than eight months; and
(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than seven months but not more than eight months.
(12) The Board hereby designates the following as citation violations, which shall result in a penalty of four hundred and fifty dollars ($450.00):

(a) Practicing cosmetology or a specialty with an inactive or expired license for more than eight months but not more than nine months;
(b) Operating a salon with a delinquent license for more than eight months but not more than nine months; and
(c) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than eight months but not more than nine months.
(13) The Board hereby designates the following as citation violations, which shall result in a penalty of five hundred dollars ($500.00):
(a) Practicing cosmetology or a specialty without a license;
(b) Operating a salon without a license;
(c) Employing a person to practice cosmetology or a specialty without a license;
(d) Practicing cosmetology or a specialty with an inactive or expired license for more than nine months but not more than twelve months;
(e) Operating a salon with a delinquent license for more than nine months but not more than twelve months; and
(f) Employing a person to practice cosmetology or a specialty with an inactive or expired license for more than nine months but not more than twelve months.

61G5-30.005 Mediation.
(1) "Mediation" means a process whereby a mediator appointed by the department acts to encourage and facilitate resolution of a legally sufficient complaint. It is an informal and non-adversarial process with the objective of assisting the parties to reach a mutually acceptable agreement.
(2) The Board finds that mediation is an acceptable method of dispute resolution for the following violations as they are economic in nature or can be remedied by the licensee:
(a) Failure of the licensee to timely pay any assessed administrative fines or costs;
(b) Failure of the licensee to timely respond to a continuing education audit;
(c) Failure to submit change of address for a salon; and
(d) Failure to timely notify the department of the licensee's or registrant's change of mailing address or place of practice.
(3) A "mediator" means a person who is certified in mediation by the Florida Bar, the Florida Supreme Court, or the Division of Administrative Hearings.

61G5-30.006 Notice of Non Compliance.
(1) In accordance with Section 455.225(3), F.S., when a complaint is received, the agency may provide a licensee with a notice of non-compliance for an initial offense of a minor violation. Failure of a licensee to take action in correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings. "Minor violations" as used in Section 455.225(3), F.S., are defined as follows:
(a) Violations of Rule 61G5-20.004, F.A.C.
(b) Violations of subsection 61G5-18.011(1), F.A.C., in failing to maintain a copy of his or her certificate of course completion in instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
(c) Violations of paragraph 61G5-20.008(2)(a), F.A.C., in failing to retain copies of an employee's high school diploma or G.E.D. equivalency certificate and cosmetology school diploma or certificate of completion.
(2) In accordance with Chapter 95-402, Laws of Florida, the agency shall issue a notice of non compliance as first enforcement action against a licensee for a minor violation of a rule. Pursuant to Chapter 95-402, Section (2)(b), Laws of Florida, the Board designates the following rules for which a violation would be a minor violation of a rule for which a notice of non compliance is issued:
(a) Violations of Rule 61G5-20.004, F.A.C.
(b) Violations of subsection 61G5-18.011(1), F.A.C., in failing to maintain a copy of his or her certificate of course completion in instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
(c) Violations of paragraph 61G5-20.008(2)(a), F.A.C., in failing to retain copies of an employees high school diploma or GED equivalency certificate and cosmetology school diploma or certificate of completion.

CHAPTER 61G5-32 CONTINUING EDUCATION.

61G5-32.001 Continuing Education.
(1) Prior to the expiration of each biennial licensure period, and as a condition for renewal of their cosmetology license or specialty registration, all licensed cosmetologists and registered specialists shall complete a minimum of sixteen (16) hours of continuing education which shall include, at a minimum, all of the following subjects as they relate to the practice of cosmetology:
(a) A minimum of two (2) hours of instruction regarding HIV/AIDS and other communicable diseases which shall consist of:
1. Education on the modes of transmission, infection control procedures, clinical management, and prevention of HIV and AIDS; and
2. Discussion of attitudes towards HIV and AIDS as well as appropriate behavior in dealing with persons who may have the virus or syndrome.
(b) A minimum of three (3) hours of instruction regarding sanitation and sterilization which shall consist of instruction regarding:
1. Universal sanitation and sterilization precautions;
2. How to distinguish between disinfectants and antiseptics; and
3. How to sanitize hands and disinfect tools used in the practice of cosmetology.
(c) A minimum of one (1) hour of instruction regarding Occupational Safety and Health Administration regulations.
(d) A minimum of one (1) hour of instruction regarding issues of workers' compensation as they pertain to Florida law.
(e) A minimum of two (2) hours of instruction regarding state and federal laws and rules as they pertain to cosmetologists, cosmetology, salons, specialists, specialty salons, and booth renters; specifically including but not limited to Chapter 477, F.S., and the Rules of the Board. At a minimum this instruction shall include the following:
1. The laws and rules of the Board that protect the health, safety, and welfare of the consumer;
2. The laws and rules of the Board that determine where and when individuals may legally practice cosmetology and specialties;
3. The functions of the Board of Cosmetology, how its members are appointed, and their duties;

4. The laws and rules of the Board which specify prohibited conduct, and the penalties for failure to follow the laws and rules;
5. Salon requirements and inspections; and
6. The dates, fees, and requirements for renewal of cosmetology licenses, salon licenses, and specialty registrations.
(f) A minimum of two (2) hours of instruction regarding chemical makeup as it pertains to hair, skin, and nails.
(g) A minimum of one (1) hour of instruction regarding environmental issues.
(h) A minimum of four (4) hours of continuing education to be composed of additional instruction in any of the subjects set forth above or such other subject or subjects as the licensee may choose provided that the subject or subjects chosen relate to the practice of cosmetology and serve to ensure the protection of the public; and, provided that the course in which such subjects are taught has been approved by the Board prior to its being taught for continuing education purposes, and provided the licensee or registrant has not previously taken the course during the current licensure period.
(2) Home study courses, video courses, and courses which are given at cosmetology conferences may be counted toward the required hours of continuing education provided that, prior to their being taught, they have been approved by the Board as including instruction in subjects as set forth by this rule and as complying with all other requirements as set forth in this rule.
(3) All continuing education home study courses shall include a written post-course examination which must be graded by the course provider. Post-course examinations may be open-book examinations. In order to receive continuing education credit for the course, licensees or registrants must achieve a 75% passing score on all post-course examinations.
(4) All licensees and registrants who successfully complete a continuing education course shall be provided with a certificate of completion by the provider of the continuing education course which shall indicate the provider's name and provider number, the course title and course number, the licensee's or registrant's name and license or registration number, the date the course was completed, and the total number of hours successfully completed in each subject covered by the continuing education course. All licensees and registrants shall retain the certificate of completion for all continuing education courses successfully completed by the licensee or registrant for a period of not less than three (3) years following the first license or registration renewal following the completion of the course.
(5) Licensees holding two or more licenses subject to the HIV/AIDS education course requirement shall present all license numbers to the provider of such course.

FLORIDA ADMINISTRATIVE CODE CHAPTER 61

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

61-6.010 Random Audit of License Renewal Requirements.
(1) No later than six (6) months after the beginning of a licensure period, each board shall initiate a random audit of licensees to determine their compliance with license renewal requirements. This audit shall be conducted by the appropriate office of the Department of Business and Professional Regulation.
(2) Each licensee randomly selected for audit shall be so notified by regular mail, and each selected licensee shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
(3) If a letter of notification is returned to the Department because of an incorrect mailing address, the
Department shall attempt again to notify the licensee after making a reasonable effort to determine the licensee's correct address. The licensee so notified shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
(4) If a letter of notification is returned to the Department unclaimed or refused, the Department shall by certified mail attempt to notify the licensee of the information contained in the original mailing. The licensee so notified shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
(5) If a licensee's documentation of compliance with the requirements for license renewal is not sufficient, the Department shall notify the licensee of the deficiencies, and the licensee shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
(6) Commencing on the twenty-second (22) day after a licensee selected for audit receives notice, the board may grant the licensee up to thirty (30) additional days in which to obtain appropriate documentation and supply that documentation to the Department if: (1) the licensee's written request was received by the board within twenty-one (21) days of the licensee's receipt of notice of audit or receipt of documentation deficiency, (2) the licensee's written request stated with particularity the reasons an extension should be granted, and (3) the board's written notification as to the length of the extension granted was received by the Department office conducting the audit no more than ten (10) days after the twenty-one (21) day compliance period had lapsed.

(7) The Department may take whatever action is appropriate against any licensee selected for audit who:
(a) Has not kept the Department informed of an accurate mailing address,
(b) Does not cooperate in the audit, or
(c) The audit reveals has not met the requirements for license renewal.

61-6.002 Delinquent Status.
(1) Any license renewal application except for a license described in Rule 61-6.006, Florida Administrative Code, which for any reason is not submitted in a timely and complete manner, shall revert to delinquent status.
(2) Each application for renewal shall be considered timely filed if the application has been postmarked by the post officer prior to midnight on the date of expiration of the license or has been delivered by the close of business on the date of expiration of the license. If that date falls on a Saturday, Sunday, or legal holiday, the day of expiration shall be the first working day after the expiration date on the license. In order to be complete, the application must have all appropriate spaces filled, be signed by the licensee and include a money order or a sufficiently funded check in the correct amount. Any renewal which does not comply with the above conditions shall become delinquent.

61-6.021 Licensee Name Change.
(1) Licensees shall direct their requests for name changes on the master file of the Department to the board office of their profession or to the Bureau of Licensure, 1940 North Monroe Street, Tallahassee,
Florida 32399-2205.
(2) Name change requests shall be in writing and shall be documented. An original, a certified copy, a
duplicate copy of an original or a duplicate of a certified copy of an original document which shows the legal name change shall be accepted unless the Department has a question about the authenticity of the document raised on its face, or because the genuineness of the document is uncertain, or because of another matter related to the application.
(3) Documents acceptable by the Department for request of a license name change include a marriage license, a court order (e.g., adoption, divorce decree, name change, or federal identity change), a certificate of status, or a certificate of authorization.
(4) Documents unacceptable for a request of a license name change include all documentation other than those listed above.

SECTION C
Cosmetology and Federal Tax Law

Learning the Art of Doing Business Federal Taxation Curriculum for Cosmetology Student

Developed by the Internal Revenue Service
Small Business/Self-Employed Division Taxpayer Education & Communication

Course outline

Table of Contents on Page Topics

Introduction I Learning the Art of Doing Business
Section 1: What benefits do I receive when I file a correct tax return?
Section 2: What is my "worker classification"?
Section 3: What is income and how do I report it?
Section 4: What is a business expense and how do I report it?
Section 5: What do I need to know about keeping records?
Section 6: What are the consequences of filing an incorrect tax return?
Section 7: What are my federal tax responsibilities?
Section 8: What are tax credits?
Section 9: What is e-filing?
Section 10: What is Electronic Federal Tax Payment System (EFTPS)?
Section 11: Related Products and Services
Section 12: Test Your Knowledge – Questions and Answers

INTRODUCTION
Now that you are a licensed professional…There is important information that you need to know about your federal tax responsibilities. This curriculum consists of an overview of federal income and employment tax responsibilities. It is the intent, to provide you with a better understanding of the tax laws and guidelines that govern federal income and employment taxes as it pertains to the Cosmetology Industry.

The curriculum is not all-inclusive. You may have other income sources and/or expenses not discussed. Additionally, there are various state and local requirements that you need to be aware of. These items are not covered in this material; therefore, we encourage you to contact the appropriate state and local agencies to learn more about their requirements. For additional information visit the IRS Website at www.irs.gov or consult a tax professional of your choice.

Included in this curriculum are references and URL's to web pages that will provide publications and forms from the Internal Revenue Service that are related to the cosmetology industry and which are discussed in this material. The web information is for your

convenience so that you can easily find all of the information and forms that you need to make paying your taxes quick and simple.

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Section 1: What benefits do I receive when I file a correct tax return?

What benefits do I receive when I file a correct tax return?

"Filing a correct tax return will provide you with greater benefits today, as well as, tomorrow"
There are numerous reasons to file a correct tax return; however, we will focus on five:
Increases chances of getting a loan Determines the amount of Social Security paid to your account. Unemployment compensation is based on the amount of wages and tips reported on the federal tax return for employees Workers' compensation is also based on the amount of wages and tips reported. Other benefits include life insurance, disability insurance, and retirement plans that are affected by the reported wages and tips

How does filing a correct tax return affect my Social Security benefits?
The benefits you receive from Social Security are calculated on the total combined earnings that have been recorded under your Social Security Number (SSN).

Correctly reporting all of your income, including tips, will determine how much Social Security is paid into your account.

Social Security is not only for retirement purposes. The benefits also cover individuals who are injured or become disabled. If something happens to you, your spouse and your children can receive benefits based on your reported earnings.

If you are an employee, based upon the amount of wages earned and tips reported, your employer provides matching funds for Social Security and Medicare Taxes.

If you are a self-employed person, you are responsible for reporting and paying self-employment tax (which is your Social Security and Medicare Taxes) by completing Schedule SE.

How does filing a correct tax return affect my unemployment compensation?
If you become unemployed, benefits are paid to you based on the wages and tips you have reported.
Unemployment compensation is available for employees only. As an employee, your employer makes payments to an unemployment fund.

Note: The laws governing unemployment benefits vary by jurisdiction. For more information, contact the appropriate agency in your state that handles unemployment compensation.

How does filing a correct tax return affect my workers' compensation benefits?
If you are an employee and are injured on the job, you are entitled to collect workers' compensation.
Workers' compensation is based on wages and tips reported. Workers' compensation is not a federal program. As of 2002 all states, except Texas, mandate that employers carry workers' compensation insurance. This is an employer paid private insurance.

What other benefits might I receive by filing a correct tax return?
Filing a correct tax return and claiming all the ordinary and necessary business expenses that you are entitled to may reduce the amount of tax you owe and will provide greater working capital for you to use in your business.

Your employer may offer other benefits based on your wages and reported tips; such as life insurance, disability insurance, 401K retirement plans, and the right to purchase stock options. You will need to check with your employer about these benefits.

Filing a correct tax return will provide you with peace of mind. If you are selected for an audit, you will feel confident that your tax return was accurately prepared.

Section 2: What is my "worker classification"?

What is my "worker classification"?
Choosing a career in the Cosmetology Industry offers a variety of employment opportunities. A person can be an employee, self-employed, or both. An employee means to be employed by someone else. A self-employed person is someone who does not have an employer. They work for themselves.

Which are you?
For federal tax purposes, this is an important distinction. Worker classification affects how you pay your federal income tax, social security and Medicare taxes, and how you file your tax return. Classification affects your eligibility for employer and social security and Medicare benefits and your tax responsibilities. If you aren't sure of your work status, you should find out now.

What are the different types of worker classifications?
The choices are: employee, salon owner, booth renter, and independent contractor.

- Employees receive Form W-2 for wages earned and are responsible for reporting their tips to their employer as well as maintaining records of their non-reimbursed employee business expenses.

- Salon owners are in business for themselves. They are responsible for recording all income and expenses; with-holding employment taxes if they have employees, and pay-ing all taxes due.

- Booth renters, who are not employees of the salon, are self-employed. They are responsible for record keeping and the timely filing of returns and payment of taxes related to their business.

- Independent contractors are always self-employed and are responsible for record keeping and timely filing of returns and payment of taxes related to their business.

What Determines Worker Classification
The courts have considered many facts in determining whether a worker is an employee or self-employed. These relevant facts fall into three main categories: behavioral control; financial control; and relationship or intent of the parties. In each case, it is very important to consider all the facts - no single fact provides the answer.

Behavioral control is:
Behavioral control is having the authority to determine what to do, when to do it, why it needs to be done, and how it will be accomplished.
Financial control is:
Financial control is having the right to direct or control the business part of the work, such as how much to charge cus-tomers, how much to spend on business expenses and equip-ment, and the opportunity to realize a profit or loss.
Relationship or intent of the parties is:
Relationship or intent of the parties illustrates how the busi-ness owner and the worker perceive their relationship. Items to consider would be employee benefits and written contracts.
Employee is:
An employee is an individual who performs services subject to the will and control of his or her employer, who has the authority to tell him or her what to do and how to do it.
Salary, tips, and commissions are the most common forms of payment made to employees in the Cosmetology Industry.

Example:
Shelly works at Kathy's Hair Salon. Shelly is told to be at work, Monday through Friday, 10:00 am - 6:00 pm. Kathy observes the work that Shelly does and has the right to pro-vide direction. Shelly reports all of her tips to Kathy. Shelly is Kathy's employee and will receive Form W-2 at the end of the year.

Self-employed is:
A self-employed person works for himself or herself and is not subject to the "will and control" of another person. A self-employed person may be called a salon owner, a booth renter, or an independent contractor. Fees, tips, and retail sales are the most common forms of income received by a self-employed person and may include the following categories:

Fees, tips, and retail sales are the most common forms of income received by a self-employed person and may include the following categories:

Business Owner
As a business owner in the beauty and barber industries, you may be responsible for withholding and paying employment taxes (social security and Medicare taxes) and reporting worker's income on Form W-2, Wage and Tax Statement, if the worker is not properly classified as a booth renter or as an independent contractor. For federal tax purposes, you need to review the factors that will help you determine the correct classification status for workers in your business. These factors fall into three categories: behavioral control (whether there is a right to direct or control how the worker does the work); financial control (whether there is a right to direct or control the business part of the work); and relationship of the parties (how the business and the worker perceive their relationship—employee benefits, written contracts). Factors that may indicate that the worker is an employee and not an independent contractor include: worker is required to wear a uniform; worker has required work schedule/hours; workers do not handle their own sales receipts; workers do not make their own appointments; owner provides training; owner provides towels/smocks. Factors that may indicate the worker is an independent contractor and not an employee include: worker has key to shop; workers makes their own schedule; workers buys their own products; workers have their own business phone number.

Example:
Sharon owns "Sharon's Massage and Day Spa". Sharon buys all her own supplies and sets her own work hours and fees. Sharon is self-employed.

Booth Renter
If you rent a booth in a salon/shop, you are "running a small business" and the following filing responsibilities may apply:

- All income (including tips) must be reported on the appropriate income tax form such as Form 1040, U.S. Individual Income Tax Return, Schedule C.
- Social security and Medicare taxes must be paid using Form 1040 Schedule SE or Form 941, Employer's Quarterly Tax Return, as appropriate.
- All allowable expenses are deductible on the appropriate income tax return and may include rent, supplies, and utilities.
- . Form 1099-MISC must be issued if rent paid to non-corporate landlords is $600 or more per year.
- Form 1099-MISC or Form W-2 must be issued to your workers.
- Estimated taxes may be required to be paid each quarter on Form 1040ES, Estimated Tax for Individuals

Independent Contractor
As an independent contractor in the beauty and barber industries, you may have an arrangement with a number of business owners where you provide services, and receive a Form 1099-MISC showing payments you received from the owners. The services may include: hairstylist, aesthetician, massage therapist, and nail technician. For federal tax purposes, remember:

- Form 1099-MISC income, cash, check, credit card and tip income you receive must be reported on the appropriate income tax return such as Form 1040 Schedule C. The income would then be subject to self-employment tax (social security and Medicare taxes) and reported on Schedule SE.
- If required, you should pay estimated taxes on Form 1040ES.

If you are not sure whether you are an employee or an independent contractor, call the IRS at 1-800-829-3676 for a free copy of IRS Form SS-8, Determination of Employee Work Status for Purposes of Federal Employment Taxes and Income Tax Withholding. Follow instructions on the Form for completion and mailing. For a quick reference to formation in this course visit the IRS website for the following publications

WORKER CLASSIFICATION INFORMATION
– Publication 1779, Independent Contractor or Employee?
– Form SS-8, Determination of Employee Work Status for Purposes of Federal Employment Taxes and Income Tax Withholding
– Publication 15A, Employer's Supplemental Tax Guide
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Section 3: What is income and how do I report it?

What is income and how do I report it?
As members of the barber, cosmetology, and personal care industry the money you receive for services you perform, is taxable. Income is wages, salaries, tips, fees, commissions, rent, and sales. Income can be paid by cash, check, credit card or bartering. All income is taxable unless the Internal Revenue Code specifically excludes the income.

If you are an employee and receive tips, you must report that amount to your employer. If you are a self-employed salon or barbershop owner, booth renter, or independent contractor, all income received, including tips, must be reported on your Federal Individual Income Tax Return.

What do I need to know about reporting income?
Internal Revenue Code Section 61 states: "Gross income means all income from whatever source received."

What are some examples of income that I need to report?

Income	Description
Wages	Money paid to you as an employee
Fees	Payments you receive from customers for services you perform as a self-employed person
Commissions	Payments you receive for products sold, or as a percentage of fees for services (i.e., pay agreements/ commissions)
Retail Sales	Sales of merchandise or other products such as brushes, shampoo, makeup, etc.
Rent/Lease Payments	Payments the salon owner receives for space rented
Tips	Gratuities received from clients in the form of cash, charges, and non-monetary payments
Bartering	Bartering is an exchange of one taxpayer's property or services for another taxpayer's property or services. The fair market value of property or services received through barter is taxable income (i.e., if a barber agrees to give an accountant a hair cut in exchange for tax return preparation, the fair market value of the hair cut is taxable to the accountant, and the fair market value of the tax return preparation is taxable to the barber)

Tips Are Not Gifts
A gift is something that is given to you freely, voluntarily, and without an expectation for any services performed. For instance, it is your birthday; your customer brings in champagne and cake. This is a gift, not a tip. If you provide a service to a customer and they pay you more than what you have stated as your fee, then that additional amount is a tip and taxable. If the customer pays you at a later date or at a different location for the service you previously provided, it is still taxable income. The date and location are irrelevant when the monies paid are for a service provided.
Tips paid to you in cash, charge, checks, and non-cash (i.e., tickets to sporting events) are subject to income tax. If you are licensed and performing a service these tips are subject to Social Security Tax also known as the Federal Insurance Contributions Act (FICA). Students, employees, salon owners, booth renters, and independent contractors earn tips.

How do I treat tips received as an unpaid apprentice or as a student of a barber/cosmetology school?

While you are an unpaid apprentice or student of a school, the tips you receive are subject to income tax but not Social Security Tax (FICA). This type of tip income is not reported to the school, as you are not an employee of the school. Report this type of tip income as "other income" on Form 1040, if you are required to file an income tax return.

How to treat tips as an employee
Any employee, including paid apprentices who receive tips in excess of $20 in any given month, must report to their employer all tips received that month. This must be done in writing and must include your name, SSN, and the name and place of employment. This report must be done at least once a month and submitted to your employer, no later than the 10th calendar day of the following month after the tips are earned.

Keeping tip records as an employee
You are required to keep records to show the amount of tip income you received during the year. IRS has created Publication 1244, Employee's Daily Record of Tips. This handy publication allows you to record your tips on a daily basis by completing Form 4070A, which is included in Publication 1244. This form is given to your employer no later than the 10th calendar day of the following month after the tips are earned. Keep a record of the amount of "tip-outs" you pay to other employees through tip sharing, tip pooling, or any other arrangement. It is to your benefit to have both the names of employees to whom you paid the tips and the date you paid them.

Keep a record of the amount of "tip-outs" you pay to other employees through tip sharing, tip pooling, or any other arrangement. It is to your benefit to have both the names of employees to whom you paid the tips and the date you paid them.

The IRS has an education program for Voluntary Tip Agreements for employers
The Tip Rate Determination and Education Program was initiated by the Internal Revenue Service to improve voluntary compliance by employers and employees in industries where tipping is customary.
Under this program, employers can agree to voluntarily enter into a tip agreement. For additional information, please refer to Publication 3144, Tips on Tips, A Guide to Tip Income Reporting.

Where do I report the income I have received?
The following chart lists common types of income received and how it should be reported for workers in each category:

TYPES OF INCOME	STUDENTS	EMPLOYEES	SALON OWNER/BOOTH RENTER/INDEPENDENT CONTRACTOR
WAGES	Generally not received	Taxable (Included in Form W-2)	Generally not received
FEES	Generally not received (If received, report as "Other Income" on Form 1040 on Line 21)	Taxable (Included in Form W-2)	Taxable (Include in Gross Receipts)
COMMISSIONS	Generally not received	Taxable (Included in Form W-2)	Taxable (May be reported to you on Form 1099-MISC – Include in Gross Receipts)
RE NTS/LEASE PAYMENTS RECEIVED	Generally not received	Generally not received	Taxable (May be reported to you on Form 1099-MISC – Include in Gross Receipts)
TIPS	Taxable (Report as "Other income" on Form 1040 on Line 21)	Taxable (Must be reported to employer if more than $20.00 month	Taxable (Include in gross receipts)
BARTERING	Taxable	Taxable	Taxable

TIP INCOME REPORTING INFORMATION
– Publication 531, Reporting Tip Income
– Publication 1244, Employee's Daily Record of Tips
– Publication 3148, Tips on Tips, a Guide to Tip
Income Reporting
Contact your local IRS Taxpayer Education and

Communication Office to sign up for Tip Reporting Alternative Commitment (TRAC) by going to **www.irs.gov/localcontacts/index.html**.

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Section 4: What is a business expense and how do I report it?

Business Expense Reporting
There are many kinds of business expenses. It is important to keep track of all of them, as they may reduce the amount of tax you have to pay.

Deductible Business Expenses
To be deductible, the expense must be:

- Ordinary - one that is common and accepted in your trade or business

- Necessary - one that is helpful and appropriate for your trade or business
- An expense does not have to be crucial to your business to be deductible. Some common business expenses are:
- Utilities
- Employee salaries
- Trade association dues
- Rental expenses
- Supplies - Salon supplies for client use (not sold for retail) such as perms, papers, colors, and shampoos
- Continuing education - A class that enhances your current business knowledge

What is Cost of Goods Sold (COGS) and where can I deduct it?
Cost of Goods Sold (COGS) is a formula used to calculate the cost of retail products or merchandise
sold during the year. The formula is as follows:

Beginning inventory
(Items that you have on hand for resale on the first day of the year.)
Plus
Purchases
(Items that you buy for resale during the year.)
Minus
Personal Use
(Items purchased for resale but used personally during the year.)
Minus
Ending Inventory
(Items that you have on hand for resale on the last day of the year.)
Equals

Your supporting documents should show the amount paid and how it relates to your business. You must provide proof (i.e., supporting documents) that the purchase was for business use only.

What can I deduct?
No, not all expenses incurred are deductible. In fact, you should be aware that there are a number of abusive tax schemes, such as the Home-Based Business Tax scheme. An abusive tax scheme is any investment plan or promotion that claims to allow a person to deduct what would normally be considered a personal expense.

As always, a true business purpose must exist prior to claiming any business expense. For more information on this subject, please see Publication 4035 – Is It Too Good To Be True? – Home-Based Business Tax Avoidance Schemes.

Business Expenses are deducted when-
Generally, expenses are deducted in the year they are paid. If you borrow money or use a credit card to make your business purchases, regardless of when the loan or credit card is repaid, the business expense is deductible in the year purchased.

Where do I report my business expenses?
If you are an employee, your deductible business expenses are listed on Form 2106, Employee Business Expenses. The total is carried forward to Schedule A, if you itemize. If you do not itemize, you will not be able to deduct your employee business expenses.

NOTE: If your standard deduction exceeds the amount of your allowable Schedule A deductions, the standard deduction amount should be used, because it is more beneficial to you.
If you are a self-employed salon owner, booth renter, or independent contractor, your deductible business expenses are listed on part two of Schedule C.

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Section 5: What do I need to know about keeping records?

"A good record keeping system can reduce your taxable income"

Recordkeeping
Record keeping is any system you use to keep track of and document all items of income and expenses.
You want to keep good records for preparing your income tax return and for budgeting purposes. There are many deductions and tax credits for which you may qualify that will lower your tax. If you do not keep good records, you may not have verification to claim your expenses. There are many reasons why you need to keep good records. The most important reasons are listed below.

You Should Keep Good Records Because-
1. To monitor your business success
You will be able to answer questions such as: How much is my business earning each week? What were my expenses last week, month, or year? In addition, good record keeping enables you to identify changes you need to make in your business to be more successful. For example, if you eliminated unwanted services or products, which did not sell, you could increase your profits.
2. To identify your sources of income
You may receive money from many sources. Good record keeping helps you identify and separate business and non-business income and taxable and nontaxable income. For example, good records will allow you to distinguish between the $500 birthday gift that you deposited, which is not taxable, from the $500 tip income you deposited, which is taxable.
3. To identify deductible expenses
Regardless of your employment status, you may have deductible expenses that could reduce your taxable income. A good record keeping system will help you to identify and document these deductible expenses throughout the year. Without an accurate record keeping system, you risk losing the benefit of a business deduction.
4. To accurately prepare your tax return
A record keeping system supports the income, expenses, and credits you report on your income tax return and promotes accurate return preparation. Without good record keeping you may overlook taxable income, deductible expenses, or tax credits to which you are entitled.
5. To support income, expenses, and credits reported on your tax return
You must keep records to support all items shown on your income tax return. If the IRS examines any of your tax returns, you may be asked to explain or verify items you reported. If you are unable to

present the required information, you may be subject to payment of additional taxes and penalties.

Types of Records You Should Keep
You should keep records for any items you have listed on your tax return. It is strongly recommended that you keep business and personal funds separate. Maintaining a separate bank account for your business is one way to do this.
Some examples of business records are as follows:

Business income records:
• Bank deposit slips and bank statements
• Credit card charge slips
• Appointment book/calendar
• Receipt books
• Form(s) 1099-MISC received

Business expense records:
• Invoices
• Receipts
• Cancelled checks
• Sales slips
• Credit card receipts

Record Keeping System
There are no specific guidelines for maintaining your records; however, a good record keeping system should be easy to use, understandable, reliable, accurate, and consistent. You should select a record keeping system and accounting
method that is suitable for your business, which will allow you to determine your income and deductible expenses.
You can use something as simple as a notebook to record tax-able income, as it is received, and deductible expenses, as they are paid.

The manner in which you store your records is up to you - a file cabinet, shoebox, or other type of container. What's important is that you organize the documents by date and type of income and expense. You may want to separate deductible business expenses into categories such as rent, utilities, insurance, advertising, and professional publications. No matter how you keep your records, they should be organized and easy to find.

Statute of limitations on record keeping
Keep all records until the statute of limitations expires for that particular tax return. Generally, the statute of limitations expires three years after the return becomes due or is filed, or two years from the date the tax is paid, whichever is later. Keep all employment tax records for at least four years after the tax return becomes due or is filed or two years from the date the tax is paid, whichever is later. Employment taxes are discussed in the chapter, "What are my federal tax responsibilities."

Note: Major purchases, such as buildings and equipment, may have special record keeping requirements. Please refer to Publication 946, How to Depreciate Property, for additional information.

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Section 6: What are the consequences of filing an incorrect tax return?

"If you do not file correct tax return(s) you may be subject to various penalties"

Consequences of Filing an Incorrect Tax Return
Filing accurate tax returns and paying taxes when due is the LAW. Penalties are assessed for noncompliance of tax laws.

What are the consequences of not filing my income tax return and/or employment tax return "on time"?
If you are an employee, employer or self-employed person and you fail to file your personal income tax return and/or employment tax return by the due date, including extensions, you may be subject to the failure to file penalty. The failure to file penalty will be assessed at 41/2% of the unpaid tax for the first month the penalty applies and an additional 41/2% for each additional month or fraction of the month that the return remains un-filed, not to exceed 22 1/2% of the tax due. Minimum penalty is the lesser of 100% of the tax due or $100.

Note: Percentage figures may be subject to change. Penalties for Late Filing
If you are an employee, employer or self-employed person and you fail to fully pay your income tax liability and/or your employment tax liability by the due date of your return, the failure to pay penalty may be assessed. The failure to pay penalty is 1/2 of 1% of the unpaid tax. This penalty will be assessed each additional month or fraction of a month until the tax is paid, not to exceed 25% of the tax.

Estimated Tax Payments
If you are an employee or self-employed person and you did not pay enough tax either through withholding or by making your estimated tax payments, you will have an underpayment of tax. Based on this underpayment you may be assessed a penalty.

Failure to File an Income Tax Return
If you fail to file an income tax return and/or employment tax return when required, the IRS may file a "substitute for return" on your behalf, without crediting you with the exemptions, deductions, or credits of which you may be entitled. You may also be subject to additional penalties and interest as described above.

Consequences for employers who fail to make Form 940 and Form 941 deposits timely
Penalties may apply if you do not make the required deposits, are late making deposits, make deposits for less then the required amount, or if you do not use Electronic Federal Tax Payment System (EFTPS) when required.

For any amounts not properly or timely deposited the penalty rates are:
• 2% - Deposits made 1 to 5 days late.
• 5% - Deposits made 6 to 15 days late.
• 10% - Deposits made 16 or more days late. The penalty also applies to amounts paid within 10 days of the date of the first notice the IRS sent asking for the tax due.

The penalties do not apply if any failure to make a proper and timely deposit was due to reasonable cause and not to willful neglect.

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Section 7: What are my federal tax responsibilities?

Your federal tax filing requirements will be based upon your worker classification. The tax system is a pay as-you-go system.

"Federal taxes may be required to be paid by you or someone else on your behalf" Your federal tax liability will be based upon your worker classification. The tax system is a pay-as-you-go system.

What are my federal tax responsibilities as an employee?
As an employee, you will receive a Form W-2, Wage and Tax Statement, from each employer you have worked for during the year. Employers issue these forms in January of the following year. Form W-2 combines all wages and reported tips. It shows the amount of federal taxes withheld and paid throughout the year. Taxes are withheld based upon how you completed your Form W-4 Employee's Withholding Allowance Certificate. Tax withheld may differ depending upon the filing status you chose and the number of allowances you claimed. When you file your federal income tax return you should report the income shown on all Form W-2's.

If you do not report all of your tips to your employer during the year, you may be required to pay additional income tax such as Social Security and Medicare Taxes on any unreported tips when you file your federal income tax return. A penalty for underpaying your required taxes during the year may be assessed.

As an employer, you are responsible for all of the following:

- Form 941, which is filed quarterly, shows the amounts that have been withheld and paid for each employee's federal income, Social Security and Medicare Taxes. It will also include the employer's matching portion of Social Security and Medicare Taxes. As the employer, you must deposit all income tax withheld and both the employer and employee's share of Social Security and Medicare Taxes. Refer to Publication 15 for further information.
- Form 940, the Employer's Annual Federal Unemployment Tax return (FUTA) form is filed annually. The tax is paid 100% by the employer. Refer to Publication 15 for specific filing requirements.
- Form W-2, reflects total wages paid and tips reported, is filed annually and is issued to each employee.
- Form 1099-MISC is required to be issued to any persons (not a corporation or your employee) to whom you have paid $600 or more during the year for services provided.

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Section 8: What are tax credits?

What are tax credits? "A tax credit reduces the amount of tax you owe"

Note: Penalties and interest assessed on tax and penalties are not deductible on your tax return.

What are my personal federal tax responsibilities if I am self-employed (i.e., salon owner, booth renter, independent contractor)?

• Federal income tax is the tax calculated on the net (or adjusted gross) income, after all deductions have been taken.
• Self-employment tax is comprised of 100% of your Social Security and Medicare Taxes.
NOTE: It is possible to not owe any federal tax but still owe self-employment tax.

If you are self-employed, you may be required to make quarterly estimated tax payments based upon your net income and any self-employment taxes. For help in calculating your estimated payment amounts, refer to Publication 505, Tax Withholding and Estimated Tax.

Form 1099-MISC is required to be issued to any person (not a corporation) to whom you have paid $600 or more during the year, who is not your employee. If you, yourself have received $600 or more from one person for services you provided, you should also receive Form 1099-MISC. If you do not receive this form, but have received the income, you are still required to report that income on your return.

What are my federal tax responsibilities if I am an employer?
When you file your income tax return, there are tax credits to which you may be entitled. This section will focus on the Earned Income Tax Credit and the Education Credits.

What is Earned Income Tax Credit (EITC)?
EITC is a tax break for people who work, but do not earn high incomes. Those who qualify could pay less federal tax, no tax, or even get a tax refund.

Do I qualify for EITC?
You may qualify for EITC if you meet the following:

- You must have a valid Social Security Number (SSN)
- Your filing status cannot be Married Filing Separate
- You must be a U.S. Citizen or resident alien all year
- You cannot file Form 2555 or Form 2555 EZ
- Your investment income (as of 2002) must be $2,550 or less
- You must have earned income

Additionally, if you are claiming EITC and you have a child, you must meet the following:

- The child must meet the relationship, age, and residence test
- If the child being claimed for EITC is the qualifying child for more than one person, only one person may claim the EITC for that child. You and the other qualifying person may choose which person gets the credit. If you cannot agree on who is to file for the

credit, refer to Publication 596 to determine the criteria for un-agreed cases.

- You cannot be the qualifying child of another person and claim EITC for your child

If you are claiming EITC and you do not have a qualifying child, you must meet the following:

- You must be at least age 25 but under age 65
- You cannot be the dependent of another person
- You cannot be the qualifying child of another person
- You must have lived in the U. S. for more than half of the year

The Advance Earned Income Tax Credit (Advance EITC)?
The Advance EITC allows those taxpayers who expect to qualify for the Earned Income Tax Credit (EITC) and have at least one qualifying child to receive part of the credit in each paycheck during the year the taxpayer qualifies for the credit.

How to get Advance EITC payments
First, you must determine if you qualify for Advance EITC payments. To do so, obtain from your employer the Form W-5, Earned Income Credit Advance Payment Certificate, making sure to answer the five questions on the back of the form that determine qualification.

If you qualify, complete the bottom part of the Form W-5, and give it to your employer. Then, based on your income, your employer adds additional money to your take-home pay in each paycheck.

Note: If your only income is from self-employment, you cannot qualify for Advance EITC payments.
Income Limits for Claiming EITC?
In order to qualify for earned income tax credit, as of 2002, your earned income and adjusted gross income must be less than:

What are the income limits for claiming EITC?
In order to qualify for earned income tax credit, as of 2002, your earned income and adjusted gross income must be less than:

- $11,060 ($12,060 MFJ) if you do not have
- qualifying child
- $29,201 ($30,201 MFJ) if you have one qualifying child
- $33,178 ($34,178 MFJ) if you have more than one qualifying child

Note: Income limits are subject to change

How much Earned Income Tax Credit can I qualify for?
When you file your tax return (1040 EZ, 1040 A, or a 1040), you can calculate your EITC by using
a worksheet included in the tax form instruction booklet or you can let the IRS calculate your Earned Income Credit for you. For more information on the Earned Income Tax Credit, please refer to Publication 596, Earned Income Tax Credit.

What are education credits?
Education credits are tax credits for students only. You may be eligible for education credits, depending on your filing status, income level, and other factors. There are two kinds of education credits:

• The Hope Credit
• The Lifetime Learning Credit
Expenses that qualify for the education credits are based on qualified tuition and related expenses.

Can I qualify for the Hope Credit?
The Hope Credit is available to students for the first two years of undergraduate education including trade and/or vocational schools. You might be entitled to a credit of up to $1,500 of the money you paid out for tuition or other qualifying expenses. Here are some of the requirements:
1) The student has not completed the first two years of post-secondary education
2) The student is enrolled in a program that leads to a degree, certificate or other recognized education credential
3) The student is taking at least half of the normal full-time workload for his/her course of study for at least one academic period, beginning during the calendar year
4) The student has no felony drug conviction

Example:
Brian is a first year student at Willow Barber College. Brian is attending school full time. His tuition costs are $5,800, which includes lab fees and books. Brian is a dependent on his parents' tax return. Brian is not entitled to take the Hope credit on his return, but Brian parents' may be entitled to take the Hope Credit for Brian's educational costs on their tax return.

For additional information, please refer to Publication 970, Tax Benefits for Higher Education.

Can I qualify for the Lifetime Learning Credit?
The Lifetime Learning Credit is a tax credit, but unlike the Hope credit, there is no limit to the number of years you can claim the credit! You may be able to claim up to $1,000 of the money you paid out for tuition or other qualifying expenses.
These are the requirements:
1) The student only has to take one (or more) courses; it's not based on workload
2) The student can be beyond their first two years of post secondary education
3) It is available for an unlimited number of years
4) The student does not have to be pursuing a degree or any recognized education credential

Example:
Ralph is taking a hair braiding class so he can offer an additional service to his clients. This class is not part of a certificate or degree program from an accredited school. This class qualifies for the Lifetime Learning Credit.

Beginning in 2003, the maximum Lifetime Learning Credit increases to $2,000.

How much education credit can I qualify for?
The education credit cannot be more than the amount of your tax. You cannot get a refund for any part of the credit that is more than your tax. Neither the Hope nor the Lifetime Learning Credits are "dollar-for-dollar" credits. The amount of credit you qualify for will

be based upon your income. Just because you claim $1,500 in expenses, does not mean your tax credit is $1,500.

Can I take both the Hope and the Lifetime Learning Credit in the same year?
No. If a student qualifies for both the Hope and Lifetime Learning Credit for the same year, you can claim either credit, but not both. You will want to determine which credit gives you the best benefit. Please refer to Publication 970, Tax Benefits for Higher Education.

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Section 9: What is e-filing?

(Electronic filing)
"e-filing is the way to file your return electronically instead of mailing a paper return"
e-file is the preferred way of filing your tax return. It is so easy, that in 2002 over 46 million people used it.
Who Can Participate in E-File?

- Individual taxpayers
- Sole proprietors
- Employers
- Partnerships
- Tax practitioners

How Can I Participate In E-File?

- Telefile - direct to the IRS via a telephone - you must receive a Telefile package to participate
- IRS e-file using an authorized e-file provider
- E-file through your personal computer

What Tax Forms Can You Currently E-File?

- 1040
- 1040 A
- 1040 EZ
- 940
- 941 - Certain qualified filers may use the 941 TeleFile program
- 1065 - The IRS accepts nearly all related forms and schedules

29

What Are The Benefits Of E-Filing?

- Electronic acknowledgement within 48 hours of filing confirming the IRS has accepted your return for processing
- Chances of getting an error notice from the IRS are reduced
- There is only a 1% error rate on e-filed returns
- Receive your refund in half the time of paper filing, even faster with direct deposit

To find a list of software companies (authorized providers) or tax professionals who participate in the e-file program, visit the IRS Web site at www.irs.gov

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Section 10 What is Electronic Federal Tax Payment System (EFTPS)

WHAT IS ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS)?
EFTPS enables individual taxpayers to pay all their federal taxes electronically including estimated taxes, balance due payments, installment payments, and estate and gift taxes. Business taxpayers can pay employment taxes, excise taxes, and corporate income taxes. EFTPS is easy, fast, accurate, and convenient.
Who Can Use EFTPS?
Any individual taxpayer making more then one tax payment a year can use EFTPS. Any business taxpayer can use EFTPS for all taxes.

What Are The Benefits Of Using EFTPS?
EFTPS offers you many benefits over the traditional paper system:

- It's fast… you can make a tax payment in minutes
- It's accurate… because there are verification steps along the way, you can check and review your information before it is sent
- It's convenient… EFTPS is available 24 hours a day, 7 days a week via Internet, PC software, or telephone , and can be used to schedule payments in advance
- It's easy to use… a step-by-step process that tells you the information you need to successfully complete your federal tax payments
- It's secure… EFTPS offers the highest levels of security on the Internet

How Can I Participate In EFTPS?
You can enroll through the Internet at www.eftps.gov or by completing an enrollment form which is available from EFTPS Customer Service at 1-800-945-8400 or 1-800-555-4477. Once EFTPS receives and verifies your information, confirmation materials including instructions on how to obtain your Internet password will be mailed to you within 10 - 15 days after you complete your enrollment. Your Personal Identification Number (PIN) will also be mailed to you.

Do I Have To Use EFTPS?
No, you do not have to use EFTPS unless you are a business whose total deposits for all federal deposits exceed $200,000 during the calendar year.

Can I Schedule Payments In Advance?
Yes. If you are an individual, you can schedule payments up to 365 days in advance of the due date. If you are in business, you can schedule payments up to 120 days in advance of the due date.

How Do I Know My Payment Was Received?
Every EFTPS transaction receives an immediate acknowledgment number that can be used as your receipt of the transaction. This number is used to check status, tracking, and to communicate with the IRS.

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Section 11 Related Products and Services

The Internal Revenue Service, in response to the needs of the business community, has created customer-focused products and services. We provide assistance to educate business customers and help them meet their taxpayer obligations and reduce taxpayer burden. For your reference, a list of these products and services follows:

- Small Business/ Self-Employed Community Web site - www.irs.gov/smallbiz
- Provides up-to-date information regarding business and industry
- IRS "Digital Daily" - www.irs.gov

Provides links to business and individual topics, electronic filing and paying options, forms and publications, and opportunities to e-mail questions to the IRS

- Paying federal taxes electronically - www.eftps.gov
- EFTPS customer service – 1-800-555-4477
- Toll-free telephone assistance – 1-800-829-1040
- Forms and publications – 1-800-829-3676 (FORM)
- IRS Tax Fax Service - (703) 368-9694 (not a toll-free number) for forms and publications to be

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Section 12: Test Your Knowledge – Questions and Answers

FEDERAL TAXATION Review Practice Questions

Answers to each question can be found in this section

1. *What are the different worker classifications?*
2. *A person who is a booth renter, could they be self-employed?*
3. *Can the owner of a salon be an employee of their business?*
4. *A booth renter pays the salon owner rent. Did the salon owner receive income?*
5. *A client gives an extra $15 above the cost of the service. Did the stylist earn income?*
6. *I own a salon and perform services in the salon, where do I report tip income received from clients?*
7. *The employer should report an employee's income received for the year on which form?*

8. Determine who must report tip income to their employer.
_____ a. Marcus provided service and received $75 of which $5 was tip income for the month of June.
_____ b. Wilma earned $22 in tips last week.

_____ c. Jessica, a student at the National Cosmetology School, received $20 in tips from a client.
_____ d. John worked four days and received tips of $150

9. Circle the best answer. When should an employee report tip income to the employer?
a. 1st of every month
b. 10th of every month
c. 15th of the following month after the tips are earned
d. 10th of the following month after the tips are earned

10. Circle the best answer. Determine which of the following are business expenses:
a. A $300 neon sign with the business' name on it.
b. Electric bills for the business.
c. Purchased laundry soap to be used to wash children's clothes.
d. Shampoos and hair curlers.
e. Trade association dues.

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Unit-3

Workers' Compensation

(Two-Credit Hour)

Course Outline

- Learn the History of workers' compensation
- Gain a basic knowledge of definitions used in
- Workers' compensation programs in Florida
- Review important workers compensation information
- Review commonly asked questions and the answers regarding Workers' Compensation
- Understand the differences between Employees and Independent Contractors
- Know the Florida law governing workers compensation that may affect you.
- Become aware of the drug-free workplace program

Law included in this chapter is:
440.02 Definitions.
440.015 Legislative intent.
440.03 Application.
440.055 Notice requirements.
440.06 Failure to secure compensation; effect.
440.09 Coverage.
440.101 Legislative intent; drug-free workplaces
440.102 Drug-free workplace program requirements
440.185 Notice of injury or death; reports; penalties for violations.
440.205 Coercion of employees.
440.381 Application for coverage; reporting payroll; payroll audit procedures; penalties.

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

Florida Workers' Compensation Program

Workers' compensation programs provide benefits to workers who are injured on the job or who contract a work-related illness. Benefits include cash payments designed to replace a portion of lost wages for time spent away from work, in addition to payments for medical care associated with work-related illness or injury. Workers' Compensation law was enacted to aid in the protection of employees on the job as well as the family unit should the employee die from a work related accident or illness. The full F.S. Chapter 440 of the law governing workers' compensation is so large we have consolidated the information to what will help you most in your specific area of employment. As with any questions about legal matters, you should always seek proper legal council. The following contains sections of the law, which have more connectivity to the beauty industry. These are but sections of a larger chapter. Should you become affected you should refer to the entire chapter and seek legal council.

Workers' Compensation History

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

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

Florida Workers' Compensation System

The Florida Workers' Compensation Program was enacted to insure that workers injured as a result of their employment receive prompt

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

Employee Facts

Important Workers' Compensation Information

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

Medical Benefits

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

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

Authorized treatment and care may include:

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

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

Wage Replacement Benefits

Your workers' compensation benefits for lost wages will start on the eighth day that you are unable to work. You will not receive wage replacement benefits for the first 7 days of work missed, unless you are out of work for more than 21 days due to your work-related injury In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida's average weekly wage. If you qualify for wage replacement benefits, you can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of the injury, and bi-weekly thereafter. You will be eligible for different types of wage replacement benefits, depending on the progress of the claim and the severity of the injury.

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

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

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

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

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

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

• Death Benefits: The maximum benefit is $150,000 for any death resulting from a work place accident.

• The rate, amount, and the duration of compensation for all wage replacement benefits are detailed in the workers' compensation law. If you have any questions about your benefits call your claims adjuster or the Employee Assistance Office at 1-800-342-1741.

Anti-Fraud Reward Program

Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance carrier, or self-insured program files false or misleading information. Workers' compensation fraud is a third degree felony that can result in fines, civil liability, and jail time. Rewards of up to $25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud. To report suspected workers' compensation fraud, call 1-800-378-0445.

Employee Assistance Office

If you have any questions or concerns about your workers' compensation benefits, first call your claims adjuster. The Division of Workers' Compensation,

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

Insurer Responsibilities

• Timely provision of medical treatment
• Timely payment of wage replacement benefits

• Timely payment of medical bills
• Timely reporting of your claim information to the Division of Workers' Compensation

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

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

Injured Worker Responsibilities
• Contact your supervisor/employer immediately to notify them of your on-the-job injury.
• Provide the insurance carrier with your personal signature verifying that you have reviewed and understand the mandatory fraud statement. Your benefits shall be suspended if you refuse to provide your signature.
• Report any wages (from all employment) earned to the insurance carrier.
• Keep in communication with the claims adjuster.
• Complete and return forms to the insurance carrier when asked.
• Keep your appointments with your authorized doctor.
• Follow your doctor's treatment plan.
• Notify the insurance carrier of any changes to your address.

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

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

Employee Assistance Offices
Toll Free 1-800-342-1741
Please visit our website at www.fldfs.com/wc where you will find extensive information such as publications, a number of databases, rules, and forms that will give you a better understanding of workers' compensation.

Commonly Asked Questions and Answers
Q: How long after an accident, do I have to report it to my employer?

A: You should report it as soon as possible but no later than thirty (30) days or your claim may be denied.

Reference: Section 440.185 , Florida Statutes
Q: When should my employer report the injury to their insurance company?

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

Reference: Section 440.185 , Florida Statutes
Q: My employer will not report my injury to the insurance company. What can I do?

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

Reference: Section 440.185 , Florida Statutes
Q: What kind of medical treatment can I get?

A: The medical provider, authorized by your employer or the insurance company, will provide the necessary medical care, treatment and prescriptions related to your injury.

Reference: Section 440.13(2), Florida Statutes
Q: Can I go to my own personal doctor?

A: No, you must choose a doctor from a list provided by your employer or the insurance company. If you go to a doctor not authorized by your employer or the insurance company, you may be responsible for payment of these bills.

Reference: Section 440.13 , Florida Statutes
Q: Do I have to pay any of my medical bills?

A: No, all authorized medical bills should be submitted by the medical provider to your employer's insurance company for payment.

Reference: Section 440.13(14) , Florida Statutes
Q: Will I be paid if I lose time from work?

A: Under Florida law, you are not paid for the first seven days of disability. However, if you lose time because your disability

extends to over 21 days, you may be paid for the first seven days by the insurance company.

Reference: Section 440.12, Florida Statutes
Q: How much will I be paid?

A: In most cases, your benefit check, which is paid bi-weekly, will be 66 2/3 percent of your average weekly wage. If you were injured before October 1, 2003, this amount is calculated by using wages earned during the 91-day period immediately preceding the date of your injury, not to exceed the state limit. If you worked less than 90% of the 91-day period, the wages of a similar employee in the same employment who has worked the whole of the 91-day period or your full-time weekly wage may be used. If you were injured on or after October 1, 2003, your average weekly wage is calculated, using wages earned 13 weeks prior to your injury, not counting the week in which you were injured. In addition, if you worked less than 75% of the 13-week period, a similar employee in the same employment who has worked 75% of the 13-week period or your full time weekly wage shall be used.

Reference: Section 440.02(28) & 440.14 , Florida Statutes
Q: Do I have to pay income tax on this money?

A: No. However, if you go back to work on light or limited duty and are still under the care of the authorized doctor, you will pay taxes on any wages earned while working. For additional information on Income Tax, you may want to visit the Internal Revenue Service website at www.irs.gov

Q: When will I get my first check?

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

Reference: Section 440.20 , Florida Statutes
Q: If I'm only temporarily disabled, how long can I get these checks?

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

Reference: Section 440.15(2) , Florida Statutes
Q: Can I receive social security benefits and workers' compensation benefits at the same time?

A: Yes. However, an offset, or reduction in your workers' compensation check may be applied because the law states that the two combined may not exceed 80 percent of your average weekly wage earned prior to your injury. For further information on

Social Security, you may contact the Social Security Administration at (800) 772-1213

or visit their website at www.ssa.gov .

Reference: Section 440.15(9) , Florida Statutes
Q: Can I receive unemployment compensation and workers' compensation benefits at the same time?

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

Reference: Section 440.15(10), Florida Statutes
Q: What can I do if I am not receiving my benefit check?

A: Call the insurance company and ask for the adjuster or claims representative. If you still have questions and don't understand why the checks have stopped, call the

EAO at (800) 342-1741 or e-mail wceao@fldfs.com .

Reference: Section 440.14, Florida Statutes
Q: If I am unable to return to work until my doctor releases me, does my employer have to hold my job for me?

A: No, there is no provision in the law that requires your employer to hold the job open for you.

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

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

Reference: Section 440.205 , Florida Statutes
Q: If I am unable to return to the type of work I did before I was injured, what can I do?

A: The law provides, at no cost to you, reemployment services to help you return to work. Services include vocational counseling, transferable skills analysis, job-seeking skills, job placement, on-the-job training, and formal retraining. To find out more about this program, you may contact the Department of Education, Division of Vocational Rehabilitation, Bureau of Rehabilitation and Reemployment Services at (850) 245-3470 or visit their website at www.rehabworks.org/

Reference: Section 440.491 , Florida Statutes
Q: My employer and the insurance company have denied my claim for workers' compensation benefits. Do I need legal representation to get my benefits? What should I do?

A: It is your decision whether to hire an attorney. However, the EAO can assist you and attempt to resolve the dispute. If unable to resolve, the EAO can further assist you in completing and filing a Petition for Benefits. This service is provided at no cost to you. For assistance call: (800) 342-1741 or e-mail wceao@fldfs.com . For the location of the nearest EAO, click on: www.fldfs.com/WC/dist_offices.html.
Reference: Section 440.191 & 440.192 , Florida Statutes
Q: What is the time limit for filing a Petition for Benefits?

A: In general, there is a two (2) year period to file a Petition. However, it depends on the type of issue in dispute. You may call the EAO at (800) 342-1741 or e-mail wceao@fldfs.com for specific information.

Reference: Section 440.19(1) , Florida Statutes
Q: Is there a period of time after which my claim is no longer open?

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

Reference: Section 440.19(2) , Florida Statutes
Q: Can I get a settlement from my claim?

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

Reference: Section 440.20 (11)(a)(b)(c), Florida Statutes
Q: If I settle my claim for medical benefits with the insurance company and my condition gets worse later, who pays for my future medical care, surgeries, etc?

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

The following definitions are excerpts taken from Chapter 440 of the Florida Statutes and are designed to assist in understanding key terms used in the Florida Workers' Compensation Act:

440.02 Definitions.
(1) **"Accident"** means only an unexpected or unusual event or result that happens suddenly. A mental or nervous injury due to stress, fright, or excitement only, or disability or death due to the accidental acceleration or aggravation of a venereal disease or of a disease due to the habitual use of alcohol or controlled substances or narcotic drugs, or a disease that manifests itself in the fear of or dislike for an individual because of the individual's race, color, religion, sex, national origin, age, or handicap is not an injury by accident arising out of the employment. If a preexisting disease or anomaly is accelerated or aggravated by an accident arising out of and in the course of employment, only acceleration of death or acceleration or aggravation of the preexisting condition reasonably attributable to the accident is compensable, with respect to death or permanent impairment.
(2) **"Carrier"** means any person or fund authorized under s. 440.38 to insure under this chapter and includes a self-insurer, and a commercial self-insurance fund authorized under s. 624.462.
(3) **"Casual"** as used in this section refers only to employments for work that is anticipated to be completed in 10 working days or less, without regard to the number of persons employed, and at a total labor cost of less than $500.
(4) **"Compensation"** means the money allowance payable to an employee or to his or her dependents as provided for in this chapter.
(5) **"Date of maximum medical improvement"** means the date after which further recovery from, or lasting improvement to, an injury or disease can no longer reasonably be anticipated, based upon reasonable medical probability.
(6) **"Disability"** means incapacity because of the injury to earn in the same or any other employment the wages, which the employee was receiving at the time of the injury.
(7) (a) **"Employee"** means any person engaged in any employment under any appointment or contract of hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed, and includes, but is not limited to, aliens and minors.
(b) **"Employee"** includes any person who is an officer of a corporation and who performs services for remuneration for such corporation within this state, whether or not such services are continuous.
(c) 1.**"Employee"** includes a sole proprietor or a partner who devotes full time to the proprietorship or partnership and, except as provided in this paragraph, elects to be included in the definition of employee by filing notice thereof as provided in s. 440.05. Partners or sole proprietors actively engaged in the construction industry are considered employees unless they elect to be excluded from the definition of employee by filing written notice of the election with the department as provided in s. 440.05. However, no more than three partners in a partnership that is actively engaged in the construction industry may elect to be excluded. A sole proprietor or partner who is actively engaged in the construction industry and who elects to be exempt from this chapter by filing a written notice of the election with the department as provided in s. 440.05 is not an employee. For purposes of this chapter, an independent contractor is an employee unless he or she meets all of the conditions set forth in subparagraph (d)1
(d) **"Employee" does not include:**
1. An independent contractor, if:
a. The independent contractor maintains a separate business with his or her own work facility, truck, equipment, materials, or similar accommodations;
b. The independent contractor holds or has applied for a federal employer identification number, unless the independent contractor is a sole proprietor who is not required to obtain a federal employer identification number under state or federal requirements;
c. The independent contractor performs or agrees to perform specific services or work for specific amounts of money and controls the means of performing the services or work;
d. The independent contractor incurs the principal expenses related to the service or work that he or she performs or agrees to perform;
e. The independent contractor is responsible for the satisfactory completion of work or services that he or she performs or agrees to perform and is or could be held liable for a failure to complete the work or services;
f. The independent contractor receives compensation for work or services performed for a commission or on a per-job or competitive-bid basis and not on any other basis;
g. The independent contractor may realize a profit or suffer a loss in connection with performing work or services;
h. The independent contractor has continuing or recurring business liabilities or obligations; and
i. The success or failure of the independent contractor's business depends on the relationship of business receipts to expenditures.
(8) **"Injury"** means personal injury or death by accident arising out of and in the course of employment, and such diseases or infection as naturally or unavoidably results from such injury. Damage to dentures, eyeglasses, prosthetic devices, and artificial limbs may be included in this definition only when the damage is shown to be part of, or in conjunction with, an accident. This damage must

specifically occur as the result of an accident in the normal course of employment.
(9) **"Permanent impairment"** means any anatomic or functional abnormality or loss determined as a percentage of the body as a whole, existing after the date of maximum medical improvement, which results from the injury.

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

440.03 Application. --
Every employer and employee as defined in s. 440.02 shall be bound by the provisions of this chapter.

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

440.06 Failure to secure compensation; effect.
Every employer who fails to secure the payment of compensation under this chapter as provided in s. 440.38 may not, in any suit brought against him or her by an employee subject to this chapter to recover damages for injury or death, defend such a suit on the grounds that the injury was caused by the negligence of a fellow servant, that the employee assumed the risk of his or her employment, or that the injury was due to the comparative negligence of the employee.

440.09 Coverage. --
(1) The employer shall pay compensation or furnish benefits required by this chapter if the employee suffers an accidental injury or death arising out of work performed in the course and the scope of employment. The injury, its occupational cause, and any resulting manifestations or disability shall be established to a reasonable degree of medical certainty and by objective medical findings. Mental or nervous injuries occurring as a manifestation of an injury compensable under this section shall be demonstrated by clear and convincing evidence.
(a) This chapter does not require any compensation or benefits for any subsequent injury the employee suffers as a result of an original injury arising out of and in the course of employment unless the original injury is the major contributing cause of the subsequent injury.
(b) If an injury arising out of and in the course of employment combines with a preexisting disease or condition to cause or prolong disability or need for treatment, the employer must pay compensation or benefits required by this chapter only to the extent that the injury arising out of and in the course of employment is and remains the major contributing cause of the disability or need for treatment.
(c) Death resulting from an operation by a surgeon furnished by the employer for the cure of hernia as required in 1s.

If you are in business, it is time you know the facts....
The available data continue to indicate that substance abuse has a significant impact in the workplace, with costs estimated at over $100 billion annually. Data show that:
• Seventy-one percent of illegal drug users are employed.
• Alcoholism causes 500 million lost workdays each year.
• Drug and alcohol-related problems are one of the four top reasons for the rise in workplace violence.
• Of those who called the cocaine helpline, 75 percent reported using drugs on the job, 64 percent admitted drugs adversely affected their job performance, 44 percent sold drugs to other employees, and 18 percent had stolen from co-workers to support their drug habit.
• A study conducted by the Institute for Health Policy, Brandeis University, found substance abuse to be the number one health problem in the country, resulting in more deaths, illnesses, and disabilities than any other preventable health condition. While we do not yet have comprehensive data on the specific impact of workplace substance abuse, the data and studies available are compelling. For example:
• Drug-using employees at GM average 40 days sick leave each year compared to 4.5 days for non-users.
• Employees testing positive on pre-employment drug tests at Utah Power & Light were 5 times more likely to be involved in a workplace accident than those who tested negative.
• The State of Wisconsin estimates that expenses and losses related to substance abuse average 25 percent of the salary of each worker affected.

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

engage in drug abuse face the risk of unemployment and the forfeiture of workers' compensation benefits.

(2) If an employer implements a drug-free workplace program in accordance with s. 440.102 which includes notice, education, and procedural requirements for testing for drugs and alcohol pursuant to law or to rules developed by the Agency for Health Care Administration, the employer may require the employee to submit to a test for the presence of drugs or alcohol and, if a drug or alcohol is found to be present in the employee's system at a level prescribed by rule adopted pursuant to this act, the employee may be terminated and forfeits his or her eligibility for medical and indemnity benefits. However, a drug-free workplace program must require the employer to notify all employees that it is a condition of employment for an employee to refrain from reporting to work or working with the presence of drugs or alcohol in his or her body and, if an injured employee refuses to submit to a test for drugs or alcohol, the employee forfeits eligibility for medical and indemnity benefits.

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

(1) **DEFINITIONS.**--Except where the context otherwise requires, as used in this act:

(a) **"Chain of custody**" refers to the methodology of tracking specified materials or substances for the purpose of maintaining control and accountability from initial collection to final disposition for all such materials or substances and providing for accountability at each stage in handling, testing, and storing specimens and reporting test results.

(b) **"Confirmation test,"** "confirmed test," or "confirmed drug test" means a second analytical procedure used to identify the presence of a specific drug or metabolite in a specimen, which test must be different in scientific principle from that of the initial test procedure and must be capable of providing requisite specificity, sensitivity, and quantitative accuracy.

(c) **"Drug"** means alcohol, including a distilled spirit, wine, a malt beverage, or an intoxicating liquor; an amphetamine; a cannabinoid; cocaine; phencyclidine (PCP); a hallucinogen; methaqualone; an opiate; a barbiturate; a benzodiazepine; a synthetic narcotic; a designer drug; or a metabolite of any of the substances listed in this paragraph. An employer may test an individual for any or all of such drugs.

(d) **"Drug rehabilitation program"** means a service provider, established pursuant to s. 397.311(27), that provides confidential, timely, and expert identification, assessment, and resolution of employee drug abuse.

(e) **"Drug test" or "test**" means any chemical, biological, or physical instrumental analysis administered, by a laboratory certified by the United States Department of Health and Human Services or licensed by the Agency for Health Care Administration, for the purpose of determining the presence or absence of a drug or its metabolites.

(f) **"Employee"** means any person who works for salary, wages, or other remuneration for an employer.

(g**) "Employee assistance program"** means an established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services with regard to employee drug abuse; referrals of employees for appropriate diagnosis, treatment, and assistance; and follow-up services for employees who participate in the program or require monitoring after returning to work. If, in addition to the above activities, an employee assistance program provides diagnostic and treatment services, these services shall in all cases be provided by service providers pursuant to s. 397.311(27).

(h) **"Employer"** means a person or entity that employs a person and that is covered by the Workers' Compensation Law.

(i) **"Initial drug test"** means a sensitive, rapid, and reliable procedure to identify negative and presumptive positive specimens, using an immunoassay procedure or an equivalent, or a more accurate scientifically accepted method approved by the United States Food and Drug Administration or the Agency for Health Care Administration as such more accurate technology becomes available in a cost-effective form.

(j) **"Job applicant"** means a person who has applied for a position with an employer and has been offered employment conditioned upon successfully passing a drug test, and may have begun work pending the results of the drug test. For a public employer, "job applicant" means only a person who has applied for a special-risk or safety-sensitive position.

(k**) "Medical review officer"** or "MRO" means a licensed physician, employed with or contracted with an employer, who has knowledge of substance abuse disorders, laboratory testing procedures, and chain of custody collection procedures; who verifies positive, confirmed test results; and who has the necessary medical training to interpret and evaluate an employee's positive test result in relation to the employee's medical history or any other relevant biomedical information.

(l) **"Prescription or nonprescription medication"** means a drug or medication obtained pursuant to a prescription as defined by s. 893.02 or a medication that is authorized pursuant to federal or state law for general distribution and use without a prescription in the treatment of human diseases, ailments, or injuries.

(m) **"Public employer**" means any agency within state, county, or municipal government that employs individuals for a salary, wages, or other remuneration.

(n) "Reasonable-suspicion drug testing" means drug testing based on a belief that an employee is using or has used drugs in violation of the employer's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon:

1. Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug.
2. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
3. A report of drug use, provided by a reliable and credible source.
4. Evidence that an individual has tampered with a drug test during his or her employment with the current employer.
5. Information that an employee has caused, contributed to, or been involved in an accident while at work.
6. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.

(o) **"Safety-sensitive position"** means, with respect to a public employer, a position in which a drug impairment constitutes an immediate and direct threat to public health or safety, such as a

position that requires the employee to carry a firearm, perform life-threatening procedures, work with confidential information or documents pertaining to criminal investigations, or work with controlled substances; a position subject to s. 110.1127; or a position in which a momentary lapse in attention could result in injury or death to another person.

(p**) "Special-risk position"** means, with respect to a public employer, a position that is required to be filled by a person who is certified under chapter 633 or chapter 943.

(q**) "Specimen"** means tissue, hair, or a product of the human body capable of revealing the presence of drugs or their metabolites, as approved by the United States Food and Drug Administration or the Agency for Health Care Administration.

(2) **DRUG TESTING**.--An employer may test an employee or job applicant for any drug described in paragraph (1)(c). In order to qualify as having established a drug-free workplace program under this section and to qualify for the discounts provided under s. 627.0915 and deny medical and indemnity benefits under this chapter, an employer must implement drug testing that conforms to the standards and procedures established in this section and all applicable rules adopted pursuant to this section as required in subsection (4). However, an employer does not have a legal duty under this section to request an employee or job applicant to undergo drug testing. If an employer fails to maintain a drug-free workplace program in accordance with the standards and procedures established in this section and in applicable rules, the employer is ineligible for discounts under s. 627.0915. All employers qualifying for and receiving discounts provided under s. 627.0915 must be reported annually by the insurer to the department.

(3) NOTICE TO EMPLOYEES AND JOB APPLICANTS.-

(a) One time only, prior to testing, an employer shall give all employees and job applicants for employment a written policy statement which contains:

1. A general statement of the employer's policy on employee drug use, which must identify:

a. The types of drug testing an employee or job applicant may be required to submit to, including reasonable-suspicion drug testing or drug testing conducted on any other basis.

b. The actions the employer may take against an employee or job applicant on the basis of a positive confirmed drug test result.

2. A statement advising the employee or job applicant of the existence of this section.

3. A general statement concerning confidentiality.

4. Procedures for employees and job applicants to confidentially report to a medical review officer the use of prescription or nonprescription medications to a medical review officer both before and after being tested.

5. A list of the most common medications, by brand name or common name, as applicable, as well as by chemical name, which may alter or affect a drug test. A list of such medications as developed by the Agency for Health Care Administration shall be available to employers through the department.

6. The consequences of refusing to submit to a drug test.

7. A representative sampling of names, addresses, and telephone numbers of employee assistance programs and local drug rehabilitation programs.

8. A statement that an employee or job applicant who receives a positive confirmed test result may contest or explain the result to the medical review officer within 5 working days after receiving written notification of the test result; that if an employee's or job applicant's explanation or challenge is unsatisfactory to the medical review officer, the medical review officer shall report a positive test result back to the employer; and that a person may contest the drug test result pursuant to law or to rules adopted by the Agency for Health Care Administration.

9. A statement informing the employee or job applicant of his or her responsibility to notify the laboratory of any administrative or civil action brought pursuant to this section.

10. A list of all drugs for which the employer will test, described by brand name or common name, as applicable, as well as by chemical name.

11. A statement regarding any applicable collective bargaining agreement or contract and the right to appeal to the Public Employees Relations Commission or applicable court.

12. A statement notifying employees and job applicants of their right to consult with a medical review officer for technical information regarding prescription or nonprescription medication.

(b) An employer not having a drug-testing program shall ensure that at least 60 days elapse between a general one-time notice to all employees that a drug-testing program is being implemented and the beginning of actual drug testing. An employer having a drug-testing program in place prior to July 1, 1990, is not required to provide a 60-day notice period.

(c) An employer shall include notice of drug testing on vacancy announcements for positions for which drug testing is required. A notice of the employer's drug-testing policy must also be posted in an appropriate and conspicuous location on the employer's premises, and copies of the policy must be made available for inspection by the employees or job applicants of the employer during regular business hours in the employer's personnel office or other suitable locations.

(4) TYPES OF TESTING.--

(a) An employer is required to conduct the following types of drug tests:

1. Job applicant drug testing.--An employer must require job applicants to submit to a drug test and may use a refusal to submit to a drug test or a positive confirmed drug test as a basis for refusing to hire a job applicant.

2. Reasonable-suspicion drug testing.--An employer must require an employee to submit to reasonable-suspicion drug testing.

3. Routine fitness-for-duty drug testing.--An employer must require an employee to submit to a drug test if the test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination that is part of the employer's established policy or that is scheduled routinely for all members of an employment classification or group.

4. Follow-up drug testing.--If the employee in the course of employment enters an employee assistance program for drug-related problems, or a drug rehabilitation program, the employer must require the employee to submit to a drug test as a follow-up to such program, unless the employee voluntarily entered the program. In those cases, the employer has the option to not require follow-up testing. If follow-up testing is required, it must be conducted at least once a year for a 2-year period after completion of the program. Advance notice of a follow-up testing date must not be given to the employee to be tested.

(b) This subsection does not preclude a private employer from conducting random testing, or any other lawful testing, of employees for drugs.

(c) Limited testing of applicants, only if it is based on a reasonable classification basis, is permissible in accordance with law or with rules adopted by the Agency for Health Care Administration.

(5) PROCEDURES AND EMPLOYEE PROTECTION.—

All specimen collection and testing for drugs under this section shall be performed in accordance with the following procedures:

(a) A sample shall be collected with due regard to the privacy of the individual providing the sample, and in a manner reasonably calculated to prevent substitution or contamination of the sample.

(b) Specimen collection must be documented, and the documentation procedures shall include:

1. Labeling of specimen containers so as to reasonably preclude the likelihood of erroneous identification of test results.

2. A form for the employee or job applicant to provide any information he or she considers relevant to the test, including identification of currently or recently used prescription or nonprescription medication or other relevant medical information. The form must provide notice of the most common medications by brand name or common name, as applicable, as well as by chemical name, which may alter or affect a drug test. The providing of information shall not preclude the administration of the drug test, but shall be taken into account in interpreting any positive confirmed test result.

(c) Specimen collection, storage, and transportation to the testing site shall be performed in a manner that reasonably precludes contamination or adulteration of specimens.

(d) Each initial drug test and confirmation test conducted under this section, not including the taking or collecting of a specimen to be tested, shall be conducted by a licensed or certified laboratory as described in subsection (9).

(e) A specimen for a drug test may be taken or collected by any of the following persons:

1. A physician, a physician assistant, a registered professional nurse, a licensed practical nurse, or a nurse practitioner or a certified paramedic who is present at the scene of an accident for the purpose of rendering emergency medical service or treatment.

2. A qualified person employed by a licensed or certified laboratory as described in subsection (9).

(f) A person who collects or takes a specimen for a drug test shall collect an amount sufficient for two drug tests as determined by the Agency for Health Care Administration.

(g) Every specimen that produces a positive, confirmed test result shall be preserved by the licensed or certified laboratory that conducted the confirmation test for a period of at least 210 days after the result of the test was mailed or otherwise delivered to the medical review officer. However, if an employee or job applicant undertakes an administrative or legal challenge to the test result, the employee or job applicant shall notify the laboratory and the sample shall be retained by the laboratory until the case or administrative appeal is settled. During the 180-day period after written notification of a positive test result, the employee or job applicant who has provided the specimen shall be permitted by the employer to have a portion of the specimen retested, at the employee's or job applicant's expense, at another laboratory, licensed and approved by the Agency for Health Care Administration, chosen by the employee or job applicant. The second laboratory must test at equal or greater sensitivity for the drug in question as the first laboratory. The first laboratory that performed the test for the employer is responsible for the transfer of the portion of the specimen to be retested, and for the integrity of the chain of custody during such transfer.

(h) Within 5 working days after receipt of a positive confirmed test result from the medical review officer, an employer shall inform an employee or job applicant in writing of such positive test result, the consequences of such results, and the options available to the employee or job applicant. The employer shall provide to the employee or job applicant, upon request, a copy of the test results.

(i) Within 5 working days after receiving notice of a positive confirmed test result, an employee or job applicant may submit information to the employer explaining or contesting the test result, and explaining why the result does not constitute a violation of the employer's policy.

(j) The employee's or job applicant's explanation or challenge of the positive test result is unsatisfactory to the employer, a written explanation as to why the employee's or job applicant's explanation is unsatisfactory, along with the report of positive result, shall be provided by the employer to the employee or job applicant; and all such documentation shall be kept confidential by the employer pursuant to subsection (8) and shall be retained by the employer for at least 1 year.

(k) An employer may not discharge, discipline, refuse to hire, discriminate against, or request or require rehabilitation of an employee or job applicant on the sole basis of a positive test result that has not been verified by a confirmation test and by a medical review officer.

(l) An employer that performs drug testing or specimen collection shall use chain-of-custody procedures established by the Agency for Health Care Administration to ensure proper recordkeeping, handling, labeling, and identification of all specimens tested.

(m) An employer shall pay the cost of all drug tests, initial and confirmation, which the employer requires of employees. An employee or job applicant shall pay the costs of any additional drug tests not required by the employer.

(n) An employer shall not discharge, discipline, or discriminate against an employee solely upon the employee's voluntarily seeking treatment, while under the employ of the employer, for a drug-related problem if the employee has not previously tested positive for drug use, entered an employee assistance program for drug-related problems, or entered a drug rehabilitation program. Unless otherwise provided by a collective bargaining agreement, an employer may select the employee assistance program or drug rehabilitation program if the employer pays the cost of the employee's participation in the program.

(o) If drug testing is conducted based on reasonable suspicion, the employer shall promptly detail in writing the circumstances which formed the basis of the determination that reasonable suspicion existed to warrant the testing. A copy of this documentation shall be given to the employee upon request and the original documentation shall be kept confidential by the employer pursuant to subsection (8) and shall be retained by the employer for at least 1 year.

(p) All authorized remedial treatment, care, and attendance provided by a health care provider to an injured employee before medical and indemnity benefits are denied under this section must be paid for by the carrier or self-insurer. However, the carrier or self-insurer must have given reasonable notice to all affected health care providers that payment for treatment, care, and attendance provided to the employee after a future date certain will be denied. A health care provider, as defined in s. 440.13(1)(h), that refuses, without good cause, to continue treatment, care, and attendance

before the provider receives notice of benefit denial commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(6) **CONFIRMATION TESTING.--**

(a) If an initial drug test is negative, the employer may in its sole discretion seek a confirmation test.

(b) Only licensed or certified laboratories as described in subsection (9) may conduct confirmation drug tests.

(c) All positive initial tests shall be confirmed using gas chromatography/mass spectrometry (GC/MS) or an equivalent or more accurate scientifically accepted method approved by the Agency for Health Care Administration or the United States Food and Drug Administration as such technology becomes available in a cost-effective form.

(d) If an initial drug test of an employee or job applicant is confirmed as positive, the employer's medical review officer shall provide technical assistance to the employer and to the employee or job applicant for the purpose of interpreting the test result to determine whether the result could have been caused by prescription or nonprescription medication taken by the employee or job applicant.

(7) EMPLOYER PROTECTION.--

(a) An employee or job applicant whose drug test result is confirmed as positive in accordance with this section shall not, by virtue of the result alone, be deemed to have a "handicap" or "disability" as defined under federal, state, or local handicap and disability discrimination laws.

(b) An employer who discharges or disciplines an employee or refuses to hire a job applicant in compliance with this section is considered to have discharged, disciplined, or refused to hire for cause.

(c) No physician-patient relationship is created between an employee or job applicant and an employer or any person performing or evaluating a drug test, solely by the establishment, implementation, or administration of a drug-testing program.

(d) Nothing in this section shall be construed to prevent an employer from establishing reasonable work rules related to employee possession, use, sale, or solicitation of drugs, including convictions for drug-related offenses, and taking action based upon a violation of any of those rules.

(e) This section does not operate retroactively, and does not abrogate the right of an employer under state law to conduct drug tests, or implement employee drug-testing programs; however, only those programs that meet the criteria outlined in this section qualify for reduced rates under s. 627.0915.

(f) If an employee or job applicant refuses to submit to a drug test, the employer is not barred from discharging or disciplining the employee or from refusing to hire the job applicant. However, this paragraph does not abrogate the rights and remedies of the employee or job applicant as otherwise provided in this section.

(g) This section does not prohibit an employer from conducting medical screening or other tests required, permitted, or not disallowed by any statute, rule, or regulation for the purpose of monitoring exposure of employees to toxic or other unhealthy substances in the workplace or in the performance of job responsibilities. Such screening or testing is limited to the specific substances expressly identified in the applicable statute, rule, or regulation, unless prior written consent of the employee is obtained for other tests. Such screening or testing need not be in compliance with the rules adopted by the Agency for Health Care Administration under this chapter or under s. 112.0455. A public employer may, through the use of an unbiased selection procedure, conduct random drug tests of employees occupying safety-sensitive or special-risk positions if the testing is performed in accordance with drug-testing rules adopted by the Agency for Health Care Administration and the department. If applicable, random drug testing must be specified in a collective bargaining agreement as negotiated by the appropriate certified bargaining agent before such testing is implemented.

(h) No cause of action shall arise in favor of any person based upon the failure of an employer to establish a program or policy for drug testing.

(8) **CONFIDENTIALITY.--**

(a) Except as otherwise provided in this subsection, all information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received or produced as a result of a drug-testing program are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with this section or in determining compensability under this chapter.

(b) Employers, laboratories, medical review officers, employee assistance programs, drug rehabilitation programs, and their agents may not release any information concerning drug test results obtained pursuant to this section without a written consent form signed voluntarily by the person tested, unless such release is compelled by an administrative law judge, a hearing officer, or a court of competent jurisdiction pursuant to an appeal taken under this section or is deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding. The consent form must contain, at a minimum:

1. The name of the person who is authorized to obtain the information.
2. The purpose of the disclosure.
3. The precise information to be disclosed.
4. The duration of the consent.
5. The signature of the person authorizing release of the information.

(c) Information on drug test results shall not be used in any criminal proceeding against the employee or job applicant. Information released contrary to this section is inadmissible as evidence in any such criminal proceeding.

(d) This subsection does not prohibit an employer, agent of an employer, or laboratory conducting a drug test from having access to employee drug test information or using such information when consulting with legal counsel in connection with actions brought under or related to this section or when the information is relevant to its defense in a civil or administrative matter.

(9) DRUG-TESTING STANDARDS FOR LABORATORIES.--

(a) A laboratory may analyze initial or confirmation test specimens only if:

1. The laboratory is licensed and approved by the Agency for Health Care Administration using criteria established by the United States Department of Health and Human Services as general guidelines for modeling the state drug-testing program pursuant to this section or the laboratory is certified by the United States Department of Health and Human Services.
2. The laboratory has written procedures to ensure the chain of custody.

3. The laboratory follows proper quality control procedures, including, but not limited to:
a. The use of internal quality controls, including the use of samples of known concentrations which are used to check the performance and calibration of testing equipment, and periodic use of blind samples for overall accuracy.
b. An internal review and certification process for drug test results, conducted by a person qualified to perform that function in the testing laboratory.
c. Security measures implemented by the testing laboratory to preclude adulteration of specimens and drug test results.
d. Other necessary and proper actions taken to ensure reliable and accurate drug test results.
(b) A laboratory shall disclose to the medical review officer a written positive confirmed test result report within 7 working days after receipt of the sample. All laboratory reports of a drug test result must, at a minimum, state:
1. The name and address of the laboratory that performed the test and the positive identification of the person tested.
2. Positive results on confirmation tests only, or negative results, as applicable.
3. A list of the drugs for which the drug analyses were conducted.
4. The type of tests conducted for both initial tests and confirmation tests and the minimum cutoff levels of the tests.
5. Any correlation between medications reported by the employee or job applicant pursuant to subparagraph (5) (b) 2. and a positive confirmed drug test result.
A report must not disclose the presence or absence of any drug other than a specific drug and its metabolites listed pursuant to this section.
(c) The laboratory shall submit to the Agency for Health Care Administration a monthly report with statistical information regarding the testing of employees and job applicants. The report must include information on the methods of analysis conducted, the drugs tested for, the number of positive and negative results for both initial tests and confirmation tests, and any other information deemed appropriate by the Agency for Health Care Administration. A monthly report must not identify specific employees or job applicants.
(10) RULES.--The Agency for Health Care Administration shall adopt rules pursuant to s. 112.0455 and criteria established by the United States Department of Health and Human Services as general guidelines for modeling the state drug-testing program, concerning, but not limited to:
(a) Standards for licensing drug-testing laboratories and suspension and revocation of such licenses.
(b) Urine, hair, blood, and other body specimens and minimum specimen amounts that are appropriate for drug testing.
(c) Methods of analysis and procedures to ensure reliable drug-testing results, including standards for initial tests and confirmation tests.
(d) Minimum cutoff detection levels for each drug or metabolites of such drug for the purposes of determining a positive test result.
(e) Chain-of-custody procedures to ensure proper identification, labeling, and handling of specimens tested.
(f) Retention, storage, and transportation procedures to ensure reliable results on confirmation tests and retests.

440.15 (6) shall for the purpose of this chapter be considered to be a death resulting from the accident causing the hernia.

(d) If an accident happens while the employee is employed elsewhere than in this state, which would entitle the employee or his or her dependents to compensation if it had happened in this state, the employee or his or her dependents are entitled to compensation if the contract of employment was made in this state, or the employment was principally localized in this state. However, if an employee receives compensation or damages under the laws of any other state, the total compensation for the injury may not be greater than is provided in this chapter.
(2) Benefits are not payable in respect of the disability or death of any employee covered by the Federal Employer's Liability Act, the Longshoremen's and Harbor Worker's Compensation Act, the Defense Base Act, or the Jones Act.
(3) Compensation is not payable if the injury was occasioned primarily by the intoxication of the employee; by the influence of any drugs, barbiturates, or other stimulants not prescribed by a physician; or by the willful intention of the employee to injure or kill himself, herself, or another.
(4) An employee shall not be entitled to compensation or benefits under this chapter if any judge of compensation claims, administrative law judge, court, or jury convened in this state determines that the employee has knowingly or intentionally engaged in any of the acts described in s. 440.105 for the purpose of securing workers' compensation benefits.
(5) If injury is caused by the knowing refusal of the employee to use a safety appliance or observe a safety rule required by statute or lawfully adopted by the division, and brought prior to the accident to the employee's knowledge, or if injury is caused by the knowing refusal of the employee to use a safety appliance provided by the employer, the compensation as provided in this chapter shall be reduced 25 percent.
(6) Except as provided in this chapter, a construction design professional who is retained to perform professional services on a construction project, or an employee of a construction design professional in the performance of professional services on the site of the construction project, is not liable for any injuries resulting from the employer's failure to comply with safety standards on the construction project for which compensation is recoverable under this chapter, unless responsibility for safety practices is specifically assumed by contracts. The immunity provided by this subsection to a construction design professional does not apply to the negligent preparation of design plans or specifications.
(7)(a) To ensure that the workplace is a drug-free environment and to deter the use of drugs and alcohol at the workplace, if the employer has reason to suspect that the injury was occasioned primarily by the intoxication of the employee or by the use of any drug, as defined in this chapter, which affected the employee to the extent that the employee's normal faculties were impaired, and the employer has not implemented a drug-free workplace pursuant to ss. 440.101 and 440.102, the employer may require the employee to submit to a test for the presence of any or all drugs or alcohol in his or her system.
(b) If the employee has, at the time of the injury, a blood alcohol level equal to or greater than the level specified in s. 316.193, or if the employee has a positive confirmation of a drug as defined in this act, it is presumed that the injury was occasioned primarily by the intoxication of, or by the influence of the drug upon, the employee. If the employer has implemented a drug-free workplace, this presumption may be rebutted only by evidence that there is no reasonable hypothesis that the intoxication or drug influence

contributed to the injury. In the absence of a drug-free workplace program, this presumption may be rebutted by clear and convincing evidence that the intoxication or influence of the drug did not contribute to the injury. Percent by weight of alcohol in the blood must be based upon grams of alcohol per 100 milliliters of blood. If the results are positive, the testing facility must maintain the specimen for a minimum of 90 days. Blood serum may be used for testing purposes under this chapter; however, if this test is used, the presumptions under this section do not arise unless the blood alcohol level is proved to be medically and scientifically equivalent to or greater than the comparable blood alcohol level that would have been obtained if the test were based on percent by weight of alcohol in the blood. However, if, before the accident, the employer had actual knowledge of and expressly acquiesced in the employee's presence at the workplace while under the influence of such alcohol or drug, the presumptions specified in this subsection do not apply.

(c) If the injured worker refuses to submit to a drug test, it shall be presumed in the absence of clear and convincing evidence to the contrary that the injury was occasioned primarily by the influence of drugs.

(d) The agency shall provide by rule for the authorization and regulation of drug-testing policies, procedures, and methods. Testing of injured employees shall not commence until such rules are adopted.

(8) If, by operation of s. 440.04, benefits become payable to a professional athlete under this chapter, such benefits shall be reduced or setoff in the total amount of injury benefits or wages payable during the period of disability by the employer under a collective bargaining agreement or contract for hire.

440.185 Notice of injury or death; reports; penalties for violations. --

(1) An employee who suffers an injury arising out of and in the course of employment shall advise his or her employer of the injury within 30 days after the date of or initial manifestation of the injury. Failure to so advise the employer shall bar a petition under this chapter unless:

(a) The employer or the employer's agent had actual knowledge of the injury;

(b) The cause of the injury could not be identified without a medical opinion and the employee advised the employer within 30 days after obtaining a medical opinion indicating that the injury arose out of and in the course of employment;

(c) The employer did not put its employees on notice of the requirements of this section by posting notice pursuant to s. 440.055; or

(d) Exceptional circumstances, outside the scope of paragraph (a) or paragraph (b) justify such failure.

In the event of death arising out of and in the course of employment, the requirements of this subsection shall be satisfied by the employee's agent or estate. Documents prepared by counsel in connection with litigation, including but not limited to notices of appearance, petitions, motions, or complaints, shall not constitute notice for purposes of this section.

(2) Within 7 days after actual knowledge of injury or death, the employer shall report such injury or death to its carrier, in a format prescribed by the department, and shall provide a copy of such report to the employee or the employee's estate. The report of injury shall contain the following information:

(a) The name, address, and business of the employer;

(b) The name, social security number, street, mailing address, telephone number, and occupation of the employee;

(c) The cause and nature of the injury or death;

(d) The year, month, day, and hour when, and the particular locality where, the injury or death occurred; and

(e) Such other information as the department may require. The carrier shall, within 14 days after the employer's receipt of the form reporting the injury, file the information required by this subsection with the department. However, the department may by rule provide for a different reporting system for those types of injuries which it determines should be reported in a different manner and for those cases which involve minor injuries requiring professional medical attention in which the employee does not lose more than 7 days of work as a result of the injury and is able to return to the job immediately after treatment and resume regular work.

(3) In addition to the requirements of subsection (2), the employer shall notify the department within 24 hours by telephone or telegraph of any injury resulting in death. However, this special notice shall not be required when death results subsequent to the submission to the department of a previous report of the injury pursuant to subsection (2).

(4) Within 3 days after the employer or the employee informs the carrier of an injury the carrier shall mail to the injured worker an informational brochure approved by the department which sets forth in clear and understandable language an explanation of the rights, benefits, procedures for obtaining benefits and assistance, criminal penalties, and obligations of injured workers and their employers under the Florida Workers' Compensation Law. Annually, the carrier or its third-party administrator shall mail to the employer an informational brochure approved by the department which sets forth in clear and understandable language an explanation of the rights, benefits, procedures for obtaining benefits and assistance, criminal penalties, and obligations of injured workers and their employers under the Florida Workers' Compensation Law. All such informational brochures shall contain a notice that clearly states in substance the following: "Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits a felony of the third degree."

(5) Additional reports with respect to such injury and of the condition of such employee, including copies of medical reports, funeral expenses, and wage statements, shall be filed by the employer or carrier to the department at such times and in such manner as the department may prescribe by rule. In carrying out its responsibilities under this chapter, the department or agency may by rule provide for the obtaining of any medical records relating to medical treatment provided pursuant to this chapter, notwithstanding the provisions of ss. 90.503 and 395.3025(4).

(6) In the absence of a stipulation by the parties, reports provided for in subsection (2), subsection (4), or subsection (5) shall not be evidence of any fact stated in such report in any proceeding relating thereto, except for medical reports which, if otherwise qualified, may be admitted at the discretion of the judge of compensation claims.

(7) Every carrier shall file with the department within 21 days after the issuance of a policy or contract of insurance such policy information, as the department requires, including notice of whether the policy is a minimum premium policy. Notice of cancellation or

expiration of a policy, as set out in s. 440.42(3) shall be mailed to the department in accordance with rules adopted by the department under chapter 120. The department may contract with a private entity for the collection of policy information required to be filed by carriers under this subsection and the receipt of notices of cancellation or expiration of a policy required to be filed by carriers under s. 440.42(3). The submission of policy information or notices of cancellation or expiration to the contracted private entity satisfies the filing requirements of this subsection and s. 440.42(3).

(8) When a claimant, employer, or carrier has the right, or is required, to mail a report or notice with required copies within the times prescribed in subsection (2), subsection (4), or subsection (5), such mailing will be completed and in compliance with this section if it is postmarked and mailed prepaid to the appropriate recipient prior to the expiration of the time periods prescribed in this section.

(9) Any employer or carrier who fails or refuses to timely send any form, report, or notice required by this section shall be subject to a civil penalty not to exceed $500 for each such failure or refusal. However, any employer who fails to notify the carrier of the injury on the prescribed form or by letter within the 7 days required in subsection (2) shall be liable for the civil penalty, which shall be paid by the employer and not the carrier. Failure by the employer to meet its obligations under subsection (2) shall not relieve the carrier from liability for the civil penalty if it fails to comply with subsections (4) and (5).

(10) The department may by rule prescribe forms and procedures governing the submission of the change in claims administration report and the risk class code and standard industry code report for all lost time and denied lost-time cases. The department may by rule define terms that are necessary for the effective administration of this section.

(11) Any information in a report of injury or illness filed pursuant to this section that would identify an ill or injured employee is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This subsection is subject to the Open Government Sunset Review Act of 1995 in accordance with s. 119.15, and shall stand repealed on October 2, 2003, unless reviewed and saved from repeal through reenactment by the Legislature.

440.205 Coercion of employees. --

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

440.381 Application for coverage; reporting payroll; payroll audit procedures; penalties. --

(1) Applications by an employer to a carrier for coverage required by s. 440.38 must be made on a form prescribed by the Department of Insurance. The Department of Insurance shall adopt rules for applications for coverage required by s. 440.38. The rules must provide that an application include information on the employer, the type of business, past and prospective payroll, estimated revenue, previous workers' compensation experience, employee classification, employee names, and any other information necessary to enable a carrier to accurately underwrite the applicant. The rules must include a provision that a carrier or self-insurance fund may require that an employer update an application monthly to reflect any change in the required application information.

(2) The application must contain a statement that the filing of an application containing false, misleading, or incomplete information with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. The application must contain a sworn statement by the employer attesting to the accuracy of the information submitted and acknowledging the provisions of former s. 440.37(4). The application must contain a sworn statement by the agent attesting that the agent explained to the employer or officer the classification codes that are used for premium calculations.

(3) The department shall establish by rule minimum requirements for audits of payroll and classifications in order to ensure that the appropriate premium is charged for workers' compensation coverage. The rules shall ensure that audits performed by both carriers and employers are adequate to provide that all sources of payments to employees, subcontractors, and independent contractors have been reviewed and that the accuracy of classification of employees has been verified. The rules shall provide that employers in all classes other than the construction class be audited not less frequently than biennially and may provide for more frequent audits of employers in specified classifications based on factors such as amount of premium, type of business, loss ratios, or other relevant factors. In no event shall employers in the construction class, generating more than the amount of premium required to be experience rated, be audited less than annually. The annual audits required for construction classes shall consist of physical onsite audits. Payroll verification audit rules must include, but need not be limited to, the use of state and federal reports of employee income, payroll and other accounting records, certificates of insurance maintained by subcontractors, and duties of employees. At the completion of an audit, the employer or officer of the corporation and the auditor must print and sign their names on the audit document and attach proof of identification to the audit document.

(4) Each employer shall submit a copy of the quarterly earning report required by chapter 443 at the end of each quarter to the carrier and submit self-audits supported by the quarterly earnings reports required by chapter 443 and the rules of the Division of Unemployment Compensation. Such reports shall include a sworn statement by an officer or principal of the employer attesting to the accuracy of the information contained in the report.

(5) Employers shall make available all records necessary for the payroll verification audit and permit the auditor to make a physical inspection of the employer's operation. If the employer fails upon request of the auditor to provide access to the documents specified in this section and the carrier cannot complete the audit as a result, the employer shall pay $500 to the carrier to defray the costs of the audits.

(6) If an employer understates or conceals payroll, or misrepresents or conceals employee duties so as to avoid proper classification for premium calculations, or misrepresents or conceals information pertinent to the computation and application of an experience rating modification factor, the employer, or the employer's agent or attorney, shall pay to the insurance carrier a penalty of 10 times the amount of the difference in premium paid and the amount the employer should have paid and reasonable attorney's fees. The penalty may be enforced in the circuit courts of this state.

(7) If an employee suffering a compensable injury was not reported as earning wages on the last quarterly earnings report filed with the

Division of Unemployment Compensation before the accident, the employer shall indemnify the carrier for all workers' compensation benefits paid to or on behalf of the employee unless the employer establishes that the employee was hired after the filing of the quarterly report, in which case the employer and employee shall attest to the fact that the employee was employed by the employer at the time of the injury. Failure of the employer to indemnify the insurer within 21 days after demand by the insurer shall constitute grounds for the insurer to immediately cancel coverage. Any action for indemnification brought by the carrier shall be cognizable in the circuit court having jurisdiction where the employer or carrier resides or transacts business. The insurer shall be entitled to a reasonable attorney's fee if it recovers any portion of the benefits paid in such action.

Unit- 4

Occupational Health and Safety

(Two-Credit Hour)

Course Outline

- Awareness of OSHA history
- Understanding of OHSA Regulation.
- Understanding FDA Regulation.
- Knowledge of MSDS Sheets
- Review the changing standards in MSDS format
- Gain knowledge of recommended safe practices
- Become familiar with a list of hazardous chemicals sometimes used in salons and salon products

Course Overview: This course covers areas regulated by the Occupational Health and Safety Administration (OSHA) that is pertinent to the cosmetology industry. It will educate readers on applicable Food and Drug Administration regulations and material safety data sheets. The course material will recommend proper placement of MSDS's and provide suggestions for easy organization of these sheets. It will provide a list of hazardous chemicals commonly used in the salons today, their toxic effects, and where they are found.

The Occupational Health and Safety Administration- History and Mission

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

OSHA's mission is to ensure safe and healthful workplaces in America. Since the agency was created in 1971, workplace fatalities have been cut in half and occupational injury and illness rates have declined 40 percent. OSHA is focusing on three strategies:
1) strong, fair, and effective enforcement;
2) outreach, education, and compliance assistance; and
3) partnerships and voluntary programs.

While no specific rules exist, individuals engaged in the practice of cosmetology are expected to abide by basic rules contained within the Code of Federal Regulations (29 CFR) that deal with workplace safety and health. These rules describe the responsibilities of employers and employees in dealing with hazardous chemicals, personal protective devices, proper ventilation, and prevention from over exposure to dusts, and overall health and safety plans.

OSHA Services

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

OSHA's Jurisdiction

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

Strong, Fair, and Effective Enforcement Program.

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

Outreach, Education, and Compliance Assistance

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

OHSA Regulation

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

well as, their health hazards, warnings and emergency procedures.

Material Safety Data Sheets

The standard's design is simple. Chemical manufacturers and importers must evaluate the hazards of the chemicals they produce or import. Using that information, they must then prepare labels for containers, and more detailed technical bulletins called material safety data sheets. Material Safety Data Sheets (MSDS) are mandatory and must be supplied to you by all manufacturers. These sheets have vital information and facts to ensure the safety of you and your clients. Chemical manufacturers, importers, and distributors of hazardous chemicals are all required to provide the appropriate labels and material safety data sheets to the employers to which they ship the chemicals. The information is to be provided automatically. Every container of hazardous chemicals you receive must be labeled, tagged, or marked with the required information. Your suppliers must also send you a properly completed material safety data sheet at the time of the first shipment of the chemical, and with the next shipment after the MSDS is updated with new and significant information about the hazards. Some of the common yet important information located on the MSDS is as follows:

CHEMICAL AND PHYSICAL DATA: This will provide technical information necessary for the proper use of the product. It will explain how the product could become dangerous if not used properly. For example, improper mixtures of products can burn or explode.

FIRE AND EXPLOSION HAZARD DATA: This is important because some products used in salons contain chemicals, which are flammable. This part of the MSDS tells you when an ingredient will catch fire or explode and how to put out the fire.

HEALTH HAZARD DATA: This indicates what kind of health problems a particular product or ingredient may cause, how it may hurt you, and what types of exposure should be avoided. It gives what medical conditions could be made worse by exposure, and what emergency procedures to take if you are exposed in a dangerous way.

HAZARDOUS INGREDIENTS: This section provides the names and information about ingredients classified as "hazardous." Products are mixtures of ingredients, and the hazards from the product will be different from that of the ingredient. Remember that this does not mean the product is unsafe for intended use, but that special precautions may be necessary to use it safely.

PRECAUTIONS FOR SAFE HANDLING AND USE: This section gives instructions about how to protect you, co-workers, and clients when using products containing a particular ingredient. It will tell you what to do if it is spilled, how to safely discard the material, and how to safely handle and store this ingredient.

PRODUCT INFORMATION: This section provides the name of the product, the manufacturer's name and address, and a telephone number to call in case of an emergency.

SPECIAL PROTECTION INFORMATION: This section gives specific information about how to protect you when using this product. It will tell you about necessary ventilation, breathing something dangerous, and whether special equipment or clothing is needed to protect your hands, eyes, or other parts of the body.

It is wise to be knowledgeable on how to do your job safely. By being properly trained, well informed, and by knowing where to look for information, you can be assured of safety for you and your clients. One regulation that indirectly impacts the cosmetology profession is placed on the manufacturers of many of the products that you may use in your business. **The federal government requires that product manufacturers make available to customers Material Safety Data Sheets (MSDS).** Each MSDS must contain basic information on the each product manufactured. Recommended Format for Material Safety Data Sheets (MSDSs) OSHA's Hazard Communication Standard (HCS) specifies certain information that must be included on MSDSs, but does not require that any particular format be followed in presenting this information (see 29 CFR 1910.1200 (g)). In order to promote consistent presentation of information, OSHA recommends that MSDSs follow the 16-section format established by the American National Standards Institute (ANSI) standard for preparation
of MSDSs-(Z400.1).

By following this recommended format, the information of greatest concern to workers is featured at the beginning of the data sheet, including information on chemical composition and first aid measures. More technical information that addresses topics such as the physical and chemical properties of the material and toxicological data appears later in the document. While some of this information (such as ecological information) is not required by the HCS, the 16-section MSDS is becoming the international norm.

The 16 sections are:

- Identification
- Hazard(s) identification
- Composition/information on ingredients
- First-aid measures
- Fire-fighting measures
- Accidental release measures
- Handling and storage
- Exposure controls/personal protection
- Physical and chemical properties
- Stability and reactivity
- Toxicological information
- Ecological information
- Disposal considerations
- Transport information
- Regulatory information
- Other information

OSHA is preparing a guidance document that will include instructions for composing individual sections of the MSDS. The guidance document will be posted on the Agency's website in the near future. .

In 1985, OSHA established a voluntary format for MSDSs (OSHA Form 174) to assist manufacturers and importers who desired guidance on organizing MSDS information. When completed correctly, an MSDS prepared using Form 174 contains all of the information required by OSHA. However, Form 174 does not use the more organized and comprehensive 16-section format.

OSHA believes that use of a consistent format will improve the effectiveness of MSDSs by making information easier for the reader to find, regardless of the supplier of the MSDS. Because the 16-section format is accepted by consensus as the most appropriate format, OSHA no longer endorses that Form 174 be used for the preparation of MSDSs. Use of Form 174, however, is still acceptable under the HCS if it is completed correctly.

NIOSH was created by the Occupational Health and Safety (OHS) Act of 1970, the same Act that created OSHA. However, OSHA is responsible for creating and enforcing workplace safety and health regulations while NIOSH is in the Department of Health and Human Services and is a research agency. Examples of NIOSH activities include investigating potentially hazardous working conditions as requested by employers or employees. See how you can request one. Evaluating hazards in the workplace, ranging from chemicals to machinery. Creating and disseminating methods for preventing disease, injury, and disability. Conducting research and providing scientifically valid recommendations for protecting workers. Providing education and training to individuals preparing for or actively working in the field of occupational safety and health. Creating new ways to prevent workplace hazards is the job of NIOSH

The Food and Drug Administration

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

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

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

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

Inspections and Legal Sanctions

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

When a company can't or won't correct a public health problem with one of its products voluntarily, FDA has legal sanctions it can bring to bear. The agency can go to court to force a company to stop selling a product and to have items already produced seized and destroyed. When warranted, criminal penalties, which may include prison sentences, are sought against manufacturers that are noncompliant.

About 3,000 products a year are found to be unfit for consumers and are withdrawn from the marketplace, either by voluntary recall or by court-ordered seizure. In addition, about 30,000 import shipments a year are detained at the port of entry because the goods appear to be unacceptable.

Hazards the Cosmetologist Faces

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

Long Periods of Standing

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

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

- Support your weight on both feet. If you lean to one side constantly and do not distribute your weight evenly, it can result in pinched nerves
- Invest in a side chair. To give your feet a rest, invest in one of the versatile working stools available for salon professionals.

These are little seats with no arms that can be adjusted according to the client's height. At the same time, these chairs can help raise the cosmetologist to a more appropriate level, which might alleviate the shoulder blade problem.

- Exercise and watch your diet. The more weight you carry, the more strain is placed on your feet, legs, and back.
- Use a rubber mat in your workspace. Covering the floor around your client's chair with a rubber mat will help cushion your feet and protect your back.
- Invest in a good pair of shoes. Experts recommend that employees should wear flat shoes with no more than a 2-inch heel. Ideally, the shoes should have shock absorbent pads, skid resistant soles, and laces, which provide more support. Salon professionals who already have foot pain might want to buy a pair of insoles or orthotic devices, according to the association.
- Get regular massages. Take time to pamper your body. Massage can help alleviate back pain, and massage therapists can determine your specific problems and give you tips on how to avoid them. If pain persists, see your doctor.

Preventing Repetitive Injuries

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

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

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

HAZARDOUS CHEMICAL SUBSTANCE LIST

Chemical Name	Toxic Effects	Occurrence	Precautions
ACETIC ACID	In weak concentrations, acetic acid can be a mild skin and eye irritant.	Oxidizing materials (trace).	
ACETONE (dimethyl ketone)	Prolonged inhalation can cause headache, dryness, and throat irritation.	Nail glue remover, polish remover, nail sterilizer, and brush cleaner.	Some alkaline silicates can cause fibr changes (scarring) of lung tissue.
ALKYLATED SILICATES	Alkylated Silicates affect skin as mild caustic agents, causing damage to the keratin layer. Chronic exposure to alkalinity can lead to a skin condition that resembles eczema.	Bleach powders.	Aminophenol is a mixture that has three isomers. Para-, Ortho- and Meta-aminophenol.

Chemical Name	Toxic Effects	Occurrence	Precautions
AMINOPHENOL	A.) **Para-aminophenol** has high to moderate oral toxicity. A skin and eye irritant. Allergic sensitivities can develop to the material B.)**Ortho-aminophenol** is found to be moderately toxic when introduced to the system via ingestion. It is a skin and eye irritant. C.)**Meta-aminophenol** is found to be moderately toxic when introduced to the system via ingestion. It is a skin and eye irritant.	Oxidation hair color.	Overexposure can cause conjunctivitis, swelling of eyelids, coughing, dyspnea and vomiting. Corneal burns can result from eye contact.
AMMONIA	A powerful eye and respiratory tract irritant.	Alkaline wave lotions bleach oils, oxidation hair dyes, permanent wave solutions, and permanent hair color.	High toxicity via oral and inhalation routes.
AMMONIUM HYDROXIDE	A powerful eye irritant.	Hair spray (trace), waving lotions, thioglycolate waving lotions, and oxidation dyes.	It can be a fire hazard if it is reacted with organic materials or reducing agents such as acids. It is a strong oxidizing agent. The material must be stored carefully as it readily decomposes.
AMMONIUM PERSULFATE	A moderate tissue irritant and allergen.	Bleaching agents, pre-lighteners.	This material can cause dermatitis and is a strong allergen.
AMMONIUM THIOGLYCOLA	High toxicity via oral and inhalation routes.	Permanent waving solution.	A skin and eye irritant.
BENZYL ALCOHOL	Moderate toxicity via ingestion and inhalation.	Permanent waving solutions.	Butane is an asphyxiant. Breathing the gas may cause drowsiness. Butane is a dangerous fire/explosion risk.
BUTANE	Moderate toxicity via inhalation.	Nail enamel dryer, aérosol propellants (MANP).	The material is a strong respiratory irritant.
BUTOXYETHANOL (ethylene glycol monobutyl ether)	Moderately toxic via ingestion, a mild to moderate skin and eye irritant.	Direct non-oxidation dyes.	In high concentrations the material can cause respiratory irritation and narcosis.
n-BUTYL ACETATE	A skin and eye irritant, low toxicity via ingestion, inhalation. It is a mild allergen.	Nail lacquer.	Local exposure yields irritation.
CAMPHOR	High to moderate irritation, ingestion hazard.	Hair relaxer.	A skin and eye irritant.
CETYL ALCOHOL	Low oral toxicity, an irritant.	Hair relaxer.	EDTA is found in products as either tetrasodium or dessiatine salt. It reacts chemically to "bind" metals.
EDTA (ethylene diamine tetracetic acid)	Eye irritation. High oral toxicity.	Shampoo (trace), Penn neutralizer, and thioglycolate permanent	Experimentally, ethanolamine causes severe eye irritation. It is a caustic material, which causes moderate burns.

Chemical Name	Toxic Effects	Occurrence	Precautions
		waves, products that remove coatings from hair.	Inhalation tolerance is low.
ETHANOLAMINE	Tissue damage. Oral toxicity.	Waving lotions, oxidation dyes.	Repeated exposure can cause conjunctivitis and corneal clouding. High concentrations can cause congestion of the liver and kidneys. It is a dangerous fire risk.
ETHYL ACETATE	Causes irritation to mucous linings in eyes, respiratory tract and gums. It can act as a mild narcotic. It can also cause dermatitis.	Nail lacquer solvent.	It is oxidized by the liver to form carbon dioxide and water. It is generally not considered an occupational health hazard, however it is a safety hazard due to its flammability.
ETHYL ALCOHOL (S.D. Alcohol)	The term "S.D.A." or "S.D. Alcohol" means “specifically denatured alcohol”. S.D.A. is ethyl alcohol, to which another substance, such as methyl isobutyl ketone, has been added, making it unfit for human consumption.	Hair spray, setting lotions, mousse, conditioner, nail sterilizer. Ethyl alcohol is familiar as the alcohol in beverages.	In low concentrations, the material can cause skin irritation. Products containing hydrogen peroxide must be capped and stored securely.
HYDROGEN PEROXIDE	Concentrated solutions are highly toxic and strong irritants. Solutions of 35% can blister the skin. The material is a powerful oxidant, which readily reacts to release oxygen, and can therefore be a dangerous fire and explosion risk.	Oxidation hair dye developer, neutralizers for permanent waves, hair lighteners, peroxide based neutralizers, permanent wave activator solutions, oxidizers, and enzyme developers.	A dangerous fire risk when exposed to heat, flame or oxidizers.
ISOBUTANE (2-methyipropane)	A simple asphyxiant, this material is otherwise practically non-toxic.	Aerosol propellants.	The material can de-fat and dry the skin. The material is a physical hazard due to its high flammability.
ISOPROPYL ALCOHOL	Eyes, nose, and throat irritant. In high air concentrations it can induce mild narcosis and can cause corneal burns and eye damage.	Permanent dye, hair-spray, nail enamel dryer, oil hair dressing, hair styling mousse, setting gels/lotions, bleach oils, semi-permanent and oxidation hair dyes, and peroxide-based neutralizers.	Liquefied petroleum gas is a mixture of propane, isobutane, isobutylene, and other short chain hydrocarbons. The material is a simple asphyxiant, and its chief health hazard is attributable to its high flammability.
GLYCEROL	Low toxicity generally, but can be a respiratory irritant when in mist form.	Mousse, oxidation hair colors, permanent hair colors, LPG (liquefied petroleum gas) hairspray propellants.	A moderate fire risk when exposed to heat, flame, or oxidizers.

Chemical Name	Toxic Effects	Occurrence	Precautions
METHACRYLIC ACID (glacial)	A strong skin irritant	Acrylic, nail-bonding agents.	Vapors can cause lung irritation and pulmonary edema. Prolonged exposure can cause dermatitis, liver and brain damage. It is a suspected carcinogen. The body metabolizes methylene chloride to carbon monoxide. Heavy smokers and those with cardiovascular disease or anemia are at increased risk.
METHYLENE CHLORIDE (dichiloromethane)	Very dangerous to the eyes; vapors have narcotic properties, which include fatigue, headache, and dizziness.	Nail enamel dryer, oil hairdressing aerosols.	Serious fire hazard and risk
MINERAL SPIRITS	Moderately irritating to skin, eyes, and mucous membranes.	Hairdressings, hair sprays.	An experimental carcinogen and mutagen.
PHENACETIN	Toxic via inhalation and ingestion routes.	Peroxide-based neutralizers.	This material is a powerful skin irritant, which is implicated as a cause of aplastic anemia and is a suspected carcinogen.
PARA-PHENYLENEDIAMINE	When used in hair dye, it has been known to produce vertigo, anemia, gastritis, exfoliative dermatitis, and is suspect in at least one death.	Oxidation hair dyes, permanent hair dyes, semi-permanent hair dyes.	A skin, eye, and respiratory tract irritant.
PHOSPHORIC ACID	A skin, eye and respiratory tract irritant.	Oxidizers, neutralizers.	The material will liberate oxygen when exposed to heat or chemicals, and is therefore a moderate fire risk. It will decompose if not stored properly.
POTASSIUM PERSULFATE	A moderate tissue irritant and allergen.	Bleach powders, lightener powders.	A skin and eye irritant.
PROPYLENE GLYCOL	A skin and eye irritant.	Oxidation hair dye base, semi-permanent hair dye base, hair relaxer, and thioglycolate, permanent wave lotion.	This material can cause serious eye and skin injury in susceptible individuals. If the material is in a carrier, which can be absorbed through the skin, local hyperemia (flushing), itching, dermatitis, edema, and possibly corrosion of the skin can occur. Local lymph gland swelling may also occur.
RESOKCINOL	Primarily a skin irritant.	Oxidation hair dyes.	Prolonged exposure to crystalline silica dust can lead to fibrotic changes (scarring) of lung tissue, however the health hazard is minimal if exposure is controlled. Fumed silica is found in some products. Colloidal type silica does not pose the toxic risks of the crystalline type.
SILICAS	Silica in dust form can constitute an inhalation hazard.	Frosts, activator powders.	Concentrated solutions are strong irritants to skin and other tissues.
SODIUM BISULFITE	The material is an allergen.	Oxidation shampoos.	Prolonged exposure to dilute solutions can cause burns and ulceration of skin and other tissues and can cause severe eye damage.

Chemical Name	Toxic Effects	Occurrence	Precautions
SODIUM PEROXIDE	Toxic by ingestion and may cause severe burns to the skin and scalp.	Hair relaxer, thioglycolate permanent waves, waving gel.	An oxidizer, which needs to be stored carefully, as the material decomposes in moist air.
SODIUM PERSULFATE	A strong tissue irritant, toxic by ingestion.	Bleach powders, lightener powders.	Toxic by ingestion.
TETRASODIUM PYROPHOSPHATE	Toxic by ingestion.	Oxidizers (trace).	Hydrogen sulfide gas derived from this material. Irritant to skin and eyes.
THIOGLYCOLIC ACID	Corrosive to mucous membranes.	Waving lotions, oxidation dyes.	The material can react violently with lithium and other metals.
TITANIUM DIOXIDE	A skin irritant, which is also an experimental neoplastic and tumorogenic agent.	Hair relaxers, dyes, nail powder.	Eye irritant, toxic when ingested.
TRICRESYL PHOSPHATE	Eye irritant.	Nail lacquer.	Vapors have narcotic action and can cause headache and nausea. The material is an experimental mutagen.
TOLUENE	Chronic toluene overexposure can lead to changes in the blood-forming organs (bone marrow).	Nail lacquer solvent.	

Unit-5

Environmental Issues

(One Credit Hour)

Course Outline

- Air purification and air purification devices
- Odor control for the salon.
- The Florida Clean Indoor Air Act, and the legislative intent.
- Chemicals, and proper storage.
- Fire extinguishers, location and use.
- Cleanliness and Appearance
- Tanning beds and regulatory information.
- Practice and procedures for minor chemical burns.

Course Overview:

This course covers the purification of air in the salon, including the advantages of exhaust systems in providing odor control. The course will further discuss chemicals, chemical storage, use of fire extinguishers, and treatment of minor chemical burns. It will provide information on tanning beds, the governing regulatory administrations, and their standards of cleanliness for tanning beds. Additionally, the appearance and cleanliness of a salon and the salon professional are summarized. Finally, "The Florida Clean Indoor Air Act" and the intent of the lawmakers who passed it will be examined.

Air purification and air purification devices

As a licensed cosmetologist, you are accountable not only for protecting the public while practicing in the profession, but for the safety of yourself and your co-workers as well. You are responsible for following the laws and regulations that protect the environment around you. In today's salon, one of the environmental issues with which we are confronted, is ventilation, especially in a nail salon, or in a full service salon where nail services are provided. It is possible to offend the clients with the strong odors and fumes given off by many of the products used every day in the salon. To help keep irritating odors down to the lowest possible level in the work area, it is good practice to keep the salon at a cool temperature and leave a fan on to improve the air circulation.

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

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

Odor Control

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

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

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

Indoor Air Pollution

Indoor air quality may very well be the most important environmental concern today. There are actually Government agencies that rate air pollution as the nation's biggest pollution problem? The truth is that the particles in the air within our homes and offices can drastically affect your health.

A variety of unpleasant problems, ranging from infection and product contamination to reduced food shelf life and foul odors are caused by smoke, mold and mildew. While some of the indoor pollutants are easy to see and smell, others are difficult, if not impossible, to detect. Such environmental problems can have serious negative health consequences.

Florida Clean Indoor Air Act

The Florida Legislature originally passed the Florida Clean Indoor Air Act in 1985. It is the purpose of the FCIAA to protect the public health, comfort, and environment by creating areas in public places and at public meetings that are reasonably free from tobacco smoke by providing a uniform statewide maximum code.

The Legislative Intent

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

Indoor air-quality was further addressed with the creation of the Department of Health Indoor Air Quality Program, which was started in 1994. Its' goal is to improve the health of Floridians by reducing exposure to indoor air contaminants. The primary function of this program is to provide support and expertise to Floridians with indoor air problems in residences, schools, salons and public facilities.

Chemicals

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

Protecting workers from fire hazards

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

Fire Extinguishers and proper usage

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

What does OSHA require for emergency fire exits?

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

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

The rules for fixed extinguishing systems?

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

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

Tanning Beds

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

Cleanliness and Appearance

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

sterile, and properly stored will not only save you a lot of time at the end of the day, but will also aid in the safety of you and your clients.

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

Chemical Burns

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

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

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

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

Unit- 6

Chemical Makeup

(Two credit hours)

Course Outline

- Facts about pH and how to determine pH
- Chemicals and the pH scale as it pertains to skin, hair, and nails
- Acids, what they are and their effects
- Bases, what they are and their affects
- Chemical makeup of skin, hair and nails
- The functions of the skin, and skin facts
- The composition of nails, how they are formed and nail care.
- The composition of hair, how it is formed, waving, coloring and bleaching
- MMA in professional nail products
- Anatomy and chemical makeup of skin, hair and nails
- Pathology of Hair , Skin and Nails
- Skin Disorders
- Sodium Hydroxide
- Ammonium Thioglycolate
- Neutralizer

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

Chemical Makeup

The cosmetologist is responsible for the care and treatment of their clients. Understanding the chemical effects of products when used both correctly and incorrectly, and how to reverse the effects of undesired results, is valuable to know when working in the beauty industry.

To do this you need to understand chemicals and chemical changes. Chemical changes occur when the chemical nature of one or more substances is permanently altered, producing an entirely new substance.

pH

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

There are some services such as permanent waves and tints that rely on high pH chemicals while other products and services are specifically formulated to fall in the acid range on the pH scale. Shampoos range from 6 to 10.5. Neutralizers range from 5 to 10. Hair softening products run from 6 to 9.6, and depilatories are strongly alkaline at 11.5.

pH of hair, skin and nails

On the pH scale hair, skin and nails falls on average between 4.5 and 5.5. What this is measuring is not the pH of the actual hair, skin and nails, but of the protective film of oily acidic secretions, which coats and lubricates the surface of the skin, hair and nails. This combination of oils and water-soluble materials is referred to as our acid mantle.

The acid mantle is produced by the skin system so the coating on the hair and nails comes from the skin. As an example, the average pH on the surface of the scalp is 4.8; however, as we measure the pH on the hair at further distances from the scalp the pH value increases. This shows that less of the acid mantle reaches the ends of longer hair. The scalp's oils keep the hair lubricated and shiny. The scalp's acidity keeps the fiber compact and strong. Products with a pH of 4.5 to 5.5 are compatible with the natural biology of the hair and scalp. These products maintain a mildly acidic environment, which closely resembles the environment of our acid mantle. These type products are given the familiar term " acid balanced." Conversely high pH products such as alkaline permanent wave or tints when applied to the hair is absorbed through the cuticle layer into the inner layer of the hair called the cortex. The high pH causes the cortex layer to swell. This swelling forces the rigid cuticle layers to be stretched. The hair is in a very delicate condition now and vulnerable to excess stretching and breaking. This condition is necessary for permanent waves to successfully curl the hair and for tints to deposit color molecules into the cortex for lasting color.

Therefore, a high pH is essential for some chemical services to work properly.

Acids

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

Bases

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

Skin

The skin is the largest organ of the body. It has three divisions, the epidermis, (which is the outside layer), the dermis— (also called true skin), and the subcutis (also called the subcutaneous or adipose layer). Skin varies in thickness. The thinnest can be found on the lips and eyelids. The thickest are on the palms of the hands and soles of the feet. Skin will toughen by exposure. Friction and pressure will cause it to increase its thickness. Warmth will cause it to relax and cold will contract it.

Skin Care Products

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

Nails

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

Nail extensions

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

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

Chemicals - MMA and the Salon Professional

It is important for all salon workers, not just for the nail technicians, to be aware of the dangers from the use of MMA (methyl methacrylate) monomer and its dangers to the skin and nail.

Methyl Methacrylate Liquid Monomers

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

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

In 1972 MMA gained further notoriety when the Food and Drug Administration (FDA) deemed it a “poisonous and deleterious” ingredient when used in liquid monomer and got a court ordered injunction prohibiting a particular nail product manufacturer from selling MMA monomer. These actions by the FDA sent MMA into the underground industry. In 1996, the FDA restated its position and opposition to the use of MMA.

MMA – Monomer vs. Polymer Powders

Nail technicians who are aware of the dangers of MMA are often confused when they discover that some acrylic powders contain this ingredient. The problems described above do not apply to the use of MMA polymers. In the fully polymerized and solid form, the substance is considered safe. When MMA is converted into a polymer, it is called “poly methyl methacrylate,” or PMMA. In

the polymer form, PMMA is chemically identical to Plexiglas or Lucite and is considered safe for use on natural nails.

MMA in the Salon

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

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

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

MMA Product Detection

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

- Produces nail extensions that are extraordinarily durable and very hard to file, even with unyielding abrasives.
- Produces nail extensions that will not dissolve for removal in solvents designed for acrylics.
- Exhibits a powerful and peculiar odor that is considerably different than that of other acrylic liquids.

The Nail Manufacturers Council fully supports the FDA's position and recommends against nail technicians using liquid monomers, which are formulated with MMA. They believe that the significant danger to salon employees and clients makes the use of MMA both unwise and unethical. In their opinion, the health risks and public relations problems created by the illegal use of MMA seriously threaten the entire professional nail industry. Hopefully MMA is not being used in your salon. If you suspect that it is you should learn as much as you can about the dangers and health risks and then make a decision as to whether you want to remain in that environment.

Hair

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

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

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

Disorders of the Hair and Scalp

The condition and appearance of the hair and scalp are influenced by many factors, including physical health, nutrition, blood circulation, emotional state, function of the endocrine glands, and medications consumed. Common disorders of the hair and scalp include vegetable and animal parasitic infections, staphylococci infections, which cause furuncles (boils), and the following conditions, which may affect the hair follicles and/or sebaceous glands.
Alopecia is the formal term for any abnormal hair loss. It should not be confused with natural hair loss, which occurs when the hair has grown to its full length, falls out, and is replaced by a new hair. Alopecia senilis is hair loss associated with old age, alopecia prematura may occur any time before middle age, and is characterized by slow thinning over time.

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

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

Dandruff (or pityriasis) is a condition in which small white flakes or scales appear on the scalp and hair. Excessive dandruff can lead to baldness, if the condition is severe and neglected. Dandruff may be due to microbial infection, poor circulation, nerve stimulation, or diet, and may be associated with specific shampoos, or insufficient rinsing of shampoos. Pityriasis capitis simplex, or dry type dandruff is characterized by an itchy scalp and white scales scattered throughout the hair. Pityriasis steatoides, a greasy or waxy type of dandruff, is characterized by a scaly skin surface mixed with sebum, and may include bleeding or oozing of the sebum when scales tear off. Refer the client to a physician for medical attention. Dandruff is considered contagious and may spread through the common use of brushes, hair clips, or styling implements.

Fragilitas crinium is the formal term for brittle hair, which may include split ends. Conditioner may improve hair flexibility.

Hair loss occurs naturally as part of hair growth and regeneration. In women, childbirth, stress, crash dieting, emotional stress and shock can cause greater than normal hair loss, though it is usually temporary. Some older women experience female-pattern hair loss with thinning of the crown and hairline.

Hirsutism (or hypertrichosis) is excess hair on the body. Genetic background and age can impact how much hair a woman has on the cheeks, upper lip, arms and legs. There are a variety of methods to cope with unwanted hair, such as tweezing, waxing, shaving, bleaching, depilatories and electrolysis. Electrolysis is the only permanent hair-removal method, and is typically among the most expensive and time-consuming means of removal.

Monilethrix is the formal term for beaded hair, which breaks between the nodes or beads. Hair and scalp treatments may prove helpful.

Tinea capitis (ringworm) is a fungal infection that forms a scaly, ring-like lesion on the scalp. It is highly contagious.

Trichoptilosis is the formal term for split ends.

Trichorrhexis nodosa, or knotted hair, is characterized by dry, brittle hair with nodular swellings along the length of the hair shaft. Hair breaks easily, but condition may be remedied somewhat by conditioners.

Conditions Affecting the Nails
While many harmless nail irregularities can easily be corrected through cosmetic treatment, be sure to refer any condition associated with pain, infection, or irritation to a physician for consultation and treatment. Nail technicians should never treat nail disorders, but should be able to recognize and distinguish between normal and abnormal growth of the nail. Common disorders affecting the nail include bacterial, fungal, yeast, and viral infections; paronychia, infection of the nail fold; disorders associated with specific skin diseases (like psoriasis); and nail injuries, which sometimes lead to nail malformation as the nail grows back.

For further information regarding the following nail conditions, refer to these web sites and the resources listed at the end of this course book:5

http://www.hooked-on nails.com/naildisorders.html.
.http://www.nsc.gov.sg/cgi-bin/WB_ContentGen.pl?id=102

Pathology of Hair , Skin and Nails
The term "pathology" refers to the study of disease, including its nature and origins, as well as its effect on the structure and function of the body. A closely related subject is etiology, which investigates the causes or reasons for disease. This chapter reviews diseases and other common conditions of the skin, hair and scalp, and nails, which are all part of the integumentary system. The information presented in the following pages will help you develop workplace guidelines for recognizing potential health risks, to determine when and how to proceed with service- or if you should proceed at all. This information is not meant to be used for self-diagnosis or as a substitute for consultation with a health care provider. If you have any questions or concerns regarding the conditions or diseases described below, consult a health care provider.

Skin Disorders
Common skin conditions include contagious skin disorders, such as herpes or athlete's foot; noncontagious inflammatory skin disorders, such as acne or eczema; neoplastic skin disorders, such as melanoma or psoriasis, and may include skin injuries, such as burns or scars. Use appropriate caution with any unknown condition.

Hives (urticaria)
Hives may appear as a single red welt or as inflammation all over the body, and may take a matter of hours, to days or even weeks, to resolve. Single hives are usually a reaction to an insect bite or other irritant. More widespread outbreaks can be caused by medications like penicillin, or foods like chocolate and shellfish. Stress is also thought to play a part, in some instances, in the development of hives. Keeping a diary of one's diet and medications and noting the timing of reactions can be helpful in identifying the cause of hives. Treatments include antihistamines, lotions, and/or adrenaline injections.

Psoriasis
Psoriasis is a skin disorder that affects over three million Americans, and, like eczema, tends to occur within families. Men and women are equally affected, with Caucasians more likely to have psoriasis than either African or Asian Americans. The condition occurs when the skin cells multiply more rapidly than normal, and move quickly through the dermis, toward the epidermis, where they are shed in scales. There are several theories regarding the cause of psoriasis, which may be due to a genetic component, immune system abnormalities, and/or cellular, biochemical, or metabolic defects. Psoriasis initially resembles red patches on the skin, but develops into sharply demarcated, crusty patches with silvery scales. Knees, palms, scalp, elbows, trunk, soles of the feet and genitalia are common sites for psoriasis. Additionally, the condition can appear on the finger and toenails, causing thickened, discolored nails, or nails that separate from the nailbed. There is no known cure for psoriasis, but existing treatments offer months, or years, of relief from symptoms. Topical medications such as corticosteroids or crude coal tar ointments can be very effective in mild cases, while drugs like methotrexate, etretinate, and cyclosporine can be useful in more severe cases. Non-pharmaceutical methods like UV light therapy may also be effective treatment options.

Growths and Tumors
Benign tumors and growths become more prevalent as we age. Unless they become irritated, most growths and tumors need not be removed, but many individuals choose to do so for cosmetic reasons.

Acne
Acne is caused when skin cells plug a hair follicle. Usually results in blackheads or whiteheads if the plug is near the surface of the skin. Pimples result when sebum forms behind the cell plug, pushing it out of the skin. Hormones, stress, and use of cosmetics may all play a role in the production of acne. Acne can be treated with prescription and non-prescription drugs, depending on the severity of the condition. In some cases, gentle cleansing and a topical benzoyl peroxide solution can be very helpful. In more

severe cases, antibiotics or Retin-A can be prescribed by a dermatologist. While often associated with puberty, acne is common in adults of all ages.

Seborrheic keratoses are flat or slightly elevated rough, brown spots on the back, chest, face and arms that can be removed by cryosurgery.

Solar keratoses are flat or slightly raised, red, scaly spots caused by exposure to the sun. These should be removed as they become cancerous more than 20% of the time.

Warts

Warts are caused by viral infection. While they can occur anywhere on the body, they appear most commonly on the hands and feet. While they usually disappear on their own, over-the-counter medications, cryotherapy, and other medical interventions can also be effective in their removal.

Skin Cancer

More than 500,000 Americans develop skin cancer each year, with more than 90 percent of these cases occurring on body parts that are commonly exposed to the elements.
Fair skin and blue eyes (both characteristics of low melanin production) are associated with increased risk of skin cancer. Skin cancer is also correlated with geographic location, with skin cancer more prevalent among light skinned people exposed to constant high levels of UV radiation, cumulative exposure to the sun, or other sources of UV radiation, such as tanning beds and sunlamps, over many years.

The three types of skin cancer

There are three types of skin cancer, basal cell carcinoma, squamous cell carcinoma, and malignant melanoma. Basal cell carcinoma, the most common, is slow growing, and rarely invades other tissues. Squamous cell carcinoma is found mostly on areas exposed to sunlight, such as the head, face and hands. It can spread to other parts of the body, so early detection is important. Malignant melanoma is the most deadly form of cancer, with the highest risk of spreading to other parts of the body.

In all three types of skin cancer, the first indicator is usually a noticeable change in a skin growth or the surface of the skin. It can take the form of a new mole, a change in an existing mole, or a sore that fails to heal. A small, smooth, shiny or waxy bump, a red bump that bleeds, or a flat red spot that is rough, dry or scaly can all be signs of skin cancer. Remembering "ABCD" when evaluating your moles can help you assess whether they might be cancerous. "A" for asymmetry, or irregularly shaped; "B" for jagged borders; "C" for color variations, especially blue-black; and "D" for a diameter greater than 5 mm (the size of a No. 2 pencil eraser). Regularly scan your skin and take note of any changes. Your physician should also scan your skin as a regular part of your physical. Treatments for skin cancer include surgical excisions of the tumor, cryosurgery, topical chemotherapy and laser therapy are some of the treatments available for skin cancers.

Dermatitis

Dermatitis refers to several different itching, inflamed conditions of the skin that are characterized by scaling, swelling, redness, and the formation of papules. Dermatitis can refer to conditions with unknown, as well as known, origins, including those that are a reaction to environmental agents. Dermatitis can be endogenous, caused by a malfunction in the skin, or exogenous, caused by external factors. Examples of both conditions are listed in more detail below.

Atopic dermatitis, also known as eczema, is a hereditary non-contagious condition that may first appear in infancy, and can continue into adulthood. The condition is characterized by extreme dryness, as well as itchy, thick, and cracked skin, occurring in the folds of the body. Lesions resulting from the itchy condition tend to appear on the neck, face, and bend of the knee. In adults, redness and scaling on the hands are common. Exposure to stress, certain medications, and temperature extremes can trigger symptoms, especially in individuals with sensitivities to these exogenous factors. Eczema may also be associated with increased incidence of asthma. Hydrocortisone lotions can treat mild cases, while intermediate or high-potency corticosteroids may be required in more severe cases. Antihistamines are also useful to combat the itching associated with eczema, but may have a sedating effect. Eczema is currently not curable.

Irritant or allergic contact dermatitis is another type of dermatitis that occurs when the skin is exposed to an irritant, such as a powerful household cleaner, or an allergen, like poison ivy. Some common allergens are nickel, used in earrings and jewelry, and many substances used in cosmetics and perfumes. Redness, swelling and itching at the contact site are common symptoms of both irritant and allergic contact dermatitis. Blistering, as well as cracking, dry skin may occur in more severe cases. Children with eczema may have a greater tendency to develop irritant or allergen contact dermatitis as adults. Treatment for contact dermatitis involves identifying the irritant or allergen, and minimizing or eliminating exposure. Topical treatments, as well as antihistamines, can be used to reduce itching.

Seborrheic dermatitis, more commonly known as dandruff, usually appears as an inflammation of the scalp, but may also cause red, scaly patches around the nose, eyebrows, behind the ears, as well as on the chest, armpits or groin. Dandruff shampoo is usually effective in treating mild cases, but more severe cases may require a dermatologist's attention.

Stasis dermatitis is a kind of dermatitis that occurs primarily in older women who have varicose veins. The constant inflammation of the varicose vein may cause the skin to become thick, scarred, and discolored. Wearing support stockings and elevating the legs can help prevent or alleviate symptoms.

Cherry angiomas are small red bumps on the skin that are usually harmless, but should be removed if they begin to bleed.

Liver spots are flat, light brown or black spots common in fair-skinned individuals over the age of 50 that typically occur on the face and backs of the hands. They are usually harmless,

associated with sun exposure, and can be removed by cryosurgery, acid peeling, or electrosurgery.
Moles: are fleshy brown or black growths that result from melanocyte overgrowth. Most moles are harmless, but each should be checked, and possibly removed, if changes are observed.

Skin Disorders Common in Children
Babies are born with a skin coating, called vermix, which washes off, but it sometimes causes the baby's skin to peel when exposed to the air. This peeling is normal, and does not require treatment. Bathing the baby a couple of times a week is usually sufficient to keep the skin clean and healthy; more frequent bathing may dry the skin. Be sure to use products specifically formulated for a baby's skin to ensure that they contain no irritating chemicals. Greasy, yellowish-brown patches on the scalp or behind the ears are characteristic of a condition called cradle cap. Washing the scalp with a mild baby-shampoo formula, or rubbing the scalp with baby oil or petroleum jelly, will remove the coating.

Babies may experience persistent or widespread rashes, as well as birthmarks that enlarge or change shape. Pinkish, brown, red, or purple patches on the body have many causes; pink or brown angiomas, or flat red stains, will usually disappear by the time the child is 18 months old. Hemangiomas, or bright strawberry-red marks, grow rapidly but disappear by the time a child reaches age five to seven. Port wine stains may be permanent; consult a pediatrician regarding treatment or removal options. Babies of Asian and African heritage may be born with large blue-gray marks that look like bruises. Called Mongolian spots, they usually disappear by the time the child reaches 5 years of age. Yellow-white spots on the nose, upper lip, cheeks or forehead can be caused by sebaceous hyperplasia, milia, (whiteheads) or miliaria (prickly heat). Sebaceous hyperplasia and milia are caused by enlarged oil glands. Pustular melanosis is a condition with small, quick-drying blisters that leave spots like freckles. All these conditions require no treatment and will eventually resolve on their own, although tight-fitting clothing or abrasive material rubbing against the skin can aggravate prickly heat, as well as other skin conditions.

Diaper rash is an extremely common condition characterized by a red, spotty rash in the diaper area. Changing diapers frequently, exposing the area to open air as much as possible, and using a cornstarch-based powder should help resolve the condition. If there is no improvement within three or four days, contact a pediatrician. Also consult a pediatrician if a child has red scaly patches on the cheeks, diaper area, or elsewhere, as they may be the result of eczema.

Skin Infections
Many bacterial and viral skin infections initially appear relatively minor and easy to treat, but can develop into serious and even life-threatening conditions if improperly treated.

Bacterial infections
Boils are caused when staphylococcus bacteria infect hair follicles and cause inflammation to the skin. They can be accompanied by fever or fatigue, and present as painful, red and swollen nodules on the skin. They can appear anywhere but are most common on the upper back and nape of the neck. Hot compresses can help bring them to a head, releasing the pus and allowing the infection to heal. For recurrent boils, medical attention is needed.

Cellulitis or erysipelas is also caused by streptococcus bacteria entering the skin, causing an infection of the skin and subcutaneous tissue. Fever, headache and chills followed by a rash with patches of red, swollen, hot skin are characteristic of the infection. Immediate medical treatment is necessary as the condition can be fatal if left untreated. Antibiotics are the most common and effective treatment.

Impetigo is a bacterial skin infection common in babies and young children. Streptococcus bacteria enter through a small cut or bite, causing the infected area to become covered with blisters that form a honey-colored or gray crusty rash on the face, near the mouth and nose. Topical treatments or oral antibiotics may be prescribed, depending on the severity of the infection.

Fungal infections
A fungus related to ringworm and jock itch causes athlete's foot. The fungus is especially prevalent among adolescents, although people of any age can get it. Over-the-counter and prescription medications are both used to treat fungal infections, depending on the severity of infection.

Yeast infections, or candidal dermatitis, are common among infants who wear diapers, as well as among adolescent girls and women.

Viral infections
Canker sores, the cause of which is unknown, appear inside the mouth, and can make eating difficult or painful. Antihistamine mouthwashes are available for treatment.

Chicken pox are caused by **herpes zoster**, the virus responsible for shingles in adults. The disease is most common in children, with symptoms including red, itchy blisters and fever. In severe cases, permanent scarring can result from scratching chicken pox. Tingling or pain in the affected area is typically the first sign of shingles. After that, red skin and blistering on one side of the body or face may appear, along a spinal nerve path. Pain can last from two to three weeks, or longer, in some cases. Acyclovir or oral corticosteroids are effective treatments.

Cold sores or fever blisters are caused by the herpes simplex I virus, and are contagious. Sun exposure, stress, and even menstruation can trigger an outbreak. Over-the-counter treatments as well as prescription acyclovir can help treat cold sores.

Herpes simplex virus 2 is a variation of the herpes virus that is usually spread by sexual contact, and is characterized by itching, sores, and rashes, primarily of the genital area.
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Permanent Waving

Manufacturers have developed their own system of waving the hair based on varying strengths of waving solutions for different hair textures, porosity, and different methods of application. Alkaline waves have a pH of approximately 8.5 to 9.5. The high alkalinity softens and swells the hair fibers, making it easier for the chemicals of the wave to penetrate the hair structure. Because of the high alkalinity, cautious and skillful use of the perm is essential to prevent damage to the hair structure.

There are pH-normalizing conditioners that are made to return hair to its natural pH after chemical services. It is a good idea to use one after giving an alkaline permanent wave. Always follow the manufacturer's instructions to achieve the best results. A waving lotion containing thioglycolic acid, ammonia, borax, 93% water, and ethanolamine, or sodium lauryl sulfate, is used to soften the cuticle and penetrates the cortex layer, thereby allowing the hair to be reshaped to the size of the curling rod. Neutralizers stop the action of the waving lotion and re-harden the hair in a curled position on the rod. Chemicals in the neutralizer product can contain sodium or potassium bromate, sodium perborate, or hydrogen peroxide.

Hair Coloring

When high alkaline solutions are used, such as tints and bleaching solutions, they will change the pH of the hair and skin. In this situation, as with alkaline permanent waves, this is desirable.

"Temporary", "semi-permanent" and "permanent" hair colorings are the three categories to which all hair tints belong. Permanent hair colorings, synthetic organic dyes or, aniline-derivative dyes, are derived from aniline, which is a coal tar product. These preparations penetrate the cuticle and pass into the cortex, changing the melanin pigment. Other types of permanent hair colorings are the pure vegetable dyes, metallic or mineral dyes, and compound dyestuffs. These are combinations of vegetable dyes with certain metallic salts and other dyestuffs. The metallic salts are used as a mordant to fix the color. Compound dyes coat the hair shaft and are progressive in action, rendering the hair unsatisfactory for permanent waving. It is important when providing salon services such as colors or permanent waving, which change the pH, to neutralize any extra alkalinity and bring the pH back to 4.5 to 5.5. This minimizes the swelling, prolongs the quality of the service and strengthens the hair. Remember that pH products work together to assure successful results and beautiful hair. To control damage that might occur from color and perming services finish with products that have a pH lower than 5.5. You use chemicals and products everyday. It is important to know what these products do to the hair and why. The pH scale is a measuring tool, that lets us select and control products and services. Knowledge of pH enables you to leave the hair and skin in a natural and healthy condition.

Hair Bleaching

Hair bleaching is the process of stripping the natural pigments from hair. Many products are available on the market today—from off-the-scalp bleach to high-lift-on-the-scalp bleach, lightening and depositing of color. Most manufacturers of hair coloring products have formulated developers to be used with their products. Remember, it is important that you always follow the manufacturer's instructions, for the product used.

Chemical Hair Relaxing

Chemical hair relaxing is the process of permanently relaxing the basic structure of excessively curly hair so that it takes on a straight form. The basic products used in chemical relaxing are a chemical relaxer, a neutralizer (also know as a neutralizing shampoo, or stabilizer), and a petroleum cream, which must be used as a protective base for the client's scalp during a sodium hydroxide chemical relaxing process. The most common relaxing agents are listed below.

- **Sodium Hydroxide:**

This has a softening and swelling action on hair fibers. As the relaxing cream penetrates into the cortical layer, the cross bonds (sulphur and hydrogen) are broken. The action of the comb, brush, or the hands in smoothing the hair while distributing the chemical, straightens and softens hair. Manufacturers vary the sodium hydroxide content from 5-10% and the pH factor from 10 or higher. In general, the more sodium hydroxide used, and the higher the pH, the faster the chemical reaction will take place, with a corresponding increase of danger to damage the hair.

- **Ammonium Thioglycolate:**

Although ammonium thioglycolate is moderately less dramatic in its action than sodium hydroxide, it is also capable of softening and relaxing excessively curly hair in somewhat the same manner.

- **Neutralizer:**

The neutralizer is also called a stabilizer or fixative. It stops the action of any chemical relaxer that remains in the hair after rinsing. At the same time, the neutralizer reforms the cystine (sulphur) cross bonds in their new position and re-hardens the hair.

Unit-7

Sanitation and Sterilization

(Three Credit Hours)

Course Outline

- Sanitation, sterilization, and contagious Diseases
- Bacteria, harmful bacteria, and pathogenic bacteria classification
- Growth and reproduction of bacteria
- Bacterial Infections
- Sources of contagious bacteria, virus fungi, and parasites
- Human Carriers
- Universal sanitation and sterilization precautions
- How to distinguish between disinfectants and antiseptics
- How to sanitize hands and disinfect tools used in the practice of cosmetology
- 61G5-20.002. Florida Administrative Code requirements for salon ventilation and cleanliness.

Course Overview:

This course covers the subjects that deal with proper sterilization to protect both you and the public. The subjects discussed in this course are sanitation and sterilization, of the different types of infectious agents. It defines what bacteria are and reviews the different types of bacteria. The course outlines the growth and reproduction of bacteria, and how bacteria can cause infection. Attention is given to how a person can be a carrier of disease, how to sterilize implements, procedures for sterilizing manicure implements, and the different ways to sterilize with chemical agents. It concludes with the basic rules to follow for a safe salon and, finally, rule G5-20.002: ventilation and cleanliness requirement for salons.

Sanitation and Sterilization

While we typically note how our doctors and dentists maintain a sterile environment, most of us do not consider that the same standards should be set for those who are digging, filing, and clipping away at our feet and fingernails. Yet, the consequences of an unsanitary salon can be the same as those at any medical facility.

The Responsibility as a Condition of Licensing

Before AIDS and hepatitis became household names, the cosmetology and barbering industry were under little scrutiny as risks for spreading infectious diseases. However, since the 1980s, an epidemic of bloodborne diseases has forced a reexamination of the beauty industry. As a professional cosmetologist, you have responsibilities to the state, your clients, and your profession to learn and to use appropriate precautionary measures and cleaning procedures. You must follow these procedures to protect both you and your clients; reduce the incidence of bacterial, viral, and fungal infection; and prevent the spread of disease. You, your instruments, and workstation by law, must be kept as clean.

The sanitation and sterilization of equipment and surroundings are very important and, in order for you, the cosmetologist or specialty-license professional, to understand how important and necessary it is, you must first study bacteria. You must understand how the spread of disease can be prevented and become familiar with the precautions that must be taken to protect you and the clients', health. It is the responsibility of the salon staff to keep the salon clean and sanitary. It is the responsibility of the individual to keep the instruments that they use compliant with the law.

Some states now have consumer complaint forms available online. These forms are quick and convenient to use. They allow the public to communicate possible infractions to the regulating board. A growing number of states are beginning to use electronic complaint forms. Along with the introduction of this method of communication by the consumer will come a scrutiny from the governing boards and, therefore, should aid in an improved salon environment for a growing number of salons.

Keeping a clean and sanitary salon will not only protect the client and the salon professional, but it will also ensure the salon professional will not run into troubles resulting from non-compliance with the sanitation laws of the state. The Florida law governing salon sanitation will be discussed later in this course. For now, let's take a look at what bacteria is, the growth of bacteria, and how they reproduce.

Contagious Diseases

Skin infections, as well as blood poisoning, are caused by the transfer of infectious material from one individual to another. Another way which infectious material can transfer is by unsanitary implements (such as combs, hairpins, brushes, etc.). These tools of the trade can act as a vehicle, being used first on an infected person, and then on another without having been cleaned or sterilized properly.

Bacteria

Bacteria are tiny. They consist of one-celled microorganisms found roughly everyplace. Bacteria are particularly abundant in dust, dirt, refuse, and diseased tissues. Commonly, bacteria are not perceptible except with the aid of a microscope. Just to give you an idea of the size, fifteen hundred rod-shaped bacteria will barely

reach across a pinhead. They will become noticeable when thousands of them grow to form a "colony" and can be seen as a mass. Bacteria are classified as to their harmful or beneficial qualities. It must be kept in mind that not all bacteria are harmful to us. In fact, a great majority of bacteria are helpful and useful. There are two classifications of bacteria:

1. Non-pathogenic organisms constitute the majority of all bacteria and perform many useful functions, such as decomposing refuse and improving the fertility of the soil. To this group belongs the saprophyte, which lives on dead matter.

2. Pathogenic organisms (microbes or germs), although in the minority, produce considerable damage by invading plant or animal tissues. Pathogenic bacteria are harmful because they produce disease. To this group belong the parasites, which require living material for their growth.

Harmful Bacteria

Bacteria are responsible for a large percentage of illness and suffering. For this reason, the practice of sterilization and sanitation is necessary in a salon, barbershop or specialty salon.

Pathogenic Bacteria Classification

As to form or general appearance, there are three major groups of bacteria.

1. Cocci (singular, coccus) are round shaped organisms, which appear singly or in groups:

(a) Staphylococci (singular, staphylococcus)— pus-forming organisms which grow in bunches or clusters, and are present in abscesses, pustules and boils.

(b) Streptococci (singular, streptococcus)— pus-forming organisms which grow in chains, as found in blood poisoning.

(c) Diplococci (singular, diplococcus)— grow in pairs and cause pneumonia.

(d) Gonococci (singular, gonococcus)— cause gonorrhea.

(e) Meningococci (singular, Meningococci)— cause meningitis.

2. Bacilli (singular, bacillus) are rod-shaped organisms, which vary greatly in thickness. They are the most common and produce such diseases as tetanus (lockjaw), influenza, typhoid, tuberculosis, and diphtheria. Many bacilli are spore forming.

3. Spirilla (singular, spirillum) are curved or corkscrew-shaped organisms. They are further subdivided into several groups. The sub-group of chief importance is that of spirochaete organisms. The spirochaete called *Treponema pallida* is the causative agent in syphilis.

Growth and Reproduction

Bacteria consist of an outer cell wall and internal protoplasm. They manufacture their own food from the surrounding environment, give off waste products, and are capable of growth and reproduction. Bacteria may exhibit two distinct phases in their life cycles— the active stage and the inactive or spore-forming stage.

Active Stage

Bacteria grow and reproduce. These microorganisms live and multiply in warm, dark, damp, and dirty places where sufficient food is present. Many parts of the human anatomy offer suitable breeding places for bacteria. When conditions are as mentioned above, bacteria reproduce at an unbelievable rate. As food is absorbed and converted into protoplasm, the bacterial cell increases in size. When the limit of growth is reached, it divides crossways in half, forming two daughter cells. From one bacterium, as many as sixteen million more may develop in half a day.

Spore-Forming Stage

When favorable conditions cease to exist, bacteria either die or cease to multiply. Some bacteria can form spherical spores, which have a tough outer covering and are able to withstand long periods of dryness, periods of lacking food, or unsuitable temperature. Examples of bacteria that are capable of such action would be the anthrax and tetanus bacilli. In the spore stage, the spore can be blown about in the dust and is not harmed by disinfectants, heat or cold. When favorable conditions are restored, the spore changes back into the active, vegetative form and again starts to grow and reproduce.

Bacterial Infections

Pathogenic bacteria become dangerous to health only when they successfully invade the body. An infection occurs if the body is unable to cope with the bacteria or their harmful toxins. An infection may be localized, as in a boil, or a general infection (the most dangerous) may result when the blood stream carries the bacteria and their toxins to all parts of the body, which is what occurs in blood poisoning or syphilis. The presence of pus is a sign of infection. Pus contains bacteria, body cells and blood cells, both living and dead. An infection is considered contagious when it tends to spread more or less readily from one person to another by direct or indirect contact. Precautions must be followed to prevent the spread of infection when it is in this contagious stage.

How Bacteria Enter Our Bodies

Bacteria and other infectious agents can enter the body through any of the following routes —

- through the mouth, by food, drinking liquids, or items placed in the mouth
- through the nose and mouth when we breathe
- through the eyes by way of dirt, dirty hands, or unclean objects such as poorly maintained contact lenses; and
- through breaks or wounds in the skin

Sources of Contagious Bacteria

Unclean hands and unsterilized instruments can be sources of contagious bacteria. Open sores and pus, mouth and nose discharges, and the common use of drinking cups and towels are a few other examples. Uncovered coughing or sneezing, and spitting in public can also spread germs. Personal hygiene and public sanitation can prevent and control many infections. The body attempts to fight infections by mobilizing its defensive forces. The first line of defense is unbroken skin. In a healthy person bodily secretions such as sweating and digestive juices

discourage bacteria growth. Within the blood, there are white corpuscles to devour bacteria, and anti-toxins to counteract the toxins produced by the bacteria.

Filterable Viruses

These organisms are so small they will pass through filters. Such diseases as infantile paralysis, influenza, small pox, rabies, and the common cold are examples of viral infection. Rickettsia are microorganisms much smaller than ordinary germs, but are larger than the viruses that cause disease among insects, as well as, man and are responsible for the transmission of typhus fever and Rocky Mountain spotted fever. Insects, ticks, fleas, and lice can transmit and infect people with rickettsia.

Fungi

Fungi are not plants. Living things are organized for study into large, basic groups called kingdoms. Fungi were listed in the "Plant Kingdom" for many years. Then scientists learned that fungi show a closer relation to animals, but are unique and separate life forms. Now, Fungi are placed in their own Kingdom. Fungi are microscopic and consist of many cells. In this group are included the molds, mildews, and yeast's. Fungi are incapable of manufacturing their own food. Some behave as parasites. These fungi cause diseases by using living organisms for food. These fungi infect plants, animals and even other fungi. Athlete's foot and ringworm are two fungal diseases in humans.

Other Parasites

Protozoa are one celled animal organisms characterized by their distinct nuclei. There are various kinds of protozoa, among which are parasites. Animal parasites consisting of many cells and belonging to the insect class are responsible for such contagious infections as scabies, which are due to the itch mite.

Immunity

Immunity is the ability of the body to resist and destroy bacteria once they have entered the body. Immunity against disease is a sign of good health. It may be natural or acquired. Natural immunity is partly inherited and partly developed by hygienic living. Acquired immunity is secured after the body has, by itself overcome certain disease, or when it has been assisted by injections to fight bacteria.

Human Carrier

A person may be immune to a disease and still carry germs that can infect others. Such a person is called a human disease carrier. The diseases most frequently transmitted in this manner are typhoid fever and diphtheria. Physical agents such as heat (boiling, steaming, baking, or burning), and chemical agents such as antiseptics, disinfectants or germicides can accomplish destruction of bacteria.

Standard /Universal Precautions

Although less likely to pose the same degree of risk to exposure than that routinely encountered in a health care facility, the salon is known to have a measurably higher level of risk to exposure from bloodborne pathogens and infectious body fluids, than many other professions. Razors, scissors, neck trimmers, and cuticle nippers, just to name a few, are sharp tools used every day for cutting in the salon and spa environment.

Even with the greatest of care, it is not uncommon for minor nicks and cuts to occur upon occasion as a natural consequence of working with sharp cutting tools. Periodically there are mishaps that can cause accidental bleeding. At times it is the beauty professional that is cut and bleeds, other times it is the client who gets nicked, to the extent of drawing blood. Moreover in some salons bleeding occurs in ways that are not accidental, such as ear piercing and although only a minor amount, from the waxing of facial hair.

Either way blood spills do sometime happen. For this reason it is significantly important for salon professionals to know the risks of infection that can take place when accidents result in the presences of blood. As a professional in the beauty industry, it is by nature of the beauty services occupation, salon professionals from time to time, are at risk of spreading dangerous infectious bacteria from customer to customer, as well as to themselves.

Because of the physical contact with large numbers of the public, the use of sharp cutting tools and the consequential injuries resulting in blood spills, it is imperative that salon professionals learn and practice proper infection control procedures and biohazard practices so they are prepared to safely handle blood spills, and to competently protect against the spread of contaminants, bloodborne pathogens, and subsequent infectious disease.

In order to do this salon professionals use infection control procedures established by the CDC known as Universal Precautions and the newly established counter-part, Standard Precautions. In conjunction with the infection control standards set by the State of Florida approved for salons.

Universal Precautions

Universal precautions are an approach to infection control? Universal precautions, developed by the CDC is defined as a set of precautions designed to prevent transmission of human immunodeficiency virus, hepatitis B virus, hepatitis C virus, and other bloodborne pathogens when providing first aid or health care.

As previously mentioned, in the salon and spa environment accidental cuts from sharp tools and minor accidents cause the occasional need for first aid to be rendered, and for blood to be handled and removed from surface areas where it landed. These type situations produce the majority of the instances in which a salon professional becomes exposed to blood. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for bloodborne pathogens

Standard Precautions

According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be

infectious for HIV, HBV, and other bloodborne pathogens. Universal precautions were based on the concept that all blood and body fluids that might be contaminated with blood should be treated as infectious because patients with bloodborne infections can be asymptomatic or unaware they are infected.

The relevance of universal precautions to other aspects of disease transmission was recognized, and in 1996, the Centers for Disease Control and Prevention expanded the concept and changed the term to *standard precautions*.

The terms are sometimes used in the same context; a likely cause for this is because OSHA's bloodborne pathogen standard retains the term universal precautions. However, under CDC's definition, "**Standard Precautions**" integrate and expand the elements of universal precautions into a standard of care designed to protect health-care personnel and patients from pathogens that can be spread by blood or any other body fluid, excretion, or secretion.

Standard precautions apply to contact with **1)** blood; **2)** all body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood; **3)** nonintact skin; and **4)** mucous membranes.

Saliva has always been considered a potentially infectious material in dental infection control; thus, no operational difference exists in clinical dental practice between universal precautions and standard precautions.

Expanded or Transmission-Based Precautions

Expanded or transmission-based precautions are used to interrupt the potential spread of those diseases that are transmitted by airborne, droplet, or contact transmission such as:

- Tuberculosis
- Influenza
- Chicken pox

They can be spread by:

- Sneezing
- Coughing
- Contact

Expanded or transmission-based precautions are categorically precautions that are exclusive to the health care and emergency services industry, as the type illness that transmission-based precautions are intended to apply too are readily contagious and, pose a health risk to the public. Persons suffering with such an illness should isolate themselves to prevent others from becoming sick.

As a salon professional it is impossible to know to what degree a customer may be ill. However, there are sanitation laws that apply to the salon and in general, they require that no services be given by or to any person that is ill when the illness is contagious and can be spread to others through casual contact.

As a salon professional, you will never practice transmission-based precautions since law prohibits services be provided to anyone having those types of illness, because of their potential to spread.

If you know that, a customer requesting salon services has an infectious illness you cannot perform the service, law prohibits it and it's unsafe for you and your customers. Learn how to politely decline, and ask to reschedule the customer for another time. Expanded or transmission-based precautions

Sanitation and Sterilization Recommendations

Universal Barrier protection, personal cleanliness, and proper disinfection are the three "precautions" that make up the meaning of "Universal Precautions." All three methods must be used to be completely effective.

Barrier Protection - Puts a shield between you and your clients.

Personal Cleanliness - Includes washing your hands, keeping your work area clean, etc.

Disinfection - Refers to removing germs from your tools, equipment, and work area.

❶ Hands should be washed before and after client contact, and washed immediately if hands become contaminated with blood or other body fluids. Hands should also be washed after removing gloves.
❷ Gloves should be worn whenever there is a possibility of contact with body fluids. Personal service workers (e.g., hairdressers, barbers, cosmetologists, massage therapists) should wear gloves when waxing, giving manicures/pedicures, facials, tweezing or any other service that could possibly draw blood.
❸ Masks should be worn whenever there is a possibility of splashing or splattering of body fluids.
❹ Both clients and beauty professionals should wear smocks if soiling of clothing or splashing on exposed skin is likely.
❺ To minimize the risks for exchange of body fluids during resuscitation procedures, pocket masks or mechanical ventilation devices should be readily available where these procedures are likely to be needed.
❻ Spills of blood or blood-contaminated body fluids should be cleaned up using a hospital level disinfectant approved by the EPA for use on blood spills.
❼ Beauty professionals, who have open lesions, dermatitis, or other skin irritations, should not participate in direct client contact and services and should never handle contaminated equipment or supplies, such as towels, smocks, capes, or even used cotton strips.

❽ Sharp objects such as shears, razors, nippers, tweezers and needles tend to pose the greatest risk for exposure. Instruments that can penetrate the skin or become contaminated with blood, such as ear-piercing devices; needles used for electrolysis, tattooing, and acupuncture; and razors, cuticle scissors, and tweezers should be sterilized or thrown away after one use.

Use a hospital level disinfectant approved by the EPA to wipe implements with a cutting edge to disinfect contaminated reusable

objects, such as shears, etc. The EPA has also listed “Lysol” as a killer of HIV. It can be used right out of the bottle to wipe salon surfaces and floors after they have been treated properly treated with a hospital grade disinfectant.

Sanitizing Hands

As a licensed professional dealing with multiple clients per day, it is necessary to sanitize your hands as much as it is your implements, especially in the nail and facial industries.

Note: A sanitized nailbrush may be used for a more precise cleaning. This must be done before you service each new client. (Remember that cash is one of the dirtiest things you will handle. It is covered with germs that get passed from one individual to another.)

Cleaning Agents for Hands

Cleaning agents assist in the process of removing substances from surfaces. Soaps and detergents are two common cleaning agents that are often confused for one-another, but are composed of very different ingredients and have different cleaning properties. Soaps are the product of a chemical reaction, formed by vegetable oil reacting with lye, for example, and the addition of chemicals that add a desirable smell or quality to the soap, such as glycerin, to make it milder. While soap does not kill microorganisms, soap and water will help remove them from surfaces.

Detergents are manufactured for the express purpose of cleaning specific substances off specific items, and are created using chemicals that can be very harsh to skin. In contrast to detergents that do not leave a residue or require rinsing, soaps leave a coating or residue on the body; typically one designed to make skin smoother or more attractive.

Soaps also remove less fat from the skin than detergents, which have a drying quality and may strip the skin. Be sure to use the appropriate cleaning agent for the job. Different cleaning and disinfecting agents have many different properties. Always read the ingredients, instructions, and recommendations for use on the item's label.

Cleaning Combs and Brushes

Remove the hair from combs and brushes. Immerse combs and brushes completely into a bowl of soapy water for several minutes. Clean each comb separately with a small brush. Clean the brushes two at a time by rubbing the bristles against each other. When thoroughly cleaned, rinse combs and brushes in bowl of clear, warm water. Drain off water and remove any adhering hairs.

Sanitizing Combs and Brushes

How to prepare a chemical sterilization: Clean sterilized receptacle, add soapy water and fill with a sufficient quantity of hospital level disinfectant. Now prepare a bowl of warm water for rinsing purposes. Immerse combs and brushes into hospital level disinfectant no less than 20 minutes. Remove combs and brushes, rinse in clear clean water, and dry them thoroughly with a clean towel. When thoroughly dry place the combs and brushes on a clean towel in a dust free place.

Sterilizing Metallic Implements with Chemical Solutions

Prepare a bowl of warm soapy water. Prepare hospital level disinfectant in wet sterilizer or use any other type of disinfectant approved by the State Board. Immerse implements complete in disinfectant solution. If necessary, replace chemical in dry sterilizer. Have ready, a supply of clean towels and individual envelopes.

Handwashing and Drying —Prevents Infection

Hand washing is a simple habit — one that requires minimal training and no special equipment. Yet it is one of the best ways to avoid getting sick. This simple habit requires only soap and warm water or an alcohol-based hand sanitizer — a cleanser that does not require water. Do you know the benefits of good hand hygiene and when and how to wash your hands properly?

Hand washing is defined as the vigorous, brief rubbing together of all surfaces of lathered hands, followed by rinsing under a stream of water.

Handwashing suspends microorganisms and mechanically removes them by rinsing with water. The fundamental principle of hand washing is removal, not killing.

The amount of time spent washing hands is important to reduce the transmission of pathogens to other food, water, other people and inanimate objects (fomites), such as doorknobs, hand railings and other frequently touched surfaces. Proper hand hygiene involves the use of soap and warm, running water, rubbing hands vigorously for at least 20 seconds. The use of a nailbrush is not necessary or desired, but close attention should be paid to the nail areas, as well as the area between the fingers.

Wet hands have been known to transfer pathogens much more readily than dry hands or hands not washed at all. The residual moisture determines the level of bacterial and viral transfer following hand washing. Careful hand drying is a critical factor for bacterial transfer to skin, food and environmental surfaces.

The drying times required to reduce the transfer of these pathogens varies with drying methods. Repeated drying of hands with reusable cloth towels should be avoided. Recommended hand drying methods and drying times are outlined below:

The dangers of not washing your hands

Despite the proven health benefits of hand washing, many people do not practice this habit as often as they should — even after using the bathroom. Throughout the day, you accumulate germs on your hands from a variety of sources, such as direct contact with people, contaminated surfaces, foods, even animals and animal waste.

If you do not wash your hands frequently enough, you can infect yourself with these germs by touching your eyes, nose or mouth. In addition, you can spread these germs to others by touching

them or by touching surfaces that they also touch, such as doorknobs.

Infectious diseases commonly spread through hand-to-hand contact include the common cold, flu and infectious diarrhea. While most people will get over a cold, the flu is much more serious. Some people with the flu, particularly older adults and people with chronic medical problems, such as HIV/AIDS, can develop pneumonia. The combination of the flu and pneumonia, in fact, is the seventh leading cause of death among Americans.

Proper hand-washing techniques

Good hand-washing techniques include washing your hands with soap and water or using an alcohol-based hand sanitizer. Antimicrobial wipes or towelettes are just as effective as soap and water in cleaning your hands but are not as good as alcohol-based sanitizers.

Antibacterial soaps have become increasingly popular in recent years. However, these soaps are no more effective at killing germs than are regular soap and water. Using these soaps may lead to the development of bacteria that are resistant to the products' antimicrobial agents — making it even harder to kill these germs in the future.

In general, regular soap is fine. The combination of scrubbing your hands with soap — antibacterial or not — and rinsing them with water loosens and removes bacteria from your hands.

Proper hand washing with soap and water

Before servicing any client, the following process of sanitizing your hands should be followed: First, you must have an antibacterial/hospital recommended cleanser. You must use tepid water with a generous amount of cleanser. Place the cleanser in the palm of your hand and rub vigorously to lather cleanser from inside to outside of hands and fingers.

Once the surfaces of your hands and fingers have been cleansed thoroughly, rub the tips of your fingers and nails in the palm of the opposite hand to enable cleansing of the underside of the nails. Then repeat this same process a second time. Be sure to rinse thoroughly after each process. Dry your hands with a paper towel, and be sure to use a paper towel to turn off the water.

Hand washing Review:

- Wet your hands with warm, running water and apply liquid or clean bar soap. Lather well.
- Rub your hands vigorously together for at least 15 seconds.
- Scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
- Rinse well.
- Dry your hands with a clean or disposable towel.
- Use a towel to turn off the faucet.

Proper use of an alcohol-based hand sanitizer

Alcohol-based hand sanitizers —, which don't require water — are an excellent alternative to hand washing, particularly when soap and water aren't available. They are actually more effective than soap and water in killing bacteria and viruses that cause disease.

Commercially prepared hand sanitizers contain ingredients that help prevent skin dryness. Using these products can result in less skin dryness and irritation than hand washing.

Not all hand sanitizers are created equal. Some "waterless" hand sanitizers do not contain alcohol. Use only the alcohol-based products.

To use an alcohol-based hand sanitizer:

- Apply about 1/2 tsp of the product to the palm of your hand.
- Rub your hands together, covering all surfaces of your hands, until they are dry.

If your hands are visibly dirty, however, wash with soap and water rather than a sanitizer.

When should you wash your hands?

Although it is impossible to keep your bare hands germ-free, times exist when it is critical to wash your hands to limit the transfer of bacteria, viruses and other microbes.

Always wash your hands:

- After using the bathroom
- After changing a diaper - wash the diaper-wearer's hands
- After touching animals or animal waste
- Before and after preparing food, especially before and immediately after handling raw meat, poultry or fish
- Before eating
- After blowing your nose
- After coughing or sneezing into your hands
- Before and after treating wounds or cuts
- Before and after touching a sick or injured person
- After handling garbage
- Before inserting or removing contact lenses
- When using public restrooms

Sterilization and Sanitation

As a cosmetologist serving the public, you will come in close contact with many clients. To avoid the spread of disease-producing bacteria, it is necessary for you to follow good sanitation and sterilization practices. You should understand the rules and the regulations, as well as the facts pertaining to this subject, for your own protection and for the protection of your clients.

How to Sterilize

Sterilization is the process of destroying all bacteria, whether they are harmful or beneficial. Here is a list of the most common ways:

- Boiling- requires the immersing of towels, linens, or instruments in water heated to 212 degrees Fahrenheit.
- Steaming- requires an airtight chamber in which steam is generated from water by the application of heat.
- Baking- A method of sterilization rarely used in beauty shops, but employed in hospitals.
- Irradiation Articles may be sterilized by exposing them to ultra-violet rays in an enclosed cabinet. This method of sterilization should be used only if approved by your State Board of Cosmetology.

Sterilizing with chemical agents

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

Ultraviolet Ray Sanitizers

Ultraviolet Sanitizers are permitted to be used as storage for your implements but they will not disinfect your tools. They are not effective against viruses and do not meet the required standards needed. As a result, you should never use Ultraviolet sanitizers to disinfect.

Antiseptics and Disinfectants

Antiseptic solutions are weaker than disinfectant solutions. Antiseptics retard the growth of bacteria. They may not kill all the germs, but will prevent them from multiplying. They are gentle enough to be used on the skin. Antiseptics should only be used as sanitizers and are inappropriate to be used to disinfect salon instruments. Disinfectants on the other hand are much stronger and have the ability to destroy bacteria and prevent their multiplication. A germicide is a chemical agent that kills bacteria. The reason it is required that we sterilize is to destroy bacteria. It is a necessity to destroy bacteria in order to prevent the spread of diseases. This is the way we protect the public and ourselves.

Disinfectants and germicides are also antiseptic because they kill germs and retard the growth of more germs. Disinfectants are used to destroy bacteria and are used to sanitize equipment and implements but they should not be used on the skin. Disinfectants must be able to kill viruses, fungus, and dangerous bacteria. Antiseptics, on the other hand, are not as powerful as germicides or disinfectants. Therefore, they cannot be used as a germicide or disinfectant because they are not able to perform the necessary degree of germ killing. Always exercise caution when using any chemical on the skin. Many of the disinfectants and germicides are not manufactured with the intention of being placed on the skin and for this reason should not make contact with the skin. Read the manufacturer's directions and the section on cautions posted on the label or the container, before you use any chemical product.

The Environmental Protection Agency (EPA) over sees the approval of disinfectants. To find an appropriate disinfectant look for an EPA registration number before making a selection. If you do not see an EPA registration number, chances are that is not an approved disinfectant. When choosing a disinfectant for use in your salon, you must choose one that is of hospital quality, so it is capable of killing viruses, dangerous bacteria, and harmful fungus.

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

List of Germicides

ALCOHOL	70%	HARMLESS	Effective
CHLOROZOL	2%	HARMLESS	Effective
AMMONIUM COMPOUNDS	1/1000 Solution	NON - TOXIC	Odorless
PHENOL	3% to 5%	POISON	Pungent odor
BICHLORIDE OF MERCURY	0.1%	POISON	Irritates

Many common germicides are extremely poisonous, and therefore should not be used in beauty culture practice. These germicides act differently on different types of bacteria. Each one has been standardized for the concentration that is most effective. Certain germicides, when concentrated enough to be deadly to bacteria, cannot be used safely on the skin. Phenol, or carbolic acid, is a dangerous germicide. Should your skin come in contact with this acid, you should immediately immerse in it alcohol and apply alcoholic dressings. Also, be aware that Formalin is no longer an accepted disinfectant. This type of disinfectant contains formaldehyde, which may be a cancer-causing agent. In addition, Formlin is hazardous to inhale, and may cause various skin irritations.

Boric Acid

A 5% solution is needed to be effective as an antiseptic. Prepare by adding a little at a time to distilled water in a sterilized bottle and shake it until no more will dissolve. To prepare a large quantity, add 6 1/2 ounces of boric acid crystals to 1 gallon of distilled water. Boric acid solution is often used to cleanse the eyes. Bichloride of mercury solution will corrode metals, so never use with metallic instruments. It should be noted that this chemical is poisonous.

Ammonium Compounds

These compounds are effective as disinfectants. They are available under different trade and chemical names. The

advantages are a short disinfection time, being odorless, non-toxic and stable. A 1:1000 parts solution is commonly used to sterilize implements. Immersion time ranges from 1 to 5 minutes depending upon the strength of the solution.

Using Chemical Disinfectants

Wash all implements thoroughly with soap and warm water. Use final plain water rinse to remove all traces of soap. Immerse implements into wet sterilizer filled with hospital level disinfectant. Remove implements from wet sterilizer, rinse in water, and wipe dry with clean towel. Store sterilized implements in individually wrapped cellophane envelopes or keep them in a cabinet sterilizer until ready to be used.

Other Antiseptics and Disinfectants

- Alcohol: A powerful antiseptic; on the skin use a 50% to 60% solution. 70% grain alcohol is used to sterilize instruments and electrodes.
- Lysol: Is a cheap but efficient disinfectant with an agreeable odor. A 10% soap solution is used for cleanses floors, sinks and toilets.
- Iodine: Tincture of Iodine, 2% U.S.P. is a good antiseptic for the skin.
- Hydrogen Peroxide: 3% to 5% solution liberates oxygen for its antiseptic action. It can be used for minor wounds.

Cleaning Metallic Implements

Clean shear blades, wipe razor blades, and clean the prongs of tweezers and ends of clippers. Instruments with a cutting edge should be wiped with hospital level or EPA disinfectant or be immersed in the disinfectant

Sterilizing Metallic Implements

Immerse implements in disinfectant solution for 10 minutes. Caution: In sterilizing razors or shears, dip only the blade into the solution. Remove implements and dry thoroughly with clean towel.

Storing Metallic Implements

Place sterilized implements in dry sterilizer or wrap them in individual envelopes until ready for use. As previously, covered, ultraviolet sanitizers can be used as storage for your implements but they cannot disinfect your tools.

Sanitizing Electrodes & Sharp Cutting Implements

- Electrodes: Clean surface of electrodes with warm, soapy water.
- Sharp cutting instruments: Clean the blades with warm, soapy water, making sure the water does not make contact with the pivots of the razors or shears, as these parts of the instruments may corrode. Dry thoroughly.

Sanitizing Electric Clippers

Remove all hair from blades. Dip a piece of cotton pad into 70% grain alcohol, or other approved disinfectant, and rub over the surfaces of the electrodes and cutting blades of the instruments. Re-apply disinfectant. Dry electrodes and implements thoroughly.

Storing Electrodes and Implements

Place electrodes or implements in the dry sterilizer, or wrap in individual envelopes until ready to use.

Sterilizing Manicure Implements

Pour enough disinfectant into wet sterilizer so that the tip of the implements will be completely immersed. Keep implements in sterilizer for the required time as specified by your State Board of Cosmetology. Change disinfectant as directed when it is required. Place implements in dry sterilizer until ready to be used.

•Nail File

Scrub particles off nail file with brush and warm, soapy water. Immerse file into wet sterilizer for the required time as specified by your State Board of Cosmetology. Dry nail file and keep it in a dry sterilizer when not in use.

•Emery Boards

Emery boards cannot be sterilized. Always destroy emery boards, cotton balls, and orange wood sticks after each manicure. They should only be used once and then immediately thrown away. Additionally nail technicians should sanitize their manicuring table with disinfectant.

Steam Sterilization

To use steam sterilization in the salon requires special equipment. Follow the manufacturer's instructions for the particular steamer being used.

Sanitation

Sanitation is the application of measures to promote public health and prevent the spread of infectious diseases. Various governmental agencies protect community health by providing for a wholesome food and water supply and the quick disposal of refuse. These steps are only a few of the ways in which the public health is safeguarded. The State Board of Cosmetology and Board of Health, in each state or locality have formulated sanitary regulations governing beauty shops. Every cosmetologist must be familiar with these regulations in order to obey them.

A person with an infectious disease can be contagious to others. It is for this reason that a cosmetologist having a communicable disease or illness must not be permitted to handle clients. At the same time, clients having a communicable disease or infectious condition also must not be serviced in the salon. Following this practice protects the cosmetologist, the client, and the other clients as well, from exposure. In this way the best interests of everyone will be served.

Ventilation

The air within a salon must be circulated and should have some degree of humidity and should not be dry nor should it be stagnant. The room temperature should remain approximately 70 degrees Fahrenheit. Salons may utilize fans, air conditioners, and exhaust fans or devices. The use of this type of equipment provides an increased quality, as well as an increased quantity of air in the salon.

The Salons Drinking Water

The water supplied in the salon and intended for consumption must be odorless, colorless and free from any foreign matter. Crystal clear water may still be unsanitary because of the presence of pathogenic bacteria, which cannot be seen with the naked eye.

Basic Rules

The salon must be well-lighted, heated, and ventilated, in order to keep the salon in a clean and sanitary condition. The walls, curtains, and the floor coverings in all work booths must be washable and kept clean. All salons must be supplied with running hot and cold water. All plumbing fixtures should be sufficient in number and properly installed. The premises should be kept free from rodents, vermin, flies or other similar insects through cleanliness, use of screens, and an exterminator.

All hair, cotton, or other waste material must be removed from the floor without delay, and deposited in a closed container. Waste material should be removed from the premises at frequent intervals.

Objects dropped on the floor are not to be used until sterilized. Hairpins must not be placed in the mouth, combs must not be carried in the pockets of uniforms, and hairnets must not be carried in cuffs or pockets of the uniform. When giving a manicure, provide finger bowls with individual paper cups for each client. Headrest coverings and neck strips must be changed for each client.

61G5-20.002 Salon Requirements

(1) Prior to opening a salon, the owner shall:

(a) Submit an application on forms prescribed by the Department of Business and Professional Regulation; and

(b) Pay the required registration fee as outlined in the fee schedule in Rule 61G5-24.005; and

(c) Meet the safety and sanitary requirements as listed below and these requirements shall continue in full force and effect for the life of the salon:

1. **Ventilation and Cleanliness**:

Each salon shall be kept well ventilated. The walls, ceilings, furniture and equipment shall be kept clean and free from dust. Hair must not be allowed to accumulate on the floor of the salon. Hair must be deposited in a closed container. Each salon, which provides services for the extending or sculpturing of nails, shall provide such services in a separate area, which is adequately ventilated for the safe dispersion of all fumes resulting from the services.

2. **Toilet and Lavatory Facilities**: Each salon shall provide --on the premises or in the same building as, and within 300 feet of, the salon -- adequate toilet and lavatory facilities. To be adequate, such facilities shall have at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning material, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. Such facilities and all of the foregoing fixtures and components shall be kept clean, in good repair, well lighted, and adequately ventilated to remove objectionable odors.

3. **A salon or specialty salon** may be located at a place of residence. Salon facilities must be separated from the living quarters by a permanent wall construction. A separate entrance shall be provided to allow entry to the salon other than from the living quarters. Toilet and lavatory facilities shall comply with (c) 2. Above and shall have an entrance from the salon other than the living quarters.

4. **Animals:** No animals or pets shall be allowed in a salon, with the exception of fish kept in closed aquariums, or trained animals to assist the hearing impaired, visually impaired, or the physically disabled.

5. **Shampoo Bowls**: Each salon shall have shampoo bowls equipped with hot and cold running water. The shampoo bowls shall be located in the area where cosmetology services are being performed. A specialty salon that exclusively provides specialty services, as defined in Section 477.013(6), F.S., need not have a shampoo bowl, but must have a sink or lavatory equipped with hot and cold running water on the premises of the salon.

(2) Each salon shall comply with the following:

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

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

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

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

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

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

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

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

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

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

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

a. For all combs, brushes, metallic instruments, instruments with a cutting edge, and implements that have not come into contact with blood or body fluids, a disinfectant that indicates on its label that

it has been registered with the EPA as a hospital grade bacterial, virucidal and fungicidal disinfectant;
b. For all combs, brushes, metallic instruments with a cutting edge, and implements that have come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a tuberculocidal disinfectant, in accordance with 29 C.F.R. 1910.1030.
4. All disinfectants shall be mixed and used according to the manufacturer's directions.
(e) After cleaning and disinfecting, articles shall be stored in a clean, closed cabinet or container until used. Undisinfected articles such as pens, pencils, money, paper, mail, etc., shall not be kept in the same container or cabinet. For the purpose of recharging, rechargeable clippers may be stored in an area other than in a closed cabinet or container, provided such area is clean and provided the cutting edges of such clippers have been disinfected.
(f) Ultra Violet Irradiation may be used to store articles and instruments after they have been cleansed and disinfected.

Note: The Following Section Is New Law (effective 2007)

(g) Pedicure Equipment Sterilization and Disinfection:
The following cleaning and disinfection procedures must be used for any pedicure equipment that holds water, including sinks, bowls, basins, pipe-less spas, and whirlpool spas:
1. After each client, all pedicure units must be cleaned with a low-foaming soap or detergent with water to remove all visible debris, then disinfected with an EPA registered hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant used according to manufacturers instructions for at least ten (10) minutes. If the pipe-free foot spa has a foot plate, it should be removed and the area beneath it cleaned, rinsed, and wiped dry.
2. At the end of each day of use, the following procedures shall be used:
(a.) All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be sanitized. All visible debris in the screen and the inlet must be removed and cleaned with a low-foaming soap or detergent and water. For pipe-free systems, the jet components or foot plate must be removed and cleaned and any debris removed. The screen, jet, or foot plate must be completely immersed in an EPA registered, hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant that is used according to manufacturer’s instructions. The screen, jet, or foot plate must be replaced after disinfection is completed and the system is flushed with warm water and low-foaming soap for 5 minutes, rinsed, and drained.
(b.) After the above procedures are completed, the basin should be filled with clean water and the correct amount of EPA registered disinfectant. The solution must be circulated through foot spa system for 10 minutes and the unit then turned off. The solution should remain in the basin for at least 6 to 10 hours. Before using the equipment again, the basin system must be drained and flushed with clean water.
3. Once each week, subsequent to completing the required end-of-day cleaning procedures, the basin must be filled with a solution of water containing one teaspoon of 5.25% bleach for each gallon of water. The solution must be circulated through the spa system for 5 to 10 minutes and then the solution must sit in the basin for at least 6 hours. Before use, the system must be drained and flushed.
4. A record or log book containing the dates and times of all pedicure cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon and made available for review upon request by a consumer or a Department inspector.

(3) No cosmetology or specialty salon shall be operated in the same licensed space allocation with any other business which adversely affects the sanitation of the salon, or in the same licensed space allocation with a school teaching cosmetology or a specialty licensed under Chapter 477, or in any other location, space, or environment which adversely affects the sanitation of the salon. In order to control the required space and maintain proper sanitation, where a salon adjoins such other business or school, or such other location, space or environment, there must be permanent walls separating the salon from the other business, school, location, space, or environment and there must be separate and distinctly marked entrances for each.

(4) Evidence that the full salon contains a minimum of 200 square feet of floor space. No more than two (2) cosmetologists or specialists may be employed in a salon, which has only the minimum floor space.

(5) A specialty salon offering only one of the regulated specialties shall evidence a minimum of 100 square feet used in the performance of the specialty service and shall meet all the sanitation requirements stated in this section. No more than one specialist or cosmetologist may be employed in a specialty salon with only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.

(6) For purposes of this rule, "permanent wall" means a vertical continuous structure of wood, plaster, masonry, or other similar

BLANK ANSWER SHEET

Carefully detach this sheet and circle one correct answer per question.

HIV / AIDS

1. TRUE FALSE
2. TRUE FALSE
3 TRUE FALSE
4. A B C D
5. TRUE FALSE
6. TRUE FALSE
7. TRUE FALSE
8. A B C D
9. A B C D
10. A B C D
11. A B C D
12. A B C D
13. A B C D
14. TRUE FALSE
15. TRUE FALSE
16. TRUE FALSE
17. TRUE FALSE
18. TRUE FALSE
19. TRUE FALSE
20. TRUE FALSE

FLORIDA LAW

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5 A B C D
6. A B C D
7. A B C D
8. A B C D
9. A B C D
10. A B C D
11. TRUE FALSE
12. TRUE FALSE
13. TRUE FALSE
14. TRUE FALSE
15. TRUE FALSE
16. TRUE FALSE
17. TRUE FALSE
18. A B C D
19. TRUE FALSE
20. TRUE FALSE

WORKERS' COMP.

1. A B C D
2. TRUE FALSE
3. TRUE FALSE
4. A B C D
5. TRUE FALSE
6. TRUE FALSE
7. A B C D
8. TRUE FALSE
9. TRUE FALSE
10. TRUE FALSE

OSHA

1. TRUE FALSE
2. TRUE FALSE
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. TRUE FALSE
9. TRUE FALSE
10. TRUE FALSE

ENVIRONMENTAL ISSUES

1. TRUE FALSE
2. TRUE FALSE
3. TRUE FALSE
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. TRUE FALSE
9. TRUE FALSE
10. A B C D

CHEMICAL MAKEUP

1. TRUE FALSE
2. TRUE FALSE
3. TRUE FALSE
4. TRUE FALSE
5. TRUE FALSE
6. A B C D
7. A B C D
8. A B C D
9. A B C D
10. A B C D
11. A B C D

SANITATION & STERILIZATION

1. TRUE FALSE
2. TRUE FALSE
3. TRUE FALSE
4. TRUE FALSE
5. TRUE FALSE
6. TRUE FALSE
7. TRUE FALSE
8. TRUE FALSE
9. TRUE FALSE
10. A B C D
11. A B C D
12. A B C D
13. A B C D
14. A B C D
15. A B C D
16. TRUE FALSE
17. A B C D
18. A B C D
19. TRUE FALSE
20. A B C D

If you need an additional answer sheet you can print one online at
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Information / Evaluation Page

Please fill out the information below, including the Course Training Method Evaluation. If you have prepaid for this booklet you do not need to send a payment, but it is necessary for you to complete this information page and send it with the assessment answer sheet back to the address at the bottom of this page. Mail this page, the Post Course Learning Assessment Page, and your payment of $39.95 by either check or money order, to the address at the bottom of this page. Make sure you use an active email address and print your information very clearly!

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First Name Last Name

Address _____

City _____ State _____ Zip _____

Day Phone (_____)_____ Evening Phone (_____)_____

Signature _____ Date _____

***** E-mail address_____

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If you have ever held a Florida Cosmetology License, please include the license number and name.
FL License #_____ Name as seen on your license: _____

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On a scale of 1 to 10, 1 to disagree and 10 to completely agree, please rate this course. Circle one only.

1) The course will benefit my work performance.	1 2 3 4 5 6 7 8 9 10
2) I found the information too difficult.	1 2 3 4 5 6 7 8 9 10
3) The course was clear and well organized.	1 2 3 4 5 6 7 8 9 10
4) I would recommend this course to others.	1 2 3 4 5 6 7 8 9 10
5) I found the information to be current.	1 2 3 4 5 6 7 8 9 10
6) I found the instructional method to be effective.	1 2 3 4 5 6 7 8 9 10
7) The content of this course met my expectations.	1 2 3 4 5 6 7 8 9 10

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MILTON , FL 32583

1 - HIV/AIDS Learning Assessment

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

2. AIDS is a virus that causes HIV.
True False

3. You can get the AIDS virus while donating blood or plasma.
True False

4. How can you significantly reduce your risk of contracting HIV?
A. By having multiple sex partners
B. By being aware that HIV can be transmitted through oral sex
C. By correctly using a latex condom
D. Both B & C

5. People with HIV are easy to identify.
True False

6. A latex condom can help prevent the transfer of AIDS.
True False

7. Anonymous HIV testing is available through health departments and is not name based.
True False

8. The Center of Disease Control defines a person with AIDS as a person who:
A. Has the AIDS antibody
B. Has a T-cell count of less than 200
C. Has a diagnosis of one or more opportunistic diseases or conditions associated with AIDS
D. All of the above

9. Tuberculosis can infect:
A. The lungs
B. The lymph nodes
C. The kidneys
D. All of the above

10. The symptoms of TB include:
A. Low-grade fever, night sweats, fatigue, weight loss, and a persistent cough
B. Hearing loss
C. Memory loss
D. All of the above

11. Pediculosis is:
A. A rash that appears on part of your body
B. An infestation of the hairy parts of the body or clothing with the eggs, larvae, or adult lice
C. Hair loss
D. All of the above

12. Ringworm is:
A. Not something adults get
B. A device for taking off a tight wedding band
C. A skin infection caused by a fungus
D. None of the above

13. Syphilis is:
A. A bacterial infection transmitted by sex
B. Food poising caused by chicken
C. A type of bladder infection
D. None of the above

14. The first sign of syphilis is generally a sore that is painless and becomes visible at the site of initial contact.
True False

15. A female with untreated syphilis will transmit the disease to her unborn child.
True False

16. Sharing of combs or brushes may result in transmission of head lice.
True False

17. Discriminating against people who are infected with HIV/AIDS violates their human rights.
True False

18. Tuberculosis is spread through the air.
True False

19. People with AIDS understand why others don't want to be around them.
True False

20. There is now a vaccine to cure AIDS if it is detected early enough.
True False

This ends the section: material and test for the course on HIV/ AIDS

2 - Florida Law Learning Assessment

1. In the Disciplinary Proceedings:
A. The Department will investigate any complaint filed properly.
B. The Department may investigate a complaint made by a confidential informant if the complaint is legally sufficient.
C. The Department will not investigate if the original complaint is withdrawn.
D. Both A and B

2. After notice of initial minor violation:
A. The licensee has 15 days to correct.
B. The licensee can take up to 30 days to correct.
C. The licensee does not have to correct.
D. None of the above

3. The department shall periodically notify:
A. The Internal Revenue Service
B. The Food and Drug Administration
C. The person who filed the complaint to report the status of the investigation
D. None of the above

4. The penalty for giving false information when applying for or obtaining a cosmetology license:
A. Might lead to imprisonment not exceeding 5 years
B. Constitutes a felony of the third degree
C. Allows for a fine of $5,000 if convicted
D. All of the above

5. A person desiring to be licensed as a cosmetologist must:
A. Be at least 16 years of age
B. Have received 1200 hours of applicable training
C. Pay required application fees
D. All of the above

6. A person is eligible to practice as a specialist when:
A. They submit a registration application.
B. Proof of successful completion of education requirements is demonstrated.
C. Such practice is under the supervision of a registered specialist in a licensed specialty salon.
D. All of the above.

7. The fee for reactivating an inactive license is:
A. Not to exceed $50.00 for reactivation
B. Not to exceed $50.00 for renewal
C. Both A & B
D. None of the above

8.In what Florida Statute are requisites, licensure, and inspection of salons discussed:
A. 477.0212
B. 477.025
C. 61G5-20.001
D. None of the above

9. It is unlawful to:
A. Engage in willful or repeated violations of rules adopted by the board
B. Engage in the practice of cosmetology without a license
C. Own, open, operate, and maintain a salon, alone or with another person, without a license
D. All of the above

10. A cosmetologist shall renew his/her license:
A. On or before October 31 each biennial year
B. On October 31 each year
C. Before the last day of their birth month
D. None of the above

11. “Salon” means a place of business where cosmetology is practiced.
True False

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

13. When a person reports a salon violation to the state, and if the report leads to a conviction the person that makes the report is given a “Citation,” which is considered to be an award.
True False

14. As a condition of license or registration renewal, all active andinactive licensee and registration holders having an October 31,07renewal deadline, are required to pay an additional $30.00 called a special assessment fee in addition to the standard renewal fee before the 2007 renewal period deadline?
True False

15. An applicant who has received a certificate of completion in facials (skin care & hair removal) shall be registered as a specialist in that field.
True False

16. The fee for reactivation of an inactive license or specialty registration shall be fifty dollars ($50.00).
True False

17. It is unlawful to practice or attempt to practice cosmetology on a suspended license.
True False

18. The people on the Board of Cosmetology:
A. Consist of seven members
B. Are appointed by the governor
C. Function to carry out the provisions of the law
D. All of the above

19. Five of the seven members on the Board of Cosmetology must have been licensed cosmetologists for at least 5 years.
True False

20. A specialty salon offering only one of the regulated specialties must have a minimum of 100 square feet of floor space.
True False

This ends the section: material and test for the course on Florida Law

3 - Workers' Compensation Learning Assessment

1. What is the intent of Workers' Compensation?
A. Quick and efficient delivery of disability & medical benefits
B. The workers' return to gainful re-employment
C. It is not liberally in favor of either the employer or employee
D. All of the above

2. An employer with less than 4 employees must post clear written notice at each work site, to all performing services, of their lack of entitlement to benefits.
True False

3. An employer shall pay compensation or furnish benefits required if an employee suffers accidental injury or death during the scope of employment.
True False

4. Notice of injury must be reported to an employer:
A. Within 30 days of initial injury
B. After a professional opinion is obtained of the injury
C. When the injury is too painful to work
D. All of the above

5. An employer can fire an employee for getting hurt on the job.
True False

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

7. The application for Workers' Compensation Coverage must include:
A. Information on employer and type of business
B. Past and prospective payroll
C. Employee classification and name
D. All of the above

8. An employer must make available all records necessary for the payroll verification audit, and permit the auditor to make physical inspection of employer's operation.
True False

9. Any information of injury in Workers' Compensation reports, or information that would identify an injured employee, is confidential.
True False

10. An employer with reason to suspect that an injury occurred due to use of drugs or alcohol may require the employee to take a blood test.
True False

This ends the section: material and test for the course on Workers' Compensation

4 - OSHA Learning Assessment

1. Material Safety Data Sheets (MSDS) must to be supplied to you by all manufacturers.
True False

2. Acetone is not a hazardous chemical.
True False

3. What information can be found on a Material Safety Data Sheet?
A. Chemical and Physical data
B. Fire and Explosion Hazard data
C. Health Hazard data
D. All of the above

4. What does the Occupational Health and Safety Administration regulate?
A. Worker's Compensation
B. Food products
C. Chemicals deemed to be hazardous
D. Occupational licenses

5. Which section of the Material Safety Data Sheet tells you what hazardous chemicals are being used in the product?
A. Hazardous Data
B. Product Information
C. Hazardous Ingredients
D. None of the above

6. Health Hazard Data:
A. Tells you the emergency procedures to follow if you are exposed.
B. Tells you what kind of health problems a particular product or ingredient may cause.
C. Tells how a product may hurt you, and what types of exposure should be avoided.
D. All of the above

7. As a cosmetology professional, you should become educated on:
A. The safe rules for proper use, storage and disposal of products containing chemicals.
B. Emergency procedures
C. Health hazards and warnings of all chemicals and cosmetics used in the cosmetology profession.
D. All of the above

8. The Precautions for Safe Handling and Use section of the MSDS sheet does not tell you what to do if you spill the product.
True False

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

10. Cosmetologists are exposed to possible toxic chemicals everyday.
True False

This ends the section: material and test for the course on OSHA

5 - Environmental Issues Learning Assessment

1. Air circulation and filtering can help keep odors down.
True False

2. None of the products used in a salon are flammable.
True False

3. It is a good idea to keep the MSDS sheet in a book that can be easily located.
True False

4. When storing products you should:
A. Make sure the chemicals are not exposed to extreme heat or cold
B. Make sure there is enough ventilation
C. Make sure the chemicals are stored neatly and their labels are easily readable
D. All of the above

5. Chemical burns occur periodically while giving some treatments. If this does occur, and it will, you should never:
A. Follow the manufacturer's instructions
B. Follow basic first aid procedures
C. Send the client to the doctor without treating the burn first
D. Remove any chemical from the client's skin or scalp

6. All salons should:
A. Have several properly inspected fire extinguishers
B. Make sure all employees know the location of the fire extinguishing equipment
C. Make sure all employees know how to use the equipment properly
D. All of the above

7. The purpose of the Florida Clean Air Act is to protect:
A. The public heath
B. To have a uniform statewide maximum code
C. To allow public places and meetings to be free from tobacco smoke
D. All of the above

8. Material Safety Data Sheets (MSDS) are mandatory and must be supplied to you by all manufacturers.
True False

9. Tanning beds must be sanitized and sterilized once a week.
True False

10. Tanning beds are inspected by:
A. The Department of Internal Revenue
B. The owner of the salon
C. The Department of Health
D. The Department of Education

This ends the section: material and test for the course on Environmental Issues

6 - Chemical Makeup Learning Assessment

1. The cosmetologist is ultimately responsible for the client.
True False

2. An acid would have a number greater than 7 on the pH scale.
True False

3. Bases are also known as alkalines.
True False

4. Nails consist of protective plates covering the top surfaces of the last bone joint of each finger.
True False

5. Diseases cannot be transmitted by close contact between manicurist and client.
True False

6. Hair bleaching:
A. Can sometimes be used on the scalp
B. Is the process of striping the natural pigments from hair
C. Can never be used on the scalp
D. Both A & B

7. Which of the following is true about hair?
A. Hair is composed of 4 layers
B. Hair is composed of 3 layers
C. The fifth layer is the Medulla
D. None of the above

8. Chemical hair relaxing:
A. Is put on the hair after bleaching
B. Is the process of permanently relaxing the basic structure of curly hair so that it takes on a straight form
C. Strips all pigmentation from the hair
D. None of the above

9. Ammonium-thioglycolate is used primarily in:
A. Bleaching hair
B. Putting manufactured nails on
C. Softening and relaxing hair
D. Coloring hair

10. A neutralizer:
A. Is given to an upset client
B. Softens the cuticles of nails
C. Stops the action of any chemical
D. Can be used for any of the above

11. Which of the following is true about the skin.
A. It has 4 layers
B. It cannot be damaged
C. It is the largest organ of the body
D. None of the above

This ends the section: material and test for the course on Chemical Makeup

7 - Sanitation and Sterilization Learning Assessment

1. Skin infections can be caused by the transfer of infectious material from one individual to another.
True False

2. Pathogenic organisms are harmful because they produce disease.
True False

3. Bacteria are responsible for a large degree of illness and suffering.
True False

4. The “active stage” is when bacteria grow and reproduce.
True False

5. “General infection” is the least dangerous stage of an infection.
True False

6. Some viruses are so small they will easily pass through filters.
True False

7. A human carrier is a person who may be immune to a disease, but carries germs that can infect others.
True False

8. Sterilization is the process of destroying all bacteria.
True False

9. Formalin and Phenol are not poisonous.
True False

10. What are sources of contagious bacteria?
A. Unclean hands, unsterilized instruments
B. Open sores and pus, mouth and nose discharge
C. There are none to worry about in the salon
D. Choice A & B

11. Immunity means:
A. The ability of the body to resist and destroy bacteria once they have entered the body
B. The way bacteria consume food
C. The way bacteria multiply
D. None of the above

12. The salon must be:
A. Well lighted
B. Heated
C. Ventilated
D. All of the above

13. In what way should Emery boards be sterilized?
A. With 70% alcohol
B. With hot soapy water
C. They can't be sterilized and should be destroyed after each manicure
D. All of the above

14. Room temperature in a salon should be:
A. About 95 degrees Fahrenheit
B. About 70 degrees Fahrenheit
C. About 52 degrees Fahrenheit
D. Anything over 65 degrees

15. Water for drinking purposes should be:
A. Odorless and colorless
B. Room temperature
C. Free from any foreign matter
D. Both A & C

16. It is required by law to use a sanitary towel or neck strip around the client’s neck to avoid contact of the shampoo cape with a client’s skin.
True False

17. When using chemicals:
A. Always follow the manufacturer’s directions
B. Use as much as you need to get the job done
C. As long as you add water to the mixture it doesn't matter
D. Both B & C

18. Which of the following would not be considered a reasonable salon method for sterilizing instruments?
A. Steaming
B. Boiling
C. Baking
D. Deep frying

19. Clients with an infectious disease can be served in a salon if they are kept in a separate room from all the other clients while the service is being performed.
True False

20. When cleaning combs and brushes you should:
A. Remove the hair from combs and brushes
B. Immerse combs and brushes completely into bowl of soapy water for several minutes
C. When thoroughly cleaned, rinse, drain, and remove any adhering hairs
D. All of the above

This ends the section: material and test for the course on Sanitation and Sterilization.

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