

Approved by  
the Georgia State Board of Cosmetology

**Georgia 5 Hour Esthetician CE Course** (5 total hours)

**CONTENT:**Module 1:Facial Basics and Hair Removal Review (2 hours)

Module 2:DTAE Health and Safety (3 hours)

Department of Technical and Adult Education health and safety course

**ELIGIBLE LICENSEES:** Esthetician, Esthetician Instructor  
Master Cosmetologist, Cosmetology Instructor

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Facial Basics and Hair Removal Review (2 hours) & DTAE Health and Safety (3 hours)  
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## **Module 1: Facial Basics and Hair Removal Review (2 hours)**

### **Module Outline**

- Categories of Facial Services
- Benefits of the Facial Service
- Work Habits and Useful Implements
- Preparation Guidelines
- Skin Care Products and their Ingredients
- Types of Hair Removal
- Client Assessment
- Supplies and their Applications
- Hair Removal Procedures

### ***Learning objectives:***

#### **After completing this lesson you will be able to:**

- List the benefits of a facial
- Identify materials and equipment required for the basic facial
- Describe procedures of a facial
- List and define product ingredients
- Define categories of hair removal
- Describe room preparation
- Describe types of waxing
- Identify client forms and their inclusions

**Introduction:** The following information reviews important aspects of the benefits of a **professional facial**. The professional facial is universally recognized as the most relaxing service available to us today. We enjoy the benefits to our skin as well as the esthetic sense of well being as the restful yet stimulating experience unfolds. To get the best results from facials the client should come on a regular basis to maintain healthy skin and reverse environmental damage. We will also review basic methods and procedures of the **hair removal** service to include: types of hair removal, room preparation, waxing, client forms and esthetic terms.

## **Facial Basics**

The professional Esthetician knows the techniques and products that must be applied in order to get the visible results that the client is looking for, such as, better skin tone, texture and overall appearance.

There are 2 categories of facials:

**Preservative:** maintaining good health and **Corrective:** correcting skin conditions.

**For a preservative facial**, we focus on maintaining the good condition of our client using cleansing methods, increasing circulation, relaxing the nerves and activating the skin glands through manipulations.

**For a corrective facial**, we focus on correcting one or more facial conditions such as oiliness, dryness, blackheads, age lines and minor acne.

The benefits of a facial include:

- Cleansing the skin
- Increasing circulation
- Activating glandular activity
- Relaxing the nerves
- Maintaining muscle tone
- Strengthening weak muscle tissue
- Improving the skin's condition
- Helping prevent the formation of wrinkles and age lines
- Softening and improving skin texture and complexion
- Adding to the client's confidence

The facial experience begins by helping the client to relax by speaking in a calming quiet manner.

A professional Esthetician will explain the benefits of the products and services and will answer any questions that the client may have.

In order for the client to relax, she must feel that she is in a calming environment. The biggest key to a successful calming environment is quietness.

The ability to work quietly and efficiently brings confidence to the client that she will have a high quality experience.

The professional Esthetician will keep all work areas neat and clean and above all, sanitary. Disorganization can not be a part of the professional Esthetician's environment.

Work habits must be above average setting high standards in all elements of client service.

**Being sanitary with products by only using clean, *disposable* spatulas is the only way to guarantee that no products will be contaminated.**

The product must not be contaminated inside the container by a used implement as well as the product must not be contaminated that is being used on the client.

Prearrange all implements that you will need prior to the arrival of your client. **Follow *systematic* procedures.**

***Warm* your hands before touching the client if your hands are cold and keep your *nails* smooth and free from anomalies that might scratch or injure your client.**

The professional Esthetician will naturally develop their own list of favorite products and equipment as they achieve better results with what they use.

But there are basics on the list of items that are standards in the industry and that we can not do without.

The most useful items are as follows:

- 1) Absorbent cotton
- 2) Antiseptic lotion
- 3) Astringent
- 4) Clean sheet or other covering

- 5) Cleansing cream or lotion
- 6) Cleansing tissues
- 7) Cotton pads
- 8) Cotton swabs and pledgets
- 9) Facial steamer
- 10) Freshing lotion – mild astringent
- 11) Gauze for the mask
- 12) Head band or head covering
- 13) High frequency machine
- 14) Infrared lamp
- 15) Lubricating oil
- 16) Magnifying lamp
- 17) Makeup tray
- 18) Mask
- 19) Moisturizer and protective lotion
- 20) Safety and bobby pins
- 21) Salon gown
- 22) Spatulas
- 23) Sponges
- 24) Tissue strips
- 25) Towels

### **The Prepared Esthetician**

Gathering and organizing elements from the list above should never become a daunting task.

To the professional Esthetician, it is a pleasure to provide high quality services to our worthy clients in order to develop the reputation that we all aspire to.

The appreciation of the client is unmeasurable when they tell all of their friends what a great experience it was to be served in such an outstanding way.

For the client, it is easy to detect disorganization and unpreparedness. This impression leads to an end result in which the client may never return.

The client may never show signs of dissatisfaction and you still may get your anticipated tip, but she may never call and make an appointment again if she is dissatisfied.

Repeat business is where you can see your diligence and consistency in the area of preparedness, organization, and sanitation pay off.

## **1. Prepare the client**

- a) Please always greet the client with sincere tones and a least one compliment. This puts the client at ease in the warmth of your personal environment.
- b) Even though the client may have been to your establishment many times, remind her to remove all jewelry and store it in a safe place. Welcome her to keep her handbag nearby during the facial. This is a number one choice in the client's feeling of well being and security. And we know how many ladies “go nowhere” without their purses far behind.
- c) And again, even though your client has been to your salon and could walk with blind folds on, still walk with her and show her to the dressing room and offer assistance if needed.
- d) Place a clean towel across the back of the facial chair to prevent contact from the clients bare body parts. Not only is it unpleasant to feel cold vinyl against your bare shoulders, it has a definite impression of uncleanness and it is an unclean practice.
- e) Seat the client and assist if needed, then place the towel across the clients chest. Cover the client with the sheet and fold the top edge of the towel over the sheet. Remove the client's shoes and tuck the sheet around their feet. If they have removed their shoes because your salon provides booties in the dressing room, simply tuck the sheet around their booted feet.
- f) Fasten a headband lined with tissue, or a towel, or other head covering around the client's head to protect the hair. Turban designs are very popular and elasticized hair coverings are good as well. The fact that they are cloth or paper makes an acceptable alternative to towels.

Procedures for wrapping the clients head:

1. Fold the towel lengthwise from one of the top corners to the opposite lower corner, and place it over the headrest with the fold facing down. Place the towel on the headrest before the client enters the facial area. When the client is in a reclined position, the back of the head should nest on the towel, so that one side of the towel can be brought up to the center of the forehead to cover the hairline
2. With the other hand, bring the other side of the towel over the center and cross it over.
3. Use a regular bobby pin to hold the towel in place. Check to be sure that all stands of hair are tucked under the towel, earlobes are not bent , and the towel is no wrapped too tightly.
  - g) Remove lingerie straps from the client's shoulders. If client is given a strapless gown to wear, tuck the shoulder lingerie straps into the top of the gown.
  - h) Adjust the headrest, then lower the facial chair to a reclining position. Wash your hands

## **2. Analyze the client's skin**

- a) Remove makeup to determine:
  1. If the skin is dry, normal or oily
  2. If fine lines or creases exist
  3. If blackheads or acne are present
  4. If broken capillaries are visible
  5. If the skin texture is smooth or rough
  6. If the skin's color is eventually
- b) This will determine:
  1. What products you will use
  2. The areas of the face that need special attention
  3. The amount of pressure for manipulations
  4. If lubricating oil or cream is needed around the eyes
  5. Equipment or apparatus to use

## **3. Apply cleansing cream**

- a) a tsp of cleansing cream or lotion should be used. Use your spatula to remove this from the container. Lend the cream or lotion with your fingers to soften it.

Remove makeup with a moist cotton pad or soft tissue. Be gentle working around the eyes and mouth.

b) Start at the neck using both hands in a sweeping movements to spread the cleanser upward to the chin, jaws, cheeks and base of the nose to the temples, then along the side and the bridge of the nose. Use a circular motion with fingertips. Use upward sweeping movements between the brows and across the forehead to the temples

c) Take more cleanser and use long stokes to smooth down the neck chest and upper back

d) begin at the middle of the forehead and using fingertips and circular motion circle the eyes to the temples and back to the middle of the forehead

e) Then slide fingers down the nose to the upper lip to the temples and then the forehead – lightly down to the chin – then up the jawline to the temples and forehead

#### **4. Remove the cleansing cream**

a) Use tissues, warm moist towels, moist cotton pads, or facial sponges to remove the cleanser. Begin at the forehead and follow the contours of the face. After removal of the cleanser from the face then, proceed to the neck chest and back.

#### **5. Steam the face**

a) use warm moist towels or a facial steamer to open the pores. **Steam opens pores** to cleanse blackheads, makeup and other debris and helps to soften superficial lines and increases blood circulation

#### **6. Apply manipulation cream**

a) select for the skin type and use the same procedure as with the cleanser  
b) add lubrication oil or cream around the eyes and on the neck

#### **7. Give facial manipulations**

a) Cover the clients eyes with cotton pads moistened with water  
b) Manipulate the face using proper procedures

#### **8. Expose the face to infrared light during or after facial manipulations**

a) Cover the clients eyes with cotton pads moistened with a mild astringent  
b) Place the lamp at a comfortable distance from the face  
c) Expose the face to infrared rays for 3 to 5 minutes

**9. Remove manipulation cream**

a) use tissues, moist towels, moist cleansing pads, or sponges.

**10. Apply astringent or mild skin freshening lotion**

a) Sponge the face with cotton pledgets moistened with the lotion

**11. Apply mask formulated for the client's skin condition.** Leave on 7 to 10 minutes.

**12. Remove the mask with wet cotton pledgets or towels**

**13. Wipe the face with pledgets saturated with a mild astringent**

**14. Apply a moisturizer or protective lotion**

**15. Completion**

a) discard used disposable supplies

b) close product containers tightly, clean them and put them away

c) place used towels, coverlets, and head covers in appropriate containers

d) tidy up

e) wash and sanitize your hands

**Professional Skin Care Products**

Skin care products are designed specifically to improve the appearance and health of the skin. Knowledge of these products and their ingredients are key in successful esthetic service application and results.

**Basic cleansers**

The skin needs a less harsh choice for cleansing than regular soap. Soap can create dryness and can leave a film on skin, so the better alternatives are face washes, cleansing lotions and cleansing creams.

**The face wash is a detergent based cleanser but is neutral in its *pH* level.** It foams like soap but is much gentler on the skin. It leaves the face with a tight feeling after rinsing but for those with **oily skin** it is often a good choice because it can get rid of oil.

**The cleansing lotion is *water* based and is great for normal to combination skin.**

**The cleansing cream is *oil* based and is a first choice for makeup removal.** It is also great for cleansing dry or aged skin. It must be applied and removed with sponges or clothes in order to completely remove residue.

### **Toners (tonic lotions)**

**Toners are *astringents* that are used after cleansing the skin and before moisturizers are applied.** They can be applied with cotton pads or sprayed on . **Toners vary in strengths containing different levels of *alcohol*.**

### **Categories of Toners:**

**Fresheners** have the lowest level of alcohol content, between 0% and 4% and are recommended for dry or aged skin.

**Toners** have a medium level of alcohol content, between 4% to 15% and are recommended for normal or combination skin. They tend to give the skin a tight feel.

**Astringents** have the highest alcohol content, between 15% to 35% and are recommended for very oily skin including acne conditions. It's easy to over dry the skin when using this level too often.

### **Masks and Packs:**

For hundreds of years beauty applications have included masks. They have always included ingredients such as herbs, vitamins and oils. Many have used seaweed and clay in their formulations due to the high content of nutrients. Skin conditions can be improved by using masks.

***Setting* masks contain ingredients that harden on the face.**

**Non-setting *masks* stay moist and do not harden.**

Masks tighten skin, draw out impurities, hydrate, nourish, and soothe the skin. As **clay masks** dry and harden, they draw out impurities. It stimulates circulation and contracts the pores of the skin. These clay formulations contain silica, kaolin, and bentonite.

Commercially made **packs** remain moist and creamy and often contain aloe or seaweed which have healing properties.

***Paraffin* wax masks are used to promote penetration of ingredients by it's warming action. It increases blood circulation and has a softening effect on the skin.**

### **Paraffin wax application procedure**

1. melt the paraffin – set the warming unit temperature to just above body temperature

2. once melted, test the wax on your own wrist to insure a comfortable temperature has been achieved
3. Apply one coat of paraffin to the skin of the face and neck
4. Place pre-cut gauze over the first coat of wax
5. apply wax ¼ inch thick
6. cover the client's eyes with pads
7. the wax will harden after 15 to 20 minutes – use a wooden spatula to work the mask loose
8. lift the mask in one piece

### **Modelage masks**

***Modelage* masks are a self-heating application.** When ingredients are mixed together and applied to the client a chemical reaction occurs that self-heats up to 105°F. It takes 20 minutes to heat and then cool down on the client's face.

### **Moisturizers**

After cleansing the skin, apply moisturizer in order to protect and nourish. All skin no matter what the type needs to be moisturized.

The formula of moisturizer is chosen according to the condition and type of the skin. Moisturizers contain ingredients that help the skin retain it's moisture.

### **Product Ingredients**

The following ingredients are found in skin care products.

- ◆ **Alcohol:** SD alcohol aka ethanol
- ◆ **Algae:** derived from minerals
- ◆ **Allantoin:** man-made chemical from uric acid – has healing qualities
- ◆ **Aloe:** from the aloe leaf – has hydrating, healing, antimicrobial and anti-inflammatory properties
- ◆ **Alum:** man-made compound – from aluminum, potassium or ammonium sulfate – stops bleeding

- ◆ **Azulene:** from the chamomile plant – anti-inflammatory properties
- ◆ **Benzyl peroxide:** drying properties
- ◆ **Calendula:** plant extract with anti-inflammatory properties
- ◆ **Carrot:** used to color and contains vitamin in it's oil
- ◆ **Chamomile:** plant extract with soothing properties
- ◆ **Collagen:** from cow placentas – a protein
- ◆ **Essential oils:** herb oils
- ◆ **Glycerine:** from oils or fats, used as a softener
- ◆ **Hyaluronic acid:** water binding properties
- ◆ **Jojoba:** lubricant, moisturizer
- ◆ **Lanolin:** sheep's wool derivative, emollient
- ◆ **Liposomes:** transporting delivery system of hollow spheres that carry nutrients to the skin
- ◆ **Mineral oil:** petroleum based, emollient
- ◆ **Parabens:** preservative
- ◆ **Silicone:** emollient that leaves a film
- ◆ **Sodium bicarbonate:** baking soda, use as a pH adjuster
- ◆ **Squalane:** derived from olives, nourishes
- ◆ **Sulfur:** reduces oil gland activity
- ◆ **Titanium dioxide:** blocks UV rays
- ◆ **Urea:** helps other substances penetrate into the skin
- ◆ **Witch Hazel:** ingredient in toner, astringent qualities, derived from bark
- ◆ **Zinc Oxide:** healing agent from zinc ore

The cosmetic industry has a large selection of professional products for the Esthetician to chose from.

The professional Esthetician will make her choices from these products in order to best serve the clients' needs.

The combination of knowing the functions of the skin and recognizing skin conditions are irreplaceable in choosing the products used. Results are strongly based on these factors.

## **Hair Removal Review**

### **Categories of Hair Removal:**

**There are two main categories** of hair removal, temporary and permanent.

**Temporary** hair removal involves repeat services as hair grows.

**Permanent** hair removal involves destroying the hair root so it can not regrow.

Salons usually only offer temporary hair removal services.

### **These methods can include:**

**depilation:** a process of hair removal at the skin level. This can include shaving or chemical hair remover.

**epilation:** a process of hair removal that breaks the bulb of the hair and it's papilla. The hair is pulled out of the follicle.

**Methods of epilation include:** *tweezing, waxing, and sugaring.*

### **Shaving**

To keep a clean smooth face, men shave daily. Ladies shave multiple parts of their body that usually includes underarms and legs.

**Shaving can cause ingrown hairs and skin irritation.**

**Barbae folliculitis is the term for ingrown hairs.** Sometimes it helps to correct this problem by shaving in the opposite direction. It can help redirect the direction that the hair is growing.

### **Depilatories:**

**Depilatories dissolve the hair at the skin surface level.** It's usually alkali in it's pH.

The chemical in the depilatory product makes the hair expand. It breaks and destroys the disulfide bond.

### **Application of a depilatory:**

They should be applied in a thin coating on the skin's surface. A patch test should be done before ever using this chemical on a client. Do a patch test on the inside of the arm.

### **Tweezing:**

**Tweezing involves pulling one hair out at a time.** It's a great way to contour eyebrows and is popular in salon services. There is more control of the shape in some instances over waxing.

**Tweezing is a great way to clean up the eyebrow area after waxing.** If the client is sensitive to wax, they may do well with the tweezing method.

It is acceptable to tweeze the eyebrow area, the lip area and the chin.

Be sure to hold the skin taut when tweezing. **You must remember to pull the hair at the same angle the hair is growing.** Stay in the same direction that the hair is coming out of the skin.

The magnifying lamp is a great tool to use while tweezing. You can get very detailed with your work and the results will be the best.

### **Sugaring:**

This method of hair removal dates back to the Egyptians. **If your client tends to produce bumps or redness after waxing, sugaring may be a better alternative. Sugar is water soluble and is easily removed.** It is similar to a wax application procedure but the ingredients are sugar, lemon juice and water. These ingredients are heated to a syrup and as it cools, you can form it into a ball and pressed to the skin. You then quickly pull away from the skin to remove the hair.

Sugar mixtures come ready to heat. Heat the mixture in your warmer at low temperature and apply a thin coat with an applicator as you would wax. Then use cotton or pella strips to remove the sugar. This in turn removes the hair. Follow the manufacturer's directions.

### **Waxing:**

#### **Techniques:**

**The best materials and proper technique and wax *temperature* all play a part in the success and quality of hair removal.**

The wax must be able to adhere to the hair in order to remove the hair. This involves cleansing of the skin prior to the service application. **The wax must not be too *hot* or you can injure your client.**

#### **Precautions:**

**Before beginning any wax service, complete a client consultation card and have the client sign a release form.**

**The following pages contain examples of the :Client Assessment Form and a Release Form for Hair Removal**

**Client Assessment Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

1. Have you been seen by a dermatologist? Yes \_\_\_ No \_\_\_

If yes, for what reason? \_\_\_\_\_

2. Please list all medications that you take regularly. Include hormones, vitamins etc....

3. Are you taking Accutane or an other acne mediations? Yes \_\_\_ No \_\_\_

If yes, for how long? \_\_\_\_\_

4. Do you use Retin-A, Renova, other topical vitamin A. or hydroquinone? Yes \_\_\_ No \_\_\_

If yes, for how long? \_\_\_\_\_

5. Do you have any allergies? Are you allergic to any medications? Yes \_\_\_ No \_\_\_

If yes, please list allergies. \_\_\_\_\_

6. Are you pregnant or lactating? Yes \_\_\_ No \_\_\_

7. Have you had any of the follwing procedures?

Laser resurfacing Yes \_\_\_ Date \_\_\_\_\_ No \_\_\_

Light chemical peel Yes \_\_\_ Date \_\_\_\_\_ No \_\_\_

Medium/heavy chemical peel Yes \_\_\_ Date \_\_\_\_\_ No \_\_\_

8. Do you ever experience tightness of flaking of your skin? Yes \_\_\_ No \_\_\_

9. Do you tan in natural sun or use tanning booths? Yes \_\_\_ No \_\_\_

10. Do you have a history of fever blisters or cold sores? Yes \_\_\_ No \_\_\_

**Release Form For Hair Removal**

I, \_\_\_\_\_, am \_\_\_\_\_ am not \_\_\_\_\_ presently using:

- \_\_\_\_\_ Retin-A or any other topical vitamin A
- \_\_\_\_\_ Accutane or any other acne medications
- \_\_\_\_\_ any exfoliant or hydroxy-based products

\_\_\_\_\_ I understand that if I begin using any of the above products and do not inform my Esthetician/Cosmetologist prior to hair removal, I am accepting full responsibility for any skin reactions.

\_\_\_\_\_ The hair-removal process has been thoroughly explained to me, and I have had an opportunity to ask questions and receive satisfactory answers.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waxing Precautions:**

**Have the client to complete the above forms and answer any questions the client may have.**

**The hair should be at least 1/4” to 1/2” long for waxing to be effective.**

**Wear plastic gloves to protect yourself from blood-borne pathogens.**

**Types of Wax:**

**Hard wax: no removal strip is used**

**Soft wax: a removal strip is used**

**Hard wax:**

These are applied directly to the skin in a thick layer. It hardens as it cools. The technician uses her fingers to lift and remove the wax.

**Soft wax:**

These are applied in a thin layer and covered with a strip of muslin material. The technician removes the strip to remove the hair.

**Apply wax in the direction that the hair grows and remove the wax in the opposite direction from which the hair grows.**

**Wax comes in several forms to include hard, soft cream or clear. Waxes always require the use of a heater to liquify them**

Consistencies and melting points vary from brand to brand and formula to formula.

Some ingredients include resins from pine trees, beeswax, paraffin and others. Some formulas contain additives to conform to specific skin types.

**Sensitive Skin:**

Sensitive skin formulations may contain Azulene or chamomile. **Tea tree oil is an ingredient that soothes and has antiseptic benefits.**

Water soluble waxes are easily removed with water whereas resins are removed using oil or oil-based products.

**Hard Waxes:**

Wax formulas include blocks, disks, pellets and beads. Cotton strips are not necessary in the removal of hard waxes. The melting temperatures vary among waxes, the harder the wax the higher the temperature required to melt it.

Hard wax can be used on the face and lip areas. They can also be used on other parts of the body. The esthetician generally chooses hard wax for eyebrow, lip and underarm and soft wax for back and legs.

**Soft waxes:**

**Soft wax has a lower temperature melting point.** Many can be melted in the microwave in their original containers for easier transference into the wax heater. Soft waxes are removed with strips before the wax completely cools.

**Room Preparation**

**Clean and Sanitize**

The waxing table should be prepared with clean paper and coverings.

The trolley should be stocked with all the necessary implements and products to include wax, warmer, cleanser, epilation solutions, tweezers, scissors, applicators, gauze and gloves. Your room should have an available magnifying lamp.

**Room Accessories**

Your room should be comfortable for yourself and your client.

During the service, keep the supply cart close to you and the client so supplies are easy to access.

Keep your posture in mind when setting adjustable cart heights and adjust the cart close to you during the service.

Keep a covered waste can close during the service so you can readily dispose of used supplies.

If the client service table is adjusted to a higher level, have a step stool available for easy and safe on and off for the client.

Safety for yourself and the client is a number one priority and should be a part of a well planned service.

## **Supplies**

**The waxing service is made up of single use and multi-use items.**

**The multi-use items must be sanitized between each client.**

The single use items are disposable after each use.

The most convenient and sanitary items used in waxing are the disposable ones.

### **Tweezers:**

The tweezer is defined as a hair removal tool.

The professional tweezer comes in several different sizes. **The point of the tweezer can be different shapes and widths. The tweezer is best when made of stainless steel due to it's non corrosive qualities while being sanitized.**

### **Applicators:**

Overall, applicators that are used in the waxing service are disposable, although stainless steel applicators can be used.

Disposable applicators are usually made of wood. Applicators come in many different sizes shapes and lengths.

The professional technician will choose an applicator that is appropriate to the specific application of product to the client's body part.

The larger the area of the body part to be covered, the larger the applicator can be.

The smaller the area of the body part to be covered, the smaller the applicator can be.

### **Wax Strips:**

**The most popular wax strips are cotton muslin and pellaon.** They can come ready cut or in rolls.

Unlike cotton, pellaon does not shed. Strips can be used several times, on the same client, before disposing of them.

Strips or fabric rolls can be cut or trimmed into a size that will fit the procedure. Cut the fabric to the size of the area to be waxed leaving about an inch extra for room for your fingers to grasp.

**Roll Paper or Clean Sheets for your table:**

**A new sheet of paper or a clean linen sheet should be placed on the waxing table for each new client.**

Many salons and spas have roll paper but many salons also use linen sheets as well. Large towels are sometimes used for this purpose.

**Epilation Products:**

**Solutions are designed for before and after epilation.** The prep solution is to clean and sanitize your client's skin prior to waxing. **Post waxing products are primarily designed for easing discomfort.** They can contain ingredients such as witch hazel, arnica, chamomile and calendula

**Some post waxing products contain ingredients that inhibit or slow down hair growth.**

**Sanitation:**

All items in the waxing room are to be sanitized appropriately. There should be no wax drips or residue of any product in sight. There should be great care taken to avoid drips on floors, linens and tables.

Keep the supply cart near you while working and wipe excess product from spatulas before the application. Have only the amount on the spatula that is actually needed for the process or service at hand.

**Keep disposable applicators and cotton squares in glass or stainless steel cylinder containers.**

**Wet Sanitizing:**

Tweezers and all sanitize-able implements should be thoroughly cleansed and then placed into a wet sanitizer. Follow the manufacturer's directions for use of chemicals.

Use the appropriate chemical for the type of metal that your tweezer is made of. The sanitizing chemical should be hospital strength and meet your state board's rules in sanitation products.

**Always wear gloves.**

**Use vinyl gloves instead of latex.** Latex gets sticky and tends not to hold up when exposed to esthetic products. Also **latex is an allergen to many people.**

**Gloves prevent any blood, seen or unseen, to come in contact with the esthetician's skin. Hair removal involves trauma to the follicle thus the occurrence of bleeding is possible.**

**Dispose of items that become contaminated with blood or body fluids in hazardous waste containers.**

### **Client Preparation:**

#### **Consultation:**

**The client should fill out a Client Assessment Form and the Release Form for Hair Removal before the service is given.** Keep his or her forms in a client folder in the document file area of your salon.

These forms should be filled out each time the client has this service done. Circumstances might change with the client concerning medications, so it is imperative that the most up to date information is gathered before the service is given.

Speak with the client and answer any questions that she may have concerning her skin or the hair removal process.

### **GUIDELINES**

**It is best for the client:**

- **Do not shave or tweeze the area at least 14 days before the waxing service**
- **Do not remove ingrown hairs 4 days prior to service.**
- **Exfoliate the area to be waxed 48 hours prior to the service.**
- **Do not take hot baths for the remainder of the day service is given.**
- **Do not apply makeup, perfume or tanning lotions for 24 hours.**
- **Exfoliate the area 48 hours after the service.**
- **Avoid exposure to uv rays or sun for 48 hours after the service.**

## CONDITIONS

**Do not perform leg waxing services to clients who have:**

**varicose veins or phlebitis**

**Do not perform facial waxing services to clients who have:**

**rosacea**

**very sensitive skin**

**sunburn**

**history of fever blisters or cold sores**

**pustules or papules**

**recent chemical peel using glycolic, salicylic, or other acid-based product**

**recent botox or collagen injections**

**cosmetic or reconstructive surgery**

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## MEDICATIONS

**Clients using the following medications should not receive hair removal services.**

**Retin-A**

**Renova**

**hydroquinone**

**any skin thinning product**

**blood thinning medications**

**topical or oral cortisone medications**

**Accutane or other acne medication**

## **Eyebrows:**

Correctly shaped eyebrows are what makes the overall appearance of the face more attractive. The orbital bone of the face, the eye socket area, is what creates the natural curve of the brow. The brow can be shaped in a natural appearance or it can be more strongly arched according to the desire of the client.

Hair growth can occur above and below the natural brow line. Removing hair can give a cleaner more groomed appearance to the face.

## **Procedures:**

Procedures should include the client consultation and the completion of the proper forms.

Discuss with the client the exact shape that she wants. Pictures or illustrations are the best way to be sure that you both have the same idea in mind. Allow the client to review different eyebrow shapes in order to assist her in a definite shape pattern. Help the client understand her natural shape in regards to the desired end result.

## **General Waxing Procedures**

### **Step One:**

#### **Skin preparation (for brows and face):**

- have the client to close her eyes
- remove all makeup with a cleanser
- remove remainder of residue with preparation solution

#### **Skin preparation ( for other areas):**

- clean the skin using a cotton pad and pre-epilation solution
- if the hair is long, use scissors to trim it to a length of  $\frac{1}{4}$  to  $\frac{1}{2}$  inch

### **Step Two:**

#### **Wax Application:**

##### **For strip wax:**

- use a spatula and gather the wax from the heater
- apply a thin coat in the direction of the hair growth

##### **For hard wax:**

- use a spatula and gather the wax from the heater
- apply a nickle thickness of wax in the direction of the hair growth - you may also use a figure 8 design with this application

- apply the wax thicker on the area that you will be pulling and create a lip where you want to grasp the wax
- wait a few moments for the wax to setup/harden

### **Step Three:**

#### **Removal:**

#### **For strip wax:**

- apply the muslin strip evenly and with light pressure
- smooth the strip in the same direction as the wax was applied
- leave one inch of muslin at the pull area
- hold skin taut and pull quickly in the opposite direction in which the wax was applied (opposite of hair growth)
- pull the strip parallel to the skin and not upward (skin could tear or hair could break if you do not pull parallel)
- with the other hand, place your hand on the area that was just waxed to block the nerves from sensing pain

### **Step Four:**

#### **Analysis:**

- using the magnifying lamp, visually check the area
- remove any left over hair with tweezers
- remove any ingrown hair with sanitized tweezers

### **Step Five:**

#### **Soothing application:**

- use a cotton pad with a tea tree oil or azulene solution to the waxed area
- remove any wax residue during the application of the tea tree oil
- this is also when, you apply a hair growth inhibitor if you have planned it in your service

### **Post-Wax clean-up**

#### **Step One:**

Sanitize all used surfaces in the waxing area and replace the sanitary paper or sheet.

#### **Step Two:**

Clean the wax heater checking for any drips.

#### **Step Three:**

Replace the used drip collar with a fresh unused one.

**Step Four:**

Wash all instruments used in the service and place them in the sanitizer.

**Step Five:**

Restock all disposable items in their containers.

**Step Six:**

Refill skin solutions.

**Step Seven:**

Prep your strips for the next service.

Weekly, you should check the thermostat on the heater to make sure it is heating appropriately.

**This concludes Module 1: Facial Basics and Hair Removal Review (2 hours)**

**Please forward to the next study topic.**

## Module 2: DTAE Health and Safety (3 hours)

Department of Technical and Addult Education health and safety course

### Module Outline

- Section 1: Bloodborne Pathogens
- Section 2: Decontamination and Infection Control
- Section 3: Skin, Diseases, Disorders
- Appendix A: Glossary of Legal Definitions
- Appendix B: Sanitary Regulations For Salons And Schools
- Appendix C: Sanitation and Health Code

### Section 1: Bloodborne Pathogens

#### Introduction

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

#### Objectives

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

#### What Are Bloodborne Pathogens?

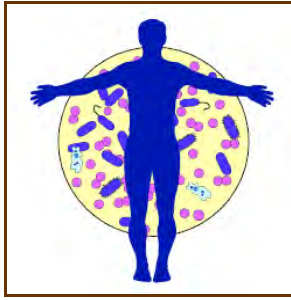


Two types of pathogens of concern in the workplace are:

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

Hepatitis B is much more contagious than HIV.

## Hepatitis B Virus (HBV)



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

## Human Immunodeficiency Virus (HIV)



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

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

## Signs and Symptoms

### Signs and Symptoms of (HVB)

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

### Signs and Symptoms of (HIV)

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

## Transmission

### Transmission Mediums

Body Fluids that can transmit infection are:

- Blood

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

### **Transmission Routes**

HIV and hepatitis are transmitted only in the following ways:

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

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

### **Risk Factors and Behaviors**

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

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

- Have tattoos.
- Are family of infected persons.

### **Personal Protective Equipment**

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

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

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

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

### **Rules to Follow:**

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

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

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

## Gloves

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

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



**Always Check your gloves for damage before using them!!**

## Goggles



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

## Face Shields



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

## Aprons



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

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

## **Decontamination & Sterilization**

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

### **Decontamination should be accomplished by using:**

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

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

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

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

## **Common Questions**

### **HBV**

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

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

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

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

**Can I get hepatitis from the vaccine?**

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

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

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

**HIV****What will the AIDS test tell me?**

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

**Does a negative test mean that I am not infected?**

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

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

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

**What happens if I test HIV positive?**

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

**What is the prognosis?**

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

**What HIV symptoms should I watch for?**

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

**Will my employer know the results of my test?**

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

## Precautions

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

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

## Job situations which may result in exposure include:

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



that might be contaminated with infected blood.

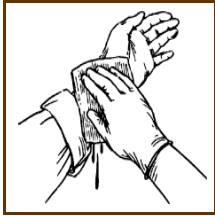
- Providing emergency first-aid assistance to co-workers. It is important that you use universal precautions to prevent becoming infected by contaminated blood. Universal precautions means that all blood and body fluids are considered potentially infectious.

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

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



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



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

### **Summary**

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

Knowing how infection occurs is the first step in preventing the spread of disease. Certain factors and behaviors put employees at risk. Avoid these behaviors as much as you can. Education combined with practicing safe behaviors can save your life.

## **Section 2: Decontamination and Infection Control**

### **Introduction**

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

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

### **Objectives**

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

## **Professional Salon Environment**

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

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

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

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

Popular forms of sanitation are described below.

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

house hold bleach, has for many years been utilized as a disinfectant at killing germs. As a result of more advanced techniques now being used, bleach is not the preferred method for decontamination. It is, however, very effective on floors, sinks, and general cleaning around the salon.

- **Ultrasonic Cleaners** are used in some salons but must be used with a **disinfectant**. The advantage of this device is that it may reach tiny crevices that may otherwise be omitted in the cleaning and sanitizing process.
- **Disinfection** is also a part of operating a safe salon. **Disinfection** is used when objects can be damaged due to exposure to extreme heat. Disinfection kills microorganisms with the exception of spores. It is important to understand that disinfectants should never be used on clients.

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

### **Safety Precautions**

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

### **Look at the following definition.**

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

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

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

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

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

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

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

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

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

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

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

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

## **Organizing an M.S.D.S. Notebook**

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

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



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

# Material Safety Data Sheet

<b>I Product:</b> COMMERCIAL SOLUTIONS® LIQUID-PLUMR® HEAVY DUTY CLOG OPENER	
<b>Description:</b> CLEAR ALKALINE LIQUID WITH A CHLORINE ODOR	
<b>Other Designations</b>	<b>Distributor</b>
Drain Cleaner	Clorox Sales Company 1221 Broadway Oakland, CA 94612
<b>Emergency Telephone Nos.</b>	
For Medical Emergencies call: (800) 446-1014 For Transportation Emergencies Chemtrec (800) 424-9300	

<b>II Health Hazard Data</b>	<b>III Hazardous Ingredients</b>									
<p><b>CORROSIVE</b> to the eyes. Injures eyes, skin and mucous membranes on contact. Harmful if swallowed, nausea, vomiting, and burning sensation of the mouth and throat may occur. No adverse health effects are expected with recommended use. Occasional clinical reports suggest a low potential for sensitization upon exaggerated exposure to sodium hypochlorite if skin damage (e.g. irritation) occurs during exposure. However, clinical tests conducted on intact skin with Liquid-Plumr found no sensitization in the test subjects.</p> <p>Although not expected, heart conditions or chronic respiratory problems such as asthma, chronic bronchitis or obstructive lung disease may be aggravated by exposure to high concentrations of vapor or mist.</p> <p><b>FIRST AID:</b>  <b>EYE CONTACT:</b> Immediately flush eyes with water for 15 minutes. Contact a physician.  <b>SKIN CONTACT:</b> Remove contaminated clothing. Flush skin with water. Contact a physician if irritation or discomfort persists.  <b>INGESTION:</b> Drink a glassful of water. DO NOT induce vomiting. Immediately contact a physician or Poison Control Center.  <b>INHALATION:</b> Remove from exposure to fresh air.      HMIS/NFPA: H=3, F=0, R=1, PP=B  <b>HMIS Hazard Scale:</b> 1=slight 2=moderate 3=serious 4=severe</p>	<table border="1"> <thead> <tr> <th>Ingredient</th> <th>Concentration</th> <th>Worker Exposure Limit</th> </tr> </thead> <tbody> <tr> <td>Sodium hypochlorite CAS# 7681-52-9</td> <td>5-10%</td> <td>Not established</td> </tr> <tr> <td>Sodium hydroxide CAS # 1310-73-2</td> <td>0.5-2%</td> <td>2 mg/m<sup>3</sup> - TLV-Ceiling limit<sup>a</sup> 2 mg/m<sup>3</sup> - PEL<sup>b</sup></td> </tr> </tbody> </table> <p><sup>a</sup>TLV-Ceiling limit = ACGIH Threshold Limit Value-Ceiling limit  <sup>b</sup>PEL = OSHA Permissible Exposure Limit-Time Weighted Average</p> <p>None of the materials in this product are on the IARC, OSHA, or NTP carcinogen lists.</p>	Ingredient	Concentration	Worker Exposure Limit	Sodium hypochlorite CAS# 7681-52-9	5-10%	Not established	Sodium hydroxide CAS # 1310-73-2	0.5-2%	2 mg/m <sup>3</sup> - TLV-Ceiling limit <sup>a</sup> 2 mg/m <sup>3</sup> - PEL <sup>b</sup>
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Sodium hydroxide CAS # 1310-73-2	0.5-2%	2 mg/m <sup>3</sup> - TLV-Ceiling limit <sup>a</sup> 2 mg/m <sup>3</sup> - PEL <sup>b</sup>								

<b>IV Special Protection and Precautions</b>	<b>V Transportation and Regulatory Data</b>
<p><b>Hygienic Practices:</b> Wash skin after direct contact. Do not wear product-contaminated clothing.</p> <p><b>Engineering Controls:</b> Use general ventilation to minimize exposure to vapors.</p> <p><b>Personal Protective Equipment:</b> Wear safety glasses and gloves. The availability of an eye wash and shower is recommended in a manufacturing environment.</p> <p><b>KEEP OUT OF REACH OF CHILDREN.</b> Avoid all splashing, particularly in eyes, on skin and on clothing. Keep children away from basins containing Liquid-Plumr®. Do not use Liquid-Plumr® with plunger or in toilets. Do not use Liquid-Plumr® with ammonia, toilet bowl cleaners or other drain openers. Do not reuse empty container. Rinse container and replace cap before discarding.</p>	<p><b>DOT/ATA/MDG:</b> Not restricted.</p> <p><b>EPA - SARA Title III/CERCLA:</b> This product is regulated under Sections 311/312. This product contains no chemicals regulated under Section 313 and contains sodium hypochlorite and sodium hydroxide which are regulated under Section 304/CERCLA.</p>

<b>VI Spill Procedures/Waste Disposal</b>	<b>VII Reactivity Data</b>
<p><b>Spill Procedures:</b> Absorb and containerize. Wash residual down to sanitary sewer. Contact the sanitary treatment facility in advance to assure ability to process washed down material. For spills of multiple products, responders should evaluate the MSDS's of the products for incompatibility with sodium hypochlorite. Breathing protection should be worn in enclosed, and/or poorly ventilated areas until hazard assessment is complete.</p> <p><b>Waste Disposal:</b> Dispose of in accordance with all applicable federal, state, and local regulations.</p>	<p>Stable under normal use and storage conditions.</p> <p>Reacts with other household chemicals such as acid toilet bowl cleaners, rust removers, acids, and ammonia-containing products to produce hazardous gases, such as chlorine and other chlorinated compounds.</p>

<b>VIII Fire and Explosion Data</b>	<b>IX Physical Data</b>
<p>Not flammable or explosive. In a fire, cool containers to prevent rupture and release of sodium chlorate.</p>	<p>Boiling point ..... ~212°F/100°C (decomposes)          Specific gravity ..... ~1.1          Solubility in Water ..... complete          pH ..... ~13.2</p>

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 DATA SUPPLIED IS FOR U.S. ONLY IN CONNECTION WITH OCCUPATIONAL SAFETY AND HEALTH DATE PREPARED 4/02

## **Section 3: Skin, Diseases, Disorders**

### **Introduction**

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

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

The skin has appendages that include the hair, sweat and oil glands, and the nails.

Composed of the substance known as keratin, this protein gives the skin its protective ability. The skin is slightly acidic in pH, which enables good immunity responses to intruding organisms.

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

### **Objectives**

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

### **Anatomy and Histology of the Skin**

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

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

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

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

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

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

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

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

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

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

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

### **Nerves of the Skin**

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

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

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

### **Glands of the Skin**

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

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

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

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

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

### **Nourishment of the Skin**

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

### **Functions of the Skin**

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

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

H – eat regulation – maintains body temperature of 98.6

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

P – rotection – from bacterial invasion

E – xcretion – sweat glands excrete perspiration

S – ecretion - sebum is secreted by the sebaceous glands

### **Terminology**

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

**Dermatologist** a medical skin specialist

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

**Disorder** abnormal condition usually not contagious

**Immunity** freedom from or resistance to disease

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

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

### **Diseases and Disorders**

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

CAUTION: DO NOT TREAT OR REMOVE  
HAIR FROM MOLES.

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

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

## **Skin Conditions /Descriptions**

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

## **Disorders of the Sebaceous Glands**

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

**Furuncle**                    boil-a subcutaneous abscess that fills with pus

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

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

### **Disorders of the Sudoriferous Glands**

**Bromidrosis**                osmidrosis=foul-smelling perspiration

**Anhidrosis**                lack of perspiration

**Hyperhidrosis**            excessive perspiration

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

### **Hypertrophies**

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

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

**Verruca**                    wart, a viral infection of the epidermis-benign

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

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

## **Inflammations**

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

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

### **Herpes Simplex/**

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

## **Allergy Related Dermatitis**

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

**Dermatitis Medicamentosa** dermatitis that occurs after an injection of a substance

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

## **Primary Skin Lesions**

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

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

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

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

**Tumor** external swelling-varies in size, shape & color

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

**Bulla** blister containing a watery fluid-larger than a vesicle

**Pustule** elevation with inflamed base, containing pus

### **Secondary Skin Lesions**

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

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

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

**Fissure** crack in the skin penetrating into the dermis

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

### **Acne Scars**

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

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

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

### **Contagious Disorders**

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

Tinea Unguium - Ringworm of Nails

Tinea Capitis - Ringworm of Scalp

Tinea Sycosis - Barber's Itch

Tinea Favosa - Honeycomb Ringworm

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

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

### **Extremely Serious Disorders-Skin Cancers**

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

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

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

**Tumor** abnormal growth of swollen tissue

### **Nail Diseases/Disorders**

**Onychophagy** nail biting

**Onychogryposis** overcurvature of the nail- clawlike

**Pterygium** sticky overgrowth of the cuticle

**Eggshell Nail** extremely thin nail  
**Leuconychia** white spots under the nail plate

**Paronychia** bacterial inflammation of tissue (perionychium) around the nail

**Tinea Corporis** ringworm of the hand

**Tinea Pedis** ringworm of the foot

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

#### ■ Hair Disease/Disorders

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

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

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

**Asteatosis** excessive dry skin

Websites: Online Dermatology Resources

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

**Skin Conditions /Descriptions**

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small, yellow to brown spots



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moth patches, liver spots = increased deposits of pigment



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abnormal light patches due to congenital defective pigmentations



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acquired condition of leucoderma-may affect skin or hair



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congenital absence of melanin pigment

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abnormal, brown, skin patches having a circular & irregular shape

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blackheads, a worm-like mass of keratinized cells & hardened sebum



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acne-pimples

**Acne Rosacea**

chronic inflammatory congestion of the cheeks & nose



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Oleosa = Oily Dandruff**

overactive sebaceous glands-often the basis of acne

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



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

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boil-a subcutaneous abscess that fills with pus



**Cysts**

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



**Pimples**

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## Disorders of the Sudoriferous Glands

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**Herpes Zoster = Shingles** on a red swollen base



Herpes Simplex



Herpes Zoster

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



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### Tumor

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### Contagious Disorders

Tinea

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Tinea Sycosis - Barber's Itch

Tinea Favosa - Honeycomb Ringworm

Tinea Unguium - Ringworm of Nails

Athlete's Foot - Ringworm of Feet

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



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abnormal growth of swollen tissue

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nail biting



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sticky overgrowth of the cuticle

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extremely thin nail

**Leuconychia**

white spots under the nail plate



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bacterial inflammation of tissue (perionychium) around the nail

**Tinea Corporis**

ringworm of the hand



**Tinea Pedis**

ringworm of the foot



**Agnail**

hangnail



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an inflammation somewhere in the nail



**Onychocyanosis**

blue nail (usually caused by poor circulation)

**Hematoma Nail**

bruised nail (usually caused by a hammer or slammed door)



**Tinea Unguium**

onychomycosis-ringworm of the nail



**Onychorrexia**

split or brittle nails with a series of lengthwise ridges



**Beau's Lines**

ridges/corrugations/furrows



**Onychatrophia**

atrophy or wasting away of the nail



**Onychocryptosis**

ingrown nail



**Onychauxis** overgrowth of the nail plate

**Onychosis** any nail disease

**Onychophosis** accumulation of horny layers of epidermis under the nail



#### **Hair Disease/Disorders**

**Pityriasis Capitis Simplex** dry dandruff

**Pityriasis Capitis Steatoids Seborrhea Oleosa = Oily Dandruff** greasy dandruff

**Trichoptilosis** split hair ends

**Trichorrehexis Nodosa** knotted  
**Tinea Favosa** honeycomb ringworm

**Tinea Capitis** ringworm of the scalp



**Tinea Sycosis** barber's itch

**Androgenetic Alopecia** common hereditary hair loss

**Alopecia Adnata**

loss of hair shortly after birth

**Alopecia Areata**

hair loss in patches



**Alopecia Follicularis**

hair loss caused by inflammation of hair follicles



**Alopecia Prematura**

hair loss early in life

**Alopecia Senilis**

hair loss from old age

**Alopecia Totalis**

hair loss from entire scalp

**Alopecia Universalis  
Traction/Traumatic  
Alopecia**

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

**Postpartum  
Alopecia**

temporary hair loss at the conclusion  
of pregnancy

**Telogen Effluven**

hair loss during the telogen phase of the hair  
growth cycle



**Canities** gray hair

**Pediculosis Capitis** headlice

**Monilithrix** beaded hair

**Fragilitis Crinium** brittle hair

**Hirsuties/Hypertrichosis** superfluous hair, excessive

**Scabies** contagious disease caused by the itch mite



**Impetigo/Infantigo** highly contagious bacterial infection, usually staphylococcal



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



<b>Keloids</b>	forms when excess collagen forms at the site of a healing scar-overhealing
<b>Asteatosis</b>	excessive dry skin

## Appendix A

### **Georgia State Board of Cosmetology Glossary of Legal Definitions**

#### **Nail Technician:**

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

#### **Esthetician or Esthetics Operator:**

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

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

Such practices of esthetics shall not include the diagnosis, treatment, or therapy of any dermatological condition.

#### **Cosmetologist**

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

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

- Performs the services of an esthetician as defined in Esthetician or Esthetics Operator

Such person shall be considered as practicing the occupation of a cosmetologist within the meaning of this code

**Master Cosmetologist:**

A cosmetologist who is possessed of the requisite skill and knowledge to perform properly all the services mentioned under Cosmetologist above.

**Appendix B**

**Georgia State Board of Cosmetology  
Sanitary Regulations For Salons And Schools**

1. All establishments wherein cosmetology, nail care, or esthetics is practiced or taught within the State of Georgia must provide suitable quarters equipped to give adequate services subject to inspection by constituted representatives of the Georgia State Board of Cosmetology.
2. Separate space must be provided for a cosmetology, esthetic, or nail care establishment. The use of any such space for sleeping, dining or any other domestic purpose is prohibited.
3. Space used for a cosmetology, esthetic, or nail care establishment must be separated by tight, ceiling high partitions from residence rooms.
4. Each establishment must have proper toilet and plumbing facilities and adequate supply of hot and cold running water in accordance with the recognized health standards.
5. Walls, ceilings, floors, furniture and equipment must be free from dust and debris.
6. Shampoo bowls and sinks, and service sinks must be thoroughly cleansed and sanitized.
7. Towels, after being used once, must be placed in a covered container until properly laundered.
8. The use of any article that is not properly cleansed and sanitized is prohibited.
9. All waste material must be removed daily. Garbage shall be stored in a covered washable container and shall not be left in the establishment overnight.

**10.** Professional implements and tools shall be cleansed thoroughly with soap and water and sanitized by using recommended disinfectants approved by the Georgia Department of Human Resources, Environmental Health Section.

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

**12.** It shall be unlawful to allow pets in a cosmetology, esthetic, or nail care establishment. 130-5-.08 Recommended Disinfection Approved by the Georgia Department of Human Resources, Environmental Health Section.

(1) Wet Disinfection Standards.

(a) All tools and implements, except those which come in contact with blood or body fluids, must be disinfected by complete immersion in any EPA registered, hospital grade, bactericidal, virucidal, and fungicidal disinfectant that is prepared and used according to the manufacturer's directions.

(b) All tools and implements which come in contact with blood or body fluids must be disinfected by complete immersion in any EPA registered, hospital grade, and tuberculocidal disinfectant that is prepared and used according to the manufacturer's directions.

(2) Dry Disinfection Standards

(a) After thoroughly washing in detergent and warm water, items may be disinfected, using ultra violet ray exposures according to the ultra violet equipment supplier's recommendations, provided that lamps are replaced and dates of replacement recorded as indicated by test results.

(3) Storage Standards.

(a) Disinfected implements must be stored in a disinfected, dry and covered container (Any EPA Approved dry disinfectant may be used)

## **Appendix C**

### **Georgia State Board of Cosmetology Sanitation and Health Code**

#### **Shampoo Equipment. Amended**

#### **130-5-.01**

130-5-.01 Shampoo Equipment. Amended. Shampoo bowls must be thoroughly cleansed and kept clean. Authority O.C.G.A Sec. 43-10-6. History. Original Rule

entitled "Pets" was filed and effective on June 30, 1965. Amended: Rule repealed and a new Rule entitled "Shampoo Equipment" adopted. Filed February 25, 1986; effective March 17, 1986.

### **Linens**

#### **130-5-.02**

130-5-.02 Linens. Towels, after being used once, must be placed in a container until properly laundered. Clean towels must be kept in a closed cabinet. Authority O.C.G.A Sec. 43-10-6. History. Original Rule entitled "Linens" was filed on February 25, 1986; effective March 17, 1986.

### **Sterilization. Amended**

#### **130-5-.03**

130-5-.03 Sterilization. Amended. The use on any patron of any article that is not properly cleansed and sterilized is prohibited. Hands must be properly cleansed and sterilized prior to servicing each client. Authority O.C.G.A Sec. 43-10-6. History. Original Rule entitled "Sterilization" was met on February 25, 1986; effective March 17, 1986. Repealed: New Rule of same title adopted. F. Jul. 20, 1993; eff. Aug. 9, 1993.

### **Waste and Garbage. Amended**

#### **130-5-.04**

130-5-.04 Waste and Garbage. Amended. All waste material must be removed daily. Garbage shall be stored in a covered, washable container and shall not be left in the establishment overnight. Each establishment must be free from stale food and soiled dishes. Authority O.C.G.A Sec. 43-10-6. History. Original Rule entitled "Waste and Garbage" was filed on February 25, 1986; effective March 17, 1986. Repealed: New Rule of same title adopted. F. Jul. 20, 1993; eff. Aug. 9, 1993.

### **Cleaning of Implements. Amended**

#### **130-5-.05**

130-5-.05 Cleaning of Implements. Amended. Cosmetology, nail care and esthetician implements shall be cleansed thoroughly with soap and water and sanitized by using recommended disinfectants approved by the Georgia State Department of Health. Each salon must include wet and dry sanitizers. Authority O.C.G.A. Sec. 48-10-6. History. Original Rule entitled "Cleaning of Implements" was filed on February 25, 1986; effective March 17, 1986. Repealed: New Rule of same title adopted. F. Jul. 20, 1993; eff. Aug. 9, 1993.

## **Storage of Preparations**

### **130-5-.06**

130-5-.06 Storage of Preparations. Creams, lotions and other cosmetics for use on patrons must be kept in sanitary, closed containers. Authority O.C.G.A. Sec. 43-10-6. History. Original Rule entitled "Storage of Preparations" was filed on February 25, 1986; effective March 17, 1986.

## **Recommended Disinfection Approved by the Georgia Department of Human Resources, Environmental Health**

### **130-5-.08**

130-5-.08 Recommended Disinfection Approved by the Georgia Department of Human Resources, Environmental Health Section.

#### (1) Wet Disinfection Standards.

(a) All tools and implements, except those which come in contact with blood or body fluids, must be disinfected by complete immersion in any EPA registered, hospital grade, bactericidal, virucidal, and fungicidal disinfectant that is prepared and used according to the manufacturer's directions.

(b) All tools and implements which come in contact with blood or body fluids must be disinfected by complete immersion in any EPA registered, hospital grade, and tuberculocidal disinfectant that is prepared and used according to the manufacturer's directions.

#### (2) Dry Disinfection Standards.

(a) After thoroughly washing in detergent and warm water, items may be disinfected, using ultra violet ray exposures according to the ultra violet equipment supplier's recommendations, provided that lamps are replaced and dates of replacement recorded as indicated by test results.

#### (3) Storage Standards.

(a) Disinfected implements must be stored in a disinfected, dry and covered container (Any EPA approved dry disinfectant may be used). Authority O.C.G.A. Sec. 43-10-6. History. Original Rule entitled "Recommended Disinfection—Approved by the Georgia State Board of Health" was filed on February 25, 1986; effective March 17, 1986. Amended: Rule retitled "Recommended Disinfection Approved by the Georgia Department of Human Resources, Environmental Health Section". F. Oct. 20, 1995; eff. Nov. 9, 1995.

## **Protective Clothing**

### **130-5-.09**

130-5-.09 Protective Clothing. Cosmetologists in Georgia are required to abide by all federal and state laws for cosmetology. The profession of cosmetology is within the guidelines of the rules promulgated by The Occupational Safety and Health Administration (OSHA). Cosmetologists are also subject to Georgia Annotated Code Section 43-1-19. Practitioners of the cosmetology profession in Georgia shall wear appropriate protective clothing for clinical services to prevent occupational exposure of potential infectious materials. Appropriate clothing shall include, but not limited to clinical jackets, gloves and/or similar outer garments for the protection of infectious or harmful materials. Authority O.C.G.A. Sec. 43-1-9. History. Original Rule entitled "Protective Clothing" adopted. F. May 10, 1993; eff. May 30, 1993.

This concludes Module 2: DTAE Health and Safety and completes the reading material for the Georgia 5 Hour Esthetician CE Course (5 total hours)

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