

# GEORGIA

## Nail Technician / Esthetician 2023 Continuing Education



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# WHAT'S INSIDE

<b>Chapter 1: Georgia TCSG Health and Safety (Mandatory)</b> <b>[3 CE Hours]</b> _____	<b>1</b>
Understanding that normal skin is composed of keratin, slightly acidic in pH, and is waterproof will help in learning the histology of skin disease and disorders.	
<b>Chapter 2: Sensitivity in the Workplace</b> <b>[2 CE Hours]</b> _____	<b>19</b>
This course will discuss the importance of sensitivity in the workplace through identifying key points of good communication and emphasizing the importance of respect and equality. Additionally, the course will examine best workplace practices and provide insight to acceptable professional conduct.	
<b>Final Examination Answer Sheet</b> _____	<b>28</b>



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# FREQUENTLY ASKED QUESTIONS

## What are the requirements for license renewal?

Licenses Expire	CE Hours	Mandatory Subjects
Cosmetologists expire on 3/31 of the even year. Nail Technicians and Estheticians expire on 8/31 of the odd year.	5 (All hours are allowed through home-study).	3 hours of Georgia Health and Safety

## How much will it cost?

Course Title	CE Hours	Price
Georgia TCSG Health and Safety (Mandatory)	3	\$15.00
Sensitivity in the Workplace	2	\$10.00
<b>Best Value - Save \$10.05 - All 5 Hours</b>	<b>5</b>	<b>\$14.95</b>



### How do I complete this course and receive my certificate of completion?

See the following page for step by step instructions to complete and receive your certificate.



### What information do I need to provide for course completion and certificate issuance?

Please provide your license number on the test sheet to receive course credit. Your state may require additional information such as date of birth and/or last 4 of Social Security number; please provide these, if applicable.



### Are you a Georgia board-approved provider?

Yes. Colibri Healthcare, LLC is an approved provider by the Georgia State Board of Cosmetology and Barbers to offer CE for Georgia Salon Professionals. Our provider number is CEP-000133.



### Is my information secure?

Yes! We use SSL encryption, and we never share your information with third-parties. We are also rated A+ by the National Better Business Bureau.



### Are my credit hours reported to the Georgia board?

No. The board performs random audits at which time proof of continuing education must be provided.



### Important information for licensees:

Always check your state's board website to determine the number of hours required for renewal, mandatory subjects (as these are subject to change), and the amount that may be completed through home-study. Also, make sure that you notify the board of any changes of address. It is important that your most current address is on file.

### What if I still have questions? What are your business hours?

No problem, we have several options for you to choose from! Online at [EliteLearning.com/Cosmetology](https://www.elitelearning.com/Cosmetology) you will see our robust FAQ section that answers many of your questions, simply click FAQs at the top of the page, e-mail us at [office@elitelearning.com](mailto:office@elitelearning.com), or call us toll free at 1-866-344-0970, Monday - Friday 9:00 am - 6:00 pm, EST.

### Licensing board contact information:

Georgia State Board of Cosmetology | 214 State Capitol Atlanta, GA 30334  
 Phone: (404) 656-2881 | Fax: (404) 656-0513  
 Website: <https://sos.ga.gov/georgia-state-board-cosmetology-and-barbers>

# How to complete continuing education

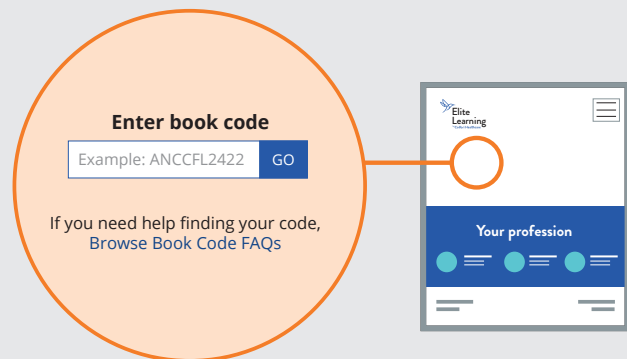
## Please read these instructions before proceeding.

Read and study the enclosed courses and answer the final examination questions. To receive credit for your courses, you must provide your customer information and complete the evaluation. We offer three ways for you to complete. Choose an option below to receive credit and your certificates of completion.

### Fastest way to receive your certificate of completion

#### Online

- Go to [EliteLearning.com/Book](http://EliteLearning.com/Book). Use the book code **NTGA0523** and enter it in the example box that pops up then click **GO**.
- If you already have an account created, sign in to your account with your username and password. If you do not have an account already created, you will need to create one now.
- Follow the online instructions to complete your final exam. Complete the purchase process to receive course credit and your certificate of completion. Please remember to complete the online survey.



#### By mail

- Fill out the answer sheet and evaluation found in the back of this booklet. Please include a check or credit card information and e-mail address. Mail to **Elite, PO Box 37, Ormond Beach, FL 32175**.
- Completions will be processed within 2 business days from the date it is received and certificates will be e-mailed to the address provided.
- Submissions without a valid e-mail will be mailed to the address provided.

#### By fax

- Fill out the answer sheet and evaluation found in the back of this booklet. Please include credit card information and e-mail address. Fax to **(386) 673-3563**.
- All completions will be processed within 2 business days of receipt and certificates e-mailed to the address provided.
- Submissions without a valid e-mail will be mailed to the address provided.

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# Chapter 1: Georgia TCSG Health and Safety (Mandatory)

3 CE Hours

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## SECTION 1: SKIN, DISEASES, DISORDERS

### Table of contents

- Skin, disease, disorders:
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  - Objectives.
- Anatomy and histology of the skin:
  - Nerves of the Skin.
  - Glands of the Skin.
- Nourishment of the Skin.
- Functions of the Skin.
- Terminology.
- Diseases and disorders:
  - Skin Conditions/Descriptions.

### 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.

### Learning objectives

Upon completion of this course, trainees will be able to:

- ◆ 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.

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## 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.

### 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.

### 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

### 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

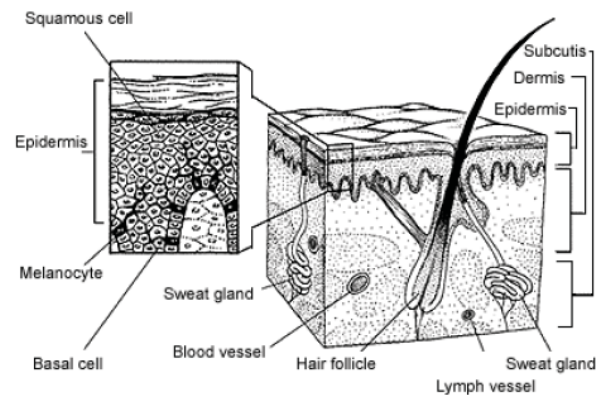
The major functions of the skin are sensation, heat regulation, absorption, protection, excretion, and secretion. The functions of the skin can easily be remembered using the acronym **SHAPES**:

- **SENSATION**: Response to heat, cold, pressure, and pain.
- **HEAT REGULATION**: Maintains body temperature of 98.6.

### Terminology

- **Acute**: Rapid onset with severe symptoms of short duration.
- **Allergy**: Reaction due to extreme sensitivity to normally harmless substances.
- **Blepharoplasty**: Eyelid surgery.
- **Chemical peel**: Chemical solution applied to skin areas causing a mild, controlled burn of the skin.
- **Chronic**: Long duration, usually mild, but often recurring.
- **Contagious**: Communicable; by contact.
- **Dermabrasion**: Sandblasting irregularities of the skin.
- **Dermatologist**: A medical skin specialist.
- **Dermatology**: Study of the skin, its nature, functions, and treatment.
- **Diagnosis**: Recognition of a disease by its symptoms.

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.



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.

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.

- **ABSORPTION**: Substances can enter the body through the skin and affect it to a minor degree.
- **PROTECTION**: From bacterial invasion.
- **EXCRETION**: Sweat glands excrete perspiration.
- **SECRETION**: Sebum is secreted by the sebaceous glands.

- **Disease**: A pathological condition of the body, organ, or mind making it incapable of carrying on normal functions.
- **Disorder**: Abnormal condition usually not contagious.
- **Epidemic**: Emergence of a disease that affects a large number of people simultaneously.
- **Etiology**: Study of the causes of diseases.
- **Immunity**: Freedom from or resistance to disease.
- **Infectious**: Invasion of body tissue by bacteria that cause disease.
- **Inflammation**: Skin disorder characterized by redness, pain, edema, and heat.
- **Injectable fillers**: Tiny injections of collagen to soften wrinkles.

- **Integumentary system:** One of the 10 systems of the body; pertains to the skin, its appendages and functions.
- **Mentoplasty:** Chin surgery.
- **Objective symptom:** Visible symptom.
- **Occupational:** Due to certain kinds of employment.
- **Parasitic:** Caused by vegetable or animal parasites.
- **Pathogenic:** Produced by disease causing bacteria.
- **Pathology:** Study of disease.
- **Prognosis:** Foretelling of the probable course of a disease.
- **Retin-A:** Prescription cream used in the treatment of acne.
- **Rhinoplasty:** Plastic surgery of the nose.
- **Rhytidectomy:** Face lift.
- **Seasonal:** Influenced by weather.
- **Subjective symptom:** Symptom that can be felt by client, but not by observation.
- **Systemic:** Due to over or under functioning of the internal glands.
- **Trichology:** Study of hair.
- **Venereal disease:** Acquired by sexual contact.

## 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 infections diseases. Some disorders can be treated in cooperation with and under the supervision of a physician.

### Skin conditions/descriptions

**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.

**CAUTION: DO NOT TREAT OR REMOVE HAIR FROM MOLES.**

Condition/Disease/Disorder	Description
<b>Pigmented Lesions</b>	
Lentigo	Small, yellow to brown spots.
Chloasma	Moth patches, liver spots = increased deposits of pigment.
Naevus	Birthmark (portwine or strawberry) small-large malformation of skin due to pigmentation or dilated capillaries.
Leucoderma	Abnormal light patches due to congenital defective pigmentations.
Vitiligo	Acquired condition of leucoderma-may affect skin or hair.
Albinism	Congenital absence of melanin pigment.
Stain	Abnormal, brown, skin patches having a circular & irregular shape.
<b>Disorders of the Sebaceous Glands</b>	
Comedones	Blackheads, a worm-like mass of keratinized cells & hardened sebum.
Milia	Whiteheads, an accumulation of dead, keratinized cells and sebaceous matter trapped beneath the skin.
Acne Simplex	Chronic inflammatory disorder usually related to hormonal changes & overactive sebaceous glands.
Acne Vulgaris	Acne-pimples.
Acne Rosacea	Chronic inflammatory congestion of the cheeks & nose.
Seborrhea/Seborrhea Oleosa = Oily Dandruff	Overactive sebaceous glands-often the basis of acne.
Steatoma	Wen or sebaceous cyst (subcutaneous tumor) ranges in size from a pea to an orange.
Asteatosis	Dry, scaly skin characterized by absolute or partial deficiency of sebum.
Furuncle	Boil-a subcutaneous abscess that fills with pus.
Cysts	Sac-like, elevated (usually round) area, contains liquid or semi-liquid substance-when a follicle ruptures deep within the dermis & irritating oil & dead cells seep into the surrounding 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.
<b>Disorders of the Sudoriferous Glands</b>	
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.

Condition/Disease/Disorder	Description
<b>Hypertrophies</b>	
Keratoma	Callus-superficial, round, thickening of the epidermis caused by friction (inward growth is called a <i>corn</i> ).
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.
<b>Inflammations</b>	
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.
<b>Allergy Related Dermatitis</b>	
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.
<b>Primary Skin Lesions</b>	
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.
<b>Secondary Skin Lesions</b>	
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.
<b>Acne Scars</b>	
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/cysts 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.
<b>Contagious Disorders</b>	
<ul style="list-style-type: none"> <li>• Tinea.</li> <li>• Tinea Capitis - Ringworm of Scalp.</li> <li>• Tinea Sycosis - Barber's Itch.</li> <li>• Tinea Favosa - Honeycomb Ringworm.</li> <li>• Tinea Unguium - Ringworm of Nails.</li> <li>• Athlete's Foot - Ringworm of Feet.</li> </ul>	Ringworm, due to fungi (plant or vegetable parasites) -small reddened patch of little blisters that spread outward and heal in the middle with scaling.
<b>CAUTION!</b> 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.	



Condition/Disease/Disorder	Description
<b>Extremely Serious Disorders-Skin Cancers</b>	
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

Condition/Disease/Disorder	Description
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 Pedia	Ringworm of the foot.
Agnail	Hangnail.
Onychia	An inflammation somewhere in the nail.
Onychocyanosis	Blue nail (usually caused by poor circulation).
Hematoma Nail	Bruised nail (usually caused by a hammer or slammed door).
Tinea Unguium	Onychomycosis-ringworm of the nail.
Onychorrexia	Split or brittle nails with a series of lengthwise ridges.
Beau's Lines	Ridges/corrugations/furrows.
Onychatrophia	Atrophy or wasting away of the nail.
Onychocryptosis	Ingrown nail.
Onychauxis	Overgrowth of the nail plate.
Onychosis	Any nail disease.
Onychophosis	Accumulation of horny layers of epidermis under the nail.

### Hair disease/disorders

Condition/Disease/Disorder	Description
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.

Condition/Disease/Disorder	Description
Alopecia Universalis	Hair loss from entire body.
Traction/Traumatic Alopecia	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	Head lice.
Monilithrix	Beaded hair.
Fragilitis Crinium	Brittle hair.
Hirsuties/Hypertrichosis	Superfluous hair, excessive.
Scabies	Contagious disease caused by the itch mite.
Impetigo/Infantigo	Highly contagious bacterial infection, usually staphylococcal.
Discoid Lupus Erythematosus (DLE)	Chronic autoimmune disorder, causes red often scarring plaques, hair loss, & internal effects.
Keloids	Forms when excess collagen forms at the site of a healing scar-overhealing.
Asteatosis	Excessive dry skin.

**Websites: Online Dermatology Resources**




- <http://tray.dermatology.uiowa.edu/Dermlmag.htm>
- <http://www.medic.mie-u.ac.jp/derma/world/worldd1.htm>
- <http://ww.skin-disease.com/>
- <http://www.skin-cancers.net/>
- <http://www.age-spot.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**



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



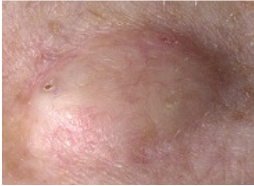



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**CAUTION: DO NOT TREAT OR REMOVE HAIR FROM MOLES.**




PIGMENTED LESIONS	
Condition/Disease/Disorder	Description
Lentigo	Small, yellow to brown spots. 
Chloasma	Moth patches, liver spots: Increased deposits of pigment. 
Naevus	Birthmark (portwine or strawberry) small-large malformation of skin due to pigmentation or dilated capillaries.
Leucoderma	Abnormal light patches due to congenital defective pigmentations. 



Vitiligo	Acquired condition of leucoderma – may affect skin or hair. 
Albinism	Congenital absence of melanin pigment.
Stain	Abnormal, brown, skin patches having a circular and irregular shape.

DISORDERS OF THE SEBACEOUS GLANDS	
Condition/Disease/Disorder	Description
Comedones	Blackheads, a worm-like mass of keratinized cells and hardened sebum. 
Milia	Whiteheads, an accumulation of dead, keratinized cells and sebaceous matter trapped beneath the skin. 



Acne simplex	Chronic inflammatory disorder usually related to hormonal changes and overactive sebaceous glands.	
Acne vulgaris	Acne – pimples.	
Acne rosacea	Chronic inflammatory congestion of the cheeks and nose.	
Seborrhea/seborrhea oleosa: oily dandruff	Overactive sebaceous glands; often the basis of acne.	
Steatoma	Wen or sebaceous cyst (subcutaneous tumor), ranges in size from a pea to an orange.	
Asteatosis	Dry, scaly skin characterized by absolute or partial deficiency of sebum.	
Furuncle	Boil – a subcutaneous abscess that fills with pus.	
Cysts	Sac-like, elevated (usually round) area, contains liquid or semi-liquid substance; when a follicle ruptures deep within the dermis and irritating oil and dead cells seep into the surrounding tissues; often cause acne pits.	
Pimples	Follicle filled with oil, dead cells and bacteria; inflammation causes white blood cells to rush to fight bacteria creating a pus.	

DISORDERS OF THE SUDORIFEROUS GLANDS	
Condition/ Disease/Disorder	Description
Bromidrosis	Osmidrosis: foul-smelling perspiration.
Anhidrosis	Lack of perspiration.
Hyperhidrosis	Excessive perspiration.
Miliaria rubra	Prickly heat-eruptions of small red vesicles accompanied by burning and itching; caused by excessive heat.



HYPERTROPHIES		
Condition/ Disease/Disorder	Description	
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		
Condition/ Disease/Disorder	Description	
Eczema	Dry or moist lesions accompanied by itching, burning and various other unpleasant sensations; usually red, blistered and 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 but not contagious.	


Herpes simplex/	Fever blisters/cold sores; single group of vesicles on a red swollen base.	
Herpes zoster: Shingles		

Vesicle	Blister with clear fluid; lies within or just beneath the epidermis; for example, poison ivy.	
Bulla	Blister containing a watery fluid; larger than a vesicle.	
Pustule	Elevation with inflamed base, containing pus.	




### ALLERGY-RELATED DERMATITIS

Condition/ Disease/Disorder	Description	
Dermatitis Venenata	Allergy to ingredients in cosmetics and such products; protection is the prevention: gloves and protective garb.	
Dermatitis Medicamentosa	Dermatitis that occurs after an injection of a substance.	
Urticaria	Hives: Inflammation caused by an allergy to specific drugs/foods.	




### SECONDARY SKIN LESIONS


Condition/ Disease/Disorder	Description	
Scale	Accumulation of epidermal flakes, dry or greasy; for example, abnormal dandruff.	
Crust	Accumulation of serum and pus mixed with epidermal material; for example, scab.	
Excoriation	Abrasion produced by scratching or scraping; for example, raw surface after injury.	
Fissure	Crack in the skin penetrating into the dermis.	
Ulcer	Open lesion on skin or mucous membrane, accompanied by pus and loss of skin depth.	

### PRIMARY SKIN LESIONS




Condition/ Disease/Disorder	Description	
Macule	Small, discolored spot or patch on the skin's surface, neither raised nor sunken; for example, 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; for example, mosquito bite.	
Tubercle	Solid lump larger than a papule; projects above the skin or lies with it; sized from pea to hickory nut.	
Tumor	External swelling; varies in size, shape and color.	


### ACNE SCARS








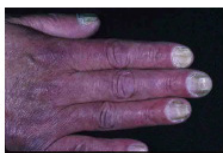

Condition/ Disease/Disorder	Description	
Ice pick scar	Large, visible, open pores that look as if the skin has been jabbed with an ice pick; follicle always looks open; caused by deep pimple or cyst.	
Acne pit scar	Slightly sunken or depressed appearance; caused by pimples/cysts that have destroyed the skin and 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	
Condition/ Disease/Disorder	Description
<ul style="list-style-type: none"> <li>• Tinea</li> <li>• Tinea Capitis – Ringworm of Scalp</li> <li>• Tinea Sycosis – Barber’s Itch (parasites)</li> <li>• Tinea Favosa – Honeycomb Ringworm</li> <li>• Tinea Unguium – Ringworm of Nails</li> <li>• Athlete’s Foot – Ringworm of Feet</li> </ul>	<p>Ringworm, due to fungi (plant or vegetable)small reddened patch of little blisters that spread outward and heal in the middle with scaling.</p> 



**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	
Condition/ Disease/Disorder	Description
Basal cell carcinoma	Least malignant; most common skin cancer; characterized by light or pearly nodules and 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	
Condition/ Disease/Disorder	Description
Onychophagy	Nail biting. 

Onychogryposis	Overcurvature of the nail; clawlike. 
Pterygium	Sticky overgrowth of the cuticle.
Eggshell nail	Extremely thin nail.
Leuconychia	White spots under the nail plate. 
Paronychia	Bacterial inflammation of tissue (perionychium) around the nail.
Tinea corporis	Ringworm of the hand. 
Tinea pedis	Ringworm of the foot. 
Agnail	Hangnail. 
Onychia	An inflammation somewhere in the nail. 
Onychocyanosis	Blue nail (usually caused by poor circulation).
Hematoma nail	Bruised nail (usually caused by a hammer or slammed door). 
Tinea unguium	Onychomycosis; ringworm of the nail. 
Onychorrexia	Split or brittle nails with a series of lengthwise ridges. 

Beau's lines	Ridges/corrugations/furrows.	
Onychatrophia	Atrophy or wasting away of the nail.	
Onychocryptosis	Ingrown nail.	
Onychauxis	Overgrowth of the nail plate.	
Onychosis	Any nail disease.	
Onychophosis	Accumulation of horny layers of epidermis under the nail.	

HAIR DISEASE/DISORDERS		
Condition/Disease/Disorder	Description	
Pityriasis capitis simplex	Dry dandruff.	
Pityriasis capitis steatoids seborrhea Oleosa: Oily dandruff	Greasy dandruff.	
Trichoptilosis	Split hair ends.	
Trichorrehexis nodosa	Knotted.	
Tinea favosa	Honeycomb ringworm.	
Tinea capitis	Ringworm of the scalp.	
Tinea sycosis	Barber's itch.	
Androgenetic alopecia	Common hereditary hair loss.	
Alopecia adnata	Loss of hair shortly after birth.	
Alopecia areata	Hair loss in patches.	

Alopecia follicularis	Hair loss caused by inflammation of hair follicles.	
Alopecia prematura	Hair loss early in life.	
Alopecia senilis	Hair loss from old age.	
Alopecia totalis	Hair loss from entire scalp.	
Alopecia universalis	Hair loss from entire body.	
Traction/traumatic alopecia	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	Head lice.	
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 rrythematosus (DLE)	Chronic autoimmune disorder, causes red often scarring plaques, hair loss and internal effects.	
Keloids	Forms when excess collagen forms at the site of a healing scar; overhealing.	
Asteatosis	Excessive dry skin.	

## SECTION 2: BLOODBORNE PATHOGENS

### Table of contents

- **Introduction:**
  - Objectives.
- **What are Bloodborne Pathogens?**
  - Hepatitis B Virus (HBV).
  - Human Immunodeficiency (HIV).
- **Signs and Symptoms:**
  - Signs and Symptoms of (HBV).
  - Signs and Symptoms of (HIV).
- **Transmission:**
  - Transmission Mediums.
  - Transmission Routes.
- **Risk Factors and Behaviors.**
- **Personal Protective Equipment.**
- **Decontamination & Sterilization**
- **Common Questions:**
  - Discuss with the class:
    - HBV.
    - HIV.
- **Precautions.**
- **Summary.**

### Introduction



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

### Learning objectives

- Upon completion of this course, you will be able to:
- ◆ Discuss bloodborne pathogens.
  - ◆ Identify two bloodborne pathogens of concern in the workplace.
  - ◆ Explain how bloodborne pathogens are transmitted.
  - ◆ List four high risk factors.
  - ◆ Discuss the precautions to be used in the workplace.

## WHAT ARE BLOODBORNE PATHOGENS?

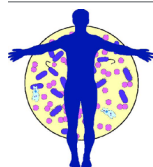
Two types of pathogens of concern in the workplace are:

- Hepatitis B Virus (HBV).
- 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.

#### Signs and symptoms of (HBV)

Discuss and list different signs and symptoms of HBV.

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### 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 of (HIV)

Discuss and list different signs and symptoms of HIV.

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## 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.

### Discuss and list four rules to follow with PPE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

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

### Gloves

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

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



### ALWAYS CHECK YOUR GLOVES FOR DAMAGE BEFORE USING THEM!

### Goggles

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



### Face shields

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



### Aprons

Aprons may be worn to protect your clothing and to keep blood or other contaminated fluids from soaking through to your skin. Normal clothing that becomes contaminated with blood should be removed as soon as possible because fluids can seep through the cloth to come into contact with skin. Contaminated laundry should be handled as little as possible, and it should be placed in an appropriately labeled bag or container until it is decontaminated, disposed of, or laundered.



## SECTION 3: DECONTAMINATION & STERILIZATION

### Table of contents

- Introduction.
- Common Questions:
  - HBV.
  - HIV.
- Precautions.

### Introduction

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 antiretroviral (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

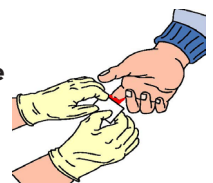
The following precautions should be taken by anyone who has had an exposure incident so that others are not exposed.

- 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.

○ Use latex condoms from start to finish, even if your partner is HIV-positive.

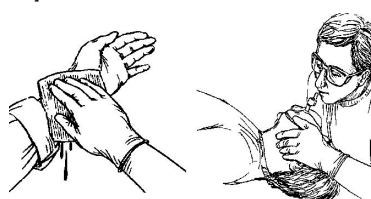
### Job situations which may result in exposure include:

- 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 coworkers.



### Discuss with the class other circumstances in which exposure is possible

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 a potentially infectious.



## Precautions

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

- **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.

## 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.

- **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.

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 4: DECONTAMINATION AND INFECTION CONTROL

### Table of contents

- **Decontamination and Infection Control:**
  - Introduction.
  - Objectives.

- **Professional salon environment.**
- **Safety precautions.**
- **Material Safety Data Sheet (M.S.D.S.)**
  - Organizing an M.S.D.S. notebook.

### 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 provides you 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.

### Learning objectives

Upon completion of this course, you will be able to discuss the importance of:

- ◆ 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, coworkers, 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 definitions:

- **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 I:** 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.).

The following page is an example of an 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 (see example).
- 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.

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

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

### 130-4-.01 Facilities.

1. All facilities (salons/shops or schools) wherein cosmetology services are practiced or taught within the State of Georgia must provide suitable quarters equipped to give adequate services, subject to inspection by representatives of the Georgia State Board of Cosmetology.
2. A beauty facility shall have a permanent and definite location in which the cosmetology professions of master cosmetologist, hair designer, nail technician, and/or esthetician, are practiced in accordance with the laws and rules of the Georgia State Board of Cosmetology. All mobile units, including kiosks, carts, mobile homes, trailers, and motor homes, shall not be licensed as salons/

shops unless they meet all requirements of the Board and are permanently anchored on the ground with wheels detached.

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

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

### 130-4-.03 Facilities (Salon/Shop/School).

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



**The Clorox Company**  
7200 Johnson Drive, Pleasanton, California 94588  
Tel. (510) 847-8100

## Material Safety Data Sheet

**Product: CLOROX GERMICIDAL BLEACH**

**Description: CLEAR, LIGHT YELLOW LIQUID WITH CHLORINE ODOR**

Other Designations	Manufacturer	Emergency Telephone No.
EPA Registration No. 5813-1 Sodium hypochlorite solution Liquid chlorine bleach Clorox Liquid Bleach	The Clorox Company 1221 Broadway Oakland, CA 94612	Rocky Mountain Poison Center (800) 446-1014 For Transportation Emergencies Chemtrec (800) 424-9300

### II. Health Hazard Data

Causes substantial but temporary eye injury. May irritate skin. May cause nausea and vomiting if ingested. Exposure to vapor or mist may irritate nose, throat and lungs. The following medical conditions may be aggravated by exposure to high concentrations of vapor or mist; heart conditions or chronic respiratory problems such as asthma, chronic bronchitis or, obstructive lung disease. Under normal consumer use conditions the likelihood of any adverse health effects are low.

#### FIRST AID:

**EYE CONTACT:** Immediately flush eyes with plenty of water. If irritation persists, see a doctor.

**SKIN CONTACT:** Remove contaminated clothing. Wash area with water.

**INGESTION:** Drink a glassful of water and call a physician.

**INHALATION:** If breathing problems develop remove to fresh air.

### III. Hazardous Ingredients

Ingredients	Concentration	Worker Exposure Limit
Sodium hypochlorite CAS # 7881-52-9	5.25%	Not established

None of the ingredients in this product are on the IARC, NTP or OSHA carcinogen list. Occasional clinical reports suggest a low potential for sensitization upon exaggerated exposure to sodium hypochlorite if skin damage (e.g. irritation) occurs during exposure. Routine clinical tests conducted on intact skin with Clorox Liquid Bleach found no sensitization in the test subjects.

### IV. Special Protection and Precautions

**Hygienic Practices:** Wear safety glasses. With repeated or prolonged use wear gloves.

**Engineering Controls:** Use general ventilation to minimize exposure to vapor or mist.

**Work Practices:** Avoid eye and skin contact and inhalation of vapor or mist.

Keep out of reach of children.

### V. Transportation and Regulatory Data

**U.S. DOT Hazard Class:** Not restricted.

**U.S. DOT Proper Shipping Name:** Hypochlorite solution with not more than 7% available chlorine. Not Restricted per 49CFR172.101(c)(12)(iv).

**Section 313 (Title III Superfund Amendment and Reauthorization Act):** As a consumer product, this product is exempt from supplier notification requirements under Section 313 Title III of the Superfund Amendment and Reauthorization Act of 1988 (reference 40 CFR Part 372).

### VI. Spill or Leak Procedures

#### Small Spills (<5 gallons)

- Absorb, containerize, and landfill in accordance with local regulations.
- Wash down residual to sanitary sewer.\*

#### Large Spills (>5 gallons)

- Absorb, containerize, and landfill in accordance with local regulations; wash down residual to sanitary sewer.\* -OR- (2) Pump material to waste drum(s) and dispose in accordance with local regulations; wash down residual to sanitary sewer.\*

\* Contact the sanitary treatment facility in advance to assure ability to process washed-down material.

### VII. Reactivity Data

Stable under normal use and storage conditions. Strong oxidizing agent. Reacts with other household chemicals such as toilet bowl cleaners, rust removers, vinegar, acids or ammonia containing products to produce hazardous gases, such as chlorine and other chlorinated species. Prolonged contact with metal may cause pitting or discoloration.

### VIII. Fire and Explosion Data

Not flammable or explosive. In a fire, cool containers to prevent rupture and release of sodium chlorate.

### IX. Physical Data

Boiling point:	212 F, 100 C
Specific Gravity (H <sub>2</sub> O)	1085
Solubility in Water:	complete
PH:	11.4

#### 130-4-.04 Cleanliness.

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

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

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

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

- Each salon/shop shall post in an open area the current salon/shop license issued to them by the Georgia State

Board of Cosmetology, or a current copy of the online verification of licensure.

- Each person employed in the salon/shop shall post, in an open area, the current license/permit issued to them by the Georgia State Board of Cosmetology or the Georgia State Board of Barbers, or a current copy of the online verification of licensure.
- Salons/Shops shall have posted in an open area at all times a copy of the most recent inspection report.
- Salons/Shops shall comply with rules for sanitation, health and disinfectants in Chapter 130-5 of the Rules of Georgia State Board of Cosmetology.

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

#### **130-5-.01 Shampoo Equipment.**

Shampoo bowls must be thoroughly cleansed and sanitized.

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

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

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

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

#### **130-5-.04 Waste and Garbage.**

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

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

- All multi-use tools, implements, and equipment used for cosmetology services that come in contact with a client must be cleaned of all visible debris after each use and disinfected after each use by complete saturation or immersion for at least 10 minutes in an EPA-registered, hospital-grade disinfectant according to the manufacturer's directions. Autoclave is an acceptable method of sterilization. Each salon or shop shall provide correct wet disinfection and dry storage standards at all times.
    - Multi-use items constructed of nonporous materials such as metal, glass, or plastic for use on more than one client include, but are not limited to the following items: nail clippers, cuticle nippers, cuticle pushers, scissors, shears, reusable nail forms, manicure and pedicure bowls, foot files, glass, metal and fiberglass files, metal drill bits, tweezers, comedone extractors, brushes, combs, clips, reusable pencil sharpeners, reusable gloves, and any other metal tools/non-porous implements not listed above.
    - Single use items shall be discarded after being used one time. These items include: buffers, emery boards, nail files, sleeves and sanders for electric files, orangewood/birchwood sticks, wooden applicator sticks or spatulas, porous foot files, pedicure slippers and toe separators, disposable gloves, paraffin liners, cotton balls, cotton strips or swabs, neck strips and muslin strips or any items that cannot be disinfected.
  - Wet disinfection standards for tools, implements, or equipment:
    - After cleaning, all tools, implements and equipment must be disinfected by complete saturation or immersion (enough solution to cover all surfaces of the item) for 10 minutes in an EPA-registered, hospital grade disinfectant that is bactericidal, virucidal, fungicidal, and pseudomonacidal. The disinfecting solution must be changed daily and/or prepared according to manufacturer's directions.
    - All tools, implements, or equipment that come in contact with blood or body fluids must be disinfected by complete immersion for a minimum of 10 minutes in an EPA registered disinfectant that is effective against HIV-1 and Human Hepatitis B Virus, or tuberculocidal that is prepared and used according to the manufacturer's directions. Autoclave is an acceptable method of sterilization.
  - Dry storage standards for tools, implements, or equipment:
    - All disinfected tools and implements shall be stored in a sanitary manner in a covered container. The container must be labeled to show that it contains disinfected tools and implements.
- Soiled and dirty tools and implements must be stored in a separate and properly labeled covered container. Soiled and dirty tools and implements shall not be used again until properly cleaned and disinfected according to the procedures stated in this rule.
- Hand washing is required before and between providing services to each client. An anti-bacterial soap is recommended to sanitize the hands and the exposed portions of arms before providing services and after smoking, drinking, eating, and using restrooms.
  - Pedicure equipment cleaning and disinfection procedures to be used for all pedicure equipment that holds water including sinks, bowls, basins, pipe-less, and whirlpool spas are as follows:
    - After each client, all pedicure units must be cleaned with a chelating soap or detergent with water to remove all visible debris, then disinfected with an EPA registered hospital-grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant used according to manufacturer's instructions for at least ten (10) minutes. If the pedicure unit has a foot plate, it should be removed and the area beneath it cleaned, rinsed, and wiped dry.
    - At the end of each day of use, the following procedures shall be used:
      - All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be sanitized. All visible debris in the screen and the inlet must be removed and cleaned with a chelating soap or detergent and water. For all pedicure units, the jet components and/or foot plate must be removed and any debris removed and cleaned. The screen, jet, and/or foot plate must be completely immersed in an EPA-registered, hospital-grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant that is used according to manufacturer's instructions. The screen, jet, and/or foot plate should be replaced after disinfection is completed and the system flushed with warm water and low sudsing soap for 5 minutes, rinsed, and drained.
      - After the above procedures are completed, the basin should be filled with clean water and the correct amount of EPA-registered disinfectant. The solution must be circulated through foot spa system for 10 minutes and the unit then turned off. The solution should remain in the basin for at least 6 to 10 hours. Before using the equipment again, the basin system must be drained and flushed with clean water.
  - Once each week, additional procedures should be performed. After completing the required cleaning procedures for the end of the day, the basin should be filled with water that contains one teaspoon of 5.25% bleach for each gallon of water. The solution should be circulated through the spa system for 5 to 10 minutes and then the solution should sit overnight in the basin, or for at least 6 to 10 hours. Before being used again, the system should be drained and flushed.
  - A record or log book containing the dates and times of all pedicure equipment cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon or shop and made available for review upon request by a consumer and/or an inspector from the Board.
- Signs shall be posted in clear view in the reception area of the salon/shop as follows:
  - Cosmetology laws, rules, and regulations are available upon request.
  - All cosmetology services shall only be performed on intact, healthy scalp, skin, and nails.

- c. Customers should not shave their legs the same day as receiving pedicure services to reduce the risk of infection.
- 7. Signs shall be posted in clear view in the pedicure services area of the salon/shop as follows:
  - a. All cosmetology services shall only be performed on intact, healthy scalp, skin, and nails.
  - b. Customers should not shave their legs the same day as receiving pedicure services to reduce the risk of infection.
  - c. Any razor-like implement, such as a credo blade, shall not be used to reduce the chance of injury or infection.
  - d. Pumice stones shall not be reused from one customer to another to prevent the spread of bacteria.

**130-5-.06 Storage of Preparations.**

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

**130-5-.07 Pets.**

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

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

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

**130-5-.09 Protective Clothing.**

Cosmetologists, hair designers, nail technicians, and estheticians in Georgia are required to abide by all state laws for cosmetology, hair design, nail care, and esthetics. The professions of cosmetology, hair design, nail technology and esthetics are subject to the guidelines and rules promulgated by Georgia State Board of Cosmetology. Cosmetologists, hair designers, nail technicians, estheticians are also subject to the provisions of O.C.G.A. §43-1-19. Practitioners of the cosmetology profession in Georgia shall wear appropriate protective clothing for clinical services to prevent occupational exposure to potential infectious materials.

Appropriate clothing and footwear may include, but not be limited to, clinical jackets, gloves and/or similar outer garments for the protection from infectious or harmful materials.

**SECTION 6: APPENDIX A**

**GEORGIA STATE BOARD OF COSMETOLOGY GLOSSARY OF LEGAL DEFINITIONS**

**Master cosmetologist**

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

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

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

**Hair designer**

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

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

**Esthetician**

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

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

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

**Nail technician**

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

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## Chapter 2: Sensitivity in the Workplace

2 CE Hours

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By: Staff Writer

### Learning objectives

After completing this course, the learner will be able to:

- ◆ Define the meaning of respect.
- ◆ Define the meaning of equality.
- ◆ Identify eight key points of good communication.

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### SENSITIVITY IN THE WORKPLACE

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Every ethnic group, culture, belief, religion, individual, dignitary or commoner; every child, every adult, every human, not only wants it, but deserves it. Countries have gone to war over it, Aretha Franklin sang a song demanding it, and elementary schools around the world spend weeks every year, celebrating it.

What is it that each of us long for? What is it that makes us feel understood? What is it that makes us feel that we “belong”? It is called “respect.” The common thread that creates peace and unity in most places, including the work place, is respect.

The definition of respect (as a noun), according to Webster’s Dictionary, is a “feeling of deep admiration for someone or something elicited by their abilities, qualities, or achievements.” Used as a verb, respect means, “to admire deeply, as a result of one’s abilities, qualities, or achievements.”

Oftentimes, we sit back, staring in admiration at the abilities of athletes. We applaud the achievements of people who overcome disabilities. We try to mimic qualities in others that we ourselves would like to possess. These are all examples of respect.

The way we live our everyday lives spills over in to our work place. People who exhibit positivity at home with their family and friends likely have a positive effect on their co-workers too. Those who are negative, for example, the angry parent yelling at their child’s baseball coach and other team parents at every game, will likely carry negativity into their workplace.

Individuals should ask themselves these questions in order to assess their current position as a team player. Whether it be a positive or negative response, by answering honestly, people will develop more self-awareness.

1. Do I focus on other’s needs?
2. Do I communicate well?
3. Do I use an appropriate tone of voice?
4. Do I appreciate diverse opinions?
5. Do I take responsibility for my own actions?
6. Do I oftentimes complain?
7. Do I speak highly of the company or brand that employees me?
8. Do I speak negatively about others or start/spread gossip?

After answering these questions individuals should consider the answers they gave. They should consider what their boss, co-workers, or clients might say about them. Perhaps an employee might want to be a little more “go with the flow” type of employee or leader. Or maybe they would like to learn more about ways to communicate effectively. As people mature, “good qualities and attributes” should mature, as well.

In a salon and spa work environment, many staff members perform different roles to create a successful team. The greeter welcomes each guest walking through the door. After relaxing in the waiting area, the guest is placed in the hands of the service provider; the designers, skin care professionals, the massage therapists, the nail technicians, the colorists, the barber, the nutritionist. As the guest looks around the salon, hopefully they find the cleaning staff and maintenance staff have been doing a

thorough job. The guest is introduced to the intern who gently removes the color foils, shampoos and conditions their hair. Then, back to the hydraulic styling chair to be finished. Upon completion of the desired service, the guest now makes her way to the front desk receptionist to pay and hopefully rebook.

Wow! What a long list of different roles in a salon! When proper training isn’t given at every level, the number of encounters in which a guest could be offended or “turned off,” are many. If a client were to feel ignored at some point during the appointment, it could cost the salon. The client could choose not to return. Respect is the foundation and key to operating a successful, peaceful salon and spa (and all other types of businesses).

According to BULLYBUSTERS.COM, 80 percent of people polled about the workplace said, “Lack of respect is a serious problem.” Accordingly, business owners should seek out ways to improve working relations with their staff. The first step would be to identify which areas need attention. Business owners could start by speaking with employees and carefully consider any suggestions they may offer.

“Lead by example,” an old adage that speaks volumes. Beginning in team meetings, each staff member should be made aware of and given a clear definition of his or her role, and the expectations placed on them to guarantee good reviews from a guest. Team leaders, managers, and salon and spa owners should treat the staff in a positive and fair manner. By using uplifting and encouraging words, understanding and offering constructive criticism, a leader can instill positive behavior. Using an appropriate tone of voice and treating everyone equally can increase productivity. This can help ensure the staff will, in turn, do the same and respect each other and treat each guest in an appropriate manner.

Aside from a runway-worthy hairstyle, clients are seeking a comfortable, pleasant atmosphere. Every client is different. Their definition of a “comfortable, pleasant atmosphere” will greatly vary. For this reason, it is important to open doors to everyone and acknowledge that one salon may not “satisfy or please” everyone. And, that’s ok. Salons should create a culture and be consistent. Staff members should be kind and professional to everyone regardless of skin color, height, weight, income status, religious preference, or sexual orientation. This is true for coworkers as well as clients.

Some people have difficult personalities to mesh with, while others are friendly, charismatic and appear to be well liked by everyone around them. Stylists should take the time to reflect on what type of person they are: difficult, likeable, or somewhere in between?

Consider the following scenario: while growing up, Amy’s mom owned a small town, “Steel Magnolia-type” beauty shop. It was on a quiet street in a quaint neighborhood. There were six chairs, and she rented out five booths to other stylists. Each stylist had their own dress code. Each stylist scheduled their own appointments and collected their own money from clients.

Amy spent her afternoons as a teenager helping in the salon removing paper from perm rods, sorting magazines, sweeping, mopping, and laundering the capes and towels. Amy helped the five beauticians, as well as her mom. There was only one of the five named Dana however, that showed appreciation for Amy's help. Sometimes, Dana would give Amy a thank-you note or buy her lunch or even just say kind words. She treated her clients in the same manner. She had the busiest schedule and, of course, made the most income and largest tips. Dana didn't grumble and complain with each new client about how tough her life was, and she easily changed the subject if someone would speak in a negative manner. Amy did not want to become a cosmetologist, but she admired Dana's work ethic and tried to learn from her.

Amy loved my mom but did not want to follow in her footsteps. Amy dreamed of being an attorney and her back-up plan was to become a travel agent. After all, talking and traveling were two things she found a love for in her early years. Nowhere in the future outlook on her life would the word "beautician" enter her career path plans. Amy learned from experience that salon work was hard; it hurts your feet, it makes your back ache. If you do not consistently wear support hose, your legs may look like a road map created from broken veins. And, sheesh, the people you have to deal with daily were another issue.

Those were Amy's thoughts as she would listen to topics of conversation that often included the next event happening at the local community center or church, sharing dinner recipes, clients' family celebrations, and of course, gossip.

People talked. And talked and talked. Even when they had gel and rollers and clippies in their hair, and were placed under the dryer, they would talk some more. Twenty-five years ago, however, in small-town, USA, there were no smartphones or Internet. "Cultural diversity" was not a hot topic, as most clients and staff lived the same type of lifestyle.

Why would anyone want to subject themselves to this type of "hard labor" in a career? Aside from the long hours and catering to the unappreciative "entitled" clients, celebrating holidays was stressful. When the entire world is on vacation, the service industry is busy! The income, Amy would calculate in her head, did NOT compensate for the amount of labor and love poured into the profession.

In her senior year of high school, Amy picked up a job in a local mall at a wig store, owned by a very nice Asian family. This was her first taste of "cultural diversity" outside of her small town upbringing. The manager, Mrs. Kim, liked the fact that Amy had acquired customer service skills in a salon and had an early understanding of how people cared about their looks. Within the first month, Amy was given a key to the store and allowed to work alone.

Many people would stop in for fun, trying wigs on to sample a new style or color. Eventually, Amy could identify the customers that would purchase versus the ones who would not.

Amy's first encounter with a customer purchasing a wig because she was beginning chemo was within a few days of operating the store alone. The woman walked in with her husband. She smiled sweetly, with the softest skin and beautiful, short, salt and pepper hair. Before she had a chance to introduce herself, Amy jumped up with excitement to help her. Amy recognized her from kindergarten! She was a very popular, well-loved teacher. Now she had cancer. Now, she needed to purchase a wig. Now, she felt like she would somehow be "unattractive" if she were bald.

At the time, Amy was seventeen. She had never before been faced with the "C-Word." Cancer. Amy certainly was not prepared to handle the news. How could she possibly fit and style a wig for her? She deserved so much more than an entry-level employee with little experience. With a sinking feeling and a half smile on her face, Amy walked to the back storeroom. As she chose several shades of hair, in lightweight cap-less style

wigs, she prayed. Her former teacher deserved to look and feel her very best and was depending on Amy to help her.

Amy returned to the styling area, placed the boxes of wigs on the counter, and gently turned the chair to face her teacher toward the mirror. Amy began to explain the differences between human hair and synthetic hair. She remembered hearing Mrs. Kim tell customers, "Be patient. We will find a good one." So, Amy assured her, "We will find one that is closest to the style you currently have." They talked briefly about the teacher's diagnosis and treatment plan, but then easily moved on to more light conversation. She chose not only a wig, but a cloth turban with bangs connected, and all the shampoo and conditioner for her type of hairpieces. Amy had helped this wonderful lady feel as satisfied and happy as possible. Mrs. Kim was very appreciative of the add-on sales.

Amy felt so proud of herself for overcoming the thought of possible failure to please a customer in need. She felt appreciated and respected by the store owner. It was a good day; the beginning of many good days. She wanted to work harder to make each person feel cared for. She wanted to make them feel the best they could, and maybe give them a self-esteem boost. Most of all, she wanted her customers to know that she respected them.

Nearing the end of her senior year, in love with a boy, Amy needed to make some decisions regarding college. She had found such a love working with people and their appearance.. Amy called her mom from the wig store phone and told her that she had changed her mind about going away to college. She had decided to become a hairstylist. As her original thoughts about this career were no secret to her, there was a long pause on the other end of the phone line. Finally, she replied and expressed her happiness about Amy's decision.

After high school, Amy enrolled in a local beauty academy. Having over a year experience in the mall, she experienced a little less culture shock and was prepared to meet many new people during her new adventure. Amy's class was made up of several African-American women, several Caucasian women, a mother and daughter from the Middle East, and one Caucasian, gay man. First day's lesson: Amy was raised somewhat sheltered and, at that time, had never met someone who was comfortable in identifying themselves as "gay." Times change.

Amy was careful in the manner that she treated those that she considered "different." It was not an issue that she didn't like them; it was more an issue of she didn't "understand" exactly what made them different. Time would help ease the tension as they all mostly became friends.

Learning the extreme basics of cosmetology in order to pass state board were the goals of the beauty academy. Rarely, stylist/client relations were discussed. The two big "no-no" topics that students were taught to steer away from were politics and religion. These were two subjects that were considered unprofessional and could spark an unwanted debate.

In the twenty-first century, however, with the advent of social media, the list has grown to include many, many topics that are not "politically correct," or that are considered offensive to others. As people become more aware of other cultures, religions, races, economic status, and history, to name a few, they become more capable of showing compassion and respect to others. Friends, neighbors, teams, organizations, schools, congregations, and co-workers deserve it.

While people cannot completely relate to everyone all the time, everyone has a responsibility as a human being and in the service industry to be pleasant, kind, and helpful to others. "Equality," according to dictionary.com, means, "the state or quality of being equal; correspondence in quantity, degree, value, rank or ability."



Equality in the salon would be easier to obtain if a standard “set of rules and guidelines” was available to follow. But, how do you set standard rules and guidelines when the environment of people is ever changing? In the salon, the mix of clients typically changes every fifteen minutes! Unlike hanging around a water cooler in an office setting, employees must be aware that a “one-time statement” could be heard by multiple people, and not just their immediate coworkers. Using appropriate conversation at all times, on all levels, and treating everyone with the same amount of respect is a good foundation for standards of equality.

Disagreements typically stem from a difference in opinions or miscommunication about a subject or idea. It is easy to get heated when someone blatantly disrespects something you feel passionate about. In a professional environment, employees must maintain an even temper and continue to be kind. It is usually best to talk through issues when you are calm. Stylists should give each person an opportunity to tell his or her side and try to resolve problems as quickly as possible.

Though it's inevitable to like some people more than others, it is never okay to be disrespectful or to intentionally treat someone unfairly. Stylists should aim to find ways to mesh with coworkers. As a service provider, one should find pleasant topics

of conversation. As a leader or boss, one should find ways to create a harmonious team and to strengthen communication skills.

Those who choose not to build relationships with those around you, no matter how alike or how different, you may miss wonderful opportunities of possible friendship.

Stylists who keep in mind the definitions of respect and equality are more equipped to move forward to better themselves, better their place of work, better the community, and better their world!

Discovering helpful ways to improve the salon workplace begins with the foundation. The foundation of each salon is the ownership, management, and the staff. As leadership skills improve, staff interactions and communication will improve, and then team unity will strengthen. This creates a domino effect. The clients will take notice and the team will have a good public reputation.

The last segment asked eight self-evaluation questions, which may help to identify areas of personal improvement. Whether it's becoming better at communicating thoughts, feelings, and ideas, or improving on the tone of voice the following pointers will individuals to improve their interaction with others.

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## FOCUS ON THE NEEDS OF OTHERS

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“One of the most fundamental lessons of leadership is that if you're a leader, it's not about you. It's about the people following you. The best leaders devote almost all of their energy to inspiring and enabling others. Taking care of them is a big part of this.” -George Bradt, writer, Forbes.com.

As a leader in the salon industry, caring more a team ensures better results than micro-managing their cutting and coloring

### Communicating Well

Children are taught to say “please” “thank you,” while sometimes, adults forget. Self-confidence is the first step of good communicating skills. Knowing what to say and when to say it, along with looking someone in the eyes, sets the tone for the conversation. Using proper body language is half the battle. No folded arms! No eye-rolling! And remember to always listen.

Some beauty academies incorporate skills of communication into their curriculum. One helpful exercise is to role play a stylist/

### Appropriate Tone of Voice

Stylists should also consider how others, both clients and coworkers, perceive them. Body language and tone of voice contribute to how others play an important role in a person's interaction with someone else. “Tone” does not simply mean how loud or how soft a person speaks, but it also refers to the attitude behind what someone says.

Consider the following example. In all her years of experience behind the chair, Amy was yelled at only one time. Her feelings were hurt and she walked away feeling mad and embarrassed. After a time of cooling off and wiping away her tears, Amy returned to finish the client's haircut. Miscommunication had led to shorter bangs than she had wanted. (As most stylists know, wet hair is longer than dry hair. When a client asks for a certain length, be sure you know if they are referring to wet or dry hair length!)

### Appreciate Diverse Opinions

The key reason to appreciate diversity in the workplace and to embrace the differences of others is to “see them as potential drivers of change. The more opinions, the more variety, and the more diversity we bring to the table, the more we can unchain our creativity, which is hidden in every one of us.” Anka Wittenberg, Sr. VP and Chief Diversity and Inclusion Officer at SAP. Article, 4 Ways to Embrace Diversity for Workplace Success.

abilities. Using this approach, stylists enjoy learning new hair tips and tricks, and they understand that it's their skill level that will help build their clientele. Typically, the stylists attend hairs shows or hands-on training to increase their skillset. Therefore, leaders should focus more on the stylists' needs to help them perform their job duties.

client conversation and talk about appropriate responses. This helps to prepare the staff as they face challenging clients or coworkers.

With so much learning material available on the internet, stylists can read blogs and articles pertaining to the beauty industry to stay current. Stylists can learn many valuable lessons from someone who has Experience in the industry.

Once the client decided to accept Amy's apology, and return an apology for the “tone” she used on me, it was already too late. The damage had been done. She did not return as Amy's client, nor did she return to the salon. Amy learned many lessons that day. First, the wet versus dry hair length difference. Second, she realized that the old saying, “sticks and stones may break my bones, but words will never hurt me,” was a highly inaccurate phrase. Words can leave a lasting scar that once remembered, can hurt as much as the moment they were first inflicted. The third lesson Amy learned was to always treat others with the same respect you would like to be treated with. And, last but not least, Amy learned to accept responsibility for the mistake and hold her head high to complete a job duty. Amy had begged for another coworker to go back out to the client and take but place. No one would. This was my responsibility.

We all can learn important lessons from the differences we see in others, whether it be a different religious belief, holiday custom, family tradition, style of clothing, et cetera. Individuals do not have to compromise their own beliefs, customs, traditions, or fashion; they simply can watch, learn, listen, respect, and appreciate the differences.

Consider the following example: some of Damon's closest friends do not eat meat. He does not question them or tease

### Take Personal Responsibility

With an estimated net worth of over \$3 billion, it may be safe to take the advice of billionaire Oprah Winfrey on the subject of taking responsibility for your own actions. Ms. Winfrey states, "You are responsible for your life. You can't keep blaming somebody else for your dysfunction. Life is really about moving on."

### Stop Complaining

One bad apple spoils the whole bunch. Well, isn't that the truth? There is usually a "Negative Nelly" on the team that has a tendency to stifle the good mood or attitude of those attending the Monday morning staff meeting.

"Why did we have to show up so early?" Negative Nelly nags. "Are we getting paid extra for this? Why would the boss try to change that policy? I like it the way it is. What do you mean we have to clean our own stations at the end of our shift? I thought there is a cleaning company that handles that."

Negative Nelly huffs and puffs through the salon if the client is late. Negative Nelly huffs and puffs through the salon if the client is too early. Many stylists may be able to think of someone they work with that fits this description. If not, one should consider if they might be that person!

them about it or dangle a piece of steak in their face. They, in turn, respect him and understand that he isn't a vegetarian.

Once individuals accept personal responsibility, it is easier to make necessary changes. In the workplace, leaders should appreciate a staff member who makes a mistake, but is eager to admit the mistake, accept constructive criticism, make the change, and move forward. Good leaders should avoid "reminding" someone of past mistakes, as it belittles them.

Eventually, negativity and complaints become contagious and wear down others throughout the day and week. Instead of just one person, now two, three, four or more have jumped on board with Negative Nelly and an out-of-control army of stylists forms, trying to gang up on their leader.

Leaders should nip situations like this in the bud, take control of the situation, and regain focus on the current topic. If after talking to Negative Nelly and attempting to correct the negativity, a leader cannot find a resolution or there is no change, it might be best to relieve them of their duties within the salon.

The environment of the workplace is crucial and leaders should aim for high standards. The well-being of the staff and their productivity is dependent on a good atmosphere. No one wants to walk in to a "lion's den," feeling as if they may be devoured. Therefore, leaders should try to eliminate negativity.

## SPEAK POSITIVELY ABOUT THE WORKPLACE

Negativity, especially on social media, about the workplace, a boss, a coworker, or a client may land an employee in hot water. If an employee has nothing nice to say about the salon that employs them, then they have one of two options. One, say nothing publicly. An employee should ask to speak privately with their boss to discuss any problems or issues they may be experiencing. It's best to have a follow-up plan in place before the meeting ends. If nothing comes from the meeting or the issue has no resolve, the second option is to leave.

Consider the following example: employees at Posh Salon pride themselves on schedule flexibility to promote a strong family/work balance. Their standard: "God first, family second, workplace third." Upon hiring, each stylist creates their own schedule to fit their family life or lifestyle. The majority of the staff have events or sports, etc. on Saturday. As the leader, Nico takes the responsibility of hiring enough team members to cover Saturdays. She does not demand any certain day or time of the week as mandatory. The schedule does not change week to week. Employees adhere to the schedule because they created it, which helps to prevent call-outs.

Posh offers the largest commission rate in the region. The staff is completely aware of this, as are many other people, including their competitors. Therefore, the salon has a very minimal turnover rate. Stylists who rent booths pay a fair weekly rental, but certain supplies are included, as well as a full-time receptionist for their benefit.

The staff is happy. Not only do they express this during meetings, but Nico hears the positivity from them in the things

### Do Not Start or Spread Gossip

Old Lady Gossip is a mean old gal;

All kinds of trouble she causes.

You'll find her in homes; wherever she roams,

In her work she never pauses.

Nothing can give her more joy and more glee,

Than to start an untrue story

That will smirch the name of a gent or dame,

For it covers her with glory.

-Gertrude Tooley Buckingham, "Old Lady Gossip" (1940s)

they say to clients. She sees the nice posts on social media, and Nico reciprocates the pats on the back. She makes her employees aware of how much they are appreciated, and says complimentary things to them in front of clients, as well.

During an interview several years ago, a young, very charismatic stylist was explaining her resume to Nico, and Nico really liked her. She would have loved to hire her based on her high-fashion hairstyle, wardrobe, and her portfolio. However, as she ran through the list of negatives of all the previous salons she was employed by, it sent up a red flag. In salon number one, she had received no training. Salon number two, she had to share a station because she was only part time. Salon number three was dirty. Nico asked her if she tried to help with the cleaning of the salon. She asked specifics about the stylist's station, her own equipment, color bowls, and towels. Her answer, "I don't have time." She didn't have time to clean up after herself, let alone the entire salon. Nico's immediate thought was, "Nor do I have time to clean up after the capable staff."

Employees who say positive words about the salon they are currently employed by, or even formerly employed by, can speak volumes about their character. "It doesn't matter if the glass is half empty or half full. Be grateful that you have a glass, and there is something in it."

A good rule of thumb regarding social media is if an employee is unsure about acceptable workplace reference usage, they should ask their manager or refer to the employee handbook. If still in doubt after that, the employee should refrain from posting. Better to be safe than sorry.

Gossip, is perhaps one of the most important topics that each individual could use improvement on. Individuals should consider the following questions: Have you ever been the topic of another person's conversation? Have you ever been lied on? Have you ever been confronted about a "truth" that someone heard about you? Yes, even telling the truth about someone or spreading something as a "put down" to that person, or to get a laugh, is wrong.

Consider the following example. Aisha has been involved in many conversations that took a wrong turn. As a matter of fact, she was the “driver” of some of those conversations. Although she would not participate in any form of malicious conversation, she would tell what she considered to be the “facts.” Aisha would tell the “facts” even if the highlighted person would possibly be embarrassed, or have hurt feelings over her sharing “the facts.” Aisha did not feel it was classified as gossip if what she was saying was true. That is, until she realized that what she

perceived to be harmless conversation was, in fact, damaging at times. She was a gossip. This was hard for her to admit, but it was the truth. (And, because Aisha takes responsibility for her own actions, she admitted her faults and corrected them.)

Aisha lost a few clients along the way. She lost a few friends along the way. Gossip can lead to a high price to pay. There is an entire world of good topics for discussion; other people should not be one of them.

## CONTINUE THE JOURNEY

As individuals strive to better themselves and those around them, they should make it their mission to read articles on specific topics and issues that pertain to them and you’re their workplace, as well as their role in the workplace.

Leadership conferences, webinars, self-help books, professional analysts, and even one-hour classes at local trade shows can offer pointers for stylists to incorporate into their own life and workplace.

According to Certified Professional Behavioral Analyst, Beverly Flaxington, 99 percent of career success hinges on a person’s ability to communicate well; foster mutually beneficial relationships at work; and earn the respect and loyalty of bosses, coworkers, clients, and customers.

As the author of five books, Ms. Flaxington shares thirteen powerful behaviors to practice in the workplace. She suggests that, “If you can master these over the course of the next year, your career will take a giant leap.”

**Confront Thoughtfully**—Learn the best practice in giving feedback.

**Don’t Assume**—Assumptions are one of the leading culprits in misunderstanding. Learn to love the question, “Why?”

**Pay Attention to Culture**—Pay attention to what is acceptable and what is not at work.

**Stop Fixing Others**—It’s often easier to see others’ flaws and missteps than our own. Focus on personal behavior and allow others to make their own mistakes.

**Avoid Difficult People**—There may always difficult coworkers, but you don’t have to engage with them or get stressed out by them. You can stay away from them, but you can also use their behaviors to learn more about yourself.

**Become a Better Communicator**—Commit to working on your communication skills.

**Don’t Interrupt**—Here’s an easy way to improve all your interactions: let the other person finish her thought. This means not interrupting, adding commentary, or giving feedback until she is finished talking or asking a question.

**Be an Interested Observer**—Learn by watching others’ reactions.

**Explain the “What’s In It For Me”**—Make sure your sales pitch always answers a listener’s “So what?”

**Broaden Your Horizons**—Open your mind and stop making the world all about you.

**Identify Your Triggers**—Think about the people who set you off. Reflect on why this “trigger” keeps popping up and what role you are playing in perpetuating the pattern.

**Don’t Data Dump**—Do not unload your problems, ideas, or experiences on someone else. In a one-way conversation. If you want engagement, and not just an ear, then set your goal accordingly.

**Commit to Change**—In the coming year, vow to identify the communication pattern that cause the most problems in your career and workplace relationships. Then make a conscious effort to correct them.

Individuals who focus on themselves and their career will have little time left over to concentrate on what others are doing or not doing. They can choose one area to work on at a time, or if they are highly motivated to self-improve, they may choose to tackle several areas for a complete communication overhaul. Either way, each step is paving the way to a better life.

Along the way, individuals can journal their thoughts, feelings, and actions or plans of action. Every month or so, they should revisit the entries to assess what progress has been made. They will also grasp the amount of work that still needs to be done.

Individuals in leadership positions can use their journal as a template of meeting discussions. Whether they hold weekly or monthly meetings, it is highly important to use the time and attention span of the staff effectively. They can use their journal as a reminder of topics, or future planning.

Stylists have a career within an industry that is one of the most fun and multi-faceted in the world! Shades of color is what stylists love! New hair color, new makeup color, new nail polish color. It’s time to embrace every skin color, as well as, what lies beneath the skin—the heart, the minds, the souls, and the spirit of every human being on planet Earth!

## NOTES

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