HEALTH LICENSING OFFICE
Kate Brown, Governor

Oregon Health Authority
1430 Tandem Ave. NE Suite 180
Salem OR 97301-2192
Phone: (503)378-8667
Fax: (503)585-9114
www.oregon.gov/oha/ph/hlo

WHO: **Health Licensing Office**
Board of Electrology and Body Art Practitioners
Electrology Rules Advisory Committee

WHERE: **TELEPHONE CONFERENCE CALL ONLY**
1430 Tandem Ave. N.E. Suite 180, Salem, OR 97301

WHEN: **March 10, 2021 9 am**

In order to limit the exposure and spread of the COVID-19 virus and adhere to the Governor's social distancing measures the Health Licensing Office (Office) is prohibiting in-person attendance at the Board meeting. All audience members may attend the public meeting by telephone conference call. Telephone conference call instructions are provided below.

Please note all audience members are expected to keep phones **muted** until the public and interested parties feedback period. (see instructions below)

What is the purpose of the meeting?
The purpose of the meeting is to conduct board business. A copy of the agenda is printed with this notice. Please visit https://www.oregon.gov/oha/PH/HLO/Pages/Board-Body-Art-Practitioners-Meetings.aspx for current meeting information.

May the public attend open sessions ONLY via teleconference meeting?
Yes, however, for the courtesy of all participants on the call all non-board members are asked to **mute** the call. Approximately five minutes prior to the start of the meeting please follow the directions listed below:

- Dial 1(877)336-1828 and enter the following participants pass code: 4111788 to be connected to the meeting. This phone line will stay connected for the duration of the meeting.
- The teleconference system will notify you that you are connected. For the record, Office staff will do a roll call of all audience members prior to and after the Executive Sessions.

Audience members are asked to send email to April Fleming at april.fleming@dhsoha.state.or.us stating they are logged into the telephone conference call and whether they want to make a comment during the public and interested parties feedback period.

What if the board/council enters into executive session?
Prior to entering executive session, the board/council chairperson will announce the nature of and the authority for holding executive session. Board members, designated participants such as staff, and representatives of the news media shall be allowed to attend the executive session. All other audience members are not allowed to attend the executive session. Executive session would be held according to ORS 192.660.

Representatives of the news media who are interested in attending an executive session are asked to contact April Fleming at april.fleming@dhsoha.state.or.us prior to the meeting to make arrangements to attend Executive Session by telephone conference call. No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?
The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact April Fleming at April.fleming@dhsoha.state.or.us

Health Licensing Office
Board of Electrologist and Body Art Practitioners
Electrology Rules Advisory Committee

1430 Tandem Ave, N.E., Suite 320, Salem, OR 97301
TELEPHONE CONFERENCE CALL ONLY
◆◆◆
March 10, 2021 at 9 a.m.

#	Topic	Content
1	**Call to Order** **Agenda** **Timeline Review**	• Call Rules Advisory Committee (RAC) to order • Agenda overview • Rule schedule timeline
2	**Rule Review** **~** **Education** **Examination** **Licensing**	• Education & curriculum • Written & practical examinations • Safety & infection control • Other associated business
3	**Working Lunch** **Break**	
4	**Continued Rule Review** **~** **Continuing Education** **Client Records** **Safety & Infection Control**	• Education & training • Previous experience • Safety & infection control • Other associated business
5	**Break**	
6	**Statement of Need and Fiscal Impact**	• Effect on the public and small business • Cost of compliance with proposed rules
7	**Next Steps**	• Rule schedule timeline
8	**Public Comment**	

Agenda is subject to change.
For the most up to date information visit www.oregon.gov/oha/ph/hlo

ADMINISTRATIVE RULE SCHEDULE

HEALTH LICENSING OFFICE

Board of Electrologists & Body Art Practitioners

Date	Action	Time
November 9, 2020	Board meeting – approve rule schedule, draft language and input on fiscal impact	10 am
March 10, 2021	Rules Advisory Committee (electrology)	9 am
March 22, 2021	Rules Advisory Committee (tattoo)	9 am
April 5, 2021	Rules Advisory Committee (body piercing)	9 am
May 3, 2021	Board meeting –approve proposed rules	10 am
June 1, 2021	Notice of proposed rules in Oregon Bulletin	
June 16, 2021	Public rule hearing	9 am to 11 am
June 28, 2021	Last day for public comment	12 pm
November 8, 2021	Board meeting - consider public comment and hearings officer report -adopt permanent rules	9 am
December 1, 2021	Permanent rules filed and effective	

Please send all public comment or questions to:
Samie Patnode, Policy Analyst
1430 Tandem Ave NE, Suite 180, Salem OR 97301
Work phone – (503)373-1917
Samie.patnode@dhsoha.state.or.us

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Administrative rule schedules are subject to change. 1/8/2021

Division 910
ELECTROLOGY

331-910-0000
Definitions

The following definitions apply to OAR chapter 331, division 910:

(1) "Affidavit of Licensure" has the meaning set forth in OAR 331-030-0040.

(2) “Direct supervision” means the supervisor or instructor is present in the facility and actively involved in direct oversight and training of students.

(3) “Educational institution” means an Oregon high school licensed under ORS 335, Oregon career school licensed under ORS 345 or an Oregon community college licensed under ORS 341.

~~(3)~~ (4) “EPA” means United States Environmental Protection Agency.

~~(4)~~ (5) “FDA” means Food and Drug Administration.

~~(5)~~ (6) “Field of practice” has the definition set forth in ORS 690.350.

(7) “HECC” means Higher Education Coordinating Commission.

~~(6)~~ (7) "High-level disinfectant" means a chemical agent, registered with the EPA, which has demonstrated tuberculocidal activity.

~~(7)~~ (8) "Instruments" means equipment used during electrology services. Types of instruments include but are not limited to needles (filaments) and tweezers.

~~(8)~~ (9) “Office” means Health Licensing Office

~~(9) “Official transcript” means: An original document authorized by the appropriate office in the Higher Education Coordinating Commission (HECC) and certified by a career school licensed under ORS 345 indicating applicant identity information, field of practice(s) enrolled under, specific hour requirements for each field of practice if applicable, enrollment information and a signature by an authorized representative on file with the Office. Original documents must be submitted directly to the Office from the educational institution by United States Postal Service mail or other recognized mail service providers in a sealed envelope or by other means approved by the Office.~~

(10) "Official transcript" means a document authorized by an educational institution which must indicate applicant identity information, field of practice enrolled under, specific hour requirements for the field of practice, final practical examination scores, if applicable, enrollment information and a signature from an authorized representative on file with the Office. Original documents must be submitted directly to the Office from the educational institution by United States Postal Service mail, email, or fax.

(~~10~~) (11) “Practitioner” means a person licensed to perform services included within a field of practice.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
Statutes/Other Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360,

690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415, 2011 OL Ch. 346 § 22 & 35
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 10-2012, f. & cert. ef. 6-25-12
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0005
Approved Course of Study for Electrology

To be approved by the Office, a course of study must include, at least 600 hours of training instruction. The course must include at least 235 hours of theory and at least 365 hours of practical experience in the following areas as listed in the **date** Electrology Curriculum available on the Office Website:

(1) Oregon Laws and rules: 15 hours of training in theory.

(2) Bacteriology: 20 hours of training in theory.

(3) Infection control, safety and sterilization: 20 hours of training in theory and 15 hours of practical training.

(4) Anatomy and physiology: 20 hours of training in theory.

(5) Endocrinology: 20 hours of training in theory.

(6) Structure, dynamics and diseases of skin and hair: 30 hours of training in theory.

(7) Circulatory and nervous system: 20 hours of training in theory.

(8) Electricity: 15 hours of training in theory.

(9) Electrolysis (galvanic): 20 hours of training in theory and 115 hours of practical training.

(10) Thermolysis: 20 hours of training in theory and 115 hours of practical training.

(11) Combinations of electrolysis and thermolysis (blend): 20 hours of training in theory and 110 hours of practical training.

(12) Draping and positioning: 5 hours of training in theory and 5 hours of practical training.

(13) Professional ethics and business practices: 10 hours of training in theory and 5 hours of practical training.

(14) As part of the approved course of study, all hours of theory must be completed prior to practical work being performed on the public.

(15) Training must be conducted by an Oregon licensed electrologist registered as a teacher by the HECC .

(16) A registered teacher must provide direct supervision of practical training on a one-to-one student/teacher ratio for students performing practical training while the student is working on the public.

(17) For the purpose of this rule direct supervision means the teacher is present and actively involved in direct oversight and training of students.

(18) An educational institution must obtain Office approval of any changes to curriculum.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
Statutes/Other Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415, 2011 OL Ch. 346 § 22 & 35
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 15-2013, f. 12-30-13, cert. ef. 1-1-14
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0010
Electrology Temporary License

Commented [PS1]: Align with ta and bp

(1) An electrology temporary license pursuant to ORS 690.365 is a temporary license to perform electrology services on a limited basis, not to exceed 30 consecutive calendar days. An electrology temporary license holder;

(a) May renew the license up to two times in a 12-month period from the date the Office receives the initial application. License renewals can be done consecutively with no lapse in active license dates;

(b) Must submit all requests to renew a license on a form prescribed by the Office and received 20 days before electrology services are provided;

(c) Must submit notification of a change in work location at least 24 hours before services are performed on a form prescribed by the Office; and

(d) Must work in a licensed facility.

(2) An electrology temporary license holder must adhere to standards within OAR 331-910-0065, 331-910-0070, 331-910-0075, 331-910-0080, 331-910-0085 and all applicable rules listed in OAR 331 division 925.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
Statutes/Other Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415, 2011 OL Ch. 346 § 22 & 35
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 15-2013, f. 12-30-13, cert. ef. 1-1-14
HLA 1-2013, f. & cert. ef. 1-16-13
HLA 15-2012(Temp), f. & cert. ef. 10-15-12 thru 4-12-13
HLA 10-2012, f. & cert. ef. 6-25-12
HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0015
Application Requirements for Electrology Temporary License

Commented [PS2]: Align with ta and bp

An individual applying for a Electrology Temporary License must:

(1) Meet the requirements of OAR 331 division 30;

(a) Submit a completed application form prescribed by the Office, which must contain the information listed in OAR 331-030-0000, including one form of government issued identification which must be photographic and show proof of being 18 years of age. The completed application must be accompanied by payment of the required application and license fees and must be received at least 20 days before electrology services are provided to clients;

(b) Submit proof of current training in blood-borne pathogens; and

(c) Attest to six months of training or experience, within the last two years, performing electrology on a form prescribed by the Office.

(2) For the purpose of this rule training or experience includes attendance or participation at an instructional program presented, recognized, or under the sponsorship of any permanently organized institution, agency, or professional organization or association recognized by the Office.

(3) All applications received after the required 20th day deadline will not be accepted by the Office.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
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History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 10-2012, f. & cert. ef. 6-25-12
HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0020
Electrology License

(1) An electrologist, licensed under ORS 690.365, may perform electrology services.

(2) An electrologist license is good for one year and becomes inactive on the last day of the month one year from the date of issuance.

(3) An electrology license holder must adhere to standards within OAR 331-910-0065, 331-910-0070, 331-910-0075, 331-910-0080, 331-910-0085 and all applicable rules listed in OAR 331 division 925.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
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History:
HLA 10-2012, f. & cert. ef. 6-25-12

HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0025
Application Requirements for Electrology License

(1) An individual applying for licensure to practice electrology must:

(a) Meet the requirements of OAR 331 division 30;

(b) Submit a completed application form prescribed by the Office, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees;

(c) Submit documentation showing proof of being 18 years of age documentation which may include identification listed under OAR 331-030-0000;

(d) Submit proof of having a high school diploma or equivalent; and

(e) Provide documentation of completing a qualifying pathway.

(2) License Pathway 1 — Graduate from an Educational Institution must:

(a) Submit official transcripts from an approved educational institution as defined under OAR 331-910-0005;

as defined under OAR 331-910-0005;
(b) Pay examination fees;

(c) Submit passing score of an Office approved written examination in accordance with OAR 331-910-0030(1)(a) within two years from the date of application;

(d) Submit passing score of an Office approved practical examination in accordance with OAR 331-910-0030(1)(b) within two years from the date of application; and

(e) Upon passage of all required examinations and before issuance of license, applicant must pay all license fees.

(f) An applicant is not required to provide proof of official transcripts in a field of practice if the applicant was previously licensed as an electrologist in Oregon.

(3) License Pathway 2 — Individual Qualifying for Licensure Through Reciprocity must:

(a) Submit an affidavit of licensure pursuant to OAR 331-030-0040 demonstrating proof of holding a current electrology license, which is active with no current or pending disciplinary. The licensing requirements must be substantially equivalent to Oregon licensing requirements pursuant to ORS 690.365 or if not substantially equivalent the applicant must demonstrate to the satisfaction of the Office that the applicant has been employed or working as an electrologist full time for three of the last five years;

(b) Pay examination fees;

(c) Submit passing score of an Office approved written examination in accordance with OAR 331-910-0030(1)(a) within two years from the date of application;

(d) Submit passing score of an Office approved practical examination in accordance with OAR 331-910-0030(1)(b) within two years from the date of application; and

(e) Upon passage of all required examinations and before issuance of license, applicant must pay all license fees.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
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HLA 10-2012, f. & cert. ef. 6-25-12
HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0030
Approved Examination for Electrology

The Office has selected the following examinations for electrology:

(1) Written examination for electrology; and

(2) Oregon electrology practical examination.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
Statutes/Other Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415, 2011 OL Ch. 346 § 22 & 35
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0035
General Examination Information

(1) To be eligible for examination, an applicant must meet identification requirements listed under OAR 331-030-0000.

(2) The examination is administered in English only, unless an Office approved testing contractor or vendor provides the examination in languages other than English.

(3) Examination candidates may be electronically monitored during the course of testing.

(4) Examination candidates must adhere to the maximum time allowance for each section of the examination, as established by the Office.

Commented [PS3]: Does HLO determine this or another entity?

(5) Examination candidates are prohibited from taking items and devices into examination areas which include but are not limited to notes, textbooks, notebooks, electronic equipment communication devices or any other items or devices the Office deems inappropriate.

(6) Candidate conduct that interferes with the examination may result in the candidate's disqualification during or after the examination, the candidate's examination being deemed invalid, and forfeiture of the candidate's examination fees. Such conduct includes but is not limited to:

(a) Directly or indirectly giving, receiving, soliciting, and attempting to give, receive or solicit aid during the examination process;

(b) Violations of subsections (5) of this rule;

(c) Removing or attempting to remove any examination-related information, notes or materials from the examination site;

(d) Failing to follow directions relative to the conduct of the examination; and

(e) Exhibiting behavior that impedes the normal progress of the examination.

(7) If the candidate is disqualified from taking the examination or the candidate's examination is deemed invalid for reasons under subsection (6) of this rule, the candidate may be required to reapply, submit additional examination fees, and request in writing to schedule a new examination date, before being considered for another examination opportunity.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
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History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 1-2013, f. & cert. ef. 1-16-13
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0040
Written Examination Retake Requirements

Commented [PS4]: Align with HLO policy and NIC policy

(1) Failed sections of a written or examination may be retaken as follows:

(a) After first failed attempt — applicant may not retake for seven calendar days;

(b) After second failed attempt — applicant may not retake for seven calendar days;

(c) After third failed attempt — applicant may not retake for 30 calendar days, must pay all additional fees and must submit an official transcript certifying completion of an additional 100 hours of instruction in theory, focused on the approved curriculum outlined in OAR 331-910-0005 from a career school licensed under ORS 345 on a form prescribed by the Office;

(d) After fourth failed attempt — applicant may not retake for seven calendar days;

(e) After fifth failed attempt — applicant may not retake for seven calendar days;

(f) After sixth failed attempt — applicant may not retake for 30 calendar days, must pay all additional fees and must submit an official transcript certifying completion of an additional 100 hours of instruction in theory, focused on the approved curriculum outlined in OAR 331-910-0005 from a career school licensed under ORS 345 on a form prescribed by the Office;

(g) After seventh failed attempt — ability to retake, requirements for retake, or both will be determined by the Office on a case-by-case basis.

(2) Applicants retaking the examination must meet the requirements under OAR 331-030-0000.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
Statutes/Other Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415, 2011 OL Ch. 346 § 22 & 35
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HLA 10-2012, f. & cert. ef. 6-25-12
HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0045

Practical Examination Evaluation

The purposes of the practical examination evaluation are to allow the Office to decide which practical examinations it will approve as licensing examinations and how the Office will be able to determine whether or not an individual practical examination is one the Office approves.

(1) In accordance with ORS 690.365 all educational institutions may submit to a practical examination evaluation once every two years in at least one field of practice under ORS 690.350 to have the practical examination approved by the Office.

(2) A practical examination being evaluated for approval must be performed in a continuous eight-hour period.

(3) If the educational institution fails the practical examination evaluation, the educational institution must correct the deficiencies, in accordance with Office, before the practical examination is approved by the Office.

(4) To correct a practical examination, the educational institution must schedule a new practical examination evaluation and meet the Office evaluation standards within 30 days from the date of the initial practical examination evaluation.

(5) A student whose educational institution's practical examination has not been approved may take the practical examination at another educational institution.

(6) A student is responsible for any charges or fees for a practical examination administered by another educational institution.

Commented [PS5]: In the COS rule "HECC" is referenced here. Should it be HLO for electrology and if so, what document is being used to determine "deficiencies" and how to correct them. Is this an HLO document or HECC document?

Commented [PS6]: In the COS rule "HECC" is referenced here. Shouldn't this be HLO for electrology.

331-910-0050
331-910-0050

(1) A licensee is subject to the provisions of OAR chapter 331, division 30 regarding the renewal of a license and provisions regarding authorization to practice, identification, and requirements for issuance of a duplicate license.

(2) Electrology renewal under this rule is valid for one year.

(3) LICENSE RENEWAL: To avoid delinquency penalties, an electrology license renewal must be made prior to the license entering inactive status. The licensee must submit the following:

(a) Renewal application form;

(b) Payment of required renewal fee pursuant to 331-940-0000; and

(c) Attestation of having obtained required annual continuing education under OAR 331-910-0055, on a form prescribed by the Office. Continuing education is required whether the license is current or inactive;

(4) INACTIVE LICENSE RENEWAL: An electrology license may be inactive for up to three years. A licensee who is inactive is not authorized to practice. When renewing after entering inactive status, the license holder must submit the following:

(a) Renewal application form;

(b) Payment of delinquency and license fees pursuant to OAR 331-940-0000; and

(c) Attestation of having obtained required annual continuing education under OAR 331-910-0055, on a form prescribed by the Office. Continuing education is required whether the license is current or inactive;

(5) EXPIRED LICENSE: An electrology license that has been inactive for more than three years is expired and the license holder must reapply and meet the requirements listed in OAR 331-910-0025.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
Statutes/Other Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415, 2011 OL Ch. 346 § 22 & 35
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 1-2013, f. & cert. ef. 1-16-13
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0055
Continuing Education for Electrology License

(1) To maintain licensure, a licensed electrologist must complete a minimum of eight hours of satisfactory continuing education every year.

(2) A licensee must document compliance with the continuing education requirement through attestation on the license renewal application. Licensees will be subject to the provisions of OAR 331-910-0060 pertaining to periodic audit of continuing education.

(3) Satisfactory continuing education must be obtained as follows and meet the subject matter requirements listed in (4) of this rule:

(a) Four hours must be obtained by participation in or attendance at a course provided by:

(A) Institutions or programs accredited by a federally recognized accrediting agency;

(B) Institutions or programs approved by an agency within the Oregon Higher Education Coordinating Commission;

(C) An organization offering continuing medical education opportunities, including Accreditation Council for Continuing Medical Education, American Medical Association, Oregon Association of Licensed Electrologists and American Electrology Association

(D) Any additional board approved professional organization, or association, hospital, or health care clinic offering continuing education.

(b) Four hours may be self-study including online courses, where subject matter meets the requirements under subsection (4) of this rule, which may include the following:

(A) Correspondence courses including online courses through completion and certification by an approved national home study organization;

(B) Review of publications, textbooks, printed material, or audio cassette(s);

(C) Viewing of films, videos, or slides;

(4) The subject matter of the continuing education must be related to electrology and as outlined in the approved course of study under OAR 331-910-0005 (1) through (13). Continuing education may include the laws and rules regulating licensed electrologists, infection control and sterilization, and professional ethics and business practices.

(5) In order to renew, continuing education requirements must be met every year, even if the license is inactive or suspended.

(6) Obtaining and maintaining proof of participation in required continuing education is the responsibility of the licensee. The licensee must ensure that adequate proof of attainment of required continuing education is available for audit or investigation or when otherwise requested by the Office. Adequate proof of participation is listed under OAR 331-910-0060(3).

(7) Documentation of participation in continuing education requirements must be maintained for a period of five years following renewal and must be available to the Office upon request.

(8) A licensee may carry up to 8 hours of excess continuing education hours forward to the next renewal cycle.

(9) For the purpose of this rule continuing education hours mean actual academic, classroom, or course work time, including but not limited to workshops, symposiums, or seminars. Continuing education hours do not include travel time to or from the training site, registration or check-in periods, breaks or lunch periods.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
Statutes/Other Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415, 2011 OL Ch. 346 § 22 & 35
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 15-2013, f. 12-30-13, cert. ef. 1-1-14
HLA 10-2012, f. & cert. ef. 6-25-12
HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0060
Continuing Education: Audit, Required Documentation and Sanctions

(1) The Office will audit a select percentage of licenses to verify compliance with continuing education requirements.

(2) Licensees notified of selection for audit of continuing education attestation must submit to the Office, within 30 calendar days from the date of the issuance of the notification, satisfactory evidence of participation in required continuing education in accordance with OAR 331-910-0055.

(3) Evidence of successful completion of the required continuing education must include the following:

(a) Name of continuing education sponsor/provider;

(b) Course agenda — including the date of the training and breakdown of hours for each agenda item, lunch and breaks;

(c) Course outline — including a detailed summary of each topic discussed and the learning objective or training goal of each agenda item; The content of the course must have a direct relationship between the course training and subject matter related to electrology as set forth in OAR 331-910-0055(4);

(d) Background resume of speakers or instructors; and

(e) Documentation of attendance or successful course completion. Examples include a certificate, transcript, sponsor statement or affidavit attesting to attendance, diploma.

(4) Documentation substantiating completion of continuing education through self-study, must show a direct relation to electrology as set forth in OAR 331-910-0055(4), be submitted on forms provided by the Office and include the following:

(a) Name of sponsor or source, type of study, description of content, date of completion and duration in clock hours;

(b) Name of approved correspondence courses or national home study issues;

(c) Name of publications, textbooks, printed material or audio-recorded material, including date of publication, publisher, and ISBN Identifier; and

(d) Name of films, videos, or slides, including date of production, name of sponsor or producer and catalog number.

(5) If documentation of continuing education is invalid or incomplete, the licensee has 30 calendar days from the date of the deficiency notice to correct the deficiency and submit further documentation of completion of the required continuing education.

(6) Misrepresentations of continuing education or failure to complete continuing education requirements may result in disciplinary action, which may include, but is not limited to assessment of a civil penalty and suspension or revocation of the license.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415
Statutes/Other Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415, 2011 OL Ch. 346 § 22 & 35
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 15-2013, f. 12-30-13, cert. ef. 1-1-14
HLA 1-2013, f. & cert. ef. 1-16-13
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0065
Electrology Practice Standards and Prohibitions

(1) Electrologists are prohibited from performing services on treatment areas with high propensity towards bacterial colonization, such as nostrils and ear canals.

(2) Electrologists must first obtain written authorization from a physician licensed under ORS 677 when any of the following exists:

(a) Request for hair removal from moles;

(b) Removal of eyelashes; or

(c) The client has a pacemaker, implantable neuromodulators or other implantable electronic devices;

(4) An electrologist may use towels and linens when providing electrology services. When using towels and linens the following standards must be met:

(a) Clean linens must be used for each client;

(b) Use of a common towel is prohibited;

(c) Clean towels and linens must be enclosed in a clean storage area or in a closed container until needed;

(d) Used linens must be disposed of or stored in a closed or covered container until laundered; and

(e) Used linens must be laundered either by a regular commercial laundering or by a noncommercial laundering process which includes use of commercial laundry detergent manufactured for the specific purpose of cleaning clothes, linens or other washable fabric, and immersion in hot water during the wash cycle.

Statutory/Other Authority: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415

Statutes/Other Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415, 2011 OL Ch. 346 § 22 & 35
History:
HLA 10-2012, f. & cert. ef. 6-25-12
HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12
HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12

331-910-0070
Standards for Client Services for Electrology

(1) An electrologist must observe and adhere to the following hand washing and disposable glove standards when servicing clients:

(a) HAND WASHING: Hands must be washed before and after treatment of each client, and before putting on disposable gloves and immediately after disposable gloves are removed. Antibacterial hand sanitizer may be used between the first and last hand washing; and

(b) Hand washing must include thoroughly washing the hands in warm, running water with liquid soap using friction on all surfaces of the hands and wrists for at least 20 seconds, then rinsing hands and drying hands with a clean, disposable paper towel, or by using an antibacterial hand sanitizer by using friction on all surfaces of the hands and wrists. Use of bar soap is prohibited.

(2) An electrologist must observe and adhere to the following protective disposable glove standards when servicing clients:

(a) PROTECTIVE DISPOSABLE GLOVES: A new pair of disposable gloves must be worn during the treatment of each client;

(b) Hands must be washed in accordance with hand washing instructions listed in Subsection (1) of this rule before putting on disposable gloves and immediately after disposable gloves are removed;

(c) When a licensee leaves the electrology procedure area in the middle of an electrology procedure, gloves must be removed before leaving the procedure area, hand washing instructions listed in Subsection (1) of this rule must be followed and a new pair of gloves put on when returning to the procedure area;

(d) Disposable gloves must be removed before leaving the area where electrology services are performed;

(e) Torn or perforated gloves must be removed immediately, and hand washing instructions listed in Subsection (1) of this rule must be followed and gloves changed following hand washing; and

(f) The use of disposable gloves does not preclude or substitute for hand washing instructions listed in subsection (1) of this rule.

(3) Disposable gloves must be worn during pre-cleaning, cleaning, rinsing, sterilizing and drying of equipment and instruments and disinfecting of surfaces;

(4) A client's skin must be thoroughly cleaned with an antiseptic or astringent.

(5) A licensee is prohibited from wearing jewelry under gloves.

Statutory/Other Authority: ORS 676.607 & 676.615
Statutes/Other Implemented: ORS 676.606, 676.607, 690.350, 690.365, 690.390 & 690.405
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 1-2013, f. & cert. ef. 1-16-13
HLA 15-2012(Temp), f. & cert. ef. 10-15-12 thru 4-12-13
HLA 10-2012, f. & cert. ef. 6-25-12
HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12

331-910-0075
Sterilization Standards for Electrology

(1) Needles (filaments) must be single use, used on one client, then properly disposed of in an approved sharps container defined under OAR 331-910-0000.

(2) All non-sterilized instruments or reusable instruments that come in blood or potentially infectious materials must be cleaned, disinfected and sterilized before use on a client or re-use on another client.

(3) New gloves must be worn during any sterilization procedure.

(4) The cleaning, disinfection and sterilization process listed in Subsection (5) of this rule is not required if single-use prepackaged sterilized instruments, obtained from suppliers or manufacturers are used.

(5) Approved cleaning, disinfection and sterilization process for non-sterilized instruments or reusable instruments includes the following ordered method after each use:

(a) Clean non-sterilized instruments or reusable instruments by manually brushing or swabbing visible foreign matter and rinsing the instruments with warm water and an appropriate detergent solution to remove blood or potentially infectious materials.

(b) Clean non-sterilized instruments or reusable instruments must be rinsed and placed in either:

(A) An ultrasonic unit that operates at 40 to 60 hertz which is filled with an appropriate ultrasonic solution including but not limited to an enzymatic cleaner. The ultrasonic cleaner must remain covered when in use; Self-contained equipment used to decontaminate instruments prior to sterilization may be used in place of an ultrasonic cleaner and used according to manufacturer instructions. OR

(B) Rinsed, patted dry and submerged and soaked in a protein dissolving detergent or enzyme cleaner, followed by a thorough rinse.

(c) Disinfect non-sterilized instruments or reusable instruments by immersing instruments in a high level disinfectant. Instruments must be fully submerged to ensure contact with all surfaces for an amount of time specified in the manufacturer's instructions. If the electrologist is using an autoclave listed in subsection (e) of this rule the electrologist is not required to immerse instruments in a high level disinfectant.

(d) Remove non-sterilized instruments or reusable instruments from the ultrasonic unit or self-contained instrument washer or high level disinfectant. All instruments must be rinsed, air dried, and individually packaged in sterilization pouches that include use of a chemical indicator strip to assure sufficient temperature during each sterilization cycle or other method is used to determine sterilization has been reached. The date the sterilization was performed must be applied to the sterilization pouch;

(e) Individually packaged non-sterilized instruments or reusable instruments must be sterilized by using autoclave sterilizer (steam or chemical), or dry heat sterilizer registered and listed with the FDA;

(f) After sterilization, the sterilized instruments must be stored in a dry, disinfected, closed cabinet or other tightly-covered container reserved for the storage of such instruments.

(6) Use of a biological monitoring system ("spore tests") must be done at least once a month, verified through an independent laboratory, to assure all microorganisms have been destroyed and sterilization achieved.

(7) All sterilization pouches listed in Subsection (5)(d) of this rule must contain a color indicator strip which measures temperature control and general functioning of the equipment.

(8) The ultrasonic unit or other self-contained equipment listed in subsection (5)(c) of this rule must be used, cleaned, and maintained in accordance with manufacturer's instructions and a copy of the manufacturer's recommended procedures for the operation of the ultrasonic unit must be kept on file at the body art facility.

(9) The autoclave sterilizer (steam or chemical), or dry heat sterilizer listed in Subsection (5)(e) of this rule must be used, cleaned, and maintained in accordance with manufacturer's instructions and a copy of the manufacturer's recommended procedures for the operation of the autoclave sterilizer (steam or chemical), or dry heat sterilizer must be kept on file at the facility.

(10) Biological spore test results listed in subsection (6) of this rule must be immediately available at all times for inspection by the Office and kept at facility premises for a minimum of two years. Biological spore test results must be on laboratory letterhead and must contain the test date, and the name, model and serial number (if applicable) of the sterilizer tested.

(11) The expiration date for sterilized instruments is one year from the date of sterilization unless the integrity of the package is compromised.

(12) Sterilized instruments may not be used if the package integrity has been breached is wet or stained, or the expiration date has exceeded without first meeting the requirements listed in Subsection (5) of this rule.

(13) All sterilized instruments used during electrology services must remain stored in sterile packages and in a dry, disinfected, closed cabinet or other tightly covered container reserved for the storage of such instruments until just prior to the performance of an electrology procedure.

(14) If a biological spore test listed in subsection (6) of this rule, result is positive, a licensee must discontinue the use of that autoclave sterilizer (steam or chemical), or dry heat sterilizer until it has been serviced and a negative spore test has been recorded before putting that sterilizer back into service. Until a negative spore test has been received, the licensee must:

(a) Use an alternative autoclave sterilizer (steam or chemical), or dry heat sterilizer;

(b) Use only sterilized instruments that have a sterilization date before the date the last negative spore test was recorded; or

(c) Use only single use instruments.

(15) Following a positive biological spore test reusable instruments which were sterilized following the receipt of the positive spore test must be repackaged and sterilized pursuant to Subsection (5) of this rule, before use.

(17) Following a positive spore test the licensee or facility must contact all clients in writing who may have received services prior to receiving the negative spore test results.

Statutory/Other Authority: ORS 676.607 & 676.615
Statutes/Other Implemented: ORS 676.606, 676.607, 690.350, 690.365, 690.390 & 690.405
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 10-2012, f. & cert. ef. 6-25-12
HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12

331-910-0080
General Standards

(1) The cleanliness of any common in a facility is the responsibility of each license holder. All license holders may be cited for violations found in the common area.

(2) An electrologist licensed to perform services or a licensed facility owner must:

(a) Use and maintain appropriate equipment and instruments for providing services in a field of practice at the place of business;

(b) Use equipment and instruments in a manner described in the manufacturer's instructions which is consistent with the manufacturer's intended use of the device by the FDA;

(c) Use equipment and instruments that are not prohibited for use in a field of practice by the Office or the FDA;

(d) Ensure a high-level disinfectant is used in accordance with manufacturer's instructions to disinfect surfaces where services are performed;

(e) Ensure chemicals are stored in labeled, closed containers;

(f) Ensure that single-use disposable paper products, single-use needles (filaments) and protective gloves are used for each client;

(g) Ensure lavatories located within the facility are kept clean and in good working order at all times. Air blowers within lavatories can be substituted for disposable hand towels;

(h) Ensure all waste material related to a service in a field of practice be deposited in a covered container following service for each client;

(i) Ensure pets or other animals not be permitted in the business facility. This prohibition does not apply to service animals recognized by the American with Disabilities Act or to fish in aquariums or nonpoisonous reptiles in terrariums;

(j) Ensure all disinfecting solutions or agents be kept at adequate strengths to maintain effectiveness, be free of foreign material and be available for immediate use at all times the facility is open for business;

(k) Ensure all waste or garbage is disposed of in a covered container with a garbage liner;

(l) Ensure all waste which contains blood or other potentially infectious materials be enclosed and secured in a glove or bag then disposed of in a covered container with a garbage liner immediately following the service;

(m) Ensure disposable sharp objects that come in contact with blood or other potentially infectious materials must be disposed of in a sharps container;

(n) Ensure biohazard labels or red biohazard bags are available on the facility premises;

(o) Adhere to all Centers for Disease Control and Prevention Standards;

(p) Have unrestricted access or availability to a sink with hot and cold running water, as part of surrounding premises or adjacent to the facility. If the sink is located within a restroom the licensee must ensure that the sink is disinfected with a high level disinfectant upon completion of a electrology procedure or following the sterilization of equipment; All body art facilities licensed after June 1, 2017 must have unrestricted access or availability to a sink with hot and cold running water, as part of the surrounding premises or adjacent to the facility but separate from a restroom. Body art facilities licensed as of May 31, 2017 are allowed to have sinks located within a restrooms if electrology is the only practice being performed; and

(q) Ensure that all instruments that come in direct contact with client's skin are handled using gloves.

(3) An electrologist licensee must wear eye goggles, shields or a mask if spattering is possible while providing services.

(4) Cross contaminating from touch or air particulates in any procedure area which comes in direct contact with client is prohibited.

Statutory/Other Authority: ORS 676.607 & 676.615
Statutes/Other Implemented: ORS 676.606, 676.607, 690.350, 690.365, 690.390 & 690.405
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 1-2013, f. & cert. ef. 1-16-13
HLA 10-2012, f. & cert. ef. 6-25-12
HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12

331-910-0085
Client Records

(1) A licensee is responsible for maintaining and keeping copies of all client records. If client records are maintained by the facility the facility owner must provide the licensee with copies of those client records upon request. The record must include the following for each client:

(a) Name, address, telephone number and date of birth of client;

(b) Date of each service, procedure location on the body;

(c) Name and license number of the licensee providing service. If more than one licensee is providing services on one client the licensee must initial the date of each service performed;

(d) Special instructions or notations relating to the client's medical or skin conditions including but not limited to diabetes, cold sores and fever blisters, psoriasis or eczema, pregnancy or breast-feeding/nursing;

(e) Complete list of the client's sensitivities to medicines or topical solutions;

(f) History of the client's bleeding disorders;

(g) Description of complications during procedure(s); and

(h) Signature from the client that they have received the following information in writing and verbally:

(A) All information related to the electrology service including possible reactions, side effects and potential complications of the service and consent to obtaining the electrology service; and

(B) After care instructions including care following service, possible side effects and complications and restrictions.

(2) A licensee may obtain advice from a physician regarding medical information needed to safeguard client and licensee. Advice from the physician must be documented in the client record.

(3) For the purpose of (1) and (2) of this rule records must be maintained at facility premises for a minimum of three years and must be made immediately available to the Office upon request.

(4) Client records must be typed or printed in a legible format or be electronically stored. Client records, which are not legible to the Office, will be treated as incomplete.

Statutory/Other Authority: ORS 676.607 & 676.615
Statutes/Other Implemented: ORS 676.606, 676.607, 690.350, 690.365, 690.390 & 690.405
History:
HLO 1-2017, f. & cert. ef. 1-6-17
HLA 1-2013, f. & cert. ef. 1-16-13
HLA 10-2012, f. & cert. ef. 6-25-12
HLA 2-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12

FISCAL IMPACT REQUIREMENTS

HEALTH LICENSING OFFICE

Fiscal Impact Considerations

According to provisions listed in ORS 183 a fiscal impact statement must be developed and submitted with proposed administrative rules. The following questions must be answered prior to submitting required documentation to the Secretary of State:

1) **Are any state agencies likely to be economically affected by the rule change? If yes, which ones?**

2) **Are any units of local government likely to be economically affected by this rule change? If yes, which ones?**

3) **Are any members of the public likely to be economically affected by the rule change? If yes, which ones?**

4) **Can you provide an estimate of the economic impact on state agencies, units of local government and members of the public? If yes, what is the estimate for each?**

5) Have you included a cost of compliance on small businesses[1] affected, including:

1. An estimate of the number of small businesses subject to the proposed rule.

2. An identification of the types of businesses and industries subject to the rule.

3. A description of expected reporting, recordkeeping, and administrative activities required to comply with the rule.

4. An estimate of the cost of professional services required to comply with the rule.

5. An identification of the equipment, supplies, and labor and increased administration required to comply with the rule.

6. A description of how small businesses were involved in developing the rule. This will be the advisory committee.

7. If you cannot provide an estimate of the economic impact on state agencies, units of local government or members of the public, does the statement of fiscal impact, explain why an estimate is not possible.

8. **Is the fiscal impact statement sufficient to notify those who might be economically affected to evaluate their position?**

9. **Are there ways to reduce the economic impact on small businesses?**
    - **Consolidating compliance and reporting requirements?**
    - **Objective criteria for standards?**
    - **Exempting small business from parts of the rule?**
    - **Other less intrusive or less costly alternatives?**

NATIONAL ELECTROLOGY
THEORY EXAMINATION

CANDIDATE INFORMATION BULLETIN (CIB)

EXAMINATION CONTENT AND IMPORTANT INSTRUCTIONS

Please visit your examination provider's website for the most current bulletin prior to testing.

The National Electrology Theory Examination is the national licensure examination for Electrologists, which is developed and administered by the National-Interstate Council of State Boards of Cosmetology (NIC). This bulletin contains IMPORTANT INFORMATION regarding the examination, including content outline covered by the theory examination, sample questions and answers, and references. The time allowed for the Electrology Theory Examination is 90 minutes.

PLEASE REVIEW ALL INFORMATION CAREFULLY.

For each NIC National Theory Examination, there are TWO (2) parts to every Candidate Information Bulletin (CIB) stored as separate documents:

- ***Examination Content*** and ***Important Instructions*** – This provides information about the scope of content covered in the Theory examination and information and guidelines related to administration of the Theory examination.
- ***References*** – This provides a list of references used to develop and support the content covered in the examination. The references are always the same for the Theory and Practical examinations.

BE CERTAIN TO DOWNLOAD AND/OR PRINT AND REVIEW BOTH DOCUMENTS THAT MAKE UP THE NIC EXAMINATION CIB.

PLEASE REVIEW ALL INFORMATION CAREFULLY!

IMPORTANT INSTRUCTIONS

- Do not leave the examination area without permission. Permission must be obtained to leave the examination area for any reason, including restroom usage or at the completion of the examination. Picture ID is required for re-entry into the examination.
- With the exception of verbal instructions, the proctors and examination administration personnel are not allowed to communicate with candidates.
- If you have an emergency situation please notify the proctor.
- The following provides examples of materials and actions that are prohibited during the examination administration:
    - Possession of cellular phones, pagers, tablets, computers, projectors, cameras, or any other electronic or recording devices, printed materials, or handwritten notes.
    - Communicating to other candidates.
    - Exhibiting disruptive behavior.
        - *The above referenced items or actions are not an exhaustive list. Failure to comply with any of these conditions or exhibiting ANY behavior that suggests an effort to cheat will result in your immediate dismissal from the examination and your actions reported to the proper authorities.*

ELECTROLOGY THEORY EXAMINATION CONTENT OUTLINE

The following outlines the scope of content covered by the NIC National Electrology Theory Examination. The percentages represent the percentage of items from each domain. The examination is comprised of 85 items of which 75 items are weighted and contribute to the candidate's final score.

1: Scientific Concepts - 45%

A. Infection Control and Safety Practices
- 1. Identify how diseases and infections are caused and transmitted
- 2. Apply principles of infection control
  - a. Levels of infection control
    - i. Cleaning/Sanitation
    - ii. Disinfection
    - iii. Sterilization
  - b. Contamination and cross-contamination
- 3. Apply procedures for blood exposure incident
- 4. Identify requirements of government agencies (e.g., CDC, OSHA, EPA, FDA)

B. Human Anatomy and Physiology
- 1. Identify structure and functions of the skin
- 2. Identify structure and growth cycle of hair
- 3. Identify structure and functions of physiological systems
  - a. Nervous
  - b. Muscular
  - c. Circulatory
  - d. Endocrine

C. Identify Signs and Symptoms of Conditions, Disorders, and Diseases Related to Skin and Hair

D. Basic Concepts of Electricity
- 1. Recognize characteristics of electricity and electrical measurement
- 2. Identify types of currents
  - a. Direct
  - b. Alternating
- 3. Differentiate between modalities of Electrolysis
  - a. Galvanic
    - i. Anaphoresis
    - ii. Cataphoresis
  - b. Thermolysis
  - c. Blend
- 4. Applies principles of electrical safety

2: Electrology Procedures and Services - 55%

A. Client Consultation, Analysis and Documentation for Electrology Services
- 1. Analyze condition of skin and hair
- 2. Identify contraindications related to electrolysis service
- 3. Identify how hair removal methods differ (e.g., waxing, depilatories, laser)
- 4. Determine method and product selections
- 5. Maintain client records (e.g., service history, medical history, release forms)

B. Items Utilized During Electrology Services
- 1. Identify purpose function of items
  - a. Equipment (e.g., machine, magnification, treatment table)
  - b. Implements (e.g., probe, tweezers)
  - c. Supplies, products, and materials (e.g., gloves, antiseptic, linens, drapes)

C. Electrolysis Procedures

1. Indicate and demonstrate procedures for electrolysis methods
    a. Client preparation
    b. Electrolysis methods
        i. Galvanic
        ii. Thermolysis
        iii. Blend
    c. Probe selection, insertion, depth, and angle
2. Perform post service processes
    a. Cataphoresis
    b. After care
    c. Follow up

ELECTROLOGY THEORY EXAMINATION
SAMPLE QUESTIONS

The following sample questions are similar to those on the NIC Electrology Written Examination. Each question is followed by four answer choices. Only one choice is correct. Correct answers are listed following the sample questions.

1. Disease producing bacteria are called
   a. hyperemia.
   b. pathogenic.
   c. hypoallergenic.
   d. nonpathogenic.

2. Which of the following would result in the greatest production of lye?
   a. Increase both current and time
   b. Decrease both current and time
   c. Increase current and decrease time
   d. Decrease current and increase time

3. Hair grows from the papilla by multiplication of the
   a. matrix cells.
   b. stratum lucidum.
   c. papillary layer.
   d. reticular region.

4. What temporary method of hair removal accelerates the shedding of the horny layer of the skin?
   a. Bleaching
   b. Depilatory
   c. Threading
   d. Clipping

5. Electrolysis is recognized as the only proven method of permanent hair removal by the
   a. Environmental Protection Agency (EPA).
   b. Food and Drug Administration (FDA).
   c. Centers for Disease Control (CDC).
   d. Occupational Safety and Health Administration (OSHA)

Answers	
1. b	4. b
2. a	5. b
3. a	

INTERNATIONAL BOARD
OF
ELECTROLOGIST CERTIFICATION (IBEC)
CPE TEST BULLETIN

BOARD CERTIFICATION
FOR ELECTROLOGISTS

Sponsored by the American Electrology Association - Founded in 1958

Series VII (2017 - 2021)

Retain this Bulletin

CERTIFIED PROFESSIONAL ELECTROLOGIST CREDENTIAL

Welcome to the seventh generation of the Certified Professional Electrologist (CPE) examination and to the IBEC Study Guide. Information on how to order the IBEC Study Guide is on page 11 of this Bulletin.

RECERTIFICATION NOTICE

The year 2018 marks the second administration of the seventh generation of CPE exams. Certification is a credential issued for five years. During that time, the credentialed CPE may choose to accrue 7.5 CEUs (75 contact hours) through attendance at Continuing Education Review Committee (CERC)-approved lectures, seminars, courses, home study, AEA conventions, etc. OR, retake the CPE examination at the end of the five-year certification period in order to renew the credential. Please take note of our advertising policy as outlined on page 10.

A new generation of exams is required every five years. No one who has the CPE credential may retake the test before the year of expiration.

A "CPE's Guide to Recertification" will be sent to those who successfully pass the CPE examination. For additional information on recertification go to www.electrology.com

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International Board of Electrologist Certification (IBEC)
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IBEC STUDY GUIDE ORDER FORM 11

GENERAL INFORMATION

Introduction

The American Electrology Association (AEA), founded in 1958, is a nonprofit organization whose membership consists of practicing electrologists and electrology educators.

The International Board of Electrologist Certification (IBEC), sponsored by the AEA, is an independent body vested with the responsibility of developing and implementing certification examinations.

PROMETRIC™

PROMETRIC, engaged in test development, test administration, and educational research, is under contract to the AEA/IBEC to develop, maintain, administer, score, protect, and monitor the CPE examination.

Description of the Examination

The examination is comprised of 100 questions in a multiple-choice format and covers six subject areas. The examination is administered in a single two-and-a-half-hour session. The subject areas are described below and the percentage of the test devoted to each subject is noted.

Content Outline for CPE Examination

I. Anatomy and Physiology of Skin and Hair 20%

A. Skin
   1. Structure
   2. Function
   3. Disorders of the skin
   4. Topical substances and oral medications that affect skin/treatment

B. Anatomy of hair and the pilosebaceous unit
C. Types of hair (lanugo, vellus, terminal)
D. Hair growth cycle (anagen, catagen, telogen)
E. Reasons for excessive hair growth
   1. Heredity/congenital
   2. Changes in endocrine system
   3. Skin metabolism
   4. Drugs/medications
   5. Stress

II. Infection Control 25%

A. AEA Infection Prevention Standards for the Practice of Electrolysis
   1. Handwashing and use of gloves
   2. Cleaning and sterilization of instruments, cleaning and disinfection of items, and other safety precautions
   3. Environmental control and housekeeping
   4. Client considerations
   5. Hepatitis B (HBV) vaccination
   6. Follow-up procedures for potential exposures to HBV, HIV, and other blood-borne pathogens

B. Transmittable diseases

III. Clinical Observations 30-35%

A. Pre-treatment consultation
   1. Health history
   2. Evaluation and assessment
   3. Explanation of infection control and electrology procedures
   4. Treatment plan/referral
   5. Informed consent

B. Contraindications
C. Treatment
   1. Client concerns/anxieties
   2. Sensitivity/tolerance level
   3. Positioning, draping, lighting/magnification
   4. Skin preparation
   5. Selection of modality, instruments, needle, forceps
   6. Techniques
      a. Insertions
      b. Balancing time and intensity
   7. Response to treatment

D. Post-treatment
   1. Antisepsis of treated area
   2. Home-care instruction
   3. Documentation

IV. Electrical Operations 10-15%

A. Electrolysis (galvanic, direct current/DC)
B. Thermolysis (shortwave, high frequency, alternating current/AC)
C. Blend (combination of DC/AC)
D. Basic principles of electricity

V. Equipment and Supplies 5%

A. Proper use and maintenance of equipment

VI. Professional, Ethical, & Legal Considerations 5%

A. AEA Standards of Practice for Electrologists

SAMPLE QUESTIONS

1. Mitotic cells in the hair begin their growing activity in the
   (A) keratin
   (B) matrix
   (C) epithelial sac
   (D) upper part of the bulb

2. True statements concerning the maintenance of a proper hygienic environment for electrologists include which of the following?

   I. A sink with hot and cold running water should be located in each treatment room.
   II. The needle holder and cord should be wiped with a disinfectant detergent after each treatment.
   III. Disposable paper drapes should be discarded in waste containers lined with plastic bags.

   (A) I only
   (B) I and II only
   (C) II and III only
   (D) I, II, and III

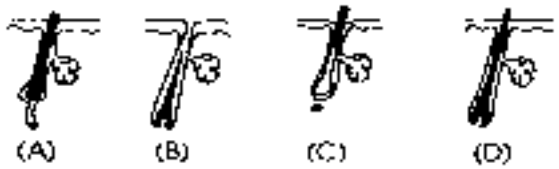
3. Which of the following is NOT part of the pilosebaceous unit?
   (A) dermal papilla
   (B) arrector pili muscle
   (C) sudoriferous gland
   (D) sebaceous gland

4. In women, terminal hair on the face alone suggests
   (A) an endocrine disorder
   (B) an excess of androgen
   (C) Cushing's syndrome
   (D) cystic ovaries

5. The two sublayers of the dermis are the
   (A) papillary and basal
   (B) papillary and reticular
   (C) reticular and subcutis
   (D) corneum and lucidum

6. At which of the following times is hand washing indicated?
   (A) Before treatment only
   (B) After treatment only
   (C) Before and after treatment
   (D) Only when gloves are not worn

7. Which of the following diagrams shows the early anagen stage of hair growth?



8. Bacteria can enter the body through the skin only if the skin is
   (A) dry
   (B) moist
   (C) oily
   (D) broken

9. Which of the following methods of sterilizing unpackaged instruments is recommended for use in an electrologist's office?
   (A) Autoclaving at 250° F with a pressure of 15-17 PSI for 15 minutes
   (B) Using a glass bead sterilizer at 480°-500°F for 2 minutes
   (C) Immersing in boiling water (212° F) for 10 minutes
   (D) Immersing in a glutaraldehyde solution for 10 minutes

10. The hair and the follicle are part of the
   (A) androgen system only
   (B) epidermis only
   (C) epidermis and pilosebaceous unit
   (D) arrectores pilorum

11. Personal Service Workers (PSWs) are defined by the Centers for Disease Control and Prevention (CDC) as persons whose occupations involve
   (A) cosmetological services only
   (B) micro-surgical services only
   (C) the use of sharp instruments
   (D) close personal contact with clients

12. The flow of electrons along a wire cannot occur unless there is
   (A) water
   (B) direct current
   (C) pressure (voltage)
   (D) volume (amperage)

13. Male and female sexual hair patterns differ primarily because of differences in
(A) androgen production
(B) inborn androgen desensitivity
(C) the concentration of circulating androgens
(D) testosterone protein-binding capacity

14. Causes of hirsutism include which of the following?
I. Pituitary hypersecretion
II. Adrenal tumors
III. Ovarian tumors

(A) I only
(B) II only
(C) I and III only
(D) I, II, and III

15. Which of the following types of currents is used to achieve electrocoagulation?
(A) Low frequency
(B) High frequency
(C) Direct frequency
(D) Galvanic

16. The galvanic modality effects permanent hair removal by
(A) electrodesiccation
(B) electrocoagulation
(C) chemical decomposition
(D) chemical desiccation

17. The blend or dual method effects permanent hair removal by
(A) high frequency and alternating current
(B) low frequency and alternating current
(C) high frequency and galvanic current
(D) low frequency and galvanic current

18. Which of the following defines desiccation?
(A) adding moisture
(B) removing moisture
(C) increasing fluidity
(D) decreasing fluidity

19. True statements about a client's health history assessment record include which of the following?

I. It provides an accurate record of the body areas treated.
II. It contains the client's signature and verification of the health history.
III. It enables the electrologist to plan the client's treatment and to evaluate progress and outcomes.

(A) I only
(B) II only
(C) II and III only
(D) I, II, and III

20. Causes of blanching include which of the following?

I. Overtreatment of the skin
II. Shallow insertions
III. Overly deep insertions

(A) I only
(B) II only
(C) III only
(D) I and II only

An Important Note:

The *AEA Infection Prevention Standards for the Practice of Electrolysis* were used in the development of the CPE examination and are part of the *IBEC Study Guide.* Members of the AEA will also find them in their *Membership Roster.* They are the definitive resource for the exams.

Answers for Sample Test Questions

1(B); 2(D); 3(C); 4(B); 5(B); 6(C); 7(B); 8(D); 9(A); 10(C); 11(D); 12(C); 13(C); 14(D); 15(B); 16(C); 17(C); 18(B); 19(D); 20(D).

REGISTERING FOR THE EXAMINATION

The AEA CPE exam is administered by Computer Base Testing. The examination must be taken in a secure testing environment. Prometric, AEA's testing agency, offers more than 300 testing centers around the world. The presence of an authorized proctor is necessary to launch the examination and monitor the examination process. The examination cannot be taken from home. You can take the examination at hundreds of locations throughout the world through the Prometric network of testing centers. Find your nearest location here: www.prometric.com/AEA. At the time of registration payment will be accepted by credit card only.

You must make an appointment for your exam with Prometric. Appointments are made online. Once you have successfully scheduled your examination online, a confirmation will be emailed directly to you from Prometric. It is important to note that the earlier you make your appointment with Prometric the better the chances you have of selecting the preferred time and date to take the examination. To schedule an appointment go to www.prometric.com.

CPE Examination

The CPE exam will be offered on a continual basis by Prometric, Inc. The exam is in a format that is very easy to use. At the test center you will be given an interactive tutorial prior to starting the test. To familiarize yourself with Prometrics' testing site, go to: www.Prometric.com, "What to Expect on Test Day" video located on the Prometric hosted AEA landing page.

Exam Time

The CPE examination candidates are given two and a half hours to complete the exam. You will have 10 minutes to complete the tutorial. The timer begins once you complete the tutorial. There will be an overall timer on the screen once the exam begins. There is a brief survey at the end of the exam.

Breaks

You are allowed as many unscheduled breaks as you like, however, your exam time will continue to count down. You will not be permitted to access any electronic devices, study materials or leave the testing facility during your examination.

During the Exam

Questions can be marked and you can return to them at a later point in the exam. Marked questions that have been answered will be scored. Be sure to answer all questions, as only answered questions are scored. In addition you are also able to strike-out answers that are incorrect, highlight text in an exam question. Questions can be marked for review and an answer can be changed, with time permitting.

A dry erase board and markers will be issued at the testing center for taking notes during the exam. All notes will be collected prior to leaving the test center. Please note: You cannot take notes prior to launching the exam.

Exam Fee

FEE: $411.06 AEA Member $468.18 for non-member. When you register online payment will be accepted by credit card only. There will be a $50 rescheduling fee.

STUDY MATERIALS

A *Study Guide* has been published by IBEC from which many of the test questions were formulated. The *Study Guide* was developed to aid in preparation for the Certified Professional Electrologist (CPE) board certification exam. It should be noted however, that it is not meant to be the sole resource for the sixth generation of exams. Ancillary texts such as *Cosmetic and Medical Electrolysis & Temporary Hair Removal by Richards & Meharg, Electrolysis, Thermolysis And The Blend by Hinkel & Lind, and Milady's Hair Removal Techniques by Bickmore* are also suggested study materials. In addition, the AEA *Infection Prevention Standards for the Practice of Electrolysis* and the *Standards of Practice for Electrologists* are included in their entirety for review and study. The *Infection Prevention Standards* contained therein were updated in 2015 and are the definitive resource for the exams for all matters related to sterilization, disinfection, asepsis, hygiene, and safety as it relates to instruments, supplies, an office (or work place), the client, and the electrologist. The above-referenced resources are the only recommended study materials for the CPE exams.

ADMISSION TO THE TEST CENTER

AEA CPE CANDIDATES-You will not be permitted to take the CPE examination and **WILL FORFEIT ALL FEES** if you do not provide the proper documentation as listed. All candidates shall be at least 18 years of age, and **provide proof of a high school diploma, its equivalent or a higher degree (A.A., B.A., M.A.)** If applicant resides in a licensed state:

~ Photocopy of current state electrolysis license
~ Licensed or non-licensed electrologist must have been in practice for 1 year prior to registering for the exam
~ Provide proof of employment if employed, must provide a notarized affidavit from employer stating dates, number of days and hours worked and provide payroll receipts or a 1099 statement
~ Licensed or non-licensed electrologist that is self-employed must provide rent or utility receipts for the entire year
~ A valid non-expired government-issued photo ID such as a driver's license, state ID or passport
~ A photocopy of your state electrolysis license dated 1 year prior to your examination

If applicant resides in an unlicensed state:

~A valid non-expired government issued photo ID such as a driver's license, state ID or passport
~A photocopy of certificate of completion from a SCHOOL OF ELECTROLYSIS with date of graduation and number of hours completed in the study and practice of electrolysis, (320 hours minimum required).
~You must have graduated from school prior to sitting for the CPE examination.

If the candidate was privately trained by an electrologist, the electrologist who trained the candidate must be a CPE for at least 3 years and provide the candidate with a **Notarized Affidavit** from the instructor indicating number of hours completed (320 hours minimum required in the theory and practical of electrolysis), date completed, and proof that trained candidate has been in practice for at least one (1) year following completion of 320 hours, payroll or 1099 receipts, (notarized statement from employer, photocopy of advertising receipts dated one year previous to completing registration form and must provide receipts for supplies.) If the candidate is self-employed, rent and utility receipts must be provided.

Testing Accommodations:

The Prometric testing Accommodations Team will be available to assist candidates with scheduling appointments requiring accommodations.

Candidates needing additional time only will not need to speak with a Testing Accommodations Advocate to schedule an appointment.

At the Test Center

Candidates are required to be professional, civil and respectful at all times while on the premises of the test center. All exams are continuously monitored by video and audio recording, physical walk-throughs, and through the observation window. The Test Center Administrator (TCA) is authorized to dismiss you from the test session for a violation of any of the Test Center Regulations, including exhibiting abusive behavior towards the TCAs or other candidates. If you are found to have violated any of the regulations during your exam, the TCA is required to notify Prometric and your test sponsor. Prometric, alone or in conjunction with your test sponsor, shall then take any further action necessary to sanction your conduct, up to and including invalidation of your test score and/or pursuit of civil or criminal charges.

- The computer-based test delivery system, tutorial, exam content, and survey are the unpublished, confidential, and proprietary materials of Prometric and/or your test sponsor.
- Communicating, publishing, reproducing, or transmitting any part of an exam, in any form or by any means (e.g. verbal, electronic, written, etc.) for any purpose is strictly prohibited.
- ANY reproduction or disclosure will result in the immediate filing of civil and/or criminal charges against you and anyone directing or conspiring with you.
- Original, valid (unexpired), government issued photo & signature bearing identification is

required in order to take an exam. Validity and the number of acceptable IDs are predetermined by your test sponsor.

- You will be scanned with a metal detector wand prior to every entry into the test room.
- You will be required to raise your pants legs above your ankles, empty and turn all pockets inside-out and raise shirt sleeves above your wrists prior to every entry into the test room.
- Exams may have scheduled or unscheduled breaks, as determined by your test sponsor. Each time you leave the test room you must sign-out.
- The TCA will inform you what is permitted during exam breaks, specifically regarding whether access to your locker, and access to cell phones and notes within it, is permitted or not. All candidates must inform the TCA before accessing a stored item during a break, including medicine. Repeated or lengthy departures from the test room will be reported to the test sponsor.
- Upon return from a break, without exception, you must go through all security checks, present valid ID, sign-in and, if required by the test sponsor, provide a fingerprint to be re-admitted to the test room.
- You must return to your assigned, original seat after any break.
- Unauthorized personal items may not be brought into the test room. Such items include, but are not limited to: outerwear, hats, food, drinks, purses, briefcases, notebooks, pagers, watches, cell phones, recording devices and photographic equipment.
- Written notes, published materials and other testing aids are strictly prohibited, except where allowed by your test sponsor. Test center staff will refer to the applicable Client Practices for allowances.
- Only soft ear plugs (with no wires/cords attached) and center-supplied tissues are permitted in the test room.
- Clothing or jewelry items allowed to be worn in the test room must continue to be worn at all times. Removed clothing or jewelry items must be stored in the locker provided during check-in.
- All materials issued by the TCA must be returned at the conclusion of testing. Used scratch paper must be returned before new scratch paper will be issued by the TCA during your exam.
- Talking to other candidates in the test room, referring to their screens, testing materials or written notes is strictly prohibited.

Note: Client/test sponsor practice policies shall supersede these regulations if a conflict exists.

Individuals with Special Testing Needs

All Prometric testing centers in the US are fully accessible, and compliant with the Americans with Disabilities Act (ADA). You must submit your request for any special accommodation, along with documentation, prior to exam registration for consideration. Contact Patsy Kirby, CPE, Director International Board of Electrologist Certification: ibecaea@electrology.com or call 707-777-5315.

Any individual who has a physical or cognitive impairment or limitation that prevents him/her from taking the test under standard conditions may request special testing arrangements. The types of accommodations that may be provided include large print, a person to read, extended time, translator, interpreter and/or a separate testing room.

Send all your documents to:
Patsy Kirby, CPE
4188 SW Tommy Armour Lane
Redmond, OR 97756
P: 707-777-5315; ibecaea@electrology.com

Please include a separate letter describing your disability or special needs and the adaptations you are requesting. Documentation from a physician or appropriate authority is required to confirm your special needs.

If You Have a Complaint

If you have a complaint or wish to make a comment about Test Center facilities and/or supervision, examination content, or anything else related to the testing program go to: www.Prometric.com; select "Contact Us" to register a complaint or call the candidate care line at 800-853-6769.

YOUR SCORES

Scoring:

Candidates will receive immediate scoring at the test site.

Scores:

No refund of any fees will be made, and a new online registration form and fee must be submitted to retake the examination.

As both IBEC and PROMETRIC are concerned that only valid scores are reported, doubts raised about the validity of individuals' scores will be thoroughly investigated.

For example, some scores may be rendered invalid because of circumstances beyond control, such as faulty test materials, etc. When such circumstances are discovered, IBEC will be notified that there are no reportable scores for reasons beyond control. In such instances, IBEC and PROMETRIC will arrange a free makeup administration at the earliest convenience of the candidates concerned. PROMETRIC reserves the right to cancel the score of any candidate found to be engaging in any type of misconduct and such incidents will be reported to IBEC.

PROMETRIC senior professional staff will review each investigation, determine whether scores should be reported and advise IBEC of its decision. IBEC will make the final decision on whether or not a score is to be cancelled.

When Will You Receive Your Test Results?

IBEC states its disapproval of the use of test results for any purpose other than for certification and the conveyance of the CPE designation; this includes disapproval of using the test results for employment selection. The CPE examination is not to be used for personnel decisions (i.e., hiring or promotion) in any manner whatsoever. Also, the CPE test results are not to be used to compare different educational or training programs. Any use of IBEC's CPE test results for any purpose other than certification is strictly prohibited.

Test results and all personal information collected are kept confidential by IBEC and PROMETRIC. Information will not be released without written authorization from the candidate.

Your Test Results

If you pass the examination, your test results will not include a numeric raw or scale score. It will only contain a statement that you passed. The exam is designed as a mastery test for certification purposes and is not intended to distinguish between passing scores. This policy is established as a safeguard against misuse of the test scores of passing candidates.

If you fail the examination, your test results will include your total failing scale score ranging from 5 to 69 (70 is needed to pass). Your failing score report will also contain performance levels in each of four subscore categories based on the six content areas outlined in this Test Bulletin. The four subscore areas are as follows:

1. Anatomy and physiology of skin and hair
2. Infection prevention
3. Clinical observation and applications
4. Modalities, equipment operation and safety

Subscore results are reported as three performance levels: Competent, Marginal, or Deficient. Results are reported as words, not as numbers. To avoid confusion with total test scores, the percentage of questions you answered correctly in each subscore area is not reported. Pass/fail decisions are not to be made using subscores because subscores alone do not provide sufficient information for pass/fail decisions.

When you receive your score report you will note that your score is reported as a scale score. A scale score is provided so that regardless of the specific form taken, the passing score will continue to be a scale score of 70 and your test score will continue to be on a scale that ranges from 5 to

99, with scores of 70 and above reported as pass. Raw scores will not be reported.

If raw scores were used, candidates who took an easier form of the CPE examination would have an unfair advantage over candidates who took a more difficult form. Equating is a procedure that takes into account the difficulty of the particular edition of the test you take as compared to other forms of the CPE examination. The equating procedure is used because some CPE test forms may be more difficult than other CPE test forms. To adjust for these possible differences in test difficulty, an equating procedure is employed. The form of the examination you take will be statistically equated so that the passing score remains consistent with the standard used for passing candidates on any other form of the CPE examination.

CPE ADVERTISING POLICY

The CPE credential is not a lifetime credential. Maintaining the credential requires sufficient continuing education, or retesting in the year of expiration. **Expired CPEs must discontinue all use of the credential.**

If granted the CPE credential, one agrees at all times to use and display it, and to cease its use and display, in accordance with the terms, conditions and rules of the IBEC and AEA as they may be from time to time amended or revised.

One further agrees to indemnify and hold harmless the IBEC and the AEA, from all costs and expenses, including but not limited to attorney's fees and costs of litigation incurred both before and after commencement of suit or of any legal proceeding in law or in equity, either organization may incur to enforce its rights against any former CPE to cease and desist from improper use of the CPE credential.

CONVENTION INFORMATION

Register online:
electrology.com/convention

Questions? Contact Marta T. Cuminotto, CPE, for registration information - 203-913-1189 or email: conregchair@electrology.com (subject line: convention).

MEMBERSHIP INFORMATION

For membership information, visit the AEA's website: electrology.com/join - click on "Join the AEA." Membership has its benefits!

Questions about membership?
Contact Randa Thurman, CPE - 831-643-2215 or email: databankaea@electrology.com

IBEC, a special and autonomous committee of the AEA, is pleased to present the seventh generation of board certification exams for the profession.

The test has been refined and updated to reflect current standards in our profession. The *IBEC Study Guide* (SG) is a tool to assist you, but should not be used as a sole source of reference in preparation for the exam.

To order a SG, go to: electrology.com/ibec or complete the form below, enclose a check in the amount of $95.00 US, Canada $115 and International $120 (all pricing includes shipping and handling) made payable to AEA and mail to Rita Souza, CPE, 46 Derry Street, #3, Hudson, NH 03051. Please allow up to three weeks for delivery.

As with prior generations, new test development was conducted for 2017-2021; the shelf life of our legally-defensible certification test is five years and recertification requires a new test product. The 2012-2015 examination has been updated in the area of infection prevention, as well as all other content areas.

If you have any questions regarding registration IBEC Study Guide, or the CPE exam, contact: Patsy Kirby, CPE, Director, IBEC at: 707-777-5315 or via email at: ibecaea@electrology.com.

Order the Study Guide Online at: ELECTROLOGY.COM/IBEC

•••••••• IBEC Study Guide Order Form ••••••••

Please send me a copy of the IBEC Study Guide.

Name _____

Address _____

Phone (home) _____ (business) _____

Enclosed is my check in the amount of $95.00 made payable to AEA. Canadian orders $115.00. Other countries $120.00. Monies are not refundable or returnable. Do not send cash.

••• Clip and mail to Rita Souza, CPE, 46 Derry Street, #3, Hudson, NH 03051 •••

PLEASE – Do not send via Federal Express, or any carrier requiring a signature.

This will delay the shipment of your order!

NO RETURNS OR REFUNDS

National Interstate Council of State Boards of Cosmetology

NIC BLOOD EXPOSURE PROCEDURE

A. For client injury, a licensee must:

1. Stop the service.
2. Put gloves on hands.
3. If appropriate, assist the client to sink and rinse the injured area under running water.
4. Pat injured area dry using a new, clean paper towel.
5. Offer antiseptic and adhesive bandage.
6. Place all single-use items in the trash container.
7. Remove all implements from the workstation, then clean and disinfect the implements.
8. Clean and disinfect work station.
9. Remove gloves from hands and dispose.
10. Wash hands.
11. Return to service.

B. For a licensee injury, that licensee must:

1. Stop the service.
2. Explain the situation to the client and excuse him or herself.
3. If appropriate, rinse the injured area under running water.
4. Pat injured area dry using a new, clean paper towel.
5. Apply antiseptic and adhesive bandage.
6. Place all single use items in a trash container.
7. Put on gloves.
8. Remove implements from the workstation, then clean and disinfect the implements.
9. Clean and disinfect station.
10. Replace gloves.
11. Return to service.

Effective date July 1, 2020

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INFECTION PREVENTION STANDARDS FOR THE PRACTICE OF ELECTROLYSIS (REV. 01/2019)

PREFACE

The American Electrology Association has adopted these Infection Prevention Standards for the Practice of Electrolysis (Standards) as part of our commitment to the protection of both our practitioners and the public. Some Standards are based on well-documented scientific studies and others are based on practical observation. It is our goal to revise these Standards as often as necessary to keep them compliant with the recommendations of the Centers for Disease Control and Prevention (CDC). Standard Precautions, as recommended by the CDC, combine the major features of Universal (Blood and Body Fluid) Precautions and Body Substance Isolation. These precautions are designed to reduce the risk of transmission of blood-borne pathogens and pathogens from moist body substances.

Electrologists and Electrology instructors should consider all clients as potentially infectious and adhere to these Standards to minimize the risk of exposure to blood or body fluids and reduce the risk of transmission of infection and disease from client to client, practitioner to client and client to practitioner. Regulatory organizations and professional associations regulating and promoting the practice of electrolysis are encouraged to adopt these Standards and present continuing education events to provide knowledge for the prevention of infection.

OBJECTIVES FOR PREVENTION MEASURES AND STANDARDS OF PRACTICE

1. Provide a knowledge base of infection prevention and client safety.
2. Provide a practical aseptic approach.
3. Establish criteria for disinfecting and sterilizing to minimize the transmission of microorganisms.
4. Establish criteria for cleaning and sterilizing reusable instruments and disposing of used needles and other sharps.
5. Establish guidelines for providing a high quality of client care.
6. Provide standards for professional judgment and decision-making.

DEFINITION OF TERMS

For the purpose of these Standards, the following definitions are used:

alcohol-based rub

The alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands. In the United States, such preparations usually contain 60% - 95% ethanol or isopropanol. Formulations include foams, gels and liquid rinses. These products do not remove soil, but can be used for hand-antisepsis.

antiseptic

A germicide used on skin or living tissue to inhibit or destroy microorganisms. Antiseptic products are not appropriate in any instance for use in cleaning or disinfecting inanimate objects. The Food and Drug Administration (FDA) regulates antiseptics.

aseptic technique

A set of specific practices used before, during and after a procedure to protect against the spread of pathogenic microorganisms. Examples of aseptic technique are appropriately timed handwashing, decontamination of inanimate surfaces and instruments, appropriate use of personal protective clothing or barriers, proper containment and disposal of waste and consistent instrument handling which minimize cross contamination and reduce the risk of exposure to pathogens.

autoclave (steam sterilizer)

A device used for sterilization by application of pressurized steam and heat. The FDA regulates autoclaves.

biological indicator

A commercially prepared device with a known population of highly resistant bacterial spores used to test the method of sterilization being monitored. The biological indicator (BI) is used to demonstrate that conditions necessary to achieve sterilization were met during the cycle being monitored. The FDA regulates biological indicators.

chemical disinfectant

see disinfectant

chemical indicator

A commercially prepared device used to monitor all or part of the physical conditions of a heat sterilization process by means of a characteristic color change, usually chemically treated paper strips. A chemical indicator does not indicate that sterilization has been achieved and most indicate only that the temperature needed has been attained. Some chemical indicators are capable of "integrating" time at a particular temperature before color change. The FDA regulates chemical indicators.

cleaning

The removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and is accomplished manually or mechanically using water with detergents or enzymatic products. Thorough cleaning is an absolute must prior to disinfection and sterilization procedures.

contamination

The result of being soiled, stained, touched, or otherwise exposed to harmful agents, making an object potentially unsafe for use as intended or without barrier techniques. An example is the entry of infectious or toxic materials into a previously clean or sterile environment.

contraindicate

To advise against or indicate the possible danger of a drug or treatment.

critical items

The instruments or objects that come in direct contact

with the bloodstream or other normally sterile areas of the body. Critical items must be pre-sterilized, single use and disposable or subjected to sterilization before use.

decontamination

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

disinfectant

A chemical agent used on hard inanimate surfaces and objects to destroy or irreversibly inactivate infectious fungi and bacteria but not necessarily their spores. Chemical disinfectants are classified as "high-level," "intermediate-level" and "low-level" according to their comparative levels of potency and intended uses, but are not a final step in the processing of instruments. *see hospital disinfectant*

disinfection

A process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects.

high-level disinfection

The disinfection process that inactivates some, but not necessarily all, bacterial spores. High-level disinfection is the minimum treatment recommended by the CDC in guidelines for the processing of semi-critical instruments. There are commercially available germicides that have been cleared by the FDA as sterilants/disinfectants or simply as "high-level disinfectants." Examples of high-level disinfectants include glutaraldehyde, hydrogen peroxide/peracetic acid-based formula and orthophthaladehyde.

intermediate-level disinfection

A disinfection process capable of killing Mycobacterium tuberculosis var.bovis (TB), broad spectrum of bacteria, viruses, fungi, including Herpes, Staphylococcus, Salmonella, HIV, HBV and inactive AIDs viruses. The EPA regulates intermediate-level disinfectants. Examples of intermediate-level disinfectants include alcohols (70-90%), quaternary ammonium compounds and phenolics.

low-level disinfection

A process capable of inactivating most bacteria, some viruses and fungi but not bacterial spores or Mycobacterium tuberculosis var.bovis (TB). Like intermediate-level products, low-level disinfectants are regulated by the EPA and are appropriate for disinfecting environmental or medical equipment (non-instrument) surfaces. Examples of low-level disinfectants are quaternary ammonium compounds and certain iodophors or phenolics.

dry heat sterilizer

An oven-type device specifically designed to sterilize items by exposure to high temperatures for a designated period of time. The FDA regulates dry heat sterilizers.

electro-epilation

see electrolysis

electrologist

A person who removes hair by means of an electric current applied with a solid wire filament or electrode.

Electrology

The study of electrolysis.

electrolysis

Destruction of living tissue in the hair follicle by means of electric current applied with a solid wire filament or electrode. The procedure of electrolysis is also known as electro-epilation.

environmental surfaces

Surfaces that may contribute to cross-contamination. These surfaces should be properly maintained to minimize their potential role in disease transmission. A low-level disinfectant is used to clean environmental surfaces.

enzyme detergent

The solution that helps break down organic soils and fats and suspends particles during cleaning. An enzyme detergent is used as a soaking solution for critical, semi-critical and non-critical instruments and as the detergent used in the ultrasonic device. Temperature and dilution affect the efficacy of enzyme detergents.

epilator cords

Insulated cords used to complete a circuit between the epilator and needle, phoresis applicator/rollers and the indifferent electrode. Epilator cords are non-critical items. Intermediate level disinfectants can be used to clean the cords.

forceps

A medical tool that is used for grasping or holding things.

gloves

Coverings for the hands made of various materials, which provide a protective barrier against infections and toxic substances. There are three types of gloves that can be used by electrologists:

examination gloves are non-sterile, medical grade, disposable patient examination gloves made of natural rubber latex or synthetic material and are worn during electrolysis treatments and during cleaning procedures to provide a barrier to prevent exposure to potentially infectious materials and other contaminants. The FDA regulates medical grade gloves.

food-handler gloves may be worn as a protective disposable barrier over exam gloves during treatment interruption to prevent contamination from touching objects such as knobs, phones, electronic devices, pens, charts, etc. These gloves are discarded after each use.

cleaning and other non-medical gloves are general purpose, heavy-duty, reusable, puncture resistant utility gloves (e.g., rubber household) that may be used for housekeeping chores such as instrument cleaning and decontamination procedures that involve

potential contact with contaminants. These gloves are washed and dried between each use and should be labeled for use by one individual. They should be discarded when showing evidence of deterioration. Utility gloves are not promoted for medical use; therefore, are not regulated by the FDA.

hand hygiene
The general term that applies to the decontamination process for the removal of soil and transient microorganisms from the hands.

hospital disinfectant
A chemical germicide with label claims for effectiveness against Salmonella choleraesuis, Staphylococcus aureus and Pseudomonas aeruginosa. Hospital disinfectants may be classified as either intermediate-level or low-level in their spectrum of activity as indicated by label claims. These classes of germicides are regulated by the EPA and are appropriate for environmental or medical surfaces but not as a final step in processing electrolysis instruments.
see disinfectant

indifferent electrode
The stainless steel bar held by the client during electrolysis treatments to complete electric current circuit with galvanic/electrolysis modality or with the use of a timer delay switch in automatic delivery epilators. Indifferent electrodes are non-critical items.

instruments
Tools designed to perform a specific function such as grasping, holding or extracting.

intact skin
Healthy skin in which the natural protective barrier has no breaks, scrapes, cuts, abnormal openings, infection or signs of trauma that allow pathogens to enter.

lancet
A sharp pointed instrument used for making small openings in the skin. Lancets are single-use and pre-sterilized and must be properly disposed of in a compliant sharps container.

latex allergy
A systemic or local allergic response to various latex proteins.

mechanical/visible indicators
Monitoring devices built into a sterilizer such as indicating thermometers, recording thermometers, pressure gauges and automatic controls, which are used to assist in identifying and preventing malfunctions and operational errors in a sterilizer cycle.

needle
The solid wire filament or electrode inserted into the hair follicle for application of electric current during electrolysis procedures. Needles used in electrolysis may come in contact with blood, serum or other material; therefore they should be purchased as pre-sterilized and disposable for one-time use only. Needles should be treated as critical items and properly disposed of in a compliant sharps container.

needle holder cap
The plastic cap holding the shaft of the needle in place on the needle cord. Needle holder caps are considered semi-critical items and may come in contact with blood, serum or other material; therefore the first steps of processing include soaking and cleaning. Heat sensitive caps are white and after initial cleaning are exposed to a high-level disinfectant before reuse. Heat stable caps are black and after initial cleaning should be packaged prior to sterilization.

non-critical items
Instruments or environmental surfaces that will come in contact only with intact skin. If properly cleaned and maintained, these surfaces carry relatively little risk of transmitting infection directly or indirectly to clients.

non-intact skin
Areas of the skin that have been opened by cuts, abrasions, dermatitis, acne or other causes which would allow bloodborne pathogens to enter the body.

packaging
Materials used to contain instruments for sterilization, such as woven or non-woven wraps, paper or film pouches or rigid container systems.

pathogen
A microorganism or substance capable of producing a disease.

phoresis applicators/rollers
Made of stainless steel, these items are used to apply current to skin before or after an electrolysis treatment. These items are considered semi-critical and should be sterilized or exposed to a high-level disinfectant.

plain soap
A detergent-based cleanser without antimicrobial additives used for the primary purpose of physical removal of dirt, soil and transient microorganisms. Soap is used in handwashing to suspend microorganisms for the purpose of rinsing them off.

processing
The activity of cleaning, disinfecting or sterilizing contaminated items to render them safe for their intended use.

protective disposable barrier
A disposable, moisture-resistant covering which reduces the potential for contaminating environmental or medical device surfaces that may be difficult or inconvenient to clean and disinfect routinely, e.g., tables and pillows or hard-to-clean surfaces such as light handles and epilator surfaces.

semi-critical items
Items that may come in contact with mucous membranes and non-intact skin but do not ordinarily penetrate body surfaces. Semi-critical items require sterilization or exposure to high-level disinfection.

sharps container
A specially manufactured and labeled, leak-proof, rigid, puncture resistant, durable plastic container into which needles and lancets are placed after use and designed to be disposed of as an item of regulated medical waste.

spore
A small usually single-celled reproductive body that is resistant to adverse environmental conditions including heat, drying and chemicals.

sterility assurance file
The record containing the sterilizer maintenance and use log and culture report from each biological indicator.

sterilization
The process of destroying all forms of microbial life. The recommended methods of sterilization of instruments and items used in the practice of electrolysis are the dry heat sterilizer or the autoclave. These methods are standardized and should be routinely monitored for effectiveness.

thermolysis
Destruction of living tissue in the hair follicle by means of alternating current applied with a solid wire filament or electrode.

treatment room
The private room where electrolysis treatments are performed.

tweezers
The instrument used during electrolysis treatments to remove the hair from the follicle. Tweezers used in electrolysis may come in contact with blood, serum or other material and should be sterilized before each use. They should be treated as critical items.

ultrasonic cleaner
The processing unit using ultrasonic waves transmitted through the cleaning solution in a mechanical process known as cavitation. The sound waves produce tiny air bubbles on instrument surfaces, which scrub tightly adhering or embedded particles from solid surfaces. Ultrasonic cleaning is particularly effective in removing soil deposits from hard-to-reach areas.

OVERVIEW OF STANDARDS

Electrolysis, for the purpose of permanent hair removal, is the insertion of a sterile needle into a hair follicle to deliver enough electric current to eliminate hair regrowth. Although not routine, there are occasions when electrolysis procedures cause contamination of the needle, needle holder caps, tweezers and other tools such as phoresis applicators/rollers with blood, serum or other material. These standards are for the prevention of infection and the protection of both client and practitioner. They encompass the American Electrology Association standard that all needles used should be single-use, pre-sterilized and disposable along with detailed instructions for hand hygiene, the use of gloves, decontamination and sterilization of reusable instruments, prevention measures for environmental control and housekeeping and client consideration. In addition, there are prevention measures for pre and post-treatment along with information on vaccinations and risk prevention for healthcare workers recommended by the Centers for Disease Control and Prevention (CDC). These standards are a compilation of recommendations for the specific procedure of electrolysis along with standards established for the allied health professions.

PREVENTION MEASURES AND STANDARDS OF PRACTICE

Section 1: Hand Hygiene
Section 2: Gloves
Section 3: Needles
Section 4: Decontaminating Electrolysis Instruments and Other Items
Section 5: Sterilization
Section 6: Environmental Control and Housekeeping
Section 7: Client Considerations
Section 8: Pre and Post-Treatment
Section 9: Hepatitis B Virus (HBV) Vaccination and Hepatitis C Information
Section 10: Procedures for Potential Exposures to Hepatitis, HIV and Other Blood-borne Pathogens
Section 11: Standard Precautions as Recommended by the Centers for Disease Control and Prevention

Section 1
Hand Hygiene

Prevention Measures for Hand Hygiene

Hand Hygiene is considered one of the most important procedures for preventing the transmission of infection. Hand transfer can be a significant mode of transmission of bacteria and viruses from person to person, from person to surface or vice versa. Handwashing uses plain or non-antimicrobial soaps, which are detergent-based cleansers that have no bactericidal activity. Washing with plain soap will accomplish a physical removal of soil and microorganisms by mechanical action. The cleaning activity of plain (non-antimicrobial) soap can be attributed to its detergent properties, which result in the removal of dirt, soil, and various organic substances from the hands. Handwashing with plain soap can remove loosely adherent transient flora. Wash hands with warm water, not hot water, because repeated exposure to hot water may increase the risk of dermatitis. Residual moisture on hands after handwashing has been found to play an important role in the transfer of bacteria and viruses, so a longer duration of hand drying will result in fewer bacteria transferring to other surfaces. Handwashing products can become contaminated and support the growth of microorganisms. Adding soap to a partially empty soap dispenser can lead to bacterial

contamination of soap; therefore, liquid products are to be stored in closed containers and dispensed from either disposable containers or containers that are washed and dried thoroughly before refilling. Hand antisepsis uses antimicrobial soaps or alcohol-based hand rubs, containing ingredients, which will kill or inhibit microorganisms on the skin.

According to the CDC Guideline for Hand Hygiene in Health-Care Settings, alcohol-based products are more effective for standard hand hygiene by health-care-workers (HCW) than soaps. The antimicrobial activity of alcohols can be attributed to their ability to denature proteins. Alcohol solutions containing 60% to 95% alcohol are most effective and higher concentrations are less potent. The ideal volume of product to apply to the hands is not known and may vary for different formulations. However, if hands feel dry after rubbing hands together for 10-15 seconds an insufficient volume of product likely was applied. Alcohols are not appropriate for use when hands are visibly dirty or contaminated with body fluids or visible blood products. After 5 to 10 uses of alcohol-based products, handwashing with soap and water is needed to remove a build-up of emollients. Since alcohols are flammable, it is important to rub hands together after application of alcohol-based products until all the alcohol has evaporated. Use containers that will minimize evaporation.

When selecting products for hand hygiene, solicit information from manufacturers regarding any known interactions between products used to clean hands and the types of gloves used. In addition, follow the manufacturer's recommendations regarding the volume of product to use for both hand soaps and alcohol-based hand rubs.

Standards of Practice for Hand Hygiene

I. Hand Hygiene

A. Hands are cleansed by washing with liquid soap and warm water or by hand antisepsis with alcohol-based hand rubs (if hands are not visibly soiled):
   1) Before and after treatment of each client;
   2) Before donning gloves and immediately after gloves are removed.

B. Hands are washed thoroughly with liquid soap and warm water:
   1) When visibly soiled;
   2) Immediately if bare-handed contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated equipment occurs.

C. Handwashing technique with liquid soap and warm water includes:
   1) Wetting hands with warm running water and applying liquid soap in the amount recommended by the manufacturer;
   2) Vigorously rubbing hands together for 15 to 30 seconds, covering all surfaces of hands, especially between fingers and fingernail areas;
   3) Rinsing hands thoroughly under a stream of warm water;
   4) Drying hands thoroughly with a clean disposable paper towel;
   5) Turning faucets off with the paper towel;
   6) Disposing of the paper towel in the appropriate covered receptacle.

D. Hand antisepsis achieved by using alcohol-based antiseptic hand rubs includes:
   1) Applying the recommended amount of alcohol gel or rinse to the palm of one hand;
   2) Vigorously rubbing hands together, covering all surfaces of hands, especially between fingers and fingernail areas;
   3) Continue rubbing hands together for 15 to 25 seconds until the alcohol dries.

Section 2
Gloves

Prevention Measures for Use of Gloves

Electrolysis is the destruction of living tissue in the hair follicle by means of electric current applied with a solid wire filament or electrode. The risk of exposure requires that the electrologist wear a fresh pair of medical grade disposable examination gloves during each client encounter. The CDC has recommended that Health Care Workers wear gloves to reduce the risk of personnel acquiring infections from clients, prevent Health Care Worker flora from being transmitted to clients and reduce transient contamination of the hands of personnel by flora that can be transmitted from one client to another. The Occupational Safety and Health Administration (OSHA) mandate that gloves be worn during all client-care activities that may involve exposure to blood or body fluids.

Gloves are worn in addition to and not as a substitute for hand hygiene practices. When gloves are worn, hand hygiene practices are also recommended because gloves do not provide complete protection against hand contamination. The consistent wearing of gloves will decrease the risk of potential exposure. OSHA prohibits washing or decontaminating disposable (single use) exam gloves for reuse. In addition, the use of petroleum-based hand lotions or creams may adversely affect the integrity of latex gloves. The consistent wearing of gloves will decrease the risk of potential exposure. Wearing gloves will also protect the client from potential exposure to the microbial flora of the electrologist, including blood-borne organisms should there be cuts, scrapes, or micro-lesions on the hands of the electrologist. Torn or perforated gloves should be removed immediately and hands washed after gloves are removed because pathogens can gain access to the hands of the electrologist via small defects in gloves or by

contamination of the hands during glove removal. Determine electrologist and client allergies before wearing latex gloves. Several factors have been linked with latex sensitization, including the presence of allergic conditions (e.g., asthma, eczema, hay fever), allergy to cosmetic powders or foods and frequency or duration of glove use/exposure. The FDA has approved several powdered and powder-free latex gloves with reduced protein contents, as well as synthetic gloves that can be made available for those electrologists and clients who are latex-sensitive.

Standards of Practice for Use of Gloves

I. Use of gloves

A. Gloves are worn during hand-contaminating activities:
   1) A fresh pair of non-sterile, medical grade, latex, nitrile or vinyl disposable examination gloves are worn during the treatment of each client or when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
   2) Exam or utility gloves are worn during the procedures of soaking, cleaning, rinsing, drying and packaging of tweezers and other contaminated instruments.

B. Decontaminate hands in accordance with the above Hand Hygiene Standards before putting on gloves and immediately after gloves are removed.

C. When a treatment session is interrupted:
   1) Use a protective disposable barrier; or
   2) Remove and discard gloves; and
      a) Decontaminate hands before touching items or surfaces, i.e.; knobs, phones, electronic devices, pens, charts, etc.; and
      b) Decontaminate hands before re-gloving with a fresh pair of gloves before resuming treatment.

D. Torn or perforated gloves are removed immediately; hands are decontaminated then regloved with fresh gloves.

E. After each treatment gloves are removed and disposed of in the appropriate receptacle located in the treatment room and hands are immediately decontaminated.

Section 3
Needles

Prevention Measures for Use and Disposal of Needles
Needles and other sharps must be disposed of in a CDC compliant sharps container. Do not overfill the sharps container. When the sharps container is ¾ full, seal it securely and follow state and local health regulations for disposal.

Standards of Practice for Needles

I. Needles

A. Needles are:
   1) Single-use, pre-sterilized and disposable.
   2) Stored in a manner that will maintain sterile condition of contents, away from wetness or humidity extremes.
   3) Not recapped, bent or otherwise manipulated by hand prior to disposal to avoid accidental puncture injury.
   4) Placed in a puncture-resistant sharps container:
      a) Immediately after use.
      b) When opened and found damaged.
      c) When contaminated before use.
      d) When not used before pre-printed expiration date.

Section 4
Decontaminating Electrolysis Instruments and Other Items

Prevention Measures for Cleaning

Cleaning is the basic first step for all decontamination because it physically removes debris and reduces the number of microorganisms present. Cleaning is the removal of organic material or soil from objects and is normally done by using detergent and water. Generally, cleaning is designed to remove rather than kill microorganisms. Immediate decontamination of instruments after use is an important step in providing protection and prevention of the transmission of pathogens.

Technology has provided cleaning products and devices that are especially appropriate for the cleaning of instruments used in electrolysis. Ultrasonic cleaning units, used with enzyme detergents, are examples of appropriate devices used to clean electrolysis instruments and items. A meticulous physical cleaning is always done before disinfection or sterilization.

Prevention Measures for Disinfecting

Chemical disinfectants are regulated either by the Food and Drug Administration (FDA) for medical instrument uses or the Environmental Protection Agency (EPA) for environmental surface uses. Intended uses and directions for use are found both on the labels of the products and/or in package inserts. Material Safety and Data Sheets (MSDS) for each product are available from the manufacturer.

Disinfectant products are divided into two major types: hospital and general use. Hospital type disinfectants are the most critical to infection prevention and are used on medical and dental instruments, floors, walls, bed linens, toilet seats, and other surfaces. General disinfectants are the major source of products used in households, swimming pools, and water purifiers.

Non-critical equipment and environmental surfaces are cleaned and then treated with either intermediate-level, or low-level disinfectants. Intermediate-level kills mycobacteria, most viruses, and bacteria with a chemical germicide registered as a "tuberculocide" by the EPA. Low-level disinfection kills some viruses and bacteria with a chemical germicide registered as a hospital disinfectant by the EPA.

Standards of Practice for Decontaminating Electrolysis Instruments and Other Items

Coordinate necessary sterilized instruments and supplies needed for each treatment in a manner whereby adherence to aseptic technique is maintained with minimal modes and sources of contamination. Wear gloves when handling soiled instruments. Caution should be taken to avoid puncture injuries from instruments.

I. Electrolysis Instruments

A. Indifferent electrodes, cords for epilator and eye shields are:
   1) Cleaned, dried and subjected to intermediate-level disinfection before initial use and after each treatment;
   2) Replaced when showing signs of wear and tear.

B. Tweezers, phoresis applicators/rollers and caps are processed:
   1) Before initial use and after use on the client.
   2) After a 24-hour period when packaging is opened even if instruments are unused;
   3) When contaminated before use, (e.g.; dropped or placed on surface not protected by a barrier).

II. Processing protocols for tweezers, phoresis applicators/rollers and needle holder caps.

A. These instruments and items are:
   1) Accumulated in a covered holding container by submersion in a solution of a protein-dissolving enzyme detergent and water (following manufacturer's instructions for dilution), rinsed and drained;
   2) Placed in the basket of a covered ultrasonic cleaning unit containing a fresh solution of a protein-dissolving enzyme detergent (following manufacturer's instructions for dilution and ultrasonic running times). Basket is removed from ultrasonic unit, rinsed and drained.
   3) Air-dried on a clean, disposable, absorbent, non-shedding cloth in an area protected from exposure to contaminants;
   4) Packaged individually or in small multiples as required for one client encounter. Packaging for the sterilization process includes woven or non-woven wraps, paper or film pouches, or rigid container systems;
   5) Placed in an autoclave or dry heat sterilizer with chemical/biological indicators, loading and running the sterilizer according to manufacturer's instructions. If dry heat sterilizers are used, heat-sensitive needle holder caps are subjected to a high-level disinfectant, rinsed and dried;
   6) Stored, after processing, in a clean, dry, covered container, drawer or closed cabinet, which prevents the contents from coming into contact with dust, moisture, unnecessary touching and soil.

III. Other Items

A. Ultrasonic cleaning units, forceps and all containers including their removable parts used during soaking and cleaning procedures are:
   1) Cleaned and dried daily.
   2) Used and maintained according to manufacturer's instructions.

B. Environmental surfaces directly related to treatment are cleaned and subjected to intermediate-level or low-level disinfection daily and whenever visibly contaminated.

Section 5
Sterilization

Prevention Measures for Sterilization

Instruments that can penetrate soft tissue during electrolysis procedures are the needle and tweezers. To assure the highest level of client safety, needles should be pre-sterilized, disposable, and single-use only. Tweezers should be thoroughly cleaned and sterilized before initial use and after use on each client to reduce the risk of transmission of infection and disease. Needle holder caps are considered semi-critical items. For this reason, they should be processed in the same manner as tweezers. All caps tolerate autoclave sterilization; if dry heat sterilization is used, electrologists are encouraged to use heat-stable caps.

Do Not Use:

The glass bead sterilizer should not be used in the practice of electrolysis since it is no longer cleared to market by the FDA. The FDA Panel has stated that the glass bead sterilizer presents "a potential unreasonable risk of illness or injury to the patient because the device may fail to sterilize dental instruments adequately."

Some high-level disinfectants, including glutaraldehyde-based germicides, are not recommended as an applicable method of

sterilization of instruments and items, based on their toxicity level, instability, and impracticality. Sterilization with liquid chemical germicides is not capable of being biologically monitored. If an electrolysis instrument/item is heat-stable, the proper method of processing is by using a heat-based method such as a steam autoclave or dry heat oven.

Carbon rollers for phoresis are porous and cannot be sterilized or disinfected; therefore, they should not be used.

Household bleach is not labeled for disinfecting instruments.

Standards of Practice for Sterilization

I. Sterilization

A. Methods of sterilization:
   1) Dry heat. The following time-temperature relationships are recommended:
      a) One hour at 340° F (170° C).
      b) Two hours at 320° F (160° C).
   2) Autoclave (steam under pressure). The following time-temperature-pressure relationship is recommended:
      a) 15-20 minutes at 121° C (250° F) and 15 psi (pounds per square inch) for packaged instruments and items.
   3) Follow the sterilizer manufacturer's instructions for the unit you have if times and temperatures differ from those given.

B. Use of sterilizers:
   1) The temperature and exposure time for using dry heat sterilizers and autoclaves relates only to the time of exposure after attainment of the specific temperature and does not include a penetration or heat-up lag time. Exposure time does not include drying and cool-down time.
   2) Sterilizers should have visible physical indicators (e.g., thermometers, timers). Visually check sterilizer gauges during the cycle.
   3) Sterilizers should be loaded, operated and maintained according to manufacturer's instructions. The interior of these devices should be cleaned according to the manufacturer's instructions.
   4) Use sterilizers that are regulated by the FDA.
   5) Chemical (i.e., color change) indicators should be used on each package, and optionally, placed inside packages containing multiple instruments. Chemical indicators should be visible on the outside of each package sterilized and indicates that instruments/items have been exposed to a sterilization process, but it does not guarantee sterility.
   6) Biological indicators should be used no less than once a month (per sterilizer) according to manufacturer's instructions to ensure proper mechanical function of the sterilizer. Lab reports should be filed in a permanent Sterility Assurance file.

C. Packaging for sterilization:
   1) When choosing package material, consider size, shape and number of instruments to be sterilized.
   2) The package material should be able to withstand the physical conditions of the selected sterilization process.
   3) There should be enough space between items in packaging for sterilization of all surfaces to occur.
   4) Follow manufacturer's recommendations for spacing of packaged items in the sterilizer.
   5) After sterilization, the package material should:
      a) Provide a barrier to microorganisms;
      b) Repel all liquids;
      c) Protect sterilized item during normal handling;
      d) Provide for aseptic removal of contents.

Section 6
Environmental Control and Housekeeping
Prevention Measures for Environmental Control and Housekeeping

Hospital-grade disinfectants registered with the EPA should be used for environmental surface cleaning. Product labels give the EPA registration number and should give adequate safety and precautionary information. Manufacturer's instructions on the use of the product should be followed. Information on specific manufacturer label claims and the classification of disinfectants can be obtained by writing the Anti-Microbial Division of the Environmental Protection Agency (EPA), http://www.epa.gov/. Environmental surfaces are "non-critical" and may be divided into at least two major subdivisions according to decreasing risk of disease transmission: (1) medical equipment surfaces such as frequently touched epilator surfaces, magnifying lamps, epilator carts, and (2) housekeeping surfaces such as floors, walls, door knobs, tabletops, and window sills. Adequate levels of safety for surfaces of electrolysis equipment (non-critical surfaces) may be achieved by simple washing or scrubbing with detergent and warm water or, depending on the equipment surface and the nature and degree of contamination, cleaning followed by an application of an intermediate to low-level chemical disinfectant. Follow manufacturer's instructions for application and exposure times of disinfectant products. Cleaning schedules and methods vary according to the type of surface to be cleaned and the amount and type of soil present. Countertops should be of smooth, non-porous material and should be cleaned daily, taking special care in the areas where the procedures of cleaning and sterilizing instruments and items takes place. Items

on countertops should be maintained in a sanitary manner. Sinks and toilet facilities should be cleaned daily. Non-critical equipment, environmental surfaces, doorknobs, telephones, and treatment tables in the treatment room should be cleaned and disinfected on a regular basis. Floors and carpets should be vacuumed and cleaned regularly. Walls, blinds and curtains should be cleaned when visibly soiled.

Standards of Practice for Environmental Control and Housekeeping

A proper hygienic environment should be the goal of the electrologist and electrology instructor. A variety of microorganisms are normal contaminants of environmental surfaces; therefore, routine cleaning and removal of soil are recommended. Most microorganisms found on environmental surfaces are non-pathogenic, but conscientious disinfection techniques control cross-infection.

I. Environmental Control

A. Each treatment room:
   1) Is kept clean, well lighted, and well ventilated.
   2) Has an available sink with hot and cold running water, liquid soap and disposable paper towels.
   3) Contains a covered trash receptacle.
   4) Contains covered storage for supplies.
   5) Contains a puncture resistant sharps container labeled biohazard.
   6) Has available toilet facilities with a sink, liquid hand soap, disposable paper towels and a covered trash receptacle.

B. Treatment table surfaces are:
   1) Made of materials that can be washed with detergents and treated with disinfectants.
   2) Covered with fresh disposable paper drapes or barrier before each client treatment in the following manner:
      a) Headrests are covered with fresh disposable paper drapes or barrier before each client treatment.
      b) When body areas are treated and bare skin may come in contact with the treatment table surface, the surface must be covered with an appropriate-sized fresh disposable paper drape or barrier.

C. Containers for dispensing products, such as liquid soap, alcohol hand-rubs, and treatment supplies are disposable or if reusable they are cleaned and dried before being filled with fresh product.

D. When using creams, lotions, ointments and antiseptics during treatment:
   1) Follow aseptic technique for dispensing products.
   2) Follow manufacturer's recommendations for use.
   3) Dispose of product and container when contaminated or expiration date is reached.

E. Environmental surfaces that are touched during treatment such as epilator cords, epilator cart, magnification lamps, lighting devices and epilator controls are:
   1) Covered with a fresh protective disposable barrier before each treatment of a client; or
   2) Decontaminated after each treatment of a client, following manufacturer's instructions for use of product.

F. Disposable items such as cotton, paper drapes and protective barriers are:
   1) Stored in covered containers, closed cabinets or drawers before use; and
   2) Discarded into a covered trash container lined with a plastic bag, securely fastened when ready for disposal, and disposed daily into the regular trash, unless otherwise specified by state and local health regulations.

G. Reusable items such as sheets, pillowcases and towels, used to cover treatment table or as a client drape are:
   1) Stored in covered containers, closed cabinets or drawers before use.
   2) Placed in a covered container, labeled as "soiled laundry" after use, and
      a) Laundered with detergent and water temperatures that will ensure adequate cleaning and thermal disinfection, and
      b) Dried completely in a gas or electric clothes dryer, at high temperatures.

II. Housekeeping

A. An intermediate-level or low-level hospital-grade disinfectant registered with the Environmental Protection Agency (EPA) is used for cleaning non-critical environmental surfaces.

B. All other environmental surfaces in the treatment room are kept in a state of visible cleanliness by:
   1) Cleaning with water and detergent; and
   2) Using a hospital-grade disinfectant/detergent designed for general housekeeping purposes as indicated on the product label.

Section 7
Client Considerations

Prevention Measures for Client Considerations

The general health status of the client may be a predisposing factor in susceptibility to infection and normal healing. Professional interpretations require careful observation and good judgment.

The client's skin should be examined for signs of infection or rashes prior to each treatment. Treatment should be delayed if

actual or potential signs or symptoms of infection are present. The practitioner should refer the client to an appropriate physician when evaluation of health history or skin examination indicates.

Cleansing the skin with soap and water prior to treatment serves to physically remove dirt, soil and contaminating microorganisms. Wiping with an antiseptic will help to inhibit or destroy microorganisms. An FDA regulated antiseptic should be chosen that does not cause irritation to the skin surface.

Standards of Practice for Client Considerations
I. Client Considerations

A. Standard Precautions should be consistently used for all clients.
B. During the initial consultation:
   1) An appropriate health history should be obtained from each client.
   2) Each client should be informed of the:
      a) possible causes of hair growth;
      b) physical and medical conditions, which may influence the outcome of electrolysis treatments;
      c) possible side effects of treatments;
      d) recommended post-treatment care.
C. The client's health status and any contraindications to treatment should be evaluated upon each client visit. Contraindication to treatments may include any of the following:
   1) Signs of skin infection or trauma.
   2) Hair growth in moles.
   3) Pregnancy.
   4) Diabetes.
   5) Immunosuppression disorders.
   6) Medical implants such as pacemakers, defibrillators, or artificial joints.
D. Electrolysis treatment should be postponed when the electrologist or client suspects any contraindication is present. Referring the client to a physician is appropriate when suspected contraindications are observed.

Section 8
Pre and Post-Treatment

Prevention Measures for Pre and Post-Treatment

Skin cleansing products are used to remove make-up and other debris from the skin prior to an electrolysis treatment. Soap and water or an alternative skin-cleansing product is appropriate for pre-treatment skin cleansing.

Antiseptics are antimicrobial products, regulated by the FDA, and applied to the skin to reduce the possibility of infection. They slow or stop the growth of germs and help prevent infections in minor cuts, scrapes and burns. Antiseptics can irritate the skin; therefore they should be used sparingly. Some commonly used antiseptics are isopropyl alcohol (60-70%), benzalkonium chloride and witch hazel with 14% alcohol. While astringents are not effective antiseptics, they are appropriate to use in post treatment.

Skin protectant products are over-the-counter products regulated by the FDA that temporarily protect injured skin or mucous membrane surfaces from harmful or annoying stimuli and may help provide relief to such surfaces. Many skin protectant products provide a cooling relief to the irritated skin site.

Standards of Practice for Pre and Post-Treatment
I. Pre and Post-Treatment

A. Before treatment, the skin site should be cleansed with a skin-cleansing product followed by an antiseptic skin preparation. Skin should be dry before proceeding with an electrolysis treatment.
B. After treatment, the skin site should be wiped with an antiseptic product or an astringent followed by a skin protectant product.
C. Clients should be instructed on appropriate post-treatment care to promote healing of the treated skin site.

Section 9
Hepatitis B Vaccination and Hepatitis C Information

Prevention Measures for Hepatitis B (HBV)

The CDC states that health care workers may be at risk for Hepatitis B virus (HBV) exposure, a major infectious occupational hazard, if their tasks involve contact with blood or blood-contaminated body fluids; therefore, such workers should be vaccinated. The risk of acquiring HBV infection from occupational exposures is dependent on the frequency of a needle through the skin and mucosa exposures to blood or blood products. Risks among health care professionals vary during the training and working career, but are often highest during the professional training period. For this reason, the student's vaccination for HBV should be completed before electrolysis training begins.

In 1986 the FDA approved a new recombinant Hepatitis B vaccine. It consists of highly purified Hepatitis B surface antigen (part of the virus) that is produced by cells of bakers' yeast. The vaccine is a result of a genetic recombinant technique and contains no human source materials; therefore, there is no risk of acquiring a disease from the vaccine.

Practitioners and electrology students should contact their personal physician for appropriate immunization against Hepatitis B.

Hepatitis C Information

The exposure method for Hepatitis C is the same as Hepatitis B, however there is no vaccination for HCV. Hepatitis C is a liver disease. For some people, Hepatitis C is a short-term illness but for 70%-85% of people who become infected with Hepatitis C, it becomes a long-term, chronic infection. Chronic Hepatitis C is a serious disease that can result in long-term health problems, even death. The majority of infected persons might not be aware of their infection because they are not clinically ill. The best way to prevent Hepatitis C is by avoiding behaviors that can spread the disease.

Section 10
Influenza Vaccination Information

All US Healthcare workers, according to the CDC, the Advisory Committee on immunizations Practices (ACIP), and the Healthcare Infection Control Practices Advisory committee (HICPAC), should get an annual vaccine against influenza. Health care workers include everyone from physicians, nurses, and technicians to people who are not directly involved in patient care such as administrative, maintenance workers and volunteers. All have potential to be exposed to infectious agents that can be transmitted to and from healthcare workers and patients.

Influenza can be a serious disease that may lead to hospitalization and even death. Influenza viruses are spread mainly by droplets that can travel up to six feet away through talking, coughing, or sneezing and landing in the nose or mouth of people around them. The virus can also be inhaled into the lungs or by touching a contaminated surface and then touching their own mouth or nose. Healthy adults can potentially infect others beginning day 1 before they become symptomatic and up to 5 to 7 days after becoming sick. Some people can be infected with the flu, have no symptoms yet still spread the virus to others. People who are 65 years and older, children younger than 5, pregnant woman and people with health conditions like asthma, diabetes, or heart and lung conditions are at high risk of serious complications from flu.

Flu viruses are constantly changing and vaccination immunity declines over time. CDC recommends an annual flu vaccine. The seasonal flu vaccine protects against the most common flu that research indicates will be prevalent during the upcoming flu season. Trivalent vaccines protect against 3 flu viruses, influenza A (HINI) virus, influenza A(H3N2) virus and an influenza B virus. Quadrivalent vaccines protect against these same 3 flu viruses along with an additional B virus.

Different flu vaccines are approved for use in different age groups. Factors that can determine a person's suitability for a vaccination with a particular vaccine includes age, past and present health and any allergies to flu vaccine or it's components. Flu vaccines are made with either killed or weakened viruses. Flu vaccines CANNOT cause flu. Flu vaccines are safe and serious problems are rare.

Who should not be vaccinated?

- People who have been medically advised to not get a flu shot.
- People who should talk to their doctor before getting the flu shot.

When should a person get vaccinated?

Vaccination should occur before the onset of influenza in the community. Generally before the end of October. Late vaccination can still be beneficial throughout the flu season even into January or later.

Section 11
Procedures for Potential Exposures to Hepatitis, HIV and Other Blood-borne Pathogens

Prevention Measures for Potential Exposures to Hepatitis, HIV and Other Blood-borne Pathogens

Careful clinical skills should be practiced and Standard Precautions followed to prevent puncture injury or mucous membrane exposure to blood. Proper management of exposures is necessary including first-aid measures, medical follow-up including collection and testing of blood of source person and exposed person, necessary prophylaxis and written documentation.

Standards of Practice for Potential Exposures to Hepatitis, HIV and Other Blood-borne Pathogens

Health care workers who have needle punctures through the skin or mucous membrane exposure to blood and other body fluids are at risk for infection, including HBV, HCV and HIV infection. The CDC concludes in a continuing study that, while HIV infection is a real risk to health care workers, the risk is low and can be minimized by taking appropriate precautions. Identified risk factors for HIV and HCV transmission are almost identical to those for HBV transmission. Despite the similarities in modes of transmission, the risk of HBV infection in health care settings far exceeds that for HIV or HCV infection.

The following steps should be taken when a puncture injury has occurred:

A. Remove and discard gloves;
B. Wash exposed surface with running water and soap. If wound is bleeding, allow to bleed. After thoroughly cleaning the wound, apply an antiseptic product;
C. Immediately contact practitioner's personal physician for appropriate consultation and for post-exposure strategies;

D. Document the exposure including:
   1) Date and time of exposure;
   2) Details of the procedure being performed, including where and how the exposure occurred;
   3) Details of the exposure, including the type and amount of fluid or material and the severity of the exposure (e.g.; for a needle puncture through the skin; the depth of injury; for a skin or mucous membrane exposure, the estimated volume of material and the condition of the skin);
   4) Details of the exposure source (e.g.; whether the source material contained HBV, HCV or HIV);
   5) Details about the exposed person (e.g.; Hepatitis B vaccination and vaccine-response status);
   6) Details about counseling, post-exposure management and follow-up date, route of exposure, circumstance under which exposure occurred, name of source client, HIV and/or hepatitis status of source client, status of practitioner's testing, follow-up testing and any necessary post-exposure prophylaxis.

Section 12
Standard Precautions as Recommended by the Centers for Disease Control and Prevention

Prevention Measures for Standard Precautions

These precautions should be performed universally for all clients. Standard Precautions are intended to prevent mucous membrane and non-intact skin exposures of healthcare workers to blood-borne pathogens. In addition, immunization with HBV vaccine is recommended as an important adjunct to Standard Precautions for health-care workers who have accidental exposures to blood.

Standards of Practice for Precautions During Electrolysis Procedures

The following Standard Precautions are appropriate for the care of all clients during electrolysis treatments:

A. Wash hands or use hand antisepsis BEFORE and AFTER each client contact.
B. Wear gloves when touching blood, body fluids, secretions, excretions, contaminated items, mucous membranes and non-intact skin.
C. Take care to prevent puncture injuries when using instruments during and after procedures, when cleaning instruments and when disposing of used needles.
D. Use adequate procedures for routine care, cleaning, and disinfection of environmental surfaces, and other frequently touched surfaces.
E. Follow appropriate sterile procedures with instruments used in the treatment of electrolysis.
F. Clean skin pre and post-treatment with appropriate products to prevent infection.

Electrolysis procedures do not typically generate splashes or sprays of blood and body fluids; however, electrologists may choose to utilize the following:

A. Wearing mask and eye protection or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures and client care that may result in splashes or sprays of blood and body fluids.
B. Wearing gown to protect skin and prevent soiling of clothing during procedures that may result in splashes or sprays of blood and body fluids. Remove soiled gown as promptly as possible and wash hands.

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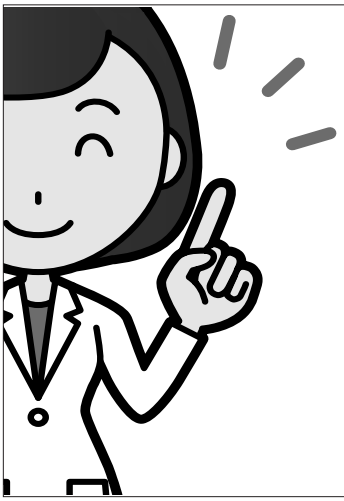

Health Licensing Office
Board of Electrologists and Body Art Practitioners-Rules Advisory Committee-Electrology
March 10, 2021

****PLEASE PRINT****

Name (First, Last) and Email	Representing	Request to Comment (yes/no)
Cynthia Mendoza		Yes
William Wood JR	Adorn	No
Alice Berry		Yes

Fleming April joined the meeting.

Fleming April renamed the meeting to 3/10/2021 Board of Electrologists and Body Art Practitioners-Rules Advi

Fleming April added Patnode Samie and 7 others to the meeting.

Today

Sims Paige S joined the meeting.

Meeting started 8:41 AM

Audrey Jones, LE (Guest) joined the meeting.

Danielle Faught (Guest) joined the meeting.

Sheila Ahern (Guest) joined the meeting.

Sheila Ahern (Guest) joined the meeting.

Jaimee Bloom joined the meeting.

DF

Danielle Faught (Guest) 9:45 AM
i got the email

DF

Danielle Faught (Guest) 10:12 AM
I applied for the board position

DF **Danielle Faught (Guest)** 10:12 AM
I applied for the board position

PS **Patnode Samie** 10:13 AM
Yes Paige said she received your interest form and the Governor is making decisions soon.

DF **Danielle Faught (Guest)** 10:14 AM
Fabulous

I agree, I feel like BBP and First Aid/CPR should be a part of renewal

LJ **Audrey Jones, LE (Guest)** 11:01 AM
I would agree to make all 8 hrs in person or online whatever the licensee chooses when not in covid times

LJ **Audrey Jones, LE (Guest)** 11:58 AM
id prefer email too

LJ **Audrey Jones, LE (Guest)** 12:06 PM
is there a way we could change the electrology temp license reqs to show proof of 6 months of work since we have very few people doing temp electrolysis work?

Type a new message

times

LJ **Audrey Jones, LE (Guest)** 11:58 AM
id prefer email too

LJ **Audrey Jones, LE (Guest)** 12:06 PM
is there a way we could change the electrology temp license reqs to show proof of 6 months of work since we have very few people doing temp electrolysis work?

LJ **Audrey Jones, LE (Guest)** 12:14 PM
Cynthia is asking to change the rule to say no high level before either heat or autoclave

PS **Patnode Samie** 12:15 PM
Thank you for the clarification.

LJ **Audrey Jones, LE (Guest)** 12:16 PM
I have a client coming in 5 min so I will have to leave, but please feel free to contact me via email if needed and I look forward to scheduling the education meeting, mondays usually work best for me.

Meeting ended 3h 49m 12:30 PM

Meeting started 1:48 PM