



STATE OF WISCONSIN
Department of Regulation & Licensing

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Governor Scott Walker Secretary Dave Ross

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Testimony of DRL Executive Assistant John Murray on Continuing Education Rulemaking

**April 4, 2011 meeting of the Barbering and
Cosmetology Examining Board**

- Good morning Madam Chair and members of the barbering and cosmetology examining board.

On behalf of Secretary Ross and the department leadership, I want to thank you for allowing me a bit of your time today to discuss the issue of continuing education for barbers and cosmetologists.

The permanent rule before you is the result of a significant amount of hard work on the part of this board, DRL staff and numerous public and private stakeholders.

As you know, the emergency rule currently in effect requires licensees to obtain 6 continuing education credits to renew their license for the 2009-2011 renewal period that ended March 31, 2011.

Last week, DRL credentialing staff came to the agency leadership with a recommendation to grant an extension to licensees who had not completed their required CE. This extension was approved and licensees have until April 30th to complete their renewal requirements and submit their application without the imposition of a late fee.

The large number of licensees who had not completed their required CE is instructive. It indicates that licensees, despite the enormous efforts of this board and DRL staff to communicate the new requirements to them, have still not fully embraced this new requirement.

This issue has also generated a significant amount of feedback from licensees, the general public and members of the legislature.



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April 13, 2011

Dear Barbering and Cosmetology Licensee:

I am writing to you on behalf of the Department of Regulation and Licensing (DRL) and the Barbering and Cosmetology Examining Board to inform you of some important changes in the Continuing Education (CE) requirement for your profession.

The administrative rule, which was adopted last year, creating the CE requirement is being revised. The proposed new rule would reduce the CE requirement for future license renewals (beginning in April 2015) to six hours from the 12 hours that were originally mandated.

The Board and DRL are also proposing that there be **NO CE requirement for the April 2013 renewal**, meaning you would not have to take any classes during the next two years (April 2011-March 2013). If you have not yet renewed your license this year, you will need to complete the previously mandated six hours of CE.

These changes are being proposed to balance the need for continuing education in your profession with the other demands for time and resources you face as small business people. Governor Walker has committed to fostering a more positive business climate and creating 250,000 new jobs in Wisconsin. Taking a responsible approach to CE in your profession is one way we can support this important goal.

We encourage you to visit our website at www.drl.wi.gov frequently for further information on CE for your profession. Thanks for all the hard work you do and for your contributions to our economy.

Sincerely,

Dave Ross
Secretary

STATE OF WISCONSIN
BARBERING AND COSMETOLOGY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING :
PROCEEDINGS BEFORE THE : REPORT TO THE LEGISLATURE
BARBERING AND COSMETOLOGY : CR 11-011
EXAMINING BOARD :

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

The only new form referenced in the proposed rules is the application form for continuing education providers to use to obtain the board's approval of a course or program. The board will provide a form for provider applications closer to the 2013-2015 effective date of these rules.

III. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

The barbering and cosmetology examining board is authorized under s. 454.12 (2), Wis. Stats. to promulgate rules establishing continuing education (CE) requirements for its licensees. The purpose of such rules is to preserve the public health, safety, and welfare by ensuring the competency of those licensed by the board to practice the barbering and cosmetology professions. The board first implemented CE requirements by creating ch. BC 11, Wis. Admin. Code, which became effective on April 1, 2010. The need for CE was well demonstrated by the high number of complaints the board received from the consuming public against licensees. Many of those complaints arose from licensee violations of the laws and rules governing these professions, and many prompted full-blown disciplinary proceedings. Requiring CE on the governing laws, and on sanitation, safety and infection control will increase licensees' knowledge and understanding in those areas, and will help prevent such violations. Requiring continuing education in courses related to a licensee's particular practice will promote the licensee's increased competency in that practice. Both of those objectives serve the statutory purpose of preserving the public health, safety and welfare.

With the amendments proposed in the instant rule-making, the barbering and cosmetology board fleshes out the existing CE requirements, and responds to feedback the board has received from licensees, course providers, and others since the April 2010 institution of those requirements.

IV. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The barbering and cosmetology examining board held a public hearing regarding the proposed amendments to chs. BC 9, 11 on April 4, 2011. The following people either testified at the hearing, or submitted written comments:

- John Murray
- Cheryl Rebolz
- Kristen Allison
- Lauri Thomas
- Brett Hallongren
- John Waldhuether
- Jenny Vance
- Jerry Gardner

The board summarizes the comments received either by hearing testimony or by written submission as follows:

John Murray, the executive assistant for the department of regulation and licensing, presented the department's recommendations that the board reduce the proposed total credit hours required per biennium from 12 to 6, and that the effective date of the new rules be delayed until the start of the 2013-2015 biennium, April 1, 2013. Mr. Murray noted that a large number of licensees had not completed their CE requirements for the 2009-2011 biennium. This was evidenced by the significant percentage of licensees who had not submitted their renewal applications by the March 31, 2011 deadline for lack of CE compliance. Based on that widespread lack of compliance, the department concluded that licensees have not fully embraced the CE requirement for licensure renewal. Maintaining the total number of credit hours at 6 per biennium, instead of increasing it to 12 as indicated in this rule-making proposal, addresses that issue. Moreover, delaying the effective date of the proposal will allow the board to receive more feedback from stakeholders, and to continue to fine tune the requirements in response to such feedback.

Of the seven others who testified at the public hearing on this rule-making proposal, five expressly favored reducing the number of continuing education credit hours required per biennium to 6, while two did not directly address that point. One of the latter two supports requiring 2 credits on the governing laws and 4 on safety, sanitation, and infection control. One person suggested the following break-down for 6 credits: 1 hour on governing law, 2 on safety, sanitation, and infection control, and 3 elective. The same person added that if the board keeps the 12-credit rule, CPR/First Aid should be part of the total requirement, and also supports standardizing the written examination referenced in proposed new rule s. BC 11.03 (5). Another person noted that Wisconsin is one of only a few jurisdictions that do not require CPR/First Aid training of its barbering and cosmetology licensees. One person opined that 2 hours of law and 4 of safety, sanitation, and infection control are both excessive. Two oppose requiring domestic violence victim referral training. Another expressed concern about the costs, quality, and consistency of

CE programs, and pointed to a need for a means of verifying the identities of attendees. The same person asked about how enforcement of these rules will be accomplished. Finally, two of the seven specifically oppose delaying the effective date of this rule-making proposal, both citing confusion amongst licensees and providers as the reason.

The board explains modifications to its rule-making proposal prompted by public comments as follows:

The board adopts the department's recommendation, as expressed by Mr. Murray, to reduce the number of mandatory credits to a minimum of six, not twelve, noting that the majority of the seven members of the public who testified support the same. The board also adopts the suggestion of public members to require 1 credit on the governing laws; 2 on safety, sanitation, and infection control, and to allow licensees to fulfill the other three required hours with courses of their choosing that are directly related to their particular profession. The board also removed the requirements related to domestic violence-related courses and chose not to mandate CPR/First Aid training. Because the board reduces the total number of CE credits required from 12 to 6, it removes the 6-credit exemption for 30-year licensees in proposed s. BC 11.03 (3) (b). In addition, because it will be moot by the time these permanent rules become effective, the board eliminates the provision in proposed s. BC 11.03 (3) (c) specifying the CE requirement for the biennium that ended on March 31, 2011. The board concludes that the concerns about costs, consistency, and quality of CE programs, and for verification of program attendees' identities are adequately addressed in proposed s. BC 11.04.

Finally, the board decided to adopt the department's recommendation to delay the effective date of the proposed permanent rules until the start of the 2013-2015 biennial reporting period, although it noted public comment in opposition to the same. Accordingly, these rules will first apply to licensure renewal applications submitted on or before March 31, 2015 for the biennium ending on that date. The board concurred with Mr. Murray's assessment that the delay will provide the board with the opportunity to carefully consider all of the issues raised regarding the CE rules first established by the board in April 2010, along with the emergency rules that became effective on December 23, 2010.

V. CHANGES TO THE ANALYSIS PREPARED UNDER s. 227.14 (2), STATS., OR TO THE FISCAL ESTIMATE PREPARED UNDER s. 227.14 (4), STATS.

None

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

Comment 5.b.: Simplify the plain language analysis section of the proposed order.

Response: Accepted in part, rejected in part. The board made all specifically suggested changes except for the suggestion in Comment 5.b.(2), which reiterates the simplifying comment with specific respect to SECTION 2 of the plain language analysis. The board

otherwise found it unnecessary to implement such a change in the current proposal, and that doing so would take scarce staff time and delay the promulgation process.

Comment 5.e.(1): Clarify the definition of “biennium” in s. BC 11.02 (1), and use that word or the definition’s synonymous term, “biennial reporting period,” consistently throughout the proposed new rules. Also, review s. BC 9.01 for consistency with the definition.

Response: Accepted in part, rejected in part. The board clarified the definition of “biennium,” and made changes throughout the rule for consistency with that definition. The board determined that s. BC 9.01 is consistent with the definition of “biennium,” and therefore made no changes to that section.

Comment 5.e.(2) Determine whether defining the term “continuing education” is necessary. If retained, rewrite the end of the first sentence as suggested.

Response: Accepted in part, rejected in part. The board retains the definition of the term “continuing education,” because it is aware of a need for clarity in these rules. The board otherwise made the suggested change in the first sentence of the definition.

Comment 5.e.(4): Eliminate definition of “safety, sanitation and infection control,” and incorporate it into s. BC 11.03 (2) (b).

Response: Rejected in whole. As with the definition of “continuing education,” the board retains the definition of “safety, sanitation and infection control,” due to a need for clarity in these rules.

Comment 5.g.: Replace the term “credit hours” in s. BC 11.03 (2) (a), (b), and (c) with “continuing education credit hours” per the suggestion in Comment 5.e.(3).

Response: Accepted in part, rejected in part. The board made the suggested change in s. BC 11.03 (2) (a) and (b), but found it unnecessary to do so in s. BC 11.03 (2) (c).

Comment 5.h.: Clarify the meaning of s. BC 11.03 (2) (c) as to whether licensees holding multiple credentials must obtain separate credit hours under s. BC 11.03 (2) (a) and (b) for each profession in which they are licensed. Consider whether the approach in par. (c) conflicts with the note following the provision.

Response: Accepted in part, rejected in part. The board reduced the number of required elective credit hours from 6 to 3, eliminated the language regarding domestic violence victim referral training, and eliminated the note following the provision. With respect to elective credit hours required of licensees holding more than one license, the board simplified the language, and concluded that the requirement is clear as modified.

Comment 5.i.: Insert the word “license” before the word “renewal” in the introduction to s. BC 11.01 (3) (a). Rewrite par. (b) as indicated.

Response: Accepted in part, rejected in part. The board added the word “license” before the word “renewal” in the provision regarding CE requirements for new licensees. However, because the board reduced the total number of required CE credits to 6, it eliminated the provision regarding licensees of 30 years or more. In addition, the board omitted the provision in s. BC 11.03 (3) (c), as it will be moot by the time these rules become effective.

Comment 5.k.: Replace the term “continuing education requirement” in s. BC 11.03 (4) with the phrase “continuing education credit hours required under this section” for consistency with Comment 5.e.(3). Specify the time period referred to in the phrase “any other period.”

Response: Accepted in part, rejected in part. The board concluded that the term “continuing education requirement” is sufficiently clear, especially given the definition of “continuing education” in s. BC 11.02 (2). The board rephrased the second sentence clarifying the meaning of “any other period.”

Comment 5.l.: Remove the word “one” from s. BC 11.03 (5) (intro.), and replace the term “continuing education” with the phrase “continuing education credit hours.”

Response: Accepted in whole. The board also added the word “means” at the end of the introduction.

Comment 5.p.: Replace the phrase “for CECs” in s. BC 11.04 (1) (intro.) with “as a continuing education program” for consistency with the definition of the latter term. Replace the phrase “a continuing education program or course” with “the program.”

Response: Accepted in part. The board replaced the phrase “for CECs” as suggested. To simplify the entire subsection, the board restructured the introduction, and used the phrase “the program shall.” as the ending. The board then modified the beginnings of pars. (a) through (d) accordingly.

Comment 5.x.: Add the word “requirement” to the end of the title to s. BC 11.07. Replace the word “biennium” in sub. (3) with “licensing periods.”

Response: Accepted in part, rejected in part. The board added the word “requirement” to the end of the title of s. BC 11.07. However, instead of replacing the word “biennium” in sub. (3) as suggested, the board simply changed the word biennium to its plural form, maintaining consistency with the definition of that term.

All other recommendations in the clearinghouse report were accepted in whole.

STATE OF WISCONSIN
BARBERING AND COSMETOLOGY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	BARBERING AND COSMETOLOGY
BARBERING AND COSMETOLOGY	:	EXAMINING BOARD
EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 11-011)

PROPOSED ORDER

An order of the Barbering and Cosmetology Examining Board to amend ss. BC 1.01 (intro.), 9.01 (3) and 9.02; and to repeal and recreate ch. BC 11, relating to late renewal and continuing education.

Analysis prepared by the Department of Regulation and Licensing.

ANALYSIS

Statutes interpreted:

Section 454.12, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) and 454.12, Stats.

Explanation of agency authority:

The Barbering and Cosmetology Examining Board is granted the authority under s. 454.12, Stats., to promulgate rules that establish continuing education requirements for licensure.

Plain language analysis:

This proposed rule-making modifies continuing education requirements for licensure. It also modifies the criteria for the approval of continuing education programs and the types of programs required to be taken for license renewal.

SECTION 1 Section 1 contains a cross-reference change.

SECTION 2 Section 2 contains a cross-reference change.

SECTION 3 sets out the maximum number of credits that must be completed for late renewal applicants whose license has not been expired greater than 5 years. This section also contains a cross-reference change.

SECTION 4 repeals and recreates ch. BC 11. Section BC 11.01 identifies the authority and purpose for ch. BC 11, Continuing Education. Section BC 11.02 provides definitions for “biennium,” “continuing education,” “continuing education credit hour,” “course” or “program,” and “safety, sanitation and infection control.”

Section BC 11.03 provides the continuing education requirements for license renewal.

Section BC 11.04 creates standards for approval of programs and courses. The rule specifies the criteria necessary for a course to meet requirements for approval. Additional provisions designate specific entities that will not need prior approval of their programs. Other entities may become approved providers upon application on prescribed department forms and approval.

Section BC 11.05 requires licensees to obtain certificates of completion or proof of attendance from program providers.

Section BC 11.06 requires licensees to retain completion certificates for a minimum of five years.

Section BC 11.07 specifies provisions by which a licensee may obtain a waiver of the CE requirements

SECTION 5 contains the initial applicability clause.

Summary of, and comparison with, existing or proposed federal regulation:

There is no existing or proposed federal regulation.

Comparison with rules in adjacent states:

Illinois:

Continuing education requirements are as follows: Ten hours are required for estheticians, 14 hours for cosmetologists, and 10 hours for nail technicians for each biennial renewal. There are no requirements for barbers. www.ilga.gov/legislation/ilcs/ilcs.asp.

Iowa:

Continuing education requirements for each biennial reporting period are 8 hours each for barbers, cosmetologists, nail technicians, and estheticians. www.idph.state.ia.us

Michigan:

There are no continuing education requirements for barbering or cosmetology. www.michigan.gov/dleg

Minnesota:

Cosmetologists, manicurists, and estheticians must provide documentation that they have practiced for a certain amount of hours in the previous 3-year period or have taken an approved 40-hour refresher course. This requirement does not exist for barbers. These professions do not have continuing education requirements. www.bceboard.state.mn.us

Summary of factual data and analytical methodologies:

The comparison information with the rules in adjacent states was obtained directly from contact with those states and a review of their rules. The comparison to the adjacent states demonstrates that the proposed rules are substantially consistent with the rules in those states. In addition, the Barbering and Cosmetology Examining Board examined models of continuing education from national organizations related to their profession, as well as from other Wisconsin regulatory boards.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact report:

Internet research, as well as telephone surveys were conducted regarding the availability and costs related to continuing education in the cosmetology profession. Continuing education credits are available at an average cost range of \$10-\$25 per credit hour, and are available in a wide array of modes (online, video correspondence, workshops, etc.). That data was compared with the requirements outlined in the proposed rules and based thereon. It appears that while individual licensees will see a slight increase in the cost associated with doing business as a result of these rules, the rules will have no significant impact on a substantial number of small businesses.

Section 227.137, Stats., requires an “agency” to prepare an economic impact report before submitting the proposed rule-making order to the Wisconsin Legislative Council. The Department of Regulation and Licensing is not included as an “agency” in this section.

Anticipated costs incurred by private sector:

The department finds that this rule has no significant fiscal effect on the private sector.

Fiscal estimate:

The department estimates that this rule will require staff time in the Division of Enforcement, Division of Management Services, and the Office of Exams. The total one-time salary and fringe costs are estimated at \$26,172. The total on-going salary and fringe costs are estimated at \$40,228.

Effect on small business:

These proposed rules will not have a significant economic impact on a substantial number of small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at john.murray@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Kristine Anderson, Paralegal, Department of Regulation and Licensing, Division of Board Services, 1400 East Washington Avenue, Room 152, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-2385; email at kristine.anderson@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Kristine Anderson, Paralegal, Department of Regulation and Licensing, Division of Board Services, 1400 E. Washington Ave., Room 152, P.O. Box 8935, Madison, WI 53708-8935, or by email to kristine.anderson@wisconsin.gov. Comments must be received on or before April 4, 2011 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. BC 1.01 (intro.) is amended to read:

BC 1.01 Definitions. For the purposes of chs. BC 1 to ~~40~~11:

SECTION 2. BC 9.01 (3) is amended to read:

(3) Certification on the application for renewal that the licensee has, during the biennial reporting period immediately preceding application, completed the continuing education requirements in s. BC ~~11.01~~11.03.

SECTION 3. BC 9.02 is amended to read:

BC 9.02 Late renewal. If the application for renewal is filed less than 5 years after the expiration of the applicant's last license, the applicant shall comply with the continuing education requirements in s. BC ~~11.01~~ 11.03, and pay the late renewal fee in s. 440.08 (3) (a), Stats.

SECTION 4. Ch. BC 11 is repealed and recreated to read:

Chapter BC 11

CONTINUING EDUCATION

BC 11.01 Authority and purpose. The rules in this chapter are adopted under the authority in ss. 15.08 (5) (b), 227.11 (2) and 454.12, Stats., and govern biennial continuing education for aesthetics, barbering and cosmetology practitioner and manager, electrology and manicuring licenses.

BC 11.02 Definitions. As used in this chapter:

(1) "Biennium" or "biennial reporting period" means a 2-year period beginning April 1 of each odd-numbered year and ending on March 31 of the next odd-numbered year, during which a licensee shall satisfy the continuing education requirements under this chapter.

(2) "Continuing education" means the planned, professional development activities designed to contribute to the advancement, extension and enhancement of the professional skills or knowledge of the licensees in the practice of barbering and cosmetology, manicuring, aesthetics and electrology.

(3) "Continuing education credit hour" means a unit of credit for continuing education courses, where one continuing education credit hour equals 50 minutes of actual instruction in a continuing education training program.

(4) "Continuing education training program" means any course, program or activity approved under s. BC 11.04 having a clear purpose and objective that will maintain, improve, or expand the skills and knowledge relevant to the licensee's professional practice.

(5) "Safety, sanitation and infection control" means any topics or subjects which pertain to all of the barbering and cosmetology professions and which are designed to safeguard the public health, safety and welfare by providing instruction on and increasing knowledge and awareness of the identification, assessment, management, control and prevention of factors that may adversely affect the health, comfort, safety or well-being of individuals. This could include courses dealing with first-aid, blood-borne pathogens, product selection, infection control, client safety, and proper techniques for cleaning, disinfection and sterilization of equipment in accordance with acceptable state and federal standards.

BC 11.03 Continuing education requirements for license renewal. (1) Except as provided in sub. (3), every licensee shall complete a minimum of 6 continuing education credit hours during each biennial reporting period.

(2) The continuing education credit hours required under sub. (1) shall consist of all of the following:

(a) One continuing education credit hour reviewing the laws governing the barbering and cosmetology professions and establishments.

(b) Two continuing education credit hours in safety, sanitation and infection control.

(c) Three elective credit hours directly related to the provision of services that are permitted under the license held by the licensee, including courses related to business management concepts. Licensees holding more than one license shall complete a minimum of 3 elective credit hours for each license held. Such multiple credential holders need to fulfill the requirements listed in pars. (a) and (b) one time only regardless of how many licenses they hold.

(3) A licensee is not required to complete continuing education credit hours between initial licensure and the first license renewal period.

(4) If a licensee fails to complete the continuing education requirements within a biennial reporting period, continuing education credit hours acquired on or after April 1 of any odd-numbered year will be first applied to the preceding biennium until the requirement is fulfilled. Continuing education credit hours may not apply to more than one biennium.

(5) Continuing education credit hours may be obtained through any of the following means:

(a) Attending seminars, corporate in-house courses, workshops, professional or technical presentations made at meetings, conventions, or conferences approved by the board under s. BC 11.04. Attendance may be in person or via remote classroom where a qualified provider is available to the participant to comment and answer questions.

(b) Teaching a continuing education program. A person who teaches may only receive credit for the initial offering or presentation of a course or program during a biennium. Fifty minutes of actual instruction is equivalent to one continuing education credit hour. A maximum of 3 credit hours may be obtained by teaching in any biennial reporting period. Full-time faculty may not claim continuing education credits for teaching done as part of their regular duties.

(c) Distance education, including completion of interactive short courses or tutorials, delivery of educational programs and courses on CD-ROM or the internet or correspondence courses. Distance education courses shall meet the following criteria:

1. The course or program is offered by a provider approved under s. BC 11.04 and the program meets the requirements of s. BC 11.03.

2. The course or program requires assignments that are completed or prepared by the licensee and submitted to the provider for correction, grading, or both.

3. The course or program includes a written examination designed to ensure that the licensee actively participated in the presentation of the material and derived a measurable benefit from participation. A score of 75% or higher shall be considered a passing examination score.

4. The course or program contains a reasonable procedure for verifying the enrollees' identities.

5. The course or program contains a minimum of 50 minutes of actual instruction for each credit hour offered. For purposes of calculating actual instruction time, the time spent for testing and assessment purposes shall not be included.

6. All corrected or graded lessons and examinations are maintained by the provider for no less than 5 years and submitted to the board or its designee upon request for auditing purposes.

BC 11.04 Standards for approval. (1) To be approved as a continuing education training program, the program shall:

(a) Include instruction in an organized method of learning contributing directly to the professional competency of the licensee and pertaining to subject matters which integrally relate to the practice of the profession.

(b) Be conducted by individuals or entities that have specialized education, training or experience, and that are considered qualified in the subject matter of the program as determined by the board.

(c) Fulfill pre-established goals and objectives as determined by the board.

(d) Provide attendance or completion verification records in the form of completion certificates or other documents evidencing attendance at, or completion of, the continuing education training program.

(2) Except as provided in sub. (4), continuing education programs offered by the following providers qualify for continuing education credit hours with no prior approval from the board necessary:

(a) Universities, technical colleges and schools licensed by the appropriate authority for the state in which the program is offered.

(b) The Wisconsin barbering and cosmetology examining board and the Wisconsin department of regulation and licensing.

(c) State or national professional organizations recognized by the board.

(3) The board may approve programs by the following providers:

(a) State licensed or certified instructors who have not had any disciplinary actions taken against them in the 3-year period preceding their planned instruction.

(b) Product distribution companies, national salon chains or other providers that offer programs with significant professional educational benefits for licensees as determined by the board.

(4) Each biennium, the board shall approve a curriculum for the continuing education credit hours required under s. BC 11.03 (2) (a) regarding the laws governing the barbering and cosmetology professions and establishments. All providers except those approved under s. BC 11.04 (2) (a) and (b), shall submit the content of their s. BC 11.03 (2) (a) courses for review and approval by the board or its designee.

(5) An application for approval of a continuing education program shall:

(a) Be on a form approved by the board or its designee.

(b) Be completed as prescribed by the board or its designee and filed with the board no later than 45 working days prior to the program or course date.

(6) The approval of a provider or a program under this section may be withdrawn in the sole discretion of the board or its designee if the program, as implemented, fails to comply with the requirements of this chapter.

BC 11.05 Certificate of completion, proof of attendance. (1) Each licensee shall certify on the license renewal application full compliance with the continuing education requirements set forth in this chapter.

(2) The board may conduct a random audit of its licensees on a biennial basis for compliance with these requirements. It is the responsibility of each licensee to retain or otherwise produce evidence of compliance.

(3) If evidence of compliance is requested by the board or its designee, the licensee shall submit the requested information or documentation within 30 days of receiving the written notice. Failure to do so may result in disciplinary action.

BC 11.06 Recordkeeping. A licensee shall obtain a certificate of completion from the program provider for each continuing education training program completed. The licensee shall retain the certificates and any other required documentation for a minimum of 5 years.

BC 11.07 Waiver of continuing education requirement. (1) A renewal applicant who is actively practicing in the profession and is unable to fully comply with the continuing education requirements due to temporary and extreme hardship, as determined by the board, may submit a written request for a waiver. The board or its designee will review the request, and in its sole discretion may grant a full or partial waiver, or an extension of time to comply with the requirements.

(2) A renewal applicant who prior to the expiration date of the license submits a request for a waiver, pays the renewal fee and provides a written statement setting forth the basis of the request, shall be deemed to be licensed and in good standing until the final decision on the application is issued by the board or its designee. If a finding of extreme hardship is not made, the applicant shall immediately discontinue engaging in the practice of barbering and cosmetology until the applicant meets the requirements of s. BC 11.03 and submits evidence of compliance to the board or its designee.

(3) A renewal applicant may not receive a waiver under this provision for 2 consecutive biennia.

(4) Except as provided in sub. (2), a licensee who fails to meet the continuing education requirements by the renewal date, as specified in s. 440.08 (2).(a), Stats., may not engage in the practice of a barbering and cosmetology profession until the license is renewed.

SECTION 5. INITIAL APPLICABILITY. This rule first applies to credential renewal applications submitted on or before March 31, 2015 for the biennial reporting period commencing April 1, 2013 and ending March 31, 2015

(END OF TEXT OF RULE)

The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

Dated _____

Agency _____

Chairperson
Barbering and Cosmetology
Examining Board

BC 9, 11 CR 11-011 (Renewal, continuing education) Final to legislature 5-6-11

keeping you

INFORMED

2010-2011

WISCONSIN COSMETOLOGY UPDATE

DESIGNED FOR:

- Cosmetologists
- Barbers
- Barber & Cosmetology Managers
- Manicurists
- Aestheticians
- Electrologists

A distance learning course approved for all individual licensees of the
Wisconsin Barber & Cosmetology Examining Board.

This course fulfills all six (6) continuing education credit hours for license renewal.

AVAILABLE ON THE INTERNET AT:
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**Sanitation and Sterilization
Infection Control - Hepatitis B & C
Board Laws and Rules**

Jim Doyle
Governor

WISCONSIN DEPARTMENT OF
REGULATION & LICENSING



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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

7/22/2010

Ref # 3484

INFORMED
1213 N. Sherman Ave. # 600
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APPROVAL OF BARBERING AND COSMETOLOGY 2 HOUR LAW COURSES

We are pleased to inform you that the continuing education provider listed below has been approved to teach the Wisconsin Barbering and Cosmetology 2 hour law course.

APPROVAL OF BARBERING AND COSMETOLOGY 4 HOUR SAFETY, SANITATION AND INFECTION CONTROL COURSE

We are pleased to inform you that the continuing education provider listed below has been approved to teach the Wisconsin Barbering and Cosmetology 4 hour safety, sanitation and infection control course.

- INFORMED

Continuing Education programs listed in this letter have been approved for the biennium April 1, 2010 – March 31, 2011.

It is the responsibility of the provider to monitor attendance at the beginning and end of each program and to furnish each participant written evidence of having completed the program.

If you have any questions, please feel free to contact me.

A handwritten signature in black ink, appearing to read "Aaron Knautz".

Aaron Knautz
Education & Examinations

INFORMED is approved under the Wisconsin Administrative Code, BC 11.02 to provide continuing education programs to all licensees.

If you have any further questions regarding your continuing education requirements, you may contact the Examining Board at (608) 266-2112 or visit the Board website at:
http://www.drl.state.wi.us/board_detail.asp?boardid=5&locid=0

The image appearing on this page is a combination of two separate letters of approval. No content information has been altered. Original letters of approval may be viewed at www.wicos.cme.edu

Section 1c: HIV/AIDS AND INFECTION CONTROL

OBJECTIVES

1. Describe the difference between HIV infection and AIDS.
2. Describe the ways in which HIV can infect an individual.
3. Discuss how cosmetologists can protect themselves from infection with HIV.
4. Explain how individuals with HIV infection are medically treated.
5. Use effective infection control procedures in the salon.
6. Discuss how individuals can be tested for HIV infection.
7. Provide a compassionate response to individuals with HIV/AIDS.

1. DEFINITIONS AND OVERVIEW

What Is AIDS?

AIDS stands for **A**cquired **I**mmuno**D**eficiency **S**ndrome. It is caused by a virus called the **H**uman **I**mmunodeficiency **V**irus or HIV for short. People get AIDS by picking up HIV from others in certain ways. This is why it is called **acquired**. After a person gets HIV, they are no longer able to fight off certain infections and cancers. HIV makes someone sick by destroying the **immune system**. This part of the body, made up of special cells, tissues, and glands, normally keeps other viruses and germs from making us sick. It does this by making **antibodies**, small disease-fighting substances. People with HIV make antibodies but they do not fight off HIV in the body. As time goes on, HIV destroys the immune system, opening up the body to all kinds of infections. If not treated, a person with AIDS will die from these infections and diseases. These infections, diseases and their symptoms make up the **syndrome** known as AIDS.

What is the Difference Between HIV and AIDS?

HIV is the virus that causes AIDS. HIV is transmitted from one person to another through sexual contact, sharing of needles, or other means which will be discussed later in this book. The time at which this transmission takes place is known as the time of "infection." A person can carry HIV in their body for many years before they start to look

and feel sick. These individuals may be called **HIV-infected** or **HIV-positive (HIV+)**. AIDS is only used to describe an HIV-infected person who has become sick with one or more illnesses or diseases (called **opportunistic infections**) or who has only a few special immune cells left (called **CD4+ cells**).

Many people with HIV infection look and feel healthy. These individuals are usually described as being **asymptomatic** (without symptoms). This is important, as there is no way of knowing if a person is HIV+ by looking at them.

When Do People with HIV Get Sick?

As time goes on, an individual carrying HIV in their immune cells starts to get sick. They can develop many different health problems, such as severe weight loss, pneumonia, cancer and problems with their nervous system. Some people with HIV start developing these problems a year or two after they are infected. Other individuals may stay healthy for a long time, sometimes 10 years or more before they start to get sick. Today, doctors try to treat people with HIV as early as possible after they know about their infection before these problems start. This is why everyone should have an HIV antibody test to make sure they are not carrying the virus.

2. NUMBERS OF AIDS CASES AND TRENDS

Total Cases.

Through 2007, an estimated 1,018,429 total AIDS cases had been reported to the Centers for Disease Control and Prevention (CDC), the U.S. governmental agency responsible for keeping track of AIDS cases in the U.S.. Adults, adolescents, and children can all get AIDS.

Adults/adolescents		1,009,220
Males		810,676
Females		198,544
Children (Under age 13 at time of diagnosis)		9,209

The total deaths of persons reported with AIDS are 582,298, including 557,376 adults and adolescents, and 5,417 children.

Ages of Persons with AIDS

Individuals aged 25 to 44 are the largest population group with AIDS. Here is an age breakdown of AIDS cases:

Under 13:	9,209
Ages 13 to 14:	1,169
Ages 15 to 24:	44,264
Ages 25 to 34:	322,370
Ages 35 to 44:	396,851
Ages 45 to 54:	176,304
Ages 55 to 64:	52,409
Ages 65 or older:	15,853

Race and Ethnic Distribution

Black (African American) individuals represent the highest number of total AIDS cases. AIDS continues to hit hard among White and Hispanic individuals. The specific race or ethnic background of persons reported with AIDS is as follows:

Black/African American	426,003
White	404,465
Hispanic/Latino	169,138
Asian	7,511
American Indian/ Alaska Native	3,492
Native Hawaiian/Other Pacific Islander	1,657

How People Get AIDS

Below is a list of AIDS cases shown by how the person got their infection (called **exposure category**). Men who have sex with men represent the largest number of total AIDS cases. The next biggest groups are individuals with a history of injecting drugs, and men who have sex with men and also inject drugs. In the early years of AIDS, persons with hemophilia (where the blood fails to clot right) or individuals receiving blood transfusions were also at risk for getting HIV. Today, it is *very* safe to receive a blood transfusion. New ways to make blood products needed by hemophiliacs have also removed the risk of getting HIV for these individuals.

Category	Males	Females	Total
Men who have sex with men	487,695		487,695
Injecting drug use	175,704	80,155	255,859
Men who have sex with men and inject drugs	71,242		71,242
Heterosexual cases	63,927	112,230	176,157
Other*	12,108	6,158	18,266

*Includes hemophilia, blood transfusion, perinatal (contracted from Mother in the womb), and risk not reported or not identified.

Exposure Categories-Children

Most reported cases of AIDS among children are born to mothers who have, or who are at risk for, HIV infection.

Category	Total
Mother with, or at risk for, HIV infection	8,434
Hemophilia, blood transfusion, and risk not reported or identified	775

Cities and States with AIDS Cases

The largest number of AIDS cases has been reported from the East and West coasts, particularly from New York, California, and Florida. The 10 leading states or territories reporting the highest number of AIDS cases among residents are as follows:

State or Territory	Total
New York	181,461
California	148,949
Florida	109,524
Texas	72,828
New Jersey	50,694
Pennsylvania	35,489
Illinois	35,066
Georgia	33,847
Maryland	31,931
Puerto Rico	30,736

Within these East and West Coast states, New York City, Los Angeles, and San Francisco continue to be hit hard by AIDS. The 10 leading cities reporting the highest number of AIDS cases among residents are as follows:

1. New York City
2. Los Angeles, CA
3. Miami/Ft. Lauderdale, FL
4. San Francisco, CA
5. Washington, D.C.
6. Chicago, IL
7. Houston, TX
8. Philadelphia, PA
9. Atlanta, GA
10. Baltimore, MD

Current Trends

Currently, there are an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS, with 24-27% undiagnosed and unaware of their HIV infection. with approximately 40,000 new HIV infections occurring in the U.S. every year. Using the most current census data, that means that approximately **1 out of every 275 people** in the United States is living with HIV. HIV

(and the resulting complications from AIDS) is now the leading cause of death among adults aged 25 to 44.

The largest number of individuals with AIDS remains men who have sex with men. Recent trends, however, now indicate that AIDS is increasing among injecting drug users and persons infected through heterosexual contact. This increase in heterosexual transmission is resulting in more cases being reported among women.

While the East and West coasts remain affected by AIDS, the greatest increases are being seen in the South and Midwest. Blacks and Hispanics continue to be affected by AIDS at an increasing rate.

AIDS Around the World

HIV has been seen in every country in the world. The CDC estimates that 37.5 million adults and about 2.5 million children are currently living with HIV. **There were 5 million new infections in 2003, nearly 14,000 a day.** As of December 31, 2003, an estimated 25 million individuals have died from AIDS. Developing countries currently account for approximately 95% of all people with HIV infection. As of the year 2002, the total number of women living with HIV has reached 19.2 million. It is estimated that 34 million children have lost their mother or both parents to AIDS. Although Sub-Saharan Africa has the largest number of people living with HIV (one in five adults are infected), there is explosive spread of HIV in Asia and the Pacific. In this part of the world, there are 7.4 million HIV-infected adults, triple the estimated number in 1993. AIDS is having a bad impact on the economies of these countries. For example, the AIDS epidemic will have cost Thailand's economy 11 billion U.S. dollars through the year 2000 as a result of people not being able to work because of their disease.

3. HOW PEOPLE GET HIV INFECTION

People become infected with HIV by doing certain things that allow the virus to enter their bodies. Getting HIV has nothing to do with who an individual is as a person or whether or not they are gay or straight. It is what one does that puts them at risk for getting HIV.

Infection occurs in two main ways:

- Having sex with a person who is infected with HIV.
- Sharing needles or syringes with a person who is infected with HIV.

Individuals who work in hospitals or other health care settings are also at risk for getting HIV from taking care of patients who may have HIV infection. This risk comes from exposure to blood or other body fluids during surgery or procedures such as drawing blood. Today, all health care settings have certain work practices in place, called **universal precautions**, that help workers avoid getting infected. Universal precautions use latex gloves, protective clothing, and safer needles to reduce this risk.

How Does a Person Get HIV from Having Sex?

HIV can be spread through unprotected sexual intercourse. Unprotected sex means having sex without using a latex condom. Transmission may occur from male-to-female, female-to-male, or male-to-male. Female-to-female sex *can* spread HIV to the other partner, but this is rare.

HIV may be found in the infected partner's blood, semen, or vaginal fluids. The virus can enter the body through cuts or sores found in the vagina, on the penis, in the rectum, and in the mouth. Some may be so small that the person doesn't even know they have them.

All sexual intercourse can put people at risk for HIV infection if they do not use a latex condom. This means they can get HIV from vaginal intercourse, anal intercourse, or oral sex. The more frequent a person's sexual activity, the more likely they will end up having sex with someone who has HIV infection.

What About Kissing?

You will not get HIV from a kiss. Some people are concerned about deep, long kissing (also called "French" kissing) with someone who might be infected with HIV. Although HIV has been found sometimes in saliva, it is in such low amounts that scientists believe it is impossible to get HIV from this form of kissing. **Not one case of AIDS has ever been linked to kissing alone.**

While there is almost no chance of getting HIV from deep, long kissing, one cannot completely rule out any risk. Cuts or sores in the mouth might

allow any trace of HIV to enter the bloodstream. Scientists still believe kissing is very, very safe.

How Does a Person Get HIV from Using Needles?

Injecting drugs can spread HIV if needles are shared with another person. Blood from an infected person can stay in or on a needle or syringe and then be spread when someone uses the same needle or syringe. Sharing needles carries with it a very high risk for spreading HIV.

Using needles for injecting drugs is not the only way a person can get HIV from needles. A person can be infected by HIV and other germs such as hepatitis by sharing needles for tattooing or ear-piercing. People who share needles to inject steroids to get bigger muscles may also spread HIV in this way. If you decide to get a tattoo or your ears pierced, make sure you go to someone who uses sterile needles and who follows good infection control in their shop. Ask the shop owner how they do this to protect their customers.

How Do Babies Get HIV?

A woman who is pregnant and infected with HIV can pass along the infection to her baby. She can pass HIV to her baby in one of three ways:

- During pregnancy when she carries the baby,
- During the time when she gives birth to the baby, and
- During breast-feeding after the baby is born.

If a woman becomes infected with HIV before or during pregnancy, her baby has about one chance in four of being born infected with HIV. Today, women who are pregnant with HIV can take certain drugs called **antiretrovirals** to help stop them from infecting their babies.

Can Giving or Receiving Blood Give Someone HIV?

During the early years of AIDS before 1985, some people became infected with HIV from blood transfusions needed for surgery or illness. Other people who had hemophilia (where their blood fails to clot right) also became infected with HIV by using various blood products to treat their disease. Today, all donated blood is screened and for the presence of HIV virus. Better ways to make clotting factor products have also stopped people

with hemophilia from getting HIV in this way. There is almost no chance of a person getting HIV through a blood transfusion. Giving blood at a blood bank or at a Red Cross blood drive has always been safe. The needles used for blood donation are sterile, used once, and then thrown away.

Ways That You Can't Get HIV

Some people still think you can get HIV in other ways. They confuse the way HIV is spread with the way, say, a common cold is spread. You can't catch HIV like a cold or the flu. HIV is not spread by coughs or sneezes.

You will not get HIV from the following:

- Everyday contact with infected people at school, work, home, or anywhere else
- Clothes
- Phones
- Toilet seats
- Spoons, cups, glasses, or other utensils used by an infected person
- Insects such as mosquito bites, bed bugs, lice, or flies
- Sweat or tears
- Food made by an infected person

What is My Personal Risk for HIV Infection?

Scientists believe that HIV has been in the United States since 1978. You may be at risk for HIV infection. Ask yourself the following questions. If you answer yes to any one or more of them, you should get an HIV antibody test to make sure you are not infected.

- Have you shared needles or syringes to inject drugs or steroids?
- If you are male, have you had unprotected sex with other males?
- Have you had unprotected sex with someone who you believe may have been infected with HIV?
- Have you had a sexually transmitted disease (STD)?
- Have you received blood transfusions or blood clotting factor between 1978 and 1985?
- Have you had unprotected sex with someone who would answer yes to any of these questions?

4. HOW TO PREVENT HIV INFECTION

Cosmetologists and nail technicians have a very low risk of HIV infection on the job. Unlike health care workers who have daily contact with blood, personal service workers rarely come in contact with blood or other body fluids.

Your greatest risk for HIV infection comes from your personal activities off the job. The only sure way not to get HIV is to abstain from having sex and from injecting illegal drugs. If you choose to have sex, you should practice **safer sex** with your partner.

What is Safer Sex?

Sex means different things to different people. Some sexual activities have been rated based on their ability to spread HIV between partners. Below are some of these activities and their risk ratings.

Sex Practices and Their Risk for Spreading HIV

Unsafe Practices with High Risk of HIV

Transmission:

- Numerous sex partners
- Unprotected anal receptive sex with an infected partner
- Unprotected anal penetration with the hand.
- Oral-anal contact
- Vaginal intercourse without a condom with an infected partner

Possibly Unsafe Practices with Unclear Risk of Transmission

- Fellatio (oral contact with male genitals and with semen)
- Cunnilingus (oral contact with female genitals)
- Sharing sex toys and implements

Low Risk Practices with Some Risk of HIV

Transmission

- Anal or vaginal sex with proper use of intact latex condom
- Wet kissing ("French" kissing)
- Fellatio interruptus (contact with male genitals without ejaculation)

Practices with Probably No Risk of HIV

Transmission

- Abstaining from sexual contact
- Monogamous relationship, both partners uninfected

- Self masturbation
- Masturbation of partner (if no broken skin on hands and genitals of either partner)
- Touching, massage, hugging, stroking
- Dry kissing ("social" kissing)

How Do I Use A Condom Correctly?

Latex condoms are an important part of preventing the spread of HIV during sex. When used all the time and correctly, they are very effective. Condoms not only help stop the spread of HIV; they also help prevent the spread of other sexually transmitted diseases (STDs) and unwanted pregnancies.

Using a condom alone will not reduce the spread of HIV. The condom must be used in the right way and used every time you have sex with someone. Here are some guidelines to help you use condoms correctly.

- Do not store condoms in wallets, car glove compartments, or other hot places. Keep them in cool, dark places.
- Do not use a condom that has gone past its expiration date stamped on the wrapper.
- Do not use a condom that feels gritty or gummy.
- Use a new condom for each act of vaginal, anal, or oral intercourse.
- Be careful when opening up the condom package so that you do not tear the condom with your fingernails.
- Put on the condom as soon as erection takes place and before any vaginal, anal, or oral contact with the penis.
- Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip of the condom, and making sure that no air is trapped in the condom's tip.
- Use only a water-based lubricant (glycerine or lubricating jellies such as K-Y) to prevent the breaking of the condom. Do not use oil-based lubricants (petroleum jelly [such as Vaseline], cold cream, hand lotion, baby oil, etc.).
- Withdraw from your partner right after ejaculation, holding the condom firmly at the base of the penis to keep it from slipping off.

What About Condoms for Women?

Women can now use a female condom (also called the vaginal pouch). More studies are needed,

however, to make sure it is effective in stopping the spread of HIV. If available, a male condom should be used during sexual activity to prevent HIV. If one is not available or it cannot be used properly, a female condom can be used.

What About Condoms Other Than Latex?

Condoms made out of natural materials, such as lamb intestine, should not be used to prevent the spread of HIV. Only latex and the newer plastic condoms made out of polyurethane have been shown to stop HIV. Plastic condoms are good choices for people who are allergic to latex. These plastic condoms are thinner than latex, have no odor, and are safe for use with oil-based lubricants which cannot be used with latex condoms.

Should I Use A Spermicide with a Condom?

Some individuals like to use a spermicide, such as nonoxynol-9, along with a condom when having sexual intercourse as added protection against the spread of HIV. Laboratory studies show that it kills HIV. It is not known whether it protects against HIV during sexual intercourse. Some women may find they are sensitive to nonoxynol-9, resulting in genital irritation and ulceration. Using a spermicide is up to the individual condom user and their partner. It may provide added protection, particularly if prevention of pregnancy is also desired.

5. INFECTION CONTROL IN THE SALON

A clean salon or barber shop is simply good for business. Customers notice and appreciate a place that is spotless, well-lit, tidy, and friendly. Making sure combs, razors, and other instruments used in the barber shop or salon are clean and free from germs is also a good way to stop any possible infection of HIV that may exist.

Personal Service Workers (PSWs)

People who work in a salon or barber shop are called **personal service workers (PSWs)**. Individuals considered to be PSWs are the following:

- Barbers
- Cosmetologists
- Ear piercers
- Electrologists
- Estheticians

- Hairdressers
- Manicurists
- Pedicurists

Tattoo artists, massage therapists, and acupuncturists are also considered to be PSWs. The risk of passing along HIV to a client receiving services from these workers is very, very low. Still, everyone who works in one of these areas must practice good infection control to stop whatever small risk there may be.

What Procedures Could Put Someone at Risk for HIV?

Any procedure that could result in bleeding can put you or your customer at risk for HIV. Since many work practices in the salon or barber shop use sharp instruments, such as scissors, the risk of bleeding is always present. Here are some procedures done on a daily basis in salons, beauty shops, and barber shops that could cause someone to bleed:

- Hair cutting
- Shaving
- Waxing
- Manicuring
- Pedicuring
- Other procedures using scissors, razors, cuticle pushers, or other sharp instruments

What About Cuts on the Scalp or Fingers?

Cuts are the biggest cause for concern for both the hairdresser and the customer. Most workers who cut hair have cuts on their fingers from time-to-time. In addition, a customer could have a cut on their scalp or get a nick or cut from a service they received in the salon. Here are a few ways that HIV could be transmitted from these two situations:

- While doing a manicure on a customer, the cuticle bleeds on a cut you have on your finger.
- While cutting hair, you cut your finger with scissors and then reach for a comb. A small amount of your blood on the comb touches a cut or sore on your customer's head.
- While giving a facial, you remove a blackhead, drawing blood that touches a cut on your finger.

Remember, the key word here is *could*. The risk of transmitting HIV in the salon setting is very

low. Workers doing nails are more at risk than workers who cut hair. However, since any cut on you or your customer can provide a direct opening on the skin for HIV to go into the body, you must be careful to protect yourself and your customer.

What Do I Do If I Get a Cut on My Finger?

If you get a cut on your finger, make sure you do the following:

- Wash the cut with soap and water.
- Use dispenser soap rather than bar soap. You may want to consider using a dispenser soap that contains germ-killing ingredients.
- Dry the cut and then cover it with a bandage.
- Change the bandage often, particularly if it becomes bloody or wet.
- Keep your cut covered with a bandage until all broken skin has healed.

What Do I Do If the Customer Starts Bleeding from a Nick?

Do not use a styptic pencil to stop the bleeding. Instead, use a powder astringent. Apply the powder to the customer's neck with a damp cotton swab or Q-tip. When done, throw away the swab and wash your hands before continuing your work with the client.

How Do I Handle Dip Sticks and Wax When Waxing?

You should only melt the amount of wax that will be needed for each client. A fresh dip stick should also be used with each new client. You can create problems if you use a big pot of wax and put in it dipsticks from several clients. Always wear gloves, particularly during wax removal.

When Should I Wear Gloves?

Wear gloves whenever you give any of the following services to your customer:

- Give a facial
- Do any tweezing
- Give a manicure or pedicure
- Waxing, especially during removal
- Do any other procedure that might draw blood

In addition, you should always wear gloves if you have a cut, sore, or skin condition on your

hands or if your customer has cuts or sores on the scalp. In these cases, it is a good idea to wear gloves, for example, when giving a shampoo.

What Kind of Gloves Should I Use?

The gloves should be made out of latex rubber and feel like a second skin on you. You should not buy or use cheap gloves. Ask a good surgical glove company to help you choose the best glove for your needs. You should not be afraid to pass along this cost to your customers if the price of gloves hurts your profit. If customers are told that the level of protection has been raised in your salon, they will thank you for being concerned about their safety and well-being.

How Do I Disinfect in the Salon?

In today's salon, it is important to use hospital-level disinfectants for all utensils and instruments. Alcohol and single-phase quats, popular years ago, no longer provide the right level of germ-free and HIV-free protection. By using hospital-grade disinfectants, you remove the risk of HIV and other infections that may be present.

When choosing a hospital-level disinfectant, look for one with the following qualities:

- The product kills a broad range of germs, viruses, and other organisms.
- It is fast-acting and easy-to-use.
- The product should be non-corrosive (does not destroy metals or surfaces)
- It is economical and fairly priced.
- The product is registered with the Environmental Protection Agency (EPA) and shows this on its label.

If possible (and your state allows it), get into the habit of disinfecting in full view of your clients. By seeing this, the salon's customers will know how carefully the staff is paying attention to cleanliness, safety, and infection control.

What is a Good Way to Disinfect Instruments?

After selecting a hospital-grade disinfectant, a few steps should be followed:

1. Wash all instruments to be disinfected with soap and water to remove any surface dirt, blood, or other matter.
2. Put the instruments in a wet sanitizer containing the hospital-grade disinfectant solution.

3. Leave instruments to disinfect for the proper time before removing them from the solution.
4. Remove the instruments and rinse them in clean water.
5. Dry instruments completely
6. Store disinfected, clean instruments in a dry, clean cabinet or drawer.

What is a Good Way to Handle Sharps?

A sharp is anything that can cut the skin.

Examples of sharps are scissors, razors, blades, and other sharp instruments. These should always be handled with extreme care to prevent cutting yourself or your client. Any sharps that are made to be thrown away should be placed in a separate container designed specifically for this purpose. One way to do this is to use a special container, known as a "sharps container," used by hospitals to throw away needles and syringes.

General Salon Guidelines for Cleanliness

Keeping your shop or salon clean and orderly is good not only for you but also for business. If a client sees a clean salon, they are more likely to feel confident and good about the services they receive there. Here are some suggestions for keeping your salon or barber shop safe and clean for all workers and customers.

1. Keep walls, ceilings, floors, and equipment clean, washed, and free from dust.
2. Make sure the shop is well lighted and ventilated with fresh air.
3. Provide an adequate supply of hot and cold running water.
4. Install all plumbing fixtures under the supervision of a licensed plumber.
5. Check to make sure all electrical connections and equipment are installed properly under the supervision of a licensed electrician and grounded.
6. Provide disposable paper cups at all drinking facilities.
7. Keep the rest rooms always supplied with hot and cold water, liquid soap, and paper towels.
8. Do not use the salon as a place for eating or sleeping. A separate room, outside of public view, can be used as a lunch or break room.

9. Keep the salon free of any insects, rodents, or vermin. Use a professional exterminator if necessary for any problems.
10. Do not allow dogs, cats, birds, or other animals inside a salon.
11. Provide in a handy location an S-tube or hand-operated resuscitator bag for use in case mouth-to-mouth resuscitation is needed.

Source: Adapted from *Bacteriology & Sanitization for the Personal Care Worker*, DiAna, D editor. Columbia SC: South Carolina AIDS Education Network, Inc.

General Guidelines for Maintaining Supplies and Equipment

Throughout the day, activities in a busy salon require attention to cleanliness and good infection (including HIV) control. For example, someone is always sweeping the floor to remove cut hair. There are a number of other daily procedures that should become part of the routine in a busy salon. Once these are done on a regular basis, they will become second-nature to you.

1. Change head rest covering for every new customer.
2. Clean shampoo boards and bowls.
3. Clean the shampoo sink area with a spray bleach solution (containing 1 part bleach to 9 parts water) after each client has used the area.
4. Use clean linens, towels, client gowns, etc. only once. Deposit them in containers used only for this purpose.
5. Do not use any instrument or item again if it is dropped on the floor. Pick up the item and place it in disinfectant solution before using again.
6. Sweep the salon floor frequently to prevent build-up of hair and other waste materials. Throw away sweepings into a covered container.
7. Remove individual amounts of creams and all other semi-solid substances from their original containers using a sterile spatula or spoon and place in an individual dish to be used only for one client. Use a clean dish or container with every new client.
8. Use single, fresh cotton swabs, balls, or other applicators to apply lotions or fluids to an individual client.

9. Do not pass around lipstick, rouge, powder puffs, sponges, or other make-up to be used by more than one person.
10. Use dispenser soap instead of bar soap in all places where the washing of hands is required.
11. Give each individual manicure client his or her own paper cup with finger bowl.
12. Use neck strips to stop shampoo capes from touching a client's skin at the neck.
13. Remove all soiled combs, brushes, and other instruments or materials from the work station after each use.
14. Disinfect all instruments after each use on a client.
15. Do not place any clips, pins, or other instruments in the mouth.
16. Wash all hairnets after each individual use.
17. Do not carry instruments of any kind in uniform or personal pockets.

Source: Adapted from *Bacteriology & Sanitization for the Personal Care Worker*, DiAna, D editor. Columbia SC: South Carolina AIDS Education Network, Inc.

General Guidelines for Cosmetologists

The cosmetologist is an important member of the salon team when it comes to providing services to clients. They often have the most contact with customers, most of which is of a personal nature. A special bond is often created between the client and the cosmetologist, one that can create--and keep--a long-term business relationship.

In order for all customers to feel safe, secure, protected, and comfortable during their salon experience, the cosmetologist must keep certain guidelines in mind. What follows is a set of these guidelines designed to keep this important relationship a happy and healthy one.

1. Follow all rules of personal hygiene.
2. Do not work with customers if you are sick with a cold, the flu, or other illness that can be caught by your client.
3. Do not give services to any customer who has a visible infection that may be caught by you or your coworkers.
4. Ask clients with open sores or cuts on their scalp to return for services after they have healed.
5. Wear a washable uniform with sleeves that are no more than 3/4 length.
6. Wash your hands before and after working with a client and after every visit to the restroom.

7. Do not attempt to treat any disease or condition of the skin, scalp, face, or hands. Instead, recommend that the customer see their doctor.
8. Wear disposable latex gloves during manicuring, pedicuring, waxing, facials, shampoos, tweezing, and any other service where you may come in contact with blood or body fluids, no matter how small the amount.
9. Wear gloves whenever handling any combs, brushes, or other salon instruments that may be contaminated or when cleaning the salon.
10. Do not work on a client if you have chapped or dry skin on your hands.
11. Clean up any blood stains on counters or surfaces with a solution of 1 part bleach to 9 parts water.
12. Disinfect all instruments after each individual use according to proper instructions.
13. Disinfect electrodes by cleaning their surfaces with 70% alcohol on a cotton pad.
14. Use a hospital-grade product to clean and disinfect floors, sinks, and toilets.
15. Spray sinks and toilet seats with a bleach spray containing 1 part bleach to 9 parts water.
16. Sanitize all body wraps by washing them in soap and water containing bleach.
17. Wipe down all slenderizing, massage, and toning tables with a bleach solution after each client.

Source: Adapted from *Bacteriology & Sanitization for the Personal Care Worker*, DiAna, D editor. Columbia SC: South Carolina AIDS Education Network, Inc.

6. CARE AND TREATMENT FOR PERSONS WITH HIV/AIDS

During the early years of AIDS, there were few treatments available. Today, doctors have a number of drugs and other treatments that are helping persons with HIV and AIDS to lead normal, productive lives. No longer necessarily a death sentence, AIDS is now viewed by many doctors and individuals as just another chronic disease that can be treated and kept in check for a long time.

How Can the Doctor Delay Someone with HIV from Progressing to AIDS?

As mentioned earlier, someone with HIV infection can live symptom-free for many years before showing signs of disease or sickness. Someone is said to have AIDS only when their

immune system becomes destroyed to a certain level. It is then that they are more at risk for getting other infections and cancers that their bodies can no longer fight off.

People with HIV infection can stop progression to AIDS by taking certain drugs called **antiretrovirals**. These drugs act by slowing the reproduction of HIV in immune cells. With less virus present in the blood and tissues, the person's immune system can get strong again and protect against the other infections and cancers linked with AIDS. Today, doctors can use a variety of different drugs that kill HIV in the body. Persons with HIV usually take more than one of these different drugs during various times of the day. This is called **combination** therapy. Taking these drugs can be difficult; some require food while others require an empty stomach. These drugs often have serious side effects that can make the person sick. None of these drugs, no matter how they are used, can be considered a cure. Nevertheless, individuals with HIV infection and AIDS are seeing dramatic results after using these drugs.

After trying to reduce the amount of HIV in the body, doctors can also give other drugs that prevent certain AIDS-related infections from starting in the first place. This is called **prophylaxis**. For example, PCP (*Pneumocystis carinii* pneumonia), a type of pneumonia that can cause serious illness or even death in someone with HIV, can now be prevented by taking a pill on a daily basis.

Depending on how bad a person's immune system is, different drugs can be given to prevent these opportunistic infections.

What Can Doctors Do for Someone with AIDS?

When a person has AIDS, doctors treat the various infections and cancers that have developed. They do this with drugs, radiation, surgery, and other medical procedures. In addition, most people with AIDS continue to take antiretrovirals in an attempt to slow the reproduction of HIV in their bodies. Doctors are not always successful in treating someone with AIDS. As AIDS patients become weaker and weaker, the opportunistic infections or cancers take over their body, resulting in death in most cases.

What Else Do People with HIV/AIDS Need?

Living with HIV/AIDS can be very difficult for each individual, their families, and friends. There

are good days and bad days. Days when the person can't get out of bed and days when they are able to do everything they set out to do. Thanks to today's drug treatments, most people with HIV/AIDS are living longer, happier, and productive lives.

In addition to drugs, people with HIV/AIDS can often benefit from other non-medical services. These include psychological counseling, legal help, financial services, and housing advice. Local and national **AIDS service organizations (ASOs)** have been created all across the country to give these services to people living with HIV/AIDS in their local communities.

7. THE HIV-POSITIVE PERSONAL SERVICE WORKER

By now, the chances are that you already know someone who has been living with HIV. Perhaps it is a family member, a friend, or a fellow coworker at the salon. You may yourself be infected with HIV.

A lot of people in the hair business have been affected by AIDS in one form or another. It is a rare personal service worker today who does not know someone in the business with the disease. In some cities, such as San Francisco, Miami, and New York, the salon industry has been hit hard.

Many salon owners and stylists have sponsored cut-a-thons and other fund-raisers to raise money for AIDS service organizations or for individual stylists with AIDS.

Should Someone with HIV Be Allowed to Work in a Salon?

Federal law prohibits employers to discriminate against individuals with HIV in the workplace. Salons, barber shops, and other related businesses are no exception. As long as proper disinfection procedures are followed, there is no reason why any individual who is HIV-positive should not be able to work in a salon or shop.

Who Should Someone with HIV Tell About Their Condition?

A personal service worker who has HIV has to decide who should be told about their infection. It is a good idea to tell the salon owner or manager first. This way, the owner can help with work schedules in order for the individual to make doctor's appointments or to help in other ways. The

decision to tell other coworkers is often a difficult one and is best left up to the individual. Coworkers could be told in a group and educated about AIDS at the same time.

Should Someone with HIV Tell Their Clients?

Again, this is a very personal decision that only the individual can make on their own. The personal service worker faces a loss of business if clients are concerned about getting infected. Some stylists have been very open about their HIV infection with no negative consequences. A lot depends on the relationship the stylist has with their clients, the geographic location of the salon, and whether or not the stylist is becoming ill and cannot keep up their usual schedule. No personal service worker should ever feel required to tell their clients about having HIV.

One of My Coworkers Has HIV. What Can I Do to Help?

The best thing to do is simply to support the individual with a positive, caring, emotional response that shows compassion and concern. Allow the person to talk to you about the ups and downs of living with HIV. If they become ill, offer to help them with daily chores or their pets. Just being there for them is sometimes the most important thing you can do for the person.

Whether or not you know someone at your shop or salon with HIV, get involved in AIDS activities that show your understanding and commitment. Volunteer your time at an AIDS service organization in your area. For example, you may want to offer free haircuts to persons with AIDS who are homebound and can't get out to see their regular stylist. You may also want to participate in cut-a-thons or other hair industry benefits for AIDS-related causes.

8. HIV TESTING AND COUNSELING

How Is Blood Tested To Confirm HIV Infection?

Testing for HIV is usually performed on a sample of blood from the subject. The blood is tested for the presence of **antibodies** to the virus, not the virus itself. Antigen testing or polymerase chain reaction (PCR), which tests for the presence of the actual infectious agent, is too expensive and time-consuming to be used for mass screening of the general public. However, there are several tests

which identify the presence of antibodies that are commonly performed and relatively inexpensive. These tests are the ELISA, IFA, and Western blot. There are also home test kits on the market, where a dipstick can be used on saliva, urine, or other body fluids. These tests give a reaction in about ten minutes. However, the FDA has approved *only one* of these tests because of concern over their unreliability and possible transmission danger posed by fingerstick equipment. The approved test is called "Home Access Express HIV-1 Test System" and is manufactured by Home Access Health Corporation

The first test to be performed on the blood sample is the enzyme-linked immunosorbent assay (ELISA). This is a highly sensitive test that reveals if antibodies are present. Because of its sensitivity, it can occasionally give a false positive reading--a small percentage of people may be told they are HIV-positive when they are not. For that reason, if the test result is positive, the test is repeated. If the reading is still positive, a supplemental or confirmatory test is performed.

A reliable supplemental test is the immunofluorescent assay (IFA). The person's blood is added to a slide prepared with HIV. It is observed through an immunofluorescent microscope to see how it reacts. The slide is then compared to control slides containing cells that have not been infected with HIV.

Another reliable confirmatory test is the Western blot. This test is more costly and time-consuming than the IFA, but still yields accurate readings. It tests for the individual proteins that make up the virus, and as such is labor intensive, not lending itself easily to mass public testing.

It is important to remember that an initial seronegative test result only means that the person's blood did not contain detectable antibodies *at the time of testing*.

It is possible that infection has taken place, but antibodies have not had time to develop in detectable amounts in response to the presence of the antigen. This is called the "window period." To be sure that infection is not present, the person should be tested again in six months, assuming he or she has not engaged in any risk behaviors during that time.

If the first ELISA test is positive, the test is then repeated. If the second ELISA test is also positive, a supplementary test is required under many state

laws before the person can be given the official reading of seropositive. If the initial ELISA screening test is negative, no further testing is necessary. However, the person should be told about the window period and the need to be retested if there has been risk exposure. Sometimes the confirmatory tests are indeterminate (neither clearly negative nor positive). In that case, another blood sample should be drawn in three or four weeks, and the complete test series performed again.

What Are The Recommendations For Pre- and Post-Test Counseling?

Anyone desiring the HIV antibody test must be offered the opportunity for counseling, both before the test and after the results are received. Participating in the counseling sessions is not required in order to have the test done, but the opportunity for counseling must be offered. If a person chooses to be tested, he or she must sign a consent form allowing blood to be drawn. If the person chooses to be tested anonymously, he or she does not sign a consent form - their request is considered acceptable consent because they are not known by name or any other means of identification. Persons wanting to be tested should be strongly encouraged to accept the counseling session, because much valuable information is given in these sessions, and in the case where the test results are positive, a trained counselor can help the person accept the information and decide on a plan of action.

The primary goals of HIV counseling are to provide education that will help people avoid behaviors which put them and others at risk of infection. The counseling should be given in language and terms that people can understand.

Good counseling skills are essential to gather personal and sensitive information. One of the most important aspects of counseling is the establishment of a good relationship between the counselor and the person to be tested. Being nonjudgmental and creating a private, comfortable environment for the counseling session are important.

Risk assessment is an important function of the pre-test counseling session. First the counselor must find out why the subject wants to be tested, that is, if he or she has some basis for suspecting HIV infection. Asking straightforward, personal questions is a necessary part of the risk determination procedure. The counselor will want

to find out if the person has been tested before, if he or she was sent by a doctor, what risky behaviors the person may have engaged in recently, what expectations the person may have about the test results, and if he or she knows how the test is performed.

The counselor also explains confidentiality, which means personal information and test results cannot be released without the person's written permission. In confidential testing, only those people with a clear "need to know," such as the counselor or the person's doctor, will have access to this information. In anonymous testing, these forms and permissions are not required, because test results are given on the basis of a numbered lab slip only, and no personal files are established for the person being tested.

The following list gives the standard information recommended by HRS to be explained to the person before testing:

- The purpose of the test
- The testing procedures to be followed
- What the results mean
- The limitations of the test
- How the results are used
- The voluntary nature of the test
- The right to withdraw consent before the test takes place
- Confidentiality concerning the test and its results

Once the person consents to testing, the following is offered as part of the pre-test counseling:

- Infection prevention information (handouts, etc.)
- Explanation of partner notification, in the event of a positive test result
- Establishment of a plan of action, whether the results are positive or negative

At the close of the pre-test counseling session, the counselor will give the person an appointment time to return for the test results. The person may also receive a list of community resource people or groups to help with the anxiety that is natural during this waiting period.

When the person returns for the test results, the first thing the counselor should do is (1) confirm this is the person who was tested, (2) give the

results immediately, and (3) stress the confidentiality of the information they are going to discuss.

Seropositive results. If the test results are positive, the counselor should be prepared to deal with a wide range of reactions such as guilt, anger, fear, relief, disbelief, and apathy. Occasionally a person may request a retest, although the reliability of the test series does not justify retesting.

A positive test means that antibodies to HIV were found in the blood sample. This means the person is infectious and can transmit the virus to others. It does NOT mean that the person has or will have AIDS. A complete medical examination is recommended for those who are HIV-positive, for only a doctor can tell the state of a person's health. The T4-cell count will help show the amount of damage to the immune system.

The HIV-positive person will be counseled to take the following steps:

- Protect his or her health: avoid infections (especially other STDs), alcohol, drugs, cigarettes, stress, poor nutrition, overwork, or other things that may further lower the immune system and keep them from making healthy lifestyle decisions.
- Obtain a complete medical evaluation, including tests for other STDs and TB.
- Avoid reinfection, especially the passing and receiving of body fluids. Also, use appropriate protection (condoms, etc.).
- Avoid travel to areas where communicable diseases and intestinal parasites are common. Also, try to avoid food contamination (salmonella, etc.).
- Keep all sores or open wounds clean and covered.
- Avoid sources of pet infection: wear gloves when cleaning fish tanks or kitty litter.
- If a drug user, avoid using illicit drugs and enroll in a treatment program.
- Contact community support groups.
- Understand that all sex and needle-sharing partners are at increased risk of HIV infection and should be informed about the possibility of exposure.

It is important to remember that the test counselor is not a therapist or mental health practitioner. The counselor will **refer** the person to

the proper support services (medical, community support, mental health). These professionals can help the HIV-positive person with anxiety therapy, medical information on their health status, coping techniques, and emotional support.

Seronegative results. The counselor will stress the confidentiality of the information. The person will be encouraged to change any high-risk behaviors he or she may be engaging in. It is important to stress that they may not be virus-free if they have taken part in any high-risk activities within the last six months or window period prior to the test. Retesting within six months of the last possible exposure is recommended.

The person will be given a list of risk reduction behaviors such as the following:

- If possible, abstain from sex and drugs.
- Seek a mutually monogamous relationship, where both partners are known to be virus-free.
- Discuss HIV infection with your partner to correct any misinformation.
- Always use condoms during sexual intercourse unless you are in a mutually monogamous relationship where both of you are virus-free.
- If using drugs, enroll in a treatment program.
- Do not share needles.
- If needles are reused, disinfect thoroughly with a bleach and water solution, then rinse thoroughly in clean water.
- If female, seek family planning assistance. A woman with high-risk behavior who becomes pregnant also puts her unborn child at risk.
- Seek the help of referral support services, especially if there is difficulty in changing high-risk behaviors.

As with the seropositive post-test counseling session, the person will be asked to establish a plan of action, in this case to remain virus-free. Handouts with information on condom use, resources and hotlines, and basic facts are usually given to the person at the end of the session.

9. APPENDIX: Additional HIV/AIDS Information, Surveillance and Resource Information

Frequently Asked Questions Regarding HIV and HIV Testing

Reprinted from National HIV Testing Resources.
A Service of the Centers for Disease Control.

Available on the Internet at:

<http://www.hivtest.org/subindex.cfm?FuseAction=FAQ#6a>

Types of HIV Tests

What is an HIV antibody test?

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

What blood tests detect the presence of HIV?

HIV testing consists of an initial screening with two types of tests commonly used to detect HIV infection. The most commonly used initial test is an enzyme immune assay (EIA) or the enzyme-linked immunosorbent assay (ELISA). If EIA test results show a reaction, the test is repeated on the same blood sample. If the sample is repeatedly the same result or either duplicate test is reactive, the results are "confirmed" using a second test such as the Western blot. This more specific (and more expensive) test can tell the difference between HIV antibodies and other antibodies that can react to the EIA and cause false positive results. False positive EIA results are uncommon, but can occur. A person is considered infected following a repeatedly reactive result from the EIA, confirmed by the Western blot test.

In addition to the EIA or ELISA and Western blot, other tests now available include:

- Radioimmuno-precipitation assay (RIPA): A confirmatory blood test that may be used when antibody levels are very low or difficult to detect, or when Western blot test results are uncertain. An expensive test, the RIPA requires time and expertise to perform.

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

Do all HIV tests involve drawing blood?

No. Urine and oral-fluid HIV tests offer alternatives for anyone reluctant to have blood drawn.

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

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

What are rapid HIV tests?

A rapid HIV test is a test that usually produces results in up to 107 minutes. In comparison, results from the commonly used HIV-antibody screening test, the EIA, are not available for 1-2 weeks.

There are currently three rapid HIV tests licensed for use in the United States:

- OraQuick Rapid HIV-1 Antibody Test, manufactured by OraSure Technologies, Inc.
- Reveal HIV-1 Antibody Test, manufactured by MedMira, Inc.
- Single Use Diagnostic System for HIV-1 (SUDS™), manufactured by Abbott-Murex

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

What about home test kits?

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

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

Getting Tested

Am I at risk?

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

- Have you injected drugs or steroids or shared equipment (such as needles, syringes, cotton, water) with others?
- Have you had unprotected vaginal, anal, or oral sex with men who have sex with men, multiple partners, or anonymous partners?
- Have you exchanged sex for drugs or money?
- Have you been diagnosed with or treated for hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD), like syphilis?

- Have you received a blood transfusion or clotting factor between 1978 and 1985?
- Have you had unprotected sex with someone who would answer yes to any of the above questions?

If you have had sex with someone whose history of risk-taking behavior is unknown to you or if you or they may have had many sex partners, then you have increased the chances that you might be HIV infected.

If you plan to become pregnant, counseling and testing is even more important. If a woman is infected with HIV, medical therapies are available to lower the chance of passing HIV to the infant before, during, or after birth.

How do I know if I am infected?

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

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

If I think I have been exposed to HIV, how soon can I get tested?

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

Where can I get tested for HIV infection?

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

The CDC National AIDS Hotline can answer questions about testing and can refer you to testing sites in your area. You can also search <http://www.hivtest.org/> for a list of sites in your area. You may call the CDC National AIDS Hotline 24 hours a day, 365 days a year at:

- 1-800-342-AIDS (1-800-342-2437)
- 1-800-AIDS-TTY (1-800-243-7889) TTY
- 1-800-344-SIDA (1-800-344-7432) Spanish

What if I test positive for HIV?

If you test positive for HIV, immediate medical treatment and a healthy lifestyle can help you stay well. There are now many drugs that treat HIV infection and AIDS-related illnesses. Prompt medical care may help delay the onset of AIDS and prevent some life-threatening conditions.

You can immediately take a number of important steps to protect your health:

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

If I test HIV negative, does that mean that my partner is HIV negative also?

No. Your HIV test result reveals only your HIV status. Your negative test result does not tell you whether your partner has HIV.

HIV is not necessarily transmitted every time there is an exposure. Therefore, your taking an HIV test should not be seen as a method to find out if your partner is infected. Testing should never take the place of protecting yourself from HIV infection. If your behaviors are putting you at risk for exposure to HIV, it is important to reduce your risks.

What happens if I am infected with HIV?

Being infected with HIV does not necessarily mean you have AIDS. It does mean you will carry the virus in your body for the rest of your life. It also means you can infect other people if you do things - such as have unprotected sex - that can transmit HIV. You can infect others even if you feel fine and have no symptoms of illness. Perhaps more importantly, you can infect others when you don't know you carry HIV.

Why is the Centers for Disease Control and Prevention (CDC) recommending that pregnant women be tested for HIV?

Highly effective interventions exist that can prevent HIV-infected women from transmitting the virus to their infants. The timely administration of antiretroviral drugs during pregnancy can reduce the risk of mother-to-child HIV transmission to 1-2 percent, and also improve the health of the mother.

When preventive anti-retroviral treatment is not initiated until labor and delivery or given solely to the newborn, the risk of transmission is estimated at about 9 percent to 13 percent. Without any intervention, the chance of transmission is approximately 25 percent in the United States.

To reduce HIV transmission in the United States, CDC recommends that all pregnant women

1. Receive prenatal care;
2. Be offered screening for HIV;
3. If the woman is HIV infected, be offered combination antiretrovirals prenatally and intrapartum; as well as obstetrical interventions at delivery and antiretroviral prophylaxis to their newborn;

4. Be offered routine voluntary rapid screening at labor and delivery with right of refusal; and
5. For women not tested prenatally or at labor/delivery, rapid HIV testing should routinely be made available for the mother or her newborn in order to offer HIV prophylaxis as soon as possible to HIV exposed neonate.

More Resources for Additional Information

AIDS Clinical Trials Information Service (ACTIS)

Toll-Free: 800-874-2572

Fax: 301-519-6616

TTY: 888-480-3739

Spanish: Yes

E-mail: actis@actis.org

Web: www.actis.org

Hours: Monday-Friday 12 p.m. to 5 p.m., eastern time

Notes: Provides information on clinical trials that evaluate experimental drugs and other therapies for adults and children at all stages of HIV infection.

HIV/AIDS Treatment Information Service (ATIS)

Toll-Free: 800-448-0440

Fax: 301-519-6616

TTY: 888-480-3739

Spanish: Yes

E-mail: atis@hivatis.org

Web: www.hivatis.org

Hours: Monday-Friday 12 p.m. to 5 p.m., eastern time

Notes: U.S. Department of Health and Human Services (DHHS) Sponsors: National Institutes of Health (NIH), Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC).

Centers for Disease Control and Prevention, National Prevention Information Network (CDC NPIN)

Toll-Free: 800-458-5231

TTY: 800-243-7012

Fax: 888-282-7681

Spanish: Yes

Hours: Monday-Friday 9 a.m. to 6 p.m., eastern time

E-mail: info@cdcnpin.org

Web: www.cdcnpin.org

Notes: The CDC NPIN is a national reference, referral and distribution service for information on HIV/AIDS, STDs, and TB prevention, treatment and support services. NPIN staff serve a diverse network of people who work in international, national, state, and local settings.

Centers for Disease Control and Prevention National STD and AIDS Hotlines

Toll-Free: 800-342-AIDS

TTY: 800-243-7889

Spanish: 800-344-SIDA

Web: www.ashastd.org

Hours: Main Hotline: 24 hours/7days

Spanish: Sunday-Saturday, 8 a.m. to 2 a.m., eastern time

TTY: Monday-Friday, 10 a.m. to 10 p.m., eastern time

Notes: The CDC National STD and AIDS Hotlines are toll-free STD- and HIV/AIDS-related information services that provide personal and confidential information, referrals, and educational materials to the public. The hotlines also offer free group calls and classroom calls, which provide an opportunity for groups to speak with trained information specialists and ask questions about serious issues in a relaxed environment.

Office of Minority Health Resource Center (OMHRC)

Toll-Free: 800-444-6472

TTY: 301-230-7199

Fax: 301-230-7198

E-mail: info@omhrc.gov

Web: www.omhrc.gov/omhrc/

Hours: Monday-Friday, 9 a.m. to 5 p.m., eastern time

Notes: OMHRC serves as a national resource and referral service on minority health issues. The center disseminates free information on a variety of health topics, including HIV/AIDS, cancer, heart disease, substance abuse, diabetes, infant mortality, and violence.

National Center for Complementary and Alternative Medicine (NCCAM) Clearinghouse

Toll-Free: 888-644-6226

Fax: 866-464-3616

TTY: 866-464-3615

International: 301-519-3153

E-mail: info@nccam.nih.gov

Web: www.nccam.nih.gov/

Hours: Monday-Friday, 8:30 a.m. to 5 p.m., eastern time

Notes: The NIH NCCAM conducts and supports basic and applied research and disseminates information on complementary and alternative medicine to practitioners and the public. NCCAM does not serve as a referral agency for various alternative medical treatments of individual practitioners.

National Pediatric and Family HIV Resource Center

Toll-Free: 800-362-0071

Local: 973-972-0410

Fax: 973-972-0399

E-mail: ortegaes@umdnj.edu

Web: www.pedhiv aids.org

Notes: The Bureau of Maternal and Child Health, Health Resources and Services Administration supports the National Pediatric HIV Resource Center, which offers a range of services to professionals caring for children, youth, and families affected by HIV. The resource center provides education, consultation, technical assistance, and clinical training.

National Clearinghouse for Alcohol and Drug Information (NCADI)

Toll-Free: 800-729-6686

Local: 301-468-2600

TTY: 800-487-4889

Spanish: 877-767-8432

Fax: 301-468-6433

Hours: 24 hours/7 days

E-mail: info@health.org

Web: www.health.org

Notes: NCADI provides information related to alcohol, tobacco, and other drug issues, and to prevention, research, treatment, and government funding.

EXERCISE QUESTIONS

Answer the following questions to assess your comprehension of the course material. Answers are shown below. The answers to these exercise questions DO NOT need to be submitted for credit.

1. All individuals who test positive for HIV have AIDS.
 TRUE FALSE
2. Wet ("French") kissing is considered an unsafe sexual practice with a high-risk of spreading HIV.
 TRUE FALSE
3. Gloves should be worn by professionals when providing facials to customers.
 TRUE FALSE
4. Combs dropped on the floor should not be used again until they are disinfected.
 TRUE FALSE
5. When making a bleach spray for use in decontaminating surfaces, one should combine equal parts of bleach and water.
 TRUE FALSE
6. When providing waxing services, dipsticks may be used on several clients before throwing them away.
 TRUE FALSE
7. Condoms made from natural materials (such as lamb intestine) have not been proven effective in preventing HIV transmission.
 TRUE FALSE
8. Blood that is tested for HIV is tested for the presence of antibodies to the virus, not the virus itself.
 TRUE FALSE

Answer Key
1. F 2. F 3. T 4. T 5. F 6. F 7. T 8. T

Course Participant Information Sheet

If you have questions regarding the test questions in this booklet you may contact our technical assistance line at 1-800-547-0308.

Please complete page 61 in its entirety. Once you have completed this page, you may call, fax or mail in your answers and evaluation. If paying by check or money order, please make them payable to **INFORMED**.

Please darken the number (●) that best describes how much you agree or disagree with the following statements using the legend indicated below.

RETURN CERTIFICATE TO:
(Please print neatly and in ink.)
Name

⑤=Agree completely ④=Agree Somewhat
③=Neither agree nor disagree
②=Disagree somewhat ①=Disagree completely

First _____ Middle _____ Last _____

Cosmetology License Number _____

Mailing Address

City _____ State _____ Zip Code _____

Email Address

() _____

Telephone Number

Signature _____

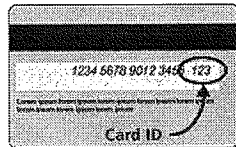
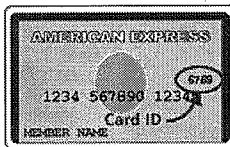
The signature given above serves as verification that I have read and completed this program myself.

(Complete ONLY if paying for course by credit card)

Credit Card #: _____

Expiration Date _____

Credit Card ID*: _____



* Location of Card ID

COURSE FEE

Please check desired number of credit hours	Payment
<input type="checkbox"/> 2 Credit Hours	\$10.00
<input type="checkbox"/> 4 Credit Hours	\$20.00
<input type="checkbox"/> 6 Credit Hours	\$30.00

COURSE EVALUATION

We are committed to meeting the educational needs of our course participants. We emphasize quality, convenience, and value.

Your feedback is very important. It helps shape the future development of programs.

The objectives for this program are listed at the beginning of each section.

1	The content of this program will help me in my job now or in the future.	⑤	④	③	②	①
2	The content of this program updated my knowledge.	⑤	④	③	②	①
3	This program was easy to read	⑤	④	③	②	①
4	The format of this program was effective.	⑤	④	③	②	①
5	This program met the objectives.	⑤	④	③	②	①
6	The content was clear and well organized.	⑤	④	③	②	①
7	I found the information up-to-date	⑤	④	③	②	①

Please list two behaviors or patterns you plan to change as a result of completing this program.

During the next renewal period, you will need to earn a total of 12 credit hours in order to meet your continuing education requirement. This will include an update of the 6 hours in this program plus another 6 hours. Please indicate when and how you would like to receive this program:

Mailing Date	U.S. Mail	Email	U.S. Mail and Email
April 2011	○	○	○
June 2011	○	○	○
October 2011	○	○	○
April 2012	○	○	○
June 2012	○	○	○
October 2012	○	○	○
January 2013	○	○	○

UIC Code
For Administrative Use Only

WICOS1011

*It's a simple, convenient process to complete your continuing education.
Read the instructions below carefully.*

Why am I receiving this booklet?

The Wisconsin Barber and Cosmetology Examining Board records indicate that your license will need to be renewed by March 31, 2011. Therefore, you are required to complete six (6) credit hours of continuing education. Two (2) hours must cover Board laws and rules and four (4) hours must cover sanitation and sterilization and infection control. This course booklet has been designed to allow you to earn these credit hours through independent study.

Do I have to attend a live class?

No. You may complete an approved program offered in a classroom or through independent study. By completing *this* program you DO NOT have to attend a live classroom program.

When do I need to complete this course?

This course needs to be completed BEFORE your license renewal date of March 31, 2011.

How do I obtain my Certificate of Completion?

Simply read the course material and complete the Course Participant Information Sheet on page 61 and include the course fee, payable to INFORMED. You will be mailed a Certificate of Completion within one working day.

How do I complete this course?

We've made it convenient for you to choose how you want to complete this course. Whichever way you choose to complete it, rest assured that we will report your success to the Wisconsin Barber and Cosmetology Examining Board.

**Our experience has led to the creation of
3 highly-popular services
which may be used by course participants.**

NETPASS® GO TO OUR WEBSITE AT <http://www.WICOS.cme.edu> AND FOLLOW THE PROMPTS ON THE SCREEN. YOU WILL BE GUIDED THROUGH THE PROCESS OF COMPLETING YOUR PARTICIPANT INFORMATION, EVALUATION AND SUBMISSION OF PARTICIPATION FEE PAYMENT. CERTIFICATES OF COMPLETION MAY BE PRINTED DIRECTLY FROM THE WEBSITE. FURTHER DETAILS AVAILABLE AT SITE.

TELEPASS® IT'S EASY. JUST PHONE 1-800-547-0308. HAVE YOUR COURSE PARTICIPANT INFORMATION SHEET AVAILABLE. READ ANSWERS TO OUR OPERATORS WHO WILL IMMEDIATELY PROCESS YOUR INFORMATION FOR THE CERTIFICATE OF COMPLETION.

FAXPASS® SIMPLY FAX A COPY OF YOUR COMPLETED COURSE PARTICIPANT INFORMATION SHEET TO 1-800-249-6051. IF YOU INCLUDE YOUR CREDIT CARD INFORMATION, WE WILL PROCESS THE FAX ON THE SAME DAY AND MAIL A CERTIFICATE OF COMPLETION WITHIN ONE WORKING DAY.

COURSE PARTICIPANT INFORMATION SHEETS MAY ALSO BE MAILED TO OUR OFFICES USING THE ENCLOSED SELF-ADDRESSED ENVELOPE.

I still have a question...

If you still have questions, no problem. Just call us toll-free at 1-800-547-0308. We're there Monday through Friday, 9:30 - 6:00 (CST), at (800) 547-0308 and we'll be happy to help you.



DIVISION OF CONTINUING EDUCATION

1213 N. Sherman Ave., #600
Madison, WI 53704

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continuing education requirements must be completed by

March 31, 2011

- WHAT:** Wisconsin Administrative Code Chapter BC 11
- WHEN:** Effective Immediately: New Continuing Education (CE) Requirements for License Renewal
- WHO:** All individuals licensed by the Wisconsin Barber and Cosmetology Board
- HOW:** Read enclosed program material and respond to satisfy all new CE requirements

keeping you
informed

complete this activity in any of the following ways:

BY PHONE: 1.800.547.0308

BY INTERNET: WWW.WICOS.CME.EDU

BY FAX: 800.249.6051

BY MAIL: 1213 N. SHERMAN AVE., #600

MADISON, WI 53704

convenient.
certificates available
IMMEDIATELY
when completed online!

inexpensive

REQUEST ADDITIONAL COPIES OF THIS COURSE MATERIAL WITHOUT
COST OR OBLIGATION BY CALLING 1-800-547-0308.