



Electrolysis Association of North Carolina

Dear Colleague:

By NC Statute anyone practicing the art of permanent hair removal, is bound by both State and Federal law (and regulations). Occasionally, we run across material that we feel should be shared with all NC licensed electrologists. It was decided to share this information, regardless of group affiliation.

We hope it will be helpful to you.

BLOOD BORNE PATHOGENS –

The United States Department of Labor, Occupational Safety and Health Administration (OSHA), has issued Regulations/Standards for “all occupational exposure to blood or other potentially infectious materials.” (Regulations – Standards -29CFR – Bloodborne pathogens – 1910.1030.)

So serious is this issue and, so important the consequences, that OSHA has declared a number of issues to be critical to those who, in any way, produce or come in contact with needlesticks or contaminated equipment, that is has placed serious consequences upon all practitioners who can potentially come in contact with bloodborne pathogens.

Since most practices are one-person operations the issue of “employer” is moot. But, where there is more than one person in the practice, the standards call for a series of issues that must be addressed.

For years the profession has been familiar with the Sharps container (long gone, hopefully, are the coffee can containers!). But, the OSHA regulations demand much more:

- 1. Universal Precautions – treating ALL human blood and body fluids as if known to be infectious for HIV, HBV and other bloodborne pathogens.**
- 2. Development and posting of a written Exposure Control Plan on the issue.**
- 3. Getting and maintaining records on the Hepatitis B vaccine.**
- 4. A copy of the OSHA regulations is posted.**
- 5. A copy of the Hepatitis B vaccination kept on record.**
- 6. Knowledge that OSHA representatives have the right to enter the clinic and assess the adherence to the bloodborne pathogen regulations.**

Thus, a word to the wise, Cases have been made public where OSHA has found severe deficiencies (e.g. handwashing, record-keeping, training, posting of regulations, Hepatitis B vaccine non-compliance).

Here are some examples of the declination form:

http://www.championmedstaff.com/pdf_files/hepbdecline%20%28NH%29.pdf

<http://www.docstoc.com/docs/14069332/Hepatitis-B-Vaccine-Declination-Form>

Here is an example of a “needlestick” injury form:

<http://www.bd.com/safety/epinet/forms/pdfs/1apt.pdf>

“FDA ISSUES HEALTH WARNING ON USE OF TOPICAL ANESTHETICS”.

Topical anesthetics using lidocaine are used to soothe and block pain sensations. The studies show that some of the medication can pass into the blood stream through the skin membrane. This, in turn, can cause “serious and life-threatening adverse effects when applied to a large area of skin or when the area of application is covered.”

LIQUID SILICONE – potential hazard.

Although we do not use it, you may come in contact with a patient who wants to have this cosmetic procedure done. If done illegally, there can be serious consequences. The U.S. FDA has not approved silicone injections since 1992. Only one liquid silicone product is currently FDA approved for treating a retinal disorder. Please help your patients understand that ‘pump-up’ parties and/or black market liquid silicone is an invitation to disaster.

A final thought: the EANC is sponsoring its annual *Spring Seminar* April 24 – 25 in Charlotte at the Executive Park Hilton off I-77 @ Tyvola Exit. If you would like more information please contact:

Katherine McHale, LE CPE

Email: pfmchale@adellphia.net

Phone: 704-875-6460

Until next time.....best wishes and may your practice be successful!

Nancy S. Ledins, Ph.D., CPE

EANC President