

ADMINISTRATIVE RULES FOR ELECTROLOGISTS

Effective: June 1, 2015

Part 1 GENERAL INFORMATION

1.1 THE PURPOSE OF LICENSURE

These rules are promulgated in compliance with Chapter 86 of Title 26 of the Vermont Statutes Annotated. 26 V.S.A. § 4404(c) provides: “The director, after consultation with the advisor appointees, may adopt rules necessary to perform the director's duties under this chapter.” This authority includes making rules regarding the offices in which electrology is performed, cleanliness and sanitation requirements, education, continuing education requirements, certification of applicants, denial or renewal of certification, and inspection of offices.

1.2 BUSINESS ADDRESS

The Director’s mailing address is: Director of the Office of Professional Regulation, Office of the Secretary of State, Office of Professional Regulation, 89 Main Street, FL3, Montpelier, Vermont 05620-3402 (the “Office”). Copies of these rules and more information about the requirements and procedures regarding electrology, including application forms, may be obtained by contacting the Office at 1-802-828-1134. Information about the practice of electrology including application forms and renewal forms also may be obtained from the Office’s web site at www.sec.state.vt.us/professional-regulation/professions/electrologists.

1.3 LAWS THAT GOVERN LICENSURE

The practice of electrology is governed by statutes which establish the responsibilities of the Director of the Office for setting standards, issuing certificates and regulating the profession. Those laws are found in Chapter 86 of Title 26 of the Vermont Statutes Annotated, specifically 26 V.S.A. §§ 4401-4412. In addition, the Director's regulation of electrology must comply with several other state laws such as the “Administrative Procedure Act” (3 V.S.A. §§ 801-849), the “Open Meeting Law” (1 V.S.A. §§ 310-314) and the “Right to Know Law” (1 V.S.A. §§ 315-320). These laws set forth the rights of applicants, regulated professionals, and members of the public. The complete “Vermont Statutes” are available at legislature.vermont.gov.

Part 2 INFORMATION FOR APPLICANTS

2.1 APPLICATIONS

Applications shall be submitted to the Office on a form furnished by the Director. The application shall be accompanied by the fee set forth in subsection 125(b) of Title 3. Application forms are available from the Office and on its website at www.sec.state.vt.us/professional-regulation/professions/electrologists.

2.2 EXAMINATION

The standardized national examination approved by the Director shall be the American Electrology Association's International Board of Electrologist Certification examination. An applicant who fails to achieve a passing score on the examination may repeat the examination only three times, upon submitting the appropriate forms and paying the required fee with each application.

2.3 SPECIAL LICENSE ENDORSEMENT FOR LASER USE

In order to obtain the special license endorsement required by 26 V.S.A. § 4404(d) for an electrologist to use a laser for hair removal, an otherwise qualified electrologist shall satisfactorily complete a comprehensive laser hair removal course approved by the Director. An acceptable course shall be not fewer than sixty (60) hours long and shall include the following laser safety topics: laser and Intense Pulse Light ("IPL") physics; classifications of lasers; skin classifications; principles of laser and IPL hair removal; effects of laser light on human tissue; safe equipment operation; and indications and contraindications. At least twenty-four (24) hours of the course shall be dedicated to hands-on, supervised clinical training with both lasers and IPLs on actual patients. The clinical training shall encompass review of pertinent medical histories and treatment of patients in all stages of laser and IPL hair removal from initial to final treatment. A list of courses that meet these requirements and are pre-approved by the Director is available from the Office's website at www.sec.state.vt.us/professional-regulation. Approval for a course not specifically listed on the Office's website may be obtained by applying to the Director at any time but no later than 90 days before the alternate course begins.

Part 3 GENERAL DEFINITIONS

3.1 As used in these rules:

- A. "Electrologist" means any person who for compensation, practices electrology.
- B. "Electrology" is defined at 26 V.S.A. § 4402(3).
- C. "Invasive procedures" for purposes of these rules include, but are not limited to, the following:
 - (1) Application of electricity which contracts the muscle;
 - (2) Application of topical lotions, creams, or other substances which affect living tissue;
 - (3) Penetration of the skin by metal needles, except electrolysis needles;

(4) Abrasion of the skin below the non-living, epidermal layers;

(5) Removal of skin by means of a razor-edged instrument.

D. "Electrology experience" means practicing electrology without supervision.

E. "Electrology office" is defined at 26 V.S.A. § 4402(4).

F. "Electrology training" means satisfactory completion of a course of study of at least 600 hours at a school of electrolysis approved by the Director in consultation with the advisors which meets or exceeds the standards set by the American Electrology Association, and passing the examination described in § 4407 and these rules.

G. "Continuing education" means the direct participation of an electrologist in an educational program directly related to competency in electrology.

Part 4 PRACTICE RULES

4.1 DISCLOSURE OF INFORMATION

A. Prior to initiating any treatment, an electrologist must provide the patient with an explanation of:

(1) the nature of the treatment or procedure to be performed;

(2) the potential benefits and risks of undergoing said treatment;

(3) the nature of any after-treatment care to be provided;

(4) the cost of said treatment; and

(5) any other information reasonably necessary to allow the patient to make a decision intelligently about whether or not to undergo electrology treatment.

B. Following such explanation, the electrologist shall obtain, and document in writing, the consent of the patient before initiating any treatment.

4.2 DISPLAY OF CERTIFICATE

A certificate authorizing the holder to practice electrology shall be conspicuously displayed in the place of business, and evidence of current validation shall be in the possession of the certificate holder at all times of practice.

4.3 ELECTROLOGISTS' OFFICES

A. Electrology shall be practiced in an office which provides at minimum the following:

- (1) Separate treatment and waiting room or rooms;
- (2) Each treatment room shall be at least 48 square feet;
- (3) One sink with hot and cold running water in each treatment room, which is separate from other businesses or residential rooms;
- (4) Adequate lighting;
- (5) Adequate ventilation;
- (6) Sanitary conditions;
- (7) Toilet facilities must be made available;
- (8) Residential areas shall not be used for treatment rooms.

B. Electrologists shall notify the Office 30 days before opening an office or branch office.

C. A professional lamp will be focused on the treatment area at all times.

D. Professional type forceps shall be used in the treatment of patients.

E. Smoking is prohibited by electrologists or patients during treatment and in the treatment area.

F. Every electrology office shall be open for inspection by any investigator of the Director during regular business hours, or upon notice.

4.4 INSPECTION FEE

The Director may waive the fee for inspection permitted under 26 V.S.A. § 4404(b) if the inspection reveals substantial compliance with the rules and statutes governing electrologists.

4.5 SPECIFIC DEFINITIONS AND PRACTICE STANDARDS

A. As used in these rules, the Director employs the following definitions adopted from the American Electrology Association standards to mean:

- (1) "anaphoresis/cataphoresis rollers" means stainless steel rollers used to apply current to skin before or after electrology treatment. Anaphoresis/cataphoresis rollers are considered

semi-critical items and require sterilization.

(2) "antiseptic" means a chemical used on or in living tissue to inhibit or destroy microorganisms. The chemicals and concentrations used for antiseptics are not typically the same as those used for disinfection; therefore, antiseptic products are not appropriate in any instance for use in cleaning or disinfecting inanimate substances. Antiseptics are regulated by the Food and Drug Administration (FDA).

(3) "aseptic technique" means, from Greek, asepsis, meaning "without sepsis (putrefaction/infection)." Aseptic technique is the combined range of motions and procedures conducted by practitioners to limit the transfer of microorganisms among inanimate surfaces, the patient/client and the practitioner. For example, appropriately timed hand washing, disinfection/sterilization of inanimate surfaces or instruments, appropriate use of personal protective clothing or barriers, proper containment and disposal of waste, consistent personal and instrument/surface manipulations to minimize cross contamination.

(4) "assessment" means the process of collecting, verifying, organizing, interpreting, and documenting data about the patient/client's health status and skin condition.

(5) "autoclave (steam sterilizer)" means a vessel used for sterilization by application of saturated steam under pressure and heat. Autoclaves are regulated by the FDA.

(6) "biological indicator" means a commercially prepared device with a known population of highly resistant bacterial spores to test the method of sterilization being monitored. The indicator is used to demonstrate that conditions necessary to achieve sterilization were met during the cycle being monitored. Biological indicators are regulated by the FDA.

(7) "chemical disinfectant/germicide" means a chemical agent that is applied to inanimate objects to kill microbes. Chemical disinfectants are classified as "high-level," "intermediate-level," and "low-level" according to their comparative levels of potency and their intended uses. Chemical disinfectants are regulated either by the FDA (medical instrument uses) or the Environmental Protection Agency (EPA) (environmental surface uses). Intended uses and directions for use are found both on the labels of the products and/or in package inserts. Material Safety and Data Sheets (MSDS) for each product are available from the manufacturer.

(8) "chemical indicator" means the item used to monitor certain parameters of a heat sterilization process by means of a characteristic color change, usually chemically treated paper strips. A chemical indicator does not indicate that sterilization has been achieved, and most indicate only that the temperature needed has been attained. Other types of chemical indicators are capable of "integrating" time at a particular temperature before color change. Chemical indicators are regulated by the FDA.

(9) "cleaning" means the removal of all visible residual material from objects. Thorough cleaning is an absolute must prior to disinfection and sterilization procedures. A process using

friction, detergent, and water to remove organic debris.

(10) "critical items" means the instruments or objects that will come in direct contact with the bloodstream or other normally sterile areas of the body. Needles and forceps are examples of critical items used in electrology.

(11) "decontamination" means a process that renders a medical device, instrument, or environmental surface reasonably safe to handle. In the case of medical instruments or devices, a decontamination process or treatment does not necessarily mean that the item is safe for patient reuse. A decontamination procedure can range from cleaning with soap and water to disinfection or sterilization.

(12) "disinfection" means a process that reduces the level of microbial contamination. A disinfectant is a chemical or physical agent that is applied to inanimate objects to kill microbes. A thorough cleaning of the item in question is essential prior to any disinfection/sterilization process.

(13) "dry heat sterilizer" means a forced air oven-type device specifically designed to sterilize items by exposure to high temperatures for designated exposure periods. Dry heat sterilizers are regulated by the FDA.

(14) "environmental surfaces" means surfaces in the electrology work setting. This surface area may potentially contribute secondary cross-contamination by hands of the electrologist or by contact with instruments that will subsequently come into contact with patient/clients and should therefore be properly maintained to minimize their potential role in disease transmission. Environmental surfaces are "non-critical" (see definition below) and may be divided into at least two major subdivisions according to decreasing risk of disease transmission:

(a) medical equipment surfaces such as frequently touched epilator surfaces, magnifying lamps, and epilator carts; and

(b) housekeeping surfaces such as floors, walls, tabletops, window sills, and so forth.

(15) "epilator cords" means insulated plastic covered cords used to complete current circuit between the epilator and the epilator needle or the indifferent electrode. Epilator cords are non-critical items and require cleaning.

(16) "forceps" means the instrument used in electrology treatment to lift the hair from the follicle. Forceps are critical items and require sterilization.

(17) "gloves" means medical grade hand protection made of latex or vinyl and worn by a practitioner during electrology treatment and cleaning procedures. Medical grade gloves are regulated by the FDA.

(18) "hand washing" means the process for the removal of soil and transient microorganisms from the hands by a vigorous brief rubbing together of all surfaces of lathered hands for 10 to 15 seconds, followed by rinsing under a stream of water.

(19) "high-level disinfection" means the disinfection process that inactivates some, but not necessarily all, bacterial spores. This powerful process will also kill *M. tuberculosis* var. *bovis*, (a resistant laboratory test organism used to classify the potencies of disinfectant chemicals), as well as other bacteria, fungi, and viruses. High-level disinfection is the minimum treatment recommended by the CDC in guidelines for the reprocessing of semi-critical instruments or devices. Examples of high-level disinfectants includes glutaraldehyde-, chlorine dioxide-, hydrogen-peroxide, orthophthaldehyde-, and peracetic acid-based formulations. These are commercially available germicides that have been cleared by the FDA as sterilants/disinfectants (all but one product to date) or simply as "high level disinfectants." Items must be properly cleaned before disinfection is performed with these solutions.

(20) "hospital disinfectant" means a chemical germicide with label claims for effectiveness against *Salmonella choleraesuis*, *Staphylococcus aureus* and *Pseudo-monas aeruginosa*. Hospital disinfectants may be classed as either low-level or intermediate-level in their spectrum of activity as indicated by label claims. These classes of germicides are regulated by the EPA and are appropriate for environmental or medical device surfaces but not as a final step in reprocessing of medical instruments.

(21) "indifferent electrode" means a stainless steel bar, which is held by the patient/client during electrology treatment to complete current circuit with galvanic/electrolysis modality or with the use of a timer delay switch in automatic delivery epilators. The indifferent electrode is a non-critical item.

(22) "instruments" means tools or devices designed to perform a specific function, such as grasping, holding, or retracting. Forceps are an example of instruments in electrology.

(23) "intact skin" means skin in which the natural protective barrier has not been altered by infection or trauma.

(24) "intermediate-level disinfection" means a disinfection process capable of killing *M. tuberculosis* var. *bovis*, but not bacterial spores. When using a process that kills *M. tuberculosis* var. *bovis*, you will also inactivate organisms with a lesser degree of intrinsic resistance, such as most vegetative bacteria and fungi as well as viruses such as hepatitis B virus (HBV) and HIV. Examples of intermediate-level disinfectants include alcohols (70 to 90% ethanol or isopropanol), chlorine compounds (free chlorine, i.e., hypochlorous acids derived from sodium or calcium hypochlorite), and certain phenolic or iodophor preparations, depending on formulation. As with all other disinfection procedures, thorough cleaning is essential to the effectiveness of the process. Intermediate-level germicides are regulated by the EPA.

(25) "invasive procedure" means the surgical entry into tissues, cavities, or organs during a

medical treatment. In electrology, the entry of the needle into the hair follicle which can make contact with blood or other normally sterile areas of the body. However, the depth of penetration of electrology instrumentation is limited mostly to the skin tissue layer and never below the subcutaneous tissue layer, i.e., electrology is "superficially invasive" as compared to hospital surgical procedures which typically penetrate to deep soft tissue (facia and muscle) and organ spaces. Similar to subcutaneous injection of medication, the electrology instruments are sterile at time of use.

(26) "latex allergy" means a systemic or local allergic response to various latex proteins to which the individual has been sensitized.

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

(28) "mechanical/visible indicators" means monitoring devices built into a sterilizer, such as indicating thermometers, recording thermometers, pressure gauges and automatic controls, which are used to assist in identifying and preventing malfunctions and operational errors and for record keeping purposes.

(29) "needle" means the wire filament which is inserted into the hair follicle for application of current in electrology. Needles are critical items and are single-use, pre-sterilized and disposable.

(30) "non-critical items" means instruments or environmental (equipment and housekeeping) surfaces that will come in contact only with intact skin. Indifferent electrode and epilator cords are examples of non-critical instruments used in electrology. If properly cleaned and maintained, these surfaces carry relatively little risk of transmitting infection directly or indirectly to patients/clients.

(31) "non-intact skin" means skin in which there is a break in the skin's natural integrity (e.g., post epilation of hair, needle stick, etc.).

(32) "packaging" means a generic term including all types of containment, such as woven or non-woven wraps, paper or film pouches or rigid container systems.

(33) "plain soap" means a detergent-based cleanser without antimicrobial additives used for the primary purpose of physical removal of dirt and transient microorganisms. Soap is used in hand washing to suspend microorganisms and allows them to be rinsed off.

(34) "protective disposable barriers" means a disposable, moisture-resistant covering, which reduces the potential for contaminating environmental or medical device surfaces that may be difficult or inconvenient to clean and disinfect routinely, e.g., tables and pillows, or hard-to-clean

surfaces such as light handles and epilator surfaces.

(35) "reprocessing" means the process of cleaning, disinfecting or sterilizing a reusable instrument that has been used or contaminated in order that it be made safe for its intended use.

(36) "semi-critical items" means instruments that may come in contact with mucous membranes and non-intact skin, but do not ordinarily penetrate body surfaces. Tips for epilator needle and anaphoresis/cataphoresis rollers are an example of semi-critical items used in electrology.

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

(38) "sterility assurance file" means the record which contains the sterilizer maintenance and use log and culture reports from each biological monitor.

(39) "sterilization" means the process which destroys all forms of microbial life. The recommended methods of sterilization of instruments and items used in the practice of electrology are the dry heat sterilizer or the autoclave. These methods are standardized and can be routinely monitored for effectiveness.

(40) "tips for epilator needle" means the cap or plastic tip that surrounds the base of the needle and covers the pin device where the needle shank is seated. Tips for epilator needle holders are semi-critical items.

(41) "ultrasonic cleaner" means a processing unit that transmits ultrasonic waves through the cleaning solution in a mechanical process known as cavitation. The sound waves produce tiny air bubbles on instrument surfaces. Ultrasonic cleaning is particularly effective in removing soil deposits from hard-to-reach areas.

4.6 OVERVIEW OF STANDARDS

A. Electrology should be viewed as a superficially invasive procedure when developing standards for patient/client safety. Needles used in electrology treatments penetrate the skin and can become contaminated with blood, serum, or other material. Electrology procedures do not routinely penetrate to sterile tissue although there are occasions where the needles and other devices make contact with blood. Therefore, all needles used in electrology procedures should be single-use, pre-sterilized, and disposable.

B. Other procedures, such as removing ingrown hair, result in blood contamination of instruments and can result in contamination of related surfaces. All reusable critical instruments shared between the patient/clients are sterilized using a standard method that can be routinely monitored for effectiveness (e.g., dry heat sterilizer or autoclave). The intended use of the instrument or equipment will dictate whether or not sterilization is needed, or if disinfection is

needed, which level of disinfection is appropriate.

C. Thorough cleaning of instruments and other surfaces must precede either sterilization or disinfection procedures. Instruments that do not encounter blood or sterile tissue during use do not routinely require sterilization. A fresh pair of non-sterile, medical grade, disposable examination gloves should be worn by the electrologist during the treatment procedure of each patient/client. A proper hygienic environment should be maintained and infection control procedures followed to minimize the risk of transmission of infectious diseases between the practitioner and the patient/client.

Part 5 INFECTION CONTROL STANDARDS AND RECOMMENDED PROCEDURES

5.1 STANDARDS FOR HAND WASHING

Hand Washing is one of the most important procedures for preventing the transmission of infections.

A. Hands are washed:

- (1) Before and after treatment of each patient/client.
- (2) Before donning gloves and immediately after gloves are removed.
- (3) Immediately if accidental bare-handed contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated equipment occurs.

B. Hand washing technique includes:

- (1) Use of plain soap and water; Reusable liquid containers are cleaned and dried before being refilled with fresh soap;
- (2) A vigorous rubbing together of all surfaces of lathered hands, especially between fingers and fingernail areas, for 10 to 15 seconds;
- (3) A thorough rinsing under a stream of water;
- (4) Hands are dried thoroughly with a clean disposable paper towel;
- (5) Faucets are turned off with the paper towel;
- (6) Paper towel is disposed of in the appropriate receptacle located in the treatment room.

C. Alcohol based waterless handrubs may be used instead of soap and water only if hands are NOT visibly soiled.

5.2 USE OF GLOVES

A. A fresh pair of non-sterile, medical grade, disposable examination gloves is worn during the treatment of each patient/client. Gloves are disposed of in the appropriate receptacle located in the treatment room.

B. Hands are washed in accordance with the above hand washing standards before putting on gloves and immediately after gloves are removed.

C. Power-free, reduced protein latex gloves or vinyl gloves are worn.

5.3 DETERMINE PATIENT/CLIENT ALLERGIES BEFORE WEARING LATEX GLOVES.

Several factors have been linked with latex sensitization, including the presence of allergic conditions (e.g., asthma, eczema, hay fever), allergy to cosmetic powders or foods, and frequency or duration of glove use/exposure.

5.4 COORDINATION OF INSTRUMENTS

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

5.5 CLEANING AND STERILIZING INSTRUMENTS/ITEMS AND OTHER SAFETY PRECAUTIONS

A. Needles are critical items and are:

(1) Single-use, pre-sterilized, and disposable.

(2) Stored in a manner that will maintain sterile condition of contents, away from wetness or humidity extremes.

(3) Not recapped, bent, or otherwise manipulated by hand prior to disposal to avoid accidental puncture injury.

(4) Placed in a sharps container:

(a) immediately after use;

(b) when opened and found damaged; and

(c) when not used before pre-printed expiration date.

(5) The sharps container is securely sealed and disposed of as specified by state and local health regulations.

B. Forceps and other instruments that are critical items are cleaned and then sterilized before initial use and after use on the patient/client to make safe for use during the next patient/client encounter. Unused instruments in packaging or containers that have been opened are reprocessed after a 24-hour period. Instruments contaminated before use (e.g., dropping or touching an unsterile surface) are reprocessed before use. For processing:

(1) Forceps and other instruments are accumulated in a covered holding container by submersion in a solution of a protein-dissolving enzyme detergent and water, following manufacturer's instructions for dilution.

(2) The holding container is held under warm running water to rinse off detergent and debris and drained.

(3) Forceps and other instruments are placed in the basket of an ultrasonic cleaning unit containing a fresh solution of protein-dissolving enzyme detergent, following manufacturer's instructions for dilution and immersion time.

(4) Basket is removed from ultrasonic unit, rinsed under running water and drained. Forceps and other instruments are dried with disposable paper towels.

(5) Forceps and other instruments are packaged individually or in small multiples for the sterilization process.

(6) Place packaged instruments in an autoclave or dry heat sterilizer with chemical indicator. Sterilize according to manufacturer's instructions.

(7) After processing, packaged instruments are stored in a clean, dry, covered container which prevents the contents from coming into contact with dust, moisture, unnecessary touching and soil.

C. Transfer forceps and their holding containers are cleaned and dried daily and whenever visibly contaminated.

D. Tips for epilator needle holders are semi-critical items and are processed before initial use and after use on the patient/client to make safe for use during the next patient/client encounter. Tips for epilator needle holders contaminated before use (e.g., dropping or touching an unsterile surface) are reprocessed before use.

E. For processing:

(1) Accumulate tips in a covered holding container by submersion in a solution of a

protein-dissolving enzyme detergent and water.

(2) The holding container is held under warm running water to rinse off detergent and debris and drained.

(3) Place tips in the basket of an ultrasonic cleaning unit containing a fresh solution of protein-dissolving enzyme detergent, following manufacturer's instructions for dilution and immersion time.

(4) Basket is removed from ultrasonic cleaning unit, rinsed under running water and drained. Tips are dried with disposable paper towels.

(5) Package tips individually or in small multiples for sterilization; or submerge in a freshly made solution of 1 part household bleach to 99 parts water for 10 minutes and rinse under running water if damaged by heat. Dry bleach treated tips with disposable paper towels.

(6) After processing, tips are stored in a clean, dry, covered container which prevents the contents from coming into contact with dust, moisture, unnecessary touching and soil.

F. Anaphoresis/cataphoresis rollers are semi-critical items and are stainless steel. Between each treatment, anaphoresis/cataphoresis rollers are cleaned, dried and sterilized in the same manner as forceps.

G. Indifferent electrodes are non-critical items and are cleaned, dried and subjected to low-level disinfection after each treatment.

H. All containers and their removable parts, used during the cleaning procedure, are cleaned and dried daily and whenever visibly contaminated. The interior chamber of the ultrasonic cleaning unit is emptied, washed and dried daily. Follow manufacturer's instructions for cleaning and maintenance of equipment.

I. Cleaned, dried instruments and items are sterilized by either of the following methods:

(1) Dry heat. The following time-temperature relationships are recommended, or other time-temperature relationships recommended by the manufacturer of the unit:

a) 340 [degrees] F (170 [degrees] C) - 1 hour.

b) 320 [degrees] F (160 [degrees] C) - 2 hours.

(2) Autoclave (steam under pressure). The following time-temperature-pressure relationship is recommended, or other time-temperature-pressure relationships recommended by the manufacturer of the unit:

a) 15-20 minutes at 121 [degrees] C (250 [degrees] F); 15 psi (pounds per square inch) for packaged instruments and items.

b) The above temperature and exposure times for dry heat sterilizers and autoclaves relate only to the time of exposure after attainment of the specific temperature and do not include a penetration or heat-up lag time. Exposure time does not include drying and cool-down time. Follow the manufacturer's instructions for the unit used if times and temperatures differ from those given above.

J. Autoclaves and dry heat sterilizers are loaded, operated and maintained according to manufacturer's instructions. The interior of these devices is cleaned according to the manufacturer's instructions. Sterilizers must have visible physical indicators (e.g., thermometers, timers). Chemical (i.e., color change) indicators are used on each package, and optionally, placed inside packages containing multiple instruments. Chemical indicators should be visible on the outside of each package sterilized. This only indicates items have been exposed to a sterilization process, it does not guarantee sterility. Biological indicators are used no less than once a month (per sterilizer) according to manufacturer's instructions to ensure proper mechanical function. Lab reports with testing results are filed in a permanent Sterility Assurance file.

K. Each office where electrology is practiced shall have a blood spill kit readily available.

5.6 CONTROL MEASURES FOR STERILIZATION

To assure the highest level of patient/client safety, needles must be single use, pre-sterilized, and disposable. All instruments that will penetrate tissue should be either pre-sterilized disposable or thoroughly cleaned and then sterilized before reuse to reduce the risk of transmission of infection and disease.

5.7 The endodontic dry heat sterilizer (glass bead sterilizer) is no longer cleared to market by the Food and Drug Administration (FDA). The FDA Dental Device Classification Panel has stated that the glass bead sterilizer presents "a potential unreasonable risk of illness or injury to the patient because the device may fail to sterilize dental instruments adequately." The endodontic dry heat sterilizer (glass bead sterilizer) should not be used in the practice of electrology.

5.8 Some high-level disinfectants, including glutaraldehyde-based germicides, are not recommended as an applicable method of sterilization of instruments and items, based on their toxicity level, instability, and impracticality. Sterilization with liquid chemical germicides is not capable of being biologically monitored. If a medical device is heat-stable, the proper method of reprocessing is by using a heat-based method such as a steam autoclave or dry heat oven.

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

5.9 CONTROL MEASURES FOR CLEANING

A meticulous physical cleaning is always done before sterilization or disinfection. For sterilization or disinfection, refer to the manufacturers' instructions for exposure times and conditions as well as recommendations for rinsing and subsequent handling of processed items.

5.10 CONTROL MEASURES FOR DISINFECTING

Low-level and intermediate-level disinfectants used in the practice of electrology should be registered with the Environmental Protection Agency (EPA), whereas high-level disinfectants/liquid chemical sterilants are cleared by the Food and Drug Administration (FDA) for use in sterilizing or disinfecting medical and dental instruments. Disinfectants are to be used according to the manufacturer's instructions.

5.11 USE OF CHLORINE SOLUTION

Bleach solutions used to process tips for epilator needle holders are freshly made by mixing one tablespoon household bleach to one quart tap water. Discard bleach solution after each use. See, appendix: Practice Considerations for rationale.

5.12 STANDARDS FOR ENVIRONMENTAL CONTROL AND HOUSEKEEPING

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

5.13 ENVIRONMENTAL CONTROL

A. When a treatment session is interrupted, gloves are removed and discarded, and hands are washed before touching items or surfaces (i.e., telephone, computer, door knobs). Hands are washed and re-gloving with a fresh pair of gloves is done before resuming treatment.

B. Gloves are worn during the procedures of soaking, cleaning, rinsing, and drying of forceps and other instruments.

C. Torn or perforated gloves are removed immediately; hands are washed after gloves are removed and then re-gloved with fresh gloves.

5.14 ENVIRONMENTAL CONTROL: DRAPES AND DISPOSABLES

A. Fresh, clean drapes are used on the treatment table or chair for each patient/client.

B. Drapes are stored in a closed cabinet.

C. Soiled disposable items are discarded into a container lined with a plastic bag, securely fastened when ready for disposal, and disposed daily into the regular trash, unless otherwise specified by state and local health regulations.

D. Reusable containers used for dispensing antiseptics and other solutions and products are not refilled before being cleaned and dried. Creams, lotions, and ointments that are dispensed from original containers, are to be used in a sanitary manner, then disposed of when empty.

E. Epilator needle holders and any cords in direct contact with the patient/client and/or practitioner are cleaned with detergent and water, and treated with a low-level disinfectant after each treatment. Follow manufacturer's instructions for use of chemical disinfectants.

F. Any surfaces that are touched during treatment, such as magnification lamps, lighting devices and epilator controls are covered with a protective disposable barrier or disinfected after each treatment according to manufacturer's instructions. The protective disposable barrier is removed, discarded and replaced between each patient/client.

G. After each use, patients/client eyeshields are cleaned with detergent and water, then rinsed and dried.

5.15 HOUSEKEEPING

A. A hospital-grade disinfectant registered with the Environmental Protection Agency (EPA) is used for cleaning environmental surfaces.

B. All other environmental surfaces in the treatment room are kept in a state of visible cleanliness by using a hospital-grade disinfectant/detergent designed for general housekeeping purposes as indicated on the product label after initial cleaning with water and detergent.

5.16 CONTROL MEASURES FOR ENVIRONMENTAL CONTROL AND HOUSEKEEPING

A. Adequate levels of safety for surfaces of medical equipment (non-critical surfaces) may be achieved by simple washing or scrubbing with detergent and warm water or, depending on the equipment surface and the nature and degree of contamination, cleaning followed by an application of an intermediate- to low-level chemical germicide. Follow manufacturer's instructions for application and exposure times of disinfectant products.

B. Cleaning schedules and methods vary according to the type of surface to be cleaned and the amount and type of soil present. Counter tops should be of smooth, non-porous material and should be cleaned daily, taking special care in the areas where the procedures of cleaning and sterilizing instruments and items takes place. Items on counter tops should be maintained in a sanitary manner. Sinks and toilet facilities should be cleaned daily. Environmental surfaces in the treatment room should be cleaned on a regular basis. Equipment surfaces, doorknobs,

telephones, and treatment tables should be cleaned on a regular basis. Floors and carpets should be vacuumed and cleaned regularly. Walls, blinds and curtains should be cleaned when visibly soiled.

5.17 STANDARDS FOR PATIENT/CLIENT CONSIDERATIONS

A. Standard Precautions are consistently used for all patient/clients.

B. A complete past and current health history assessment is obtained from each patient/client prior to treatment. The patient/client's health status should be updated and evaluated on an on-going basis and referred to an appropriate physician as indicated. See, limitations listed in section 5.25.

C. The patients/client's skin is evaluated prior to each treatment and referred to an appropriate physician if indicated.

5.18 PRE- AND POST-TREATMENT OF SKIN SITE

A. Before treatment, the skin site is cleansed using soap and water then wiped with an antiseptic skin preparation.

B. After treatment, the skin site is wiped with an antiseptic product.

C. Patient/clients are instructed on appropriate post-treatment care to promote healing of the treated skin site.

5.19 CONTROL MEASURES FOR PATIENT/CLIENT CONSIDERATIONS

An assessment of the skin site and examination for signs of infection or rashes should take place prior to each treatment. Treatment should be delayed if actual or potential signs or symptoms of infection are present. The practitioner should refer the patient/client to an appropriate physician when evaluation of health history or skin assessment indicates.

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

5.20 HEPATITIS B VIRUS (HBV) VACCINATION

A. Practitioners and electrology students should be immunized against hepatitis B virus (HBV).

B. Practitioners should contact their personal physician for appropriate immunization against hepatitis B.

5.21 FOLLOW-UP PROCEDURES FOR POTENTIAL EXPOSURES TO HEPATITIS B AND C, HIV, AND OTHER BLOOD-BORNE PATHOGENS

A. Health care workers who have percutaneous or mucous membrane exposure to blood and other body fluids are at risk for infection, including HBV, HCV and HIV infection. The Centers for Disease Control and Prevention (CDC) concludes in a continuing study that, while HIV infection is a real risk to health care workers, the risk is low and can be minimized by taking appropriate precautions.

B. Identified risk factors for HIV and HCV transmission are almost identical to those for HBV transmission. Despite the similarities in modes of transmission, the risk of HBV infection in health care settings far exceeds that for HIV or HCV infection.

5.22 PUNCTURE INJURY PROTOCOL

A. Remove and discard gloves.

B. Wash exposed surface with running water and soap. If wound is bleeding, allow to bleed.

C. After thoroughly cleaning the wound, apply an antiseptic product.

D. Immediate contact is made to practitioner's personal physician for appropriate consultation, and for necessary post-exposure strategies.

E. Documentation of the exposure is made including: date, route of exposure, circumstance under which exposure occurred, name of source patient/client, HIV and/or hepatitis status of source patient/client, status of practitioner's testing, follow-up testing and any necessary post-exposure prophylaxis.

5.23 CONTROL MEASURES FOR FOLLOW UP PROCEDURES

A. Careful clinical skills should be practiced and Standard Precautions followed to prevent puncture injury or mucous membrane exposure to blood.

B. Proper management of exposures is necessary including first-aid measures, medical follow-up including, where possible, collection and testing of blood of source person and exposed person, necessary prophylaxis and written documentation.

C. In the event of exposure to blood and body fluids containing visible blood, the steps recommended in Rule 5.24 should be followed. See, appendix: Practice Considerations for discussion of precautions rationale.

5.24 STANDARD PRECAUTIONS ARE APPROPRIATE FOR THE CARE OF ALL PATIENT/CLIENTS DURING ELECTROLOGY TREATMENTS

Wash hands BEFORE and AFTER each patient/client contact.

Wear gloves when touching blood, body fluids, secretions, excretions, contaminated items, mucous membranes and non-intact skin.

Take care to prevent puncture injuries when using instruments during and after procedures; when cleaning instruments; and when disposing of used needles.

Use adequate procedures for routine care, cleaning, and disinfection of environmental surfaces, and other frequently touched surfaces.

5.25 LIMITATIONS ON PRACTICE

A. An electrologist may not perform treatments or provide services which the electrologist is not qualified to perform or which are beyond the scope of the electrologist's education, training, capabilities, experience, and scope of practice.

B. An electrologist shall obtain additional training, information, and supervision as needed to perform a new electrology technique or service in a new specialty area, or when employing a new treatment modality.

C. An electrologist shall maintain current qualifications to practice electrology and satisfy continuing education requirements established in these rules.

D. Areas of the body which shall not be treated by electrolysis are:

1. Mucous membranes;
2. External auditory canal of the ear;
3. Areolae and nipples of the breasts;
4. Breasts of nursing women;
5. Tissues of the nostrils.
6. Eyelids.

E. Electrologists shall not treat conditions where electrology procedures are contraindicated by current accepted standards of practice. Such conditions include:

1. Warts;

2. Moles;
3. Ingrown eyelashes;
4. Spider telangiectasias and angiomas;
5. Cutaneous papilloma (skin tags);
6. Impetigo or any other contagious skin disease;
7. Skin malignancy;
8. Any area which appears to be infected or inflamed.

F. An electrologist may treat patients with certain conditions if he or she first obtains written authorization to do so from the patient's physician. Such conditions include:

1. Hair in moles;
2. Cardiac disorders for which the patient has a pacemaker;
3. Coagulation disorders and/or disorders which are treated with drugs having anti-coagulant effects.

Part 6: Continuing Education

6.1 MINIMUMS

All persons certified to practice electrology must complete a minimum of 10 hours of continuing education during the two-year certification period and must report these hours at the time of certificate renewal. After January 1, 2005 the continuing education requirement will not apply for the first period in which a person obtains certification. It will apply to the period after the first renewal.

6.2 APPROVED COURSES

A. The Director will approve a course, seminar, or speaker session for continuing education credit if it is:

- (1) Relevant to the theoretical or clinical aspects of electrology; or is;
- (2) Offered by one of the following entities:
 - (a) A college or university approved by the Vermont Department of Education;

(b) A state or national professional electrology association;

(c) An organization whose course is approved by the American Electrology Association for continuing education credit;

(d) A director-approved electrology institution.

B. If a course is not listed in section (a) of this rule, an electrologist may request that the Director approve the course by submitting in writing, at least 60 days in advance of the course registration date, the following information on an application form provided by the Director:

(1) Title, location, and date of the course;

(2) Sponsoring agency;

(3) Course objective and content;

(4) Hours of study;

(5) Name of each instructor; and

(6) Educational background and experience of each instructor.

C. The Director shall notify the electrologist by mail of the decision as to whether the course is approved.

D. A change in subject matter, length, or instructor of a course requires approval by the Director.

6.3 FAILURE TO OBTAIN PRIOR APPROVAL

If an electrologist has not received prior approval for continuing education credits for a course under Rule 6.2(B) above by November 15 of the licensure renewal year, the director may deny recognition of the credits claimed.

Part 7 DUTY TO REPORT CHANGES

7.1 An electrologist shall notify the Office in writing within 30 days of the following:

A. a change in the licensee's name;

B. a change to the licensee's business address;

C. a change to the licensee's business telephone number;

D. the conviction of any offense in a District or Superior Court in Vermont or court outside Vermont.

Part 8 UNPROFESSIONAL CONDUCT

8.1 Unprofessional conduct means misusing a title in professional activities and any of the conduct listed in section 129a of Title 3, whether committed by a certified electrologist or an applicant. Unprofessional conduct includes:

(a) Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession,

(b) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct. Failure to practice competently includes:

(1) performance of unsafe or unacceptable patient or client care; or

(2) failure to conform to the essential standards of acceptable and prevailing practice.

8.2 DISCIPLINARY PROCEDURE

Hearings on charges of unprofessional conduct are held before an administrative law officer appointed by the Secretary of State. Copies of rules and statutes governing disciplinary proceedings are available from the Director. A party aggrieved by a decision of an administrative law officer may, within 30 days of the decision, appeal by filing a written notice with the Director in the manner provided in Vermont Rules of Appellate Procedure 3 and 4. A check for the court filing fee, made payable to the Clerk of the Washington Superior Court, must accompany the filing fee. The appeal shall be decided by Washington Superior Court on the basis of the record before the administrative law officer. Any request for a stay pending appeal should be filed with the Washington Superior Court.

8.3 SANCTIONS FOR UNPROFESSIONAL CONDUCT

After a hearing, and upon a finding of unprofessional conduct, sanctions may include, but are not limited to, fine of up to \$1,000 for each violation, refusal to grant or renew certification, suspension or revocation or imposing limitations or conditions, obtaining injunctions, issuing warnings and other similar sanctions.

Appendix: Electrology Practice Considerations

Some practice considerations taken from the American Electrology Association provide the rationale for the rules above.

Cleaning:

Cleaning is the basic first step for all decontamination. Cleaning physically removes debris and reduces the number of microorganisms present. Cleaning is the removal of organic material or soil from objects and is usually done by using detergent and water. Generally, cleaning is designed to remove rather than kill microorganisms. Technology has provided cleaning products and devices that are especially appropriate for the cleaning of instruments used in electrology.

Use of Gloves:

The consistent wearing of gloves will decrease the risk of potential exposure. Wearing gloves will also protect the patient/client from potential exposure to the microbial flora of the electrologist, including blood-borne organisms should there be cuts, scrapes, or micro-lesions on the electrologist's hands. When gloves are worn, hand washing is also recommended because gloves may become perforated during use and because bacteria can multiply rapidly on gloved hands. Torn or perforated gloves should be removed immediately and hands washed after gloves are removed.

If one chooses latex gloves, powder-free gloves with reduced protein content are suggested. Such gloves reduce exposure to latex protein and thus reduce the risk of latex allergy. When wearing latex gloves, do not use oil-based hand creams or lotions (which can cause glove deterioration) unless they have been shown to reduce latex-related problems and maintain glove barrier protection.

Washing gloves during the treatment of the same patient/client is not recommended. Washing with surfactants may cause "wicking"; i.e., the enhanced penetration of liquids through microscopic holes in the gloves that would not otherwise leak. Disinfecting agents or oils may cause deterioration of glove material. Wearing gloves will not guarantee absolute protection as gloves may have micro tears.

Use of Chlorine:

Chlorine solutions in concentrations of 0.05 to 0.5% free chlorine are generally considered to be intermediate-level disinfectants for specific site disinfection. Solutions of 0.5% (household bleach contains approximately 5% sodium hypochlorite) have broad-spectrum germicidal activity, and exhibit sporicidal activity, are tuberculocidal, inactivate vegetative bacteria, and are fungicidal and virucidal. Klein and Deforest (1965) reported that all of 25 viruses were inactivated in 10 minutes by as little as 0.02% available chlorine.

Standard Precautions:

Standard Precautions as Recommended by the Centers for Disease Control and Prevention (CDC)

A. Standard Precautions appropriate to the practice of electrology are included above. These precautions as included in the Standards should be performed universally for all patient/clients.

B. Standard Precautions are designed to reduce the risk of transmission of blood-borne pathogens and reduce the risk of transmission of pathogens from moist body substances. Standard Precautions apply to all patient/clients receiving treatment, regardless of their diagnosis or presumed infection status. Standard Precautions apply to (1) blood; (2) all body fluids, secretions, and excretions, regardless of whether or not they contain visible blood; (3) non-intact skin; and (4) mucous membranes.

C. Standard Precautions are intended to prevent parenteral, mucous membrane, and non-intact skin exposures of health care workers to blood-borne pathogens. In addition, immunization with HBV vaccine is recommended as an important adjunct to Standard Precautions for health care workers who have accidental exposures to blood.

Hepatitis B:

The Centers for Disease Control and Prevention (CDC) report that HBV infection is a major infectious occupational hazard for health care workers. They risk hepatitis B virus (HBV) exposure if their tasks involve contact with blood or blood-contaminated body fluids. The risk of acquiring HBV infection from occupational exposures is dependent on the frequency of percutaneous and permucosal exposures to blood or blood products.

Risks among health care professionals vary during the training and working career, but are often highest during the professional training period. For this reason, when possible, vaccination should be completed during training in schools before workers have their first contact with blood.

Other Resources and Suggestions:

In addition to familiarity with Exposure Control Procedures, practitioners should refer to the Centers for Disease Control's "Exposure to Blood: What Every Health Care worker needs to know" found at http://www.cdc.gov/ncidod/hip/Blood/Exp_to_Blood.pdf for the most up to date information on exposure procedures. Note: If information differs from information contained in these rules, follow these guidelines. See also, <http://www.cdc.gov/ncidod/hip/Blood/UNIVERSA.HTM> for information on universal precautions for prevention of transmission of HIV and other blood borne infections.

Environmental Controls:

Hospital-grade disinfectants registered with the Environmental Protection Agency (EPA) should be used for environmental surface cleaning. Product labels give the EPA registration number and should give adequate safety and precautionary information. Manufacturer's instructions on

the use of the product should be followed. Information on specific manufacturer label claims and the classification of disinfectants can be obtained by writing the Anti Microbial Division, EPA 751OC, Office of Pesticides Programs, 401 M Street SW, Washington, DC 20460.
<http://www.epa.gov/>.