



# HAIRDRESSING GUIDELINES 2015

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## Glossary

# PART ONE

## 1. Introduction

This document aims to provide a set of standards on infection control for businesses performing hairdressing procedures. The ACT Health Hairdressing Guidelines 2015 (the Guidelines) are based on the key principles of infection control. They include implementation of best practice hygiene procedures for personnel hygiene, equipment cleaning, premises cleaning and workplace health and safety.

Transmission of infection can occur during hairdressing procedures. Procedures using items such as razors, scissors, combs, clippers and hairpins may be classified as infection risk procedures because these items can accidentally pierce the skin. Skin infections on the scalp and neck can be spread through hairdressing procedures. HIV, hepatitis B and hepatitis C can also be transmitted through blood contact. Blood does not have to be visible on equipment or working surfaces for infection to be transmitted.

## 2. Guideline objectives

The Guidelines provide information on practices to:

- assist in minimising the risk of transmission of micro-organisms between the hairdressers, the clients and equipment used;
- achieve best practice hygiene procedures;
- ensure that only appropriately cleaned equipment is used on each client; and
- promote a safe working environment for staff.

## 3. Businesses covered by the Guidelines

The Guidelines apply to and should be followed by:

- a person (a **proprietor**) engaged in the business of hairdressing;
- a person (a **hairdresser**) who carries on the occupation of hairdressing;
- hairdressing businesses including home based businesses;
- barbers; and
- mobile hairdressing services.

## 4. Knowledge of the Guidelines

Proprietors and managers should ensure that all staff are aware of the Guidelines and understand the information contained in the Guidelines.

## 5. Disclaimer of liability

- These guidelines reflect accepted current best practice in infection control practices for businesses and staff performing hairdressing procedures. Every effort has been made to ensure its accuracy at the time of development, however changes in knowledge concerning transmission of blood borne and other infections may necessitate modifications and updates in the future. It is the responsibility of hairdressers and other employees to monitor for updates to these guidelines, and where updates occur, to inform themselves of any changes to infection control practices.
- While infection control practices in accordance with these guidelines will ordinarily be considered safe and legally compliant, alleged adherence to these guidelines is not a valid defence to disciplinary or enforcement action, including criminal prosecution, for inadequate or unsafe infection control practices. It is the responsibility of hairdressers and other employees to prevent the transmission of infections. Furthermore, ACT Health accepts no tortious or other liability whatsoever in respect to any action or consequence arising from the use of these guidelines, or representations made in relation to adherence to these guidelines.

## 6. Further information



Further information on the Guidelines can be obtained from Infection Control, Health Protection Service, ACT Health during business hours on (02) 6205 1700.



## 7. References

Department of Health and Ageing, 2013 *Australian Immunisation Schedule*, viewed 10 Nov 2014, <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips-ctn>.

Directions ACT, October 2014, *Safe Disposal Needle and Syringe Program (NSP)*, viewed 10 Nov 2014, [http://www.directionsact.com/pdf/brochures/safe\\_disposal.pdf](http://www.directionsact.com/pdf/brochures/safe_disposal.pdf).

Standards Australia 1992, *Non-reusable containers for the collection of sharp medical items used in health care areas AS4031-1992*, amended 5 August 1996, Standards Australia, Sydney.

*Work Health and Safety Act 2011*. (ACT Government), viewed 10 Nov 2014, <http://www.legislation.act.gov.au/a/2011-35/default.asp> Canberra Australia.

World Health Organization 2009, *How to Handwash*, viewed 10 Nov 2014, [http://www.who.int/gpsc/5may/How\\_To\\_HandWash\\_Poster.pdf](http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf).

World Health Organization 2009, *How to Handrub*, viewed 10 Nov 2014, [http://www.who.int/gpsc/5may/How\\_To\\_HandRub\\_Poster.pdf](http://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf).



# PART TWO

## 8. Hygiene standards

The following sections provide information on hygiene standards as well as practical methods for implementing these standards.

Standard hygiene practices require everyone to assume that all blood and body substances are potential sources of infection.

### 8.1. Hand hygiene



**Hand hygiene using liquid soap OR an alcohol based hand rub is an essential element of good personal hygiene.**

**Hands must be washed with soap and water when soiled.**

**An alcohol-based hand rub can be used to sanitise clean hands.**

**Each premises should have a basin designated for HAND WASHING ONLY that is not used for cleaning equipment or washing eating and drinking utensils.**



Hand hygiene should be performed:

- before and after contact with each client;
- after eating or smoking;
- after going to the toilet;
- after blowing their nose, coughing or sneezing;
- after handling laundry;
- after contact with blood or other bodily substances; and
- after removing gloves.

### 8.1.2 Hand hygiene using liquid soap and water

Washing your hands with liquid soap and running water loosens, dilutes and flushes off dirt and germs. It is the combination of running water, rubbing your hands and the detergent in the soap that helps loosen the dirt, remove the germs and rinse them off your skin.

- a. A routine hand wash involves:
  - wetting hands thoroughly and then lathering with liquid soap;
  - vigorously rubbing hands together for at least 15 to 20 seconds;
  - rinsing hands under warm running water; and
  - drying hands with a disposable paper towel or a fresh, clean cloth towel. (See Diagram One - hand washing using liquid soap.)
- b. If cloth towels are used a fresh, clean towel should be used each time.
- c. A moisturising cream dispensed by a pump pack can also be used to prevent chaffing and improve skin condition.
- d. If re-useable liquid soap containers are used the container and the pump should be cleaned and dried prior to refilling. Failure to do this could result in the contamination of the liquid soap.
- e. Cake/bar soap should not be used as it can transfer germs from one person to the next.
- f. A break in the skin increases the risk of the individual contracting an infection. Cuts, wounds and abrasions on the hands should be covered with a waterproof dressing which should be changed when the dressing becomes soiled or wet.

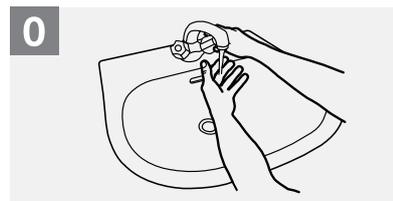


## Diagram One – hand washing using liquid soap

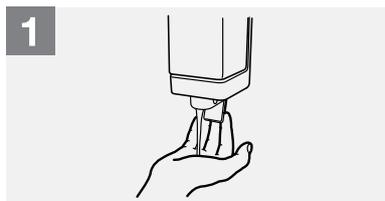
# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

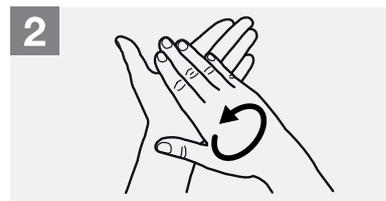
 **Duration of the entire procedure: 40-60 seconds**



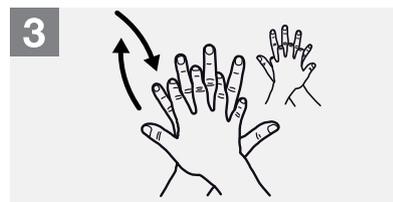
0 Wet hands with water;



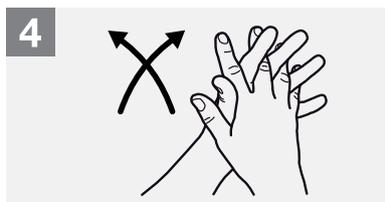
1 Apply enough soap to cover all hand surfaces;



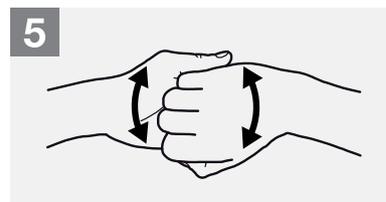
2 Rub hands palm to palm;



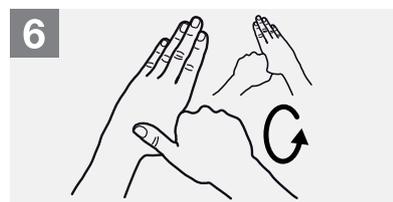
3 Right palm over left dorsum with interlaced fingers and vice versa;



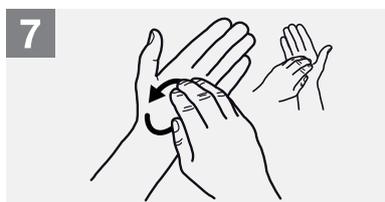
4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



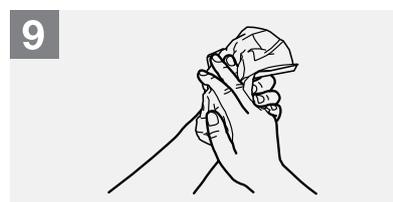
6 Rotational rubbing of left thumb clasped in right palm and vice versa;



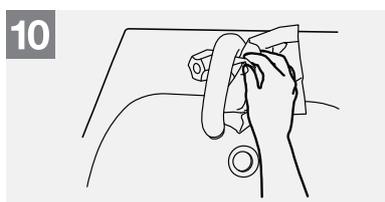
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



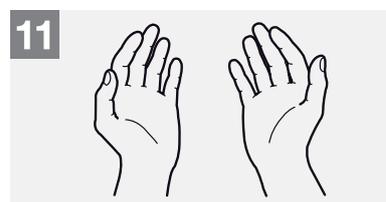
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

### 8.1.3 Hand Hygiene using an alcohol-based hand rub

Alcohol-based hand rubs can be a fast and effective way to sanitise hands. They can reduce the number of germs on your hands. They do not remove dirt from your hands.

An alcohol-based hand rub should contain between 60% - 80% alcohol.

An alcohol-based hand rub may be used for hand hygiene **when hands are not soiled**.

Apply alcohol hand rub using the following method:

- apply the amount of hand rub recommended by the product manufacturer to the palms of hands;
- rub hands together, making sure you cover in between fingers, around thumbs and finger tips;
- rub until hands are dry.

(See Diagram Two - hand hygiene using an alcohol hand rub)



## Diagram Two – hand rub using an alcohol hand rub

# How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

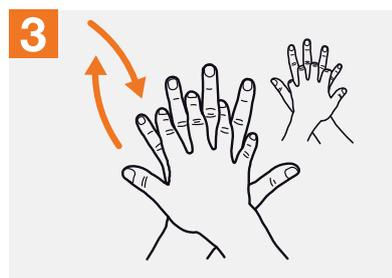
 **Duration of the entire procedure: 20-30 seconds**



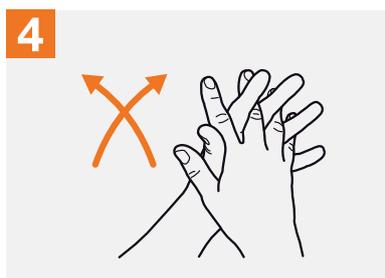
Apply a palmful of the product in a cupped hand, covering all surfaces;



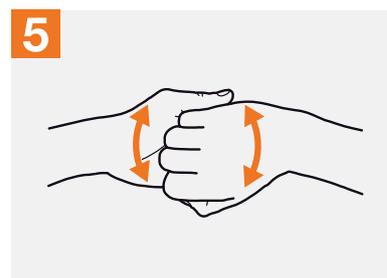
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



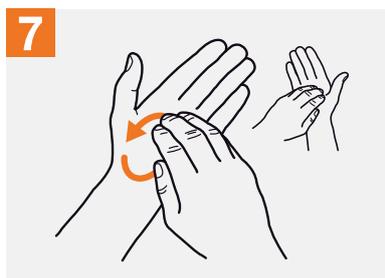
Palm to palm with fingers interlaced;



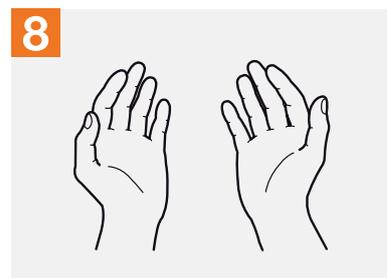
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.



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## 8.2 Cleaning

### 8.2.1 *Detergent*



**A detergent is required to be used to remove protein residues and organic matter from equipment. Disinfectants are not cleaning products and must not be used for cleaning.**



- Detergents that can be used include dishwashing liquid, liquid soap, and shampoo.
- Detergent must be thoroughly rinsed from all items after cleaning.
- Disinfectant should only be used on equipment or surfaces that have first been cleaned with a detergent based product.

### 8.2.2 *Equipment cleaning*



**Equipment must be cleaned after each client use.**

**Blades used for shaving, including neck shaving, must be disposed of after each client use into a designated sharps container. Blades MUST NOT be reused.**



- a. COMBS, BRUSHES, ROLLERS etc. should be cleaned as follows:
  - Remove all visible hair or other materials from the equipment;
  - Rinse under warm running water to remove loosened debris;
  - Fill a sink or bowl with warm water and detergent;
  - The equipment should be immersed and scrubbed under water to minimise aerosols and splashing;
  - Rinse in warm to hot water to remove any residue;
  - All equipment should be dried after the cleaning process using a clean dry cloth; and
  - Visually inspect the cleanliness of all items.
- b. SCISSORS should be cleaned after each client as follows:
  - Using a cloth remove all visible hair, paying attention to the hinge joint;
  - Clean as per manufacturer's instructions; and
  - Dry with a clean cloth.
- c. CLIPPER CLEANING
  - Using a small brush remove any hair from the clippers;
  - Wipe over all parts of the clippers with a 70% alcohol preparation (small alcohol wipes in individual sachets are ideal for this); and
  - Allow to dry before reusing.

NB. Clipper cleaning is the only exception to the rule of cleaning with a detergent based product prior to applying a disinfectant. The use of water on clippers may lead to corrosion, due to the water penetrating into the clipper heads. Alcohol based products evaporate and are non-corrosive.

- d. UV cabinets are not necessary. The cabinets do not sterilise equipment, however, it is acceptable to use them for storing clean equipment.

### 8.2.3 *Cleaning blood contaminated equipment*

- a. If equipment has come into contact with blood, it should be processed as follows:
- **For combs, brushes, rollers etc.** clean thoroughly using detergent and water as described in Section 8.2.2(a);
  - Dry thoroughly;
  - Disinfect the equipment by immersing in 70% alcohol solution or hospital grade disinfectant;
    - If using 70% alcohol solution there is no need to rinse;
    - If using hospital grade disinfectant rinse the items under hot water then dry; ensure manufacturer's instructions are followed for concentration and contact time.
    - Check the 'use by date' before using disinfectants; discard any expired product;
  - Equipment should be stored dry and must not be stored in a disinfectant or left soaking for an extended time.
- b. **Cleaning CLIPPERS** that have come into **contact with blood, a sore or a lesion**:
- Using a brush remove any collected hair from the clippers;
  - Dismantle clippers;
  - **Any part that can be immersed in water** should be cleaned using detergent and warm water and then dried;
    - then wipe over each part with a 70% alcohol preparation **OR** immerse in a disinfectant solution as per the manufacturer's instructions;
    - if immersed in disinfectant rinse thoroughly under warm/hot water, then dry;
  - **Parts not able to be immersed in water** must be wiped over with a 70% alcohol preparation and allowed to dry completely;
  - Reassemble clippers.
  - The brush used to remove hair from the clippers should also be washed in warm soapy water and then dried.

### 8.2.4 *Laundry*

- a. Disposable neck wraps are preferred for use on each client. If using cloth neck wraps they must be washed before being re-used on another client.
- b. Towels must be washed after each client use.
- c. Used capes and gowns should be washed daily or earlier if soiled.
- d. All used towels and other cloth items must be placed into a container, separate from the clean linen.
- e. All used towels and other cloth items must be:
- washed in a washing machine with a water temperature of a minimum of 65° C for not less than 10 minutes using a laundry detergent; OR
  - washed in a cooler wash with a laundry detergent and a laundry sanitiser added to the wash water; OR
  - washed by a commercial laundry.
- f. Washed items must be hung out to dry or dried immediately in a clothes drier.
- g. All clean items should be stored in a designated clean area.

## TABLE 1: Equipment cleaning requirements

Equipment	Reason / risk	When	How	Additional information
Safety razors Straight Edge razors with <b>changeable single-use blade only</b>	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of blade/ razor into sharps container. Wash the handle in warm water and detergent. Rinse in hot running water. Dry with clean cloth	Use a new blade for each client. <b>Blades must NEVER be reused</b>
Electric Clippers	Potential for infection transmission	After each client	Remove hair. Wipe clipper blade attachment with a 70% alcohol wipe	
Scissors	Potential for infection transmission or infestation	After each client	Use a cloth to remove all visible hair. Especially check the scissor hinge joint. Clean as per manufacturer's instructions. Dry with a clean cloth	
Combs Hair brushes Neck brushes Hair pins/clips Rollers	Potential for infection or infestation	After each client and if dropped on the floor	Remove any hair. Wash in warm water and detergent. Rinse in hot running water. Dry	
Scissors/combs/ hairpins etc <b>exposed to blood</b>	Potential for blood-borne virus transmission	As soon as possible after scissors have been exposed to blood (attend to injury first). This must be done prior to re-use	Wash in warm soapy water; Dry with cloth. Wipe with 70% alcohol, allow to dry	Where possible dispose of any items that have pierced the client or hairdressers skin
Clippers <b>exposed to blood</b>	Potential for blood-borne virus transmission	As soon as possible after clippers have come into contact with blood (attend to injury first)	Clean and disinfect as per Section 8.2.3(b).	
Shaving brushes	Potential for infection if previous client has facial skin lesions or infection	After each client	Rinse free of hair and shaving cream. Wash in detergent and water. Rinse in hot running water. Dry	
Dye mixing bowls Shaving bowls	Potential for contamination	After each client	Wash in warm water and detergent. Rinse. Dry with cloth	Store dry
Towels	Potential for infection if previous client has skin lesions or infection	After each client	Launder as per Section 8.2.4	
Cloth neck wraps/ capes/gowns	Potential for infection if previous client has skin lesions or infection	After each client unless clean towel/ paper is used around neck	Launder as per Section 8.2.4	
Equipment trolley	Prevention of dust and hairs from accumulating or contaminating clean equipment	At least weekly, more frequently if required	Use cloth to remove hair. Wash with warm water and detergent. Dry with cloth	Cover when not in use

## 8.2.5 Premises cleaning

- a. A routine and regular cleaning schedule of the premises is required. Routine cleaning should include:
  - cleaning of bench tops, mirrors, chairs, drawers, basins, sinks, floors and skirting boards;
  - use of a detergent based cleaner;
  - mops and other cleaning equipment must be washed in detergent and water and stored dry after use.
- b. Disinfectants are not to be used for routine environmental cleaning as they do not have cleaning properties. They should only be used when blood or other body fluid has contaminated a surface. The surface must be cleaned with detergent and water prior to the application of the disinfectant. Disinfectants should be used as per manufacturer's instructions.
- c. All hair must be swept from the floor as soon as possible after each client and disposed of immediately into a lidded, general waste bin.
- d. Equipment used for cleaning the premises must be kept clean and in good repair.
- e. A regular pest control program should be undertaken to ensure the control of pests.

## 9 Personal protective equipment

All persons engaged by the business must have available to them when necessary, appropriate personal protective equipment, to enable them to safely perform their duties.

- a. Protective equipment may include:
  - disposable gloves;
  - general purpose utility gloves for premises cleaning; and
  - aprons.
- b. Gloves:
  - wearing gloves is not a substitute for hand hygiene;
  - hands should be washed after removal of gloves;
  - disposable gloves must not be reused; and
  - reusable utility gloves should be washed regularly in warm soapy water and be stored dry.

## 10 Disposal of sharp equipment

The management and safe disposal of sharp equipment is the responsibility of the person who used that equipment.

- a. Blades must only be used on one person and then discarded.
- b. Cut throat razors with a permanent/non-changeable blade **MUST NEVER** be used.
- c. All used blades should be disposed of into an appropriate sharps container that complies with Australian Standard AS4031-1992 *Non-reusable containers for the collection of sharp medical items used in health care areas* as soon as practicable after a procedure is completed.
- d. Sharps containers should:
  - not be overfilled;
  - be positioned for easy access;
  - be out of reach of children (opening should be approx 1.2m from floor level);
  - be closed before disposal; and
  - be disposed of at an ACT Government approved sharps disposal site.

A list of ACT Government approved sharps disposal sites can be found at: [http://www.directionsact.com/pdf/brochures/safe\\_disposal.pdf](http://www.directionsact.com/pdf/brochures/safe_disposal.pdf)

# 11 Management of cuts and blood exposures

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Accidental blood exposures can happen to hairdressers and clients by piercing the skin with sharp equipment.



- a. Sharp equipment such as razors, scissors, combs, clippers and hairpins can accidentally pierce the skin. Blood and body fluids do not have to be visible on equipment or working surfaces for infection to be transmitted. Both clients and operators are at risk.
- b. If a **client or a hairdresser** is cut in the course of a hairdressing procedure, the hairdresser involved must ensure the following procedures are carried out:
  - If a **hairdresser** is cut they must immediately wash their hands and apply a clean dry waterproof dressing to their wound;
  - If a **client** is cut the hairdresser should wash their hands and put on disposable gloves to assist the client in managing the injury. The hairdresser must not touch blood with bare hands;
  - If disposable gloves are not available the client must be given a clean, dry dressing to apply pressure to their own wound until the bleeding stops;
  - When the client's bleeding has stopped the contaminated dressings should be placed immediately into a rubbish bin. The dressing and the appliance must be handled carefully to avoid any skin contact with the blood;
  - Apply a clean dry dressing to the cut;
  - Equipment contaminated with blood must be disposed of (if possible) or cleaned and then disinfected (as per section 8.2.3);
  - Any person who has handled contaminated dressings or equipment must wash their hands thoroughly, even if they were wearing gloves at the time;
  - It is unlikely, but if an incident involves the transfer of blood of the client to the blood of a hairdresser or hairdresser to a client, the wound must be immediately washed with soap and water. Do not squeeze the area. The affected person should seek medical advice as soon as possible after the incident; and
  - Record and report the incident to the proprietor or manager of the business.

## 12 Hairdresser health

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All staff should maintain an appropriate level of hygiene and cleanliness when attending to clients.



### 12.1 Infections

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Infections that can be transmitted during hairdressing due to equipment not being cleaned properly may include impetigo (also known as school sores), head lice, tinea and ringworm. Blood borne infections such as hepatitis B, hepatitis C and HIV could occur if there is a blood exposure, however the risk is very low.

## 12.2 Hairdresser with a contagious condition

A hairdresser who has a contagious condition that may be transmitted to a client or colleague, is required to take reasonable precautions (appropriate to the condition) to minimise the risk of transmission of the condition. Reasonable precautions include:

- use of waterproof dressings where broken skin or infections occur on exposed parts of a hairdresser's body that may come into contact with the client; and
- precautions advised by a medical practitioner or a public health officer.

## 12.3 Immunisation

- a. The Proprietor or Manager of a business should discuss with all hairdressing staff their option to be immunised against hepatitis B in accordance with the current Australian National Immunisation Program Schedule. <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips-ctn>
- b. There is currently no immunisation available for hepatitis C or for HIV.

## 13 Workplace safety



**Employers have a responsibility to provide a safe work environment for all employees.  
Employees have a responsibility to engage in safe work practices.**



- a. Both employers and employees are required to be aware of and comply with WorkSafe ACT requirements and the *Work Health and Safety Act 2011*.
- b. With regards to infection control, a safe work environment involves the provision of adequate staff training, appropriate facilities and equipment. Workplace procedures should be developed and documented. The documented procedures should be available to all staff. It is recommended that a system be in place to ensure proof of reading of these documents by all staff. The procedures should be consistent with the Guidelines and should include:
  - methods of hand hygiene;
  - cleaning procedures for all hairdressing equipment and premises cleaning;
  - handling and disposal of sharp equipment;
  - handling used towels, wraps and capes;
  - laundering procedures;
  - management of cuts and blood exposures; and
  - information on appropriate staff immunisation.
- c. Material Safety Data Sheets for all chemicals, including cleaning products and hair dyes, should be readily available on the hairdressing premises. All containers should be labelled with the correct contents.
- d. Employers should ensure that their staff are aware of the Guidelines and that a copy is available for reference.

## 14 Mobile hairdresser



Anyone who carries out hairdressing procedures away from fixed premises is considered to be a mobile hairdresser and should adhere to the Guidelines.



- a. Mobile hairdressers must:
  - maintain personal hygiene standards;
  - perform hand hygiene before and after each client (*see Section 8.1 Hand Hygiene*);
  - clean all equipment before being reusing on another client;
  - store clean unused equipment in a separate container from used equipment;
  - ensure that used uncleaned equipment being transported from one premises to another is securely stored in labelled, rigid, airtight washable containers; and
  - ensure that facilities are available to adequately store all equipment, linen and waste safely before and after use and while in transit.
- b. Equipment carried by mobile hairdressers should include:
  - alcohol-based hand rub;
  - liquid soap;
  - disposable hand towels;
  - disposable gloves;
  - a sharps container if using blades; and
  - labelled, rigid, airtight washable containers to hold used equipment.



# PART THREE

## 15 Design and Construction of Premises

### 15.1 General

- a. The correct design of premises will assist the business proprietor to follow the Guidelines.
- b. Planning for new construction or major renovation may require consultation between the proprietor/manager, the architects/designers, and Health Protection Service, ACT Health.
- c. The positioning of sinks/basins should be taken into account during the design phase as they may be difficult and/or expensive to rectify after completion of the works.
- d. Workplace health and safety and cleaning issues should be considered at all stages of the design and construction of the premises.

### 15.2 Hand basins and sinks



**Each premises should have a basin designated for hand washing ONLY that is not used for cleaning equipment or washing of eating and drinking utensils.**



- a. Hand basins should be:
  - located in main salon area;
  - installed and maintained in such a way that they are accessible at all times for hand washing;
  - at least 300mm x 350mm at the mouth (top) of the basin; and
  - supplied with hot and cold running water through a single outlet.
- b. Sinks used for cleaning equipment, or kitchen sinks used for cleaning eating and drinking utensils must not be used for hand washing.
- c. A hand basin located in a toilet is not suitable as the salon hand basin, as it may not be accessible by staff at all times.
- d. A paper towel dispenser must be installed adjacent to the hand washing basin and be supplied with paper towel at all times.
- e. If there is a toilet on the premises, the toilet hand basin should be supplied with paper towel.

### 15.3 Cleaning areas

- a. Cleaning sink sizes should be large enough to allow immersion of the largest appliance to be cleaned.
- b. All fixtures and fittings located in the cleaning area should be designed to allow easy cleaning. Materials used in these fixtures and fittings should be able to withstand cleaning agents.
- c. Wall, floor and bench surfaces should be smooth, impervious and seamless to facilitate cleaning. Floor surfaces should be non-slip.

# GLOSSARY

<b>Authorised officer:</b>	the Chief Health Officer, a Public Health Officer, or an Authorised Medical Officer appointed under the <i>Public Health Act 1997</i> .
<b>Cleaning:</b>	the physical removal of foreign material such as dust, soil, blood, secretions, excretions and micro-organisms. Cleaning physically removes rather than inactivates micro-organisms. Cleaning is accomplished with water, detergents and mechanical action, and must precede disinfection.
<b>Contamination:</b>	the introduction of micro-organisms and/or foreign matter.
<b>Detergent:</b>	a cleaning agent composed of a 'surface wetting agent' which reduces surface tension, a 'builder' which is the principle cleaning agent, and a 'sequestering' or 'chelating' agent to suspend the soil.
<b>Disinfectant:</b>	a substance used to reduce a range of micro-organisms.
<b>General Waste:</b>	form the bulk of waste produced and is not more of a public health risk than domestic or household waste.
<b>Hand hygiene:</b>	keeping hands clean. This can be done by using soap and water, or an alcohol-based hand rub, and is the most effective ways to reduce the spread of germs.
<b>Head lice:</b>	infestation of small parasitic insects that live mainly on the scalp and neck.
<b>Hepatitis B:</b>	a disease of the liver caused by the Hepatitis B virus. The virus can be found in the body fluids (such as blood) of an infected person and is usually spread when these fluids enter the body of someone who is not infected. This may happen through penetration of the skin via wounds or cuts. The disease can range from a short term illness through to a chronic infection resulting in liver damage, liver cancer or death.
<b>HIV:</b>	Human Immunodeficiency Virus.
<b>Hygiene:</b>	conditions or practices conducive to maintaining health and preventing disease, especially through cleanliness.
<b>Hygienic:</b>	an environment in which protective measures have been taken to limit the spread of infectious diseases.
<b>Impetigo:</b>	a very contagious infection of the skin; common in children; localized redness develops into small blisters that gradually crust and erode.
<b>Infection:</b>	invasion of the body with organisms that have the potential to cause disease.
<b>Infection Control:</b>	strategies that minimise the risk of infection to practitioners, patients and clients.
<b>Micro organism:</b>	a bacteria, virus, fungus, mould or yeast.
<b>Mobile hairdresser:</b>	a person who performs hairdressing procedures away from fixed premises.
<b>Ringworm:</b>	a fungal infection that can affect any part of the body. Ringworm of the scalp and beard begins as a small pimple. It spreads outward leaving fine, scaly patches of temporary baldness. Infected hairs become brittle and break off easily.
<b>Sharps:</b>	any objects capable of inflicting penetrating injury, including razor blades, scissors and clippers.
<b>Tinea:</b>	a fungal infection. On the scalp it appears as a small papule that spreads peripherally leaving fine, scaly patches of temporary baldness. Infected hairs become brittle and break off easily. This mainly affects children.



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