

**CALIFORNIA  
BOARD OF BARBERING AND COSMETOLOGY**



**APRIL 8, 2013**

Board Meeting  
San Jose Hilton and Towers  
300 Almaden Boulevard  
San Jose, CA 95110



Joseph Federico, Industry Member,  
President

Wen Ling Cheng, Public Member,  
Vice President

Bobbie Anderson, Public Member

Richard Hedges, Public Member

Christie Truc Tran, Industry Member

Kristy Underwood  
Executive Officer

Edmund G. Brown Jr., Governor  
State of California

Department of Consumer Affairs  
Board of Barbering and Cosmetology

Telephone: (916) 575-7100

Website: [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

2420 Del Paso Road, Suite 100  
Sacramento, CA 95834

# California State Board of Barbering and Cosmetology

## Board Meeting Agenda

Monday, April 8, 2013

10:00 A.M. – 5:00 P.M.

Or until completion of business

San Jose Hilton and Towers  
300 Almaden Boulevard  
San Jose, CA 95110

**ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE**

### **OPEN SESSION:**

1. Call to Order/Roll Call (**Joseph Federico**)
2. Public Comment on Items not on the Agenda  
*Note: the Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a)]*
3. Board President's Report (**Joseph Federico**)
4. Executive Officer Report (**Kristy Underwood**)
  - Review of Board Statistics
5. Approval of Board Meeting Minutes
  - January 11, 2013
6. Discussion on Lash/Brow Tinting
7. Approval of Final Responses to Sunset Review
8. Approval of 2013 – 2017 Strategic Plan Revision
9. Proposed Regulations – Review and Approval of Proposed Changes to:
  - Title 16, Division 9, Article 12 of the California Code of Regulations Sections: 977, 978, 979, 980.1, 980.2, 980.3, 981, 982, 983, 987, 991, and 992 that relates to Health and Safety.

# California State Board of Barbering and Cosmetology

- Title 16, Division 9, Article 6, Section 940 of the California Code of Regulations that relates to Minimum Equipment of Schools
10. Proposed Legislation - Discussion and Vote on Board Position:
    - AB 1153 – Advanced Esthetician Curriculum Bill
    - SB 308 – Sunset Review Bill
  11. Annual Review and Approval of Board Member Guidelines and Procedures Manual
  12. Agenda Items for Next Meeting
  13. Public Comment

*Note: the Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting.*  
*[Government Code Sections 11125, 11125.7(a)]*

## **CLOSED SESSION:**

14. Discussion on Reconsideration and Disciplinary Cases (Closed Pursuant to Government Code Section 11126(c) (3))

## **OPEN SESSION:**

15. Adjournment

A quorum of the Board will be present. Meetings of the Board of Barbering and Cosmetology are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. The audience will be given appropriate opportunities to comment on any issue before the Board, but the Chair may apportion available time among those who wish to speak.

The meeting is accessible to the physically disabled. A person who needs disability-related accommodation or modification in order to participate in the meeting shall make a request no later than five (5) working days before the meeting to the Board by contacting Tami Guess at (916) 575-7144 or sending a written request to that person at the address noted above.

*No Attachment*

**Quarterly Barbering and Cosmetology  
Licensing Statistics  
Fiscal Year 12/13**

**Applications Received**

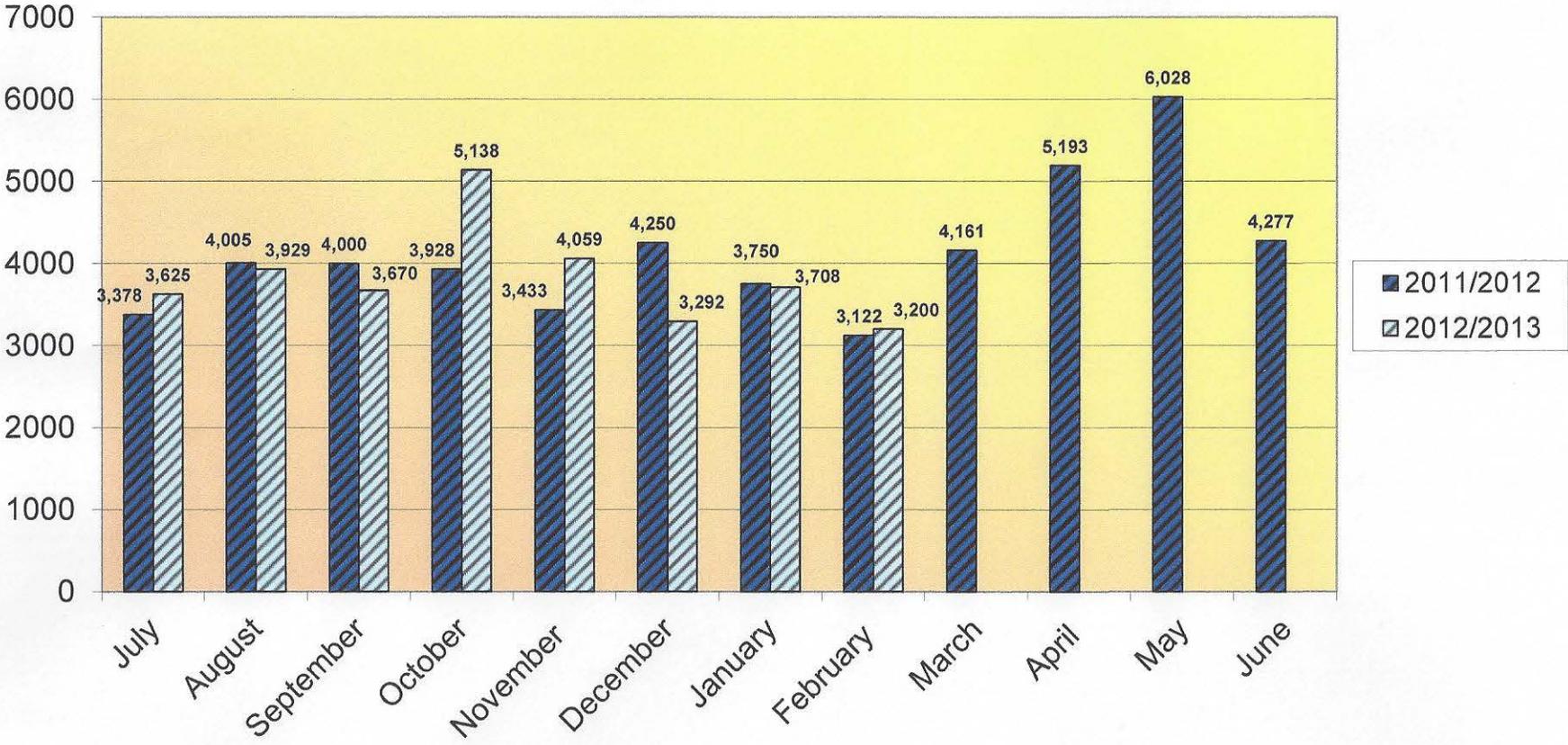
	Jul-Sept	Oct-Dec	Jan- Mar*	Apr-June	YTD*
Establishment	1,497	1,532	830		3,859
Barber	499	550	310		1,359
Barber Apprentice	69	98	43		210
Cosmetology	5,448	6,242	3,627		15,317
Cosmetology Apprentice	85	144	48		277
Electrology	8	8	6		22
Manicuring	1,978	2,109	1,027		5,114
Esthetician	1,640	1,806	1,017		4,463
<b>Total</b>	<b>11,224</b>	<b>12,489</b>	<b>6,908</b>	<b>0</b>	<b>30,621</b>

**Licenses Issued**

	Jul-Sept	Oct-Dec	Jan- Mar*	Apr-June	YTD*
Establishment	1,834	1,113	1,103		4,050
Mobile Unit	0	3	0		3
Barber	416	331	235		982
Barber Apprentice	61	70	55		186
Cosmetology	3,118	3,047	2,075		8,240
Cosmetology Apprentice	85	102	69		256
Electrology	7	3	5		15
Electrology Apprentice	0	0	0		1
Manicuring	1,346	1,102	1,006		3,454
Esthetician	1,356	1,027	985		3,368
<b>Total</b>	<b>8,223</b>	<b>6,798</b>	<b>5,533</b>	<b>0</b>	<b>20,555</b>

\* Data is for Jan-Feb. only

### Number of Applications Received



## Examination Results (December 1, 2012- February 28, 2013)

### Practical Examinations

Administered	Passed	Failed	Total	Pass Rate	*DNA
Barber	324	79	403	80%	75
Cosmetologist	3,639	315	3,954	92%	645
Esthetician	1,344	72	1,416	95%	84
Electrologist	5	0	5	100%	0
Manicurist	1,404	162	1,566	90%	185
<b>TOTAL</b>	<b>6,716</b>	<b>628</b>	<b>7,344</b>	<b>91%</b>	<b>989</b>

\* Did Not Attend

### Written Examinations

Barber	Passed	Failed	Total	Pass Rate
English	300	68	368	82%
Spanish	15	11	26	58%
Vietnamese	7	1	8	88%
Korean	1	1	2	50%
<b>TOTAL</b>	<b>323</b>	<b>81</b>	<b>402</b>	<b>80%</b>

Cosmetologist	Passed	Failed	Total	Pass Rate
English	2,538	1,827	4,365	58%
Spanish	102	242	344	30%
Vietnamese	227	165	392	58%
Korean	30	16	46	65%
<b>TOTAL</b>	<b>2,867</b>	<b>2,234</b>	<b>5,101</b>	<b>56%</b>

Manicurist	Passed	Failed	Total	Pass Rate
English	291	156	447	65%
Spanish	5	7	12	42%
Vietnamese	963	216	1,179	82%
Korean	16	5	21	76%
<b>TOTAL</b>	<b>1,259</b>	<b>384</b>	<b>1,638</b>	<b>77%</b>

Esthetician	Passed	Failed	Total	Pass Rate
English	900	190	1,090	83%
Spanish	6	3	9	67%
Vietnamese	319	89	408	78%
Korean	16	4	20	80%
<b>TOTAL</b>	<b>1,241</b>	<b>286</b>	<b>1,507</b>	<b>82%</b>

Electrologist	Passed	Failed	Total	Pass Rate
English	6	2	8	75%
Spanish	0	0	0	0%
Vietnamese	0	0	0	0%
Korean	0	0	0	0%
<b>TOTAL</b>	<b>6</b>	<b>2</b>	<b>8</b>	<b>75%</b>



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BOARD OF BARBERING AND COSMETOLOGY  
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**QUARTERLY BARBERING AND COSMETOLOGY  
DISCIPLINARY REVIEW COMMITTEE STATISTICS  
Fiscal Year 12-13  
Report Date: February 28, 2013**

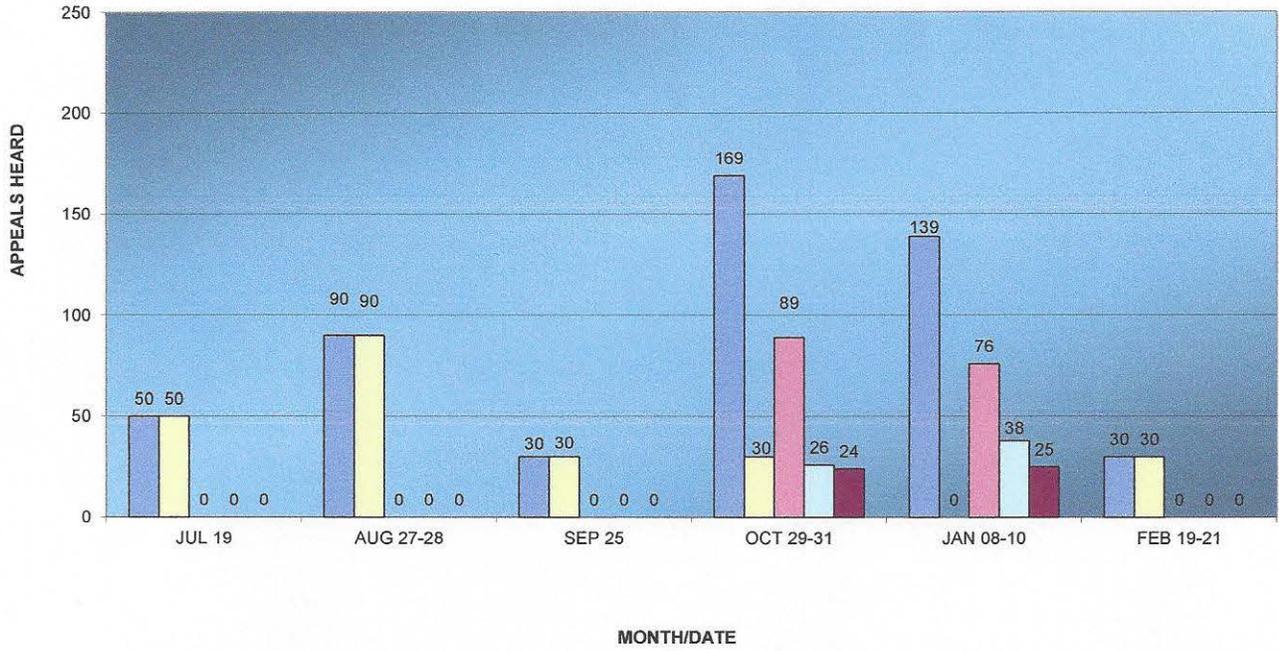
	January - February	YTD
<b>NORTHERN</b>		
Heard	169	508
Received	62	572
Pending <sup>1</sup>	828	828 <sup>2</sup>
<b>SOUTHERN</b>		
Heard	198	1,261
Received	295	1,459
Pending <sup>1</sup>	1,937	1,937 <sup>2</sup>

<sup>1</sup> Pending refers to the number of appeals received but not yet heard by DRC.  
<sup>2</sup> Figure represents number of pending requests as of report date.

**2013 SCHEDULED HEARINGS**

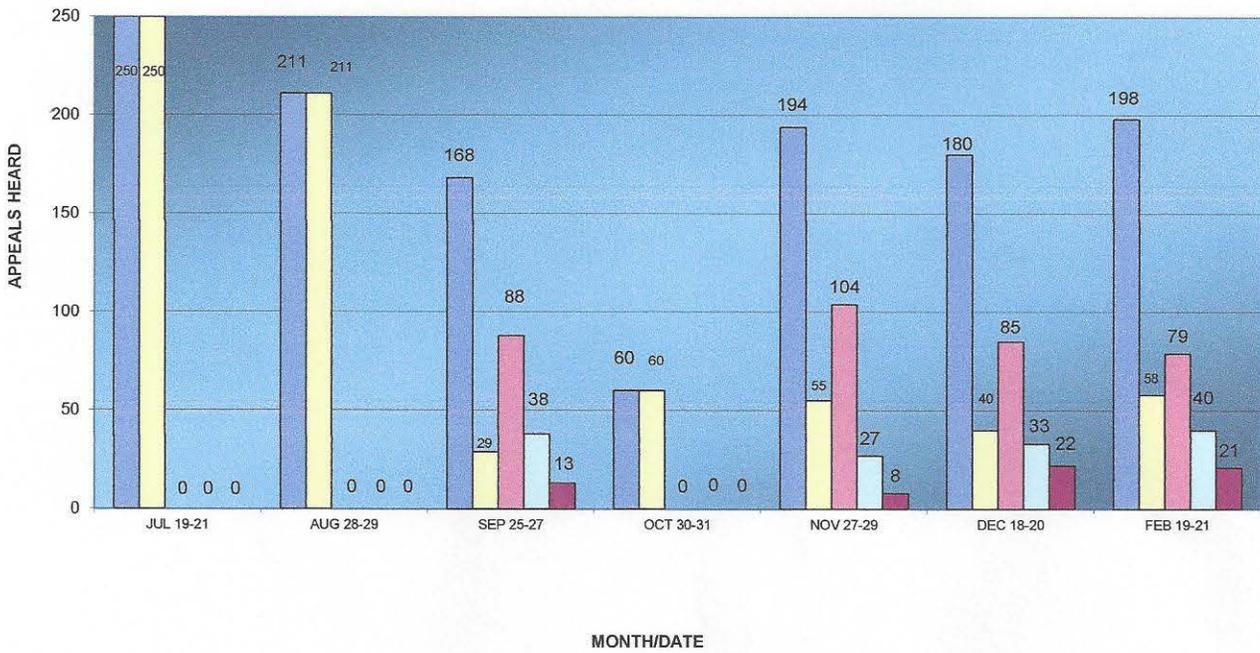
Southern	Los Angeles	March 26-28, 2013
Northern	Sacramento	April 22-24, 2013
Southern	San Diego	May 14-16, 2013
Southern	Norwalk	June 25-27, 2013

**NORTHERN DRC HEARINGS (Fiscal Year 12-13)**

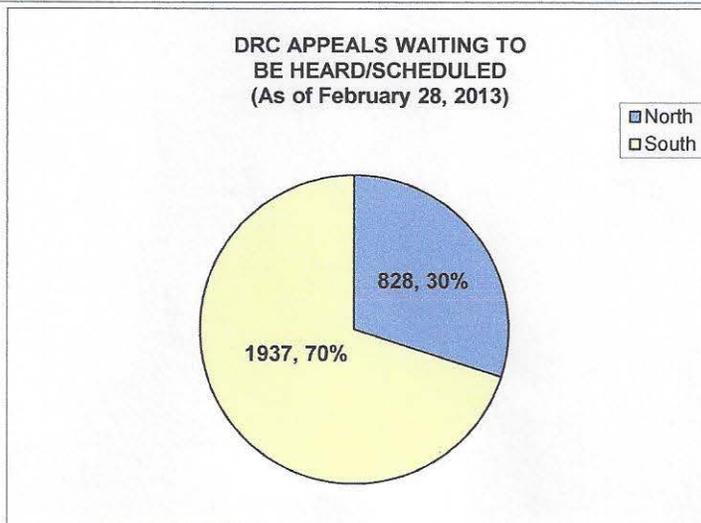
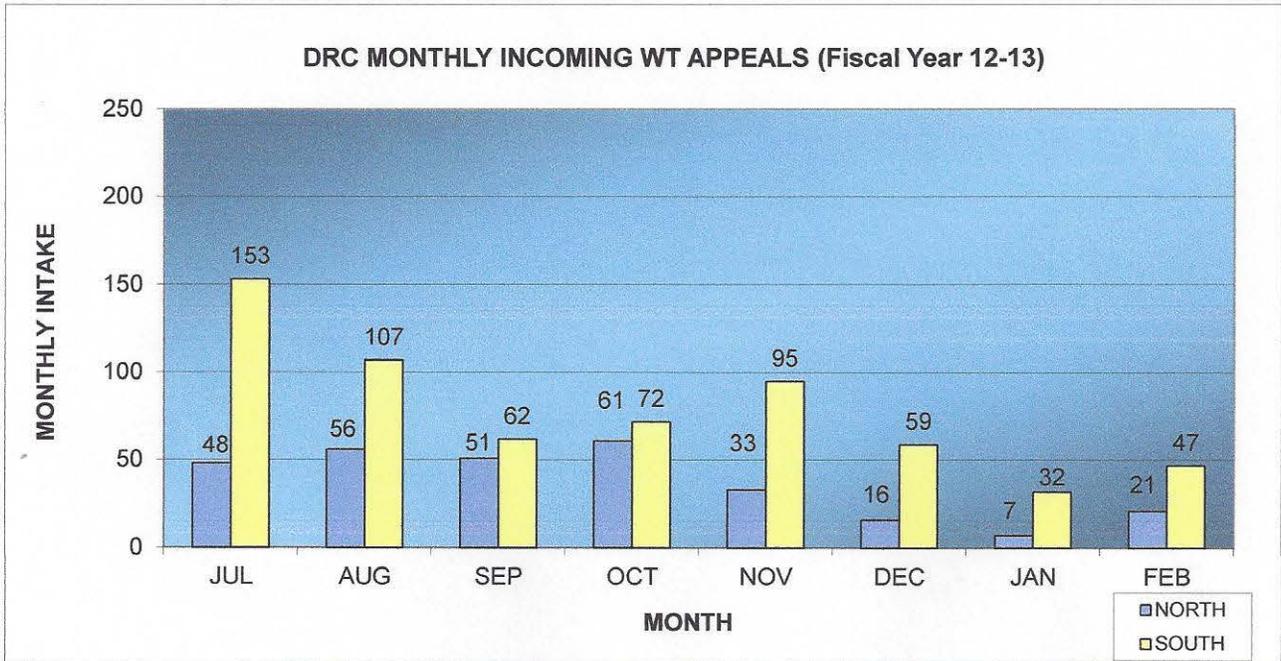
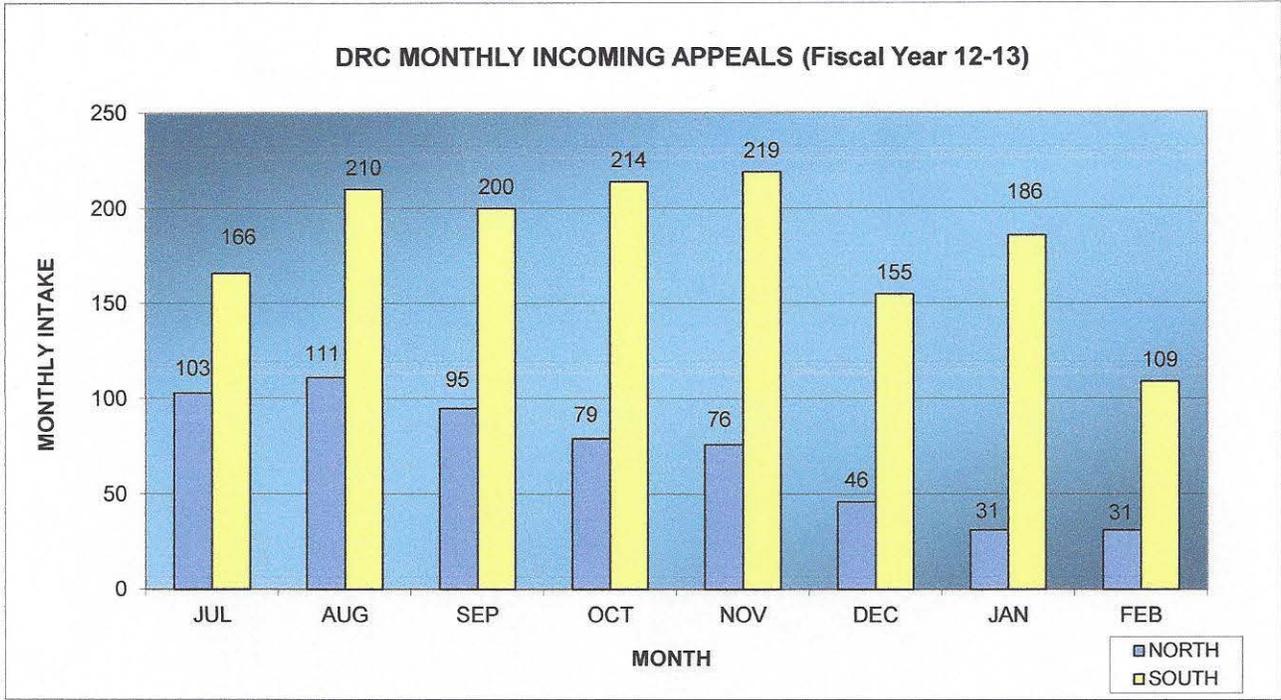


■ SCHEDULED   
 ■ W/T   
 ■ APPEARED   
 ■ DEFAULTS   
 ■ WITHDRAWN

**SOUTHERN DRC HEARINGS (Fiscal Year 12-13)**



■ SCHEDULED   
 ■ W/T   
 ■ APPEARED   
 ■ DEFAULTS   
 ■ WITHDRAWN



**QUARTERLY BARBERING AND COSMETOLOGY  
ENFORCEMENT STATISTICS Fiscal Year 12-13**

	Jul-Sept	Oct-Dec	Jan- Mar*	Apr-Jun	YTD*
<b>COMPLAINTS</b>					
Complaints Received	845	680	495	0	2,020
Referred to DOI	9	14	6	0	29
Complaints Closed	813	753	448	0	2,014
Total Complaints Pending	853	885	940	0	910
<b>APPLICATION INVESTIGATIONS</b>					
Received	435	471	269	0	1,175
Pending	66	94	125	0	94
Closed	420	422	354	0	1,196
<b>ATTORNEY GENERAL</b>					
Referred	28	16	19	0	63
Accusations Filed	10	16	8	0	34
Statement of Issues Filed	1	1	0	0	2
Total Pending	107	104	104	0	104
<b>DISCIPLINARY PROCESS</b>					
Proposed Decisions	6	7	0		13
Default Decision	3	4	3		10
Stipulation	9	11	9		29
<b>DISCIPLINARY OUTCOMES</b>					
Revocation	8	10	3	0	21
Revoke, Stay, Probation	4	11	2	0	17
Revoke, Stay, Suspend/Prob	7	2	5	0	14
Revocation, Stay w/ Suspend	0	0	0	0	0
Probation Only	0	0	0	0	0
Suspension Only	0	0	0	0	0
Suspension & Probation	0	0	0	0	0
Suspension, Stay, Probation	5	4	4	0	13
Surrender of License	0	2	0	0	2
Public Reprimands	0	0	2	0	2
License Denied	2	0	2	0	4
Other	0	0	0	0	0
Total	26	29	18	0	73
<b>PROBATION</b>					
Active	164	149	142	0	151

\*January - March Enforcement Statistics Only Contain Information for  
January and February 2013

**QUARTERLY BARBERING AND COSMETOLOGY  
INSPECTION AND CITATIONS STATISTICS Fiscal Year 12-13**

	Jul-Sept	Oct-Dec	Jan- Mar*	Apr-Jun	YTD
<b>CITATIONS</b>					
Establishments	2,421	2,158	656	0	5,235
Barber	142	150	47	0	339
Barber Apprentice	10	3	2	0	15
Cosmetologist	825	729	230	0	1,784
Cosmetologist Apprentice	10	11	1	0	22
Electrologist	0	0	0	0	0
Electrologist Apprentice	0	0	0	0	0
Manicurist	594	520	181	0	1,295
Esthetician	63	47	16	0	126
Unlicensed Est.	96	112	39	0	247
Unlicensed Individual	128	155	28	0	311
<b>Total</b>	<b>4,289</b>	<b>3,885</b>	<b>1,200</b>	<b>0</b>	<b>9,374</b>
<b>INSPECTIONS</b>					
Establishments w/ violations	2,408	2,140	649	0	5,197
Establishments w/o violations	328	418	142	0	888
<b>Total</b>	<b>2,736</b>	<b>2,558</b>	<b>791</b>	<b>0</b>	<b>6,085</b>

\* January-March only contain information for January 2013



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## **Budget Updates**

### **Constraints:**

On April 26, 2011, the Governor issued an Executive Order B-06-11 ordering No travel, either in state or out-of-state, is permitted unless it is mission critical or there is no cost to the state. The board prepared a reduction plan for FY 2011-12. The plan included eliminating the attendance to all outreach events and two (2) staff members will be traveling to conduct the scheduled disciplinary review hearings in Southern CA. All travel must be mission critical and pre-approved by the Boards' Executive Officer.

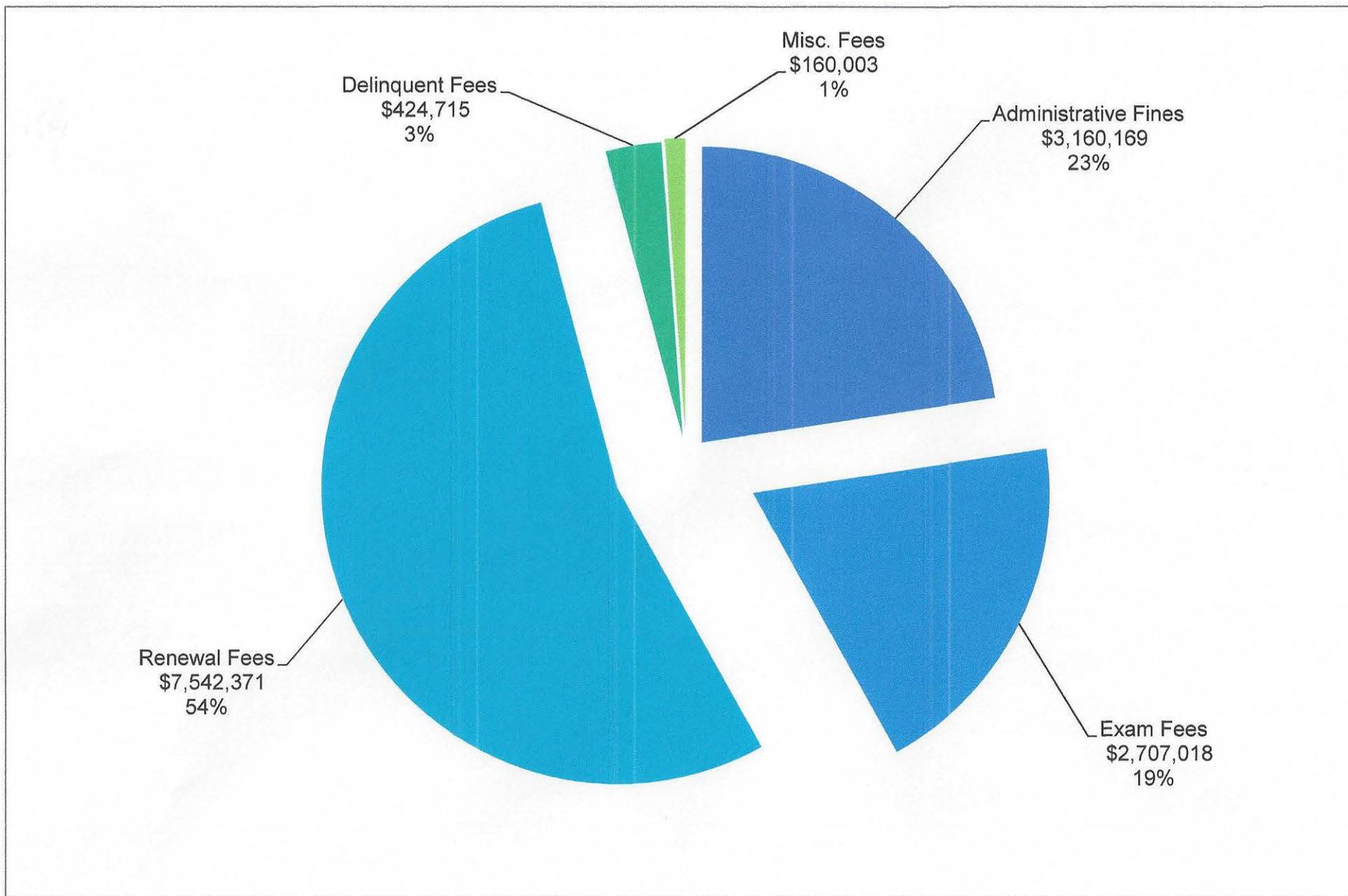
### **1. Budget 2012/13 Fiscal Year (July 2012 - June 2013):**

**Chart 1** displays the revenues received as of January 31, 2013.

**Chart 2** displays the expenditures as of January 31, 2013.

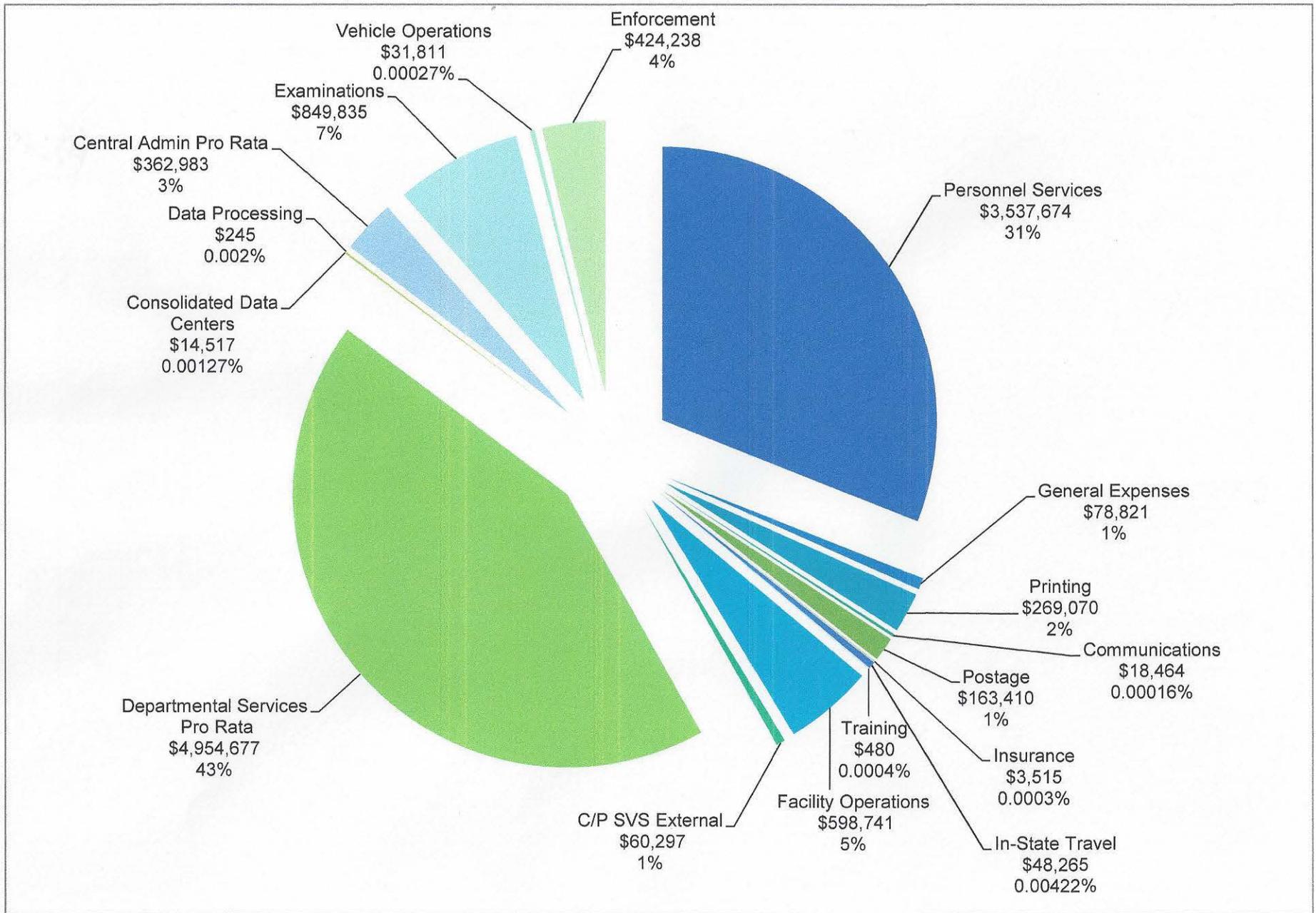
**Attachment 3** displays projected expenditures for end of the year.

Monthly Budget Report (12/13 FY)  
Revenues  
(As of 1/31/13)



Revenue as of 01/31/13  
\$13,994,276

**Monthly Budget Report (12/13 FY)**  
**Expenditures**  
**(As of 1/31/13)**



**Expenditures as of 1/31/13**  
**\$11,426,504**

**Board of Barbering and Cosmetology**  
**Fiscal Year 2012/2013**  
**Projected Expenditures 01/31/13**

Personnel Services	ALLOTMENT	BBC Projected Expenditures	Projected Year
Permanent	3,821,423	3,494,067	327,356
Expert Examiners	452,554	493,500	(40,946)
Temporary	0	100,000	(100,000)
Statutory-Exempt	103,608	98,821	4,787
Board Member Commission	0	10,000	(10,000)
Overtime	0	30,000	(30,000)
<b>Total Salary &amp; Wages</b>	<b>4,377,585</b>	<b>4,226,388</b>	<b>151,197</b>
Salary Savings	(339,491)	0	(339,491)
5% Salaray Savings	0	141,000	(278,460)
<b>Net Salary &amp; Wages</b>	<b>4,038,094</b>	<b>4,367,388</b>	<b>(329,294)</b>
Staff Benefits	2,026,165	1,860,380	165,785
<b>Total of Personnel Servies</b>	<b>6,064,259</b>	<b>6,227,768</b>	<b>(163,509)</b>
Operating Expenses & Equipment (OE&E)	Allotment	BBC Projected Expenditures	Projected Year End Balance
General Expense	198,988	156,000	42,988
Printing	178,413	100,000	78,413
Communication	99,605	29,000	70,605
Postage	285,384	175,000	110,384
Insurance	4,489	3,515	974
Travel In State	87,789	75,000	12,789
Travel, Out-of-State	0	0	0
Training	24,513	3,000	21,513
Facilities Operations	1,305,338	900,000	405,338
Consultant & Professional Svs. - Interdept.	125,781	15,000	110,781
Consultant & Professional Svs. - External	509,947	398,324	111,623
Dept. and Central Admin. Services	6,717,534	6,700,000	17,534
Consolidated Data Center	68,468	21,500	46,968
Examinations	1,394,177	1,819,961	(425,784)
Major Equipment	32,000	32,000	0
Minor Equipment	113,000	50,000	63,000
Data Processing	0	0	0
Other Items of Expense	7,288	671	6,617
Vehicle Operations	14,772	70,000	(55,228)
Enforcement	1,612,834	1,600,000	12,834
Special Items of Expenses	0	0	0
Required OE&OSavings		171,022	(171,022)
<b>Total Operating Expenses &amp; Equipment</b>	<b>12,780,320</b>	<b>12,319,993</b>	<b>460,327</b>
Total reimbursements	(57,000)		(57,000)
<b>Total</b>	<b>18,787,579</b>	<b>18,547,761</b>	<b>403,327</b>

# 0069 - Barbering and Cosmetology Analysis of Fund Condition

Prepared 12/6/12

(Dollars in Thousands)

**NOTE: \$21 Million General Fund Repayment Outstanding**

## Governor's Budget 13-14

## Governor's

	ACTUAL 2011-12	CY 2012-13	Budget BY 2013-14
<b>BEGINNING BALANCE</b>	\$ 15,985	\$ 9,993	\$ 11,795
Prior Year Adjustment	\$ 99	\$ -	\$ -
Adjusted Beginning Balance	\$ 16,084	\$ 9,993	\$ 11,795
<b>REVENUES AND TRANSFERS</b>			
Revenues:			
125600 Other regulatory fees	\$ 5,735	\$ 5,219	\$ 5,966
125700 Other regulatory licenses and permits	\$ 4,943	\$ 4,145	\$ 4,186
125800 Renewal fees	\$ 10,390	\$ 11,616	\$ 11,809
125900 Delinquent fees	\$ 717	\$ 731	\$ 745
141200 Sales of documents	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 31	\$ 35	\$ 44
150500 Interest Income from Interfund Loans	\$ -	\$ -	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 21	\$ 21	\$ 21
161400 Miscellaneous revenues	\$ 18	\$ 18	\$ 18
Totals, Revenues	\$ 21,855	\$ 21,785	\$ 22,789
Transfers from Other Funds			
Transfers to Other Funds			
GF Loan per item 1110-011-0069, Budget Act of 201	\$ -11,000		
Totals, Revenues and Transfers	\$ 10,855	\$ 21,785	\$ 22,789
Totals, Resources	\$ 26,939	\$ 31,778	\$ 34,584
<b>EXPENDITURES</b>			
Disbursements:			
0840 State Controller (State Operations)	\$ 20	\$ 23	\$ -
1110 Program Expenditures (State Operations)	\$ 16,882	\$ 19,852	\$ 20,454
8880 Financial Information System for California (State Ops)	\$ 44	\$ 108	\$ 92
Total Disbursements	\$ 16,946	\$ 19,983	\$ 20,546
<b>FUND BALANCE</b>			
Reserve for economic uncertainties	\$ 9,993	\$ 11,795	\$ 14,038
Months in Reserve	6.0	6.9	8.1

### NOTES:

- ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2012-13 AND ON-GOING.
- ASSUMES INTEREST RATE AT .30%.
- ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR.



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### **FY 12-13 Outreach/Industry Events**

- None

On April 26, 2011, the Governor issued an Executive Order B-06-11 ordering No travel, either in state or out-of-state, is permitted unless it is a mission critical or there is no cost to the state.



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**CALIFORNIA STATE BOARD OF  
BARBERING AND COSMETOLOGY  
MINUTES OF JANUARY 11, 2013**

**Department of Consumer Affairs  
1625 North Market Blvd.  
Hearing Room S-102, First Floor  
Sacramento, CA 95834**

**BOARD MEMBERS PRESENT**

Christie Truc Tran, President  
Joseph Federico, Vice President  
Deedee Crossett  
Richard Hedges  
Bobbie Jean Anderson  
Wen Ling Cheng  
Katie Dawson  
Frank Lloyd (Absent)

**STAFF MEMBERS PRESENT**

Kristy Underwood, Executive Officer  
Gary Duke, Legal Counsel  
Tandra Guess, Executive Analyst

**1. Agenda Item #1, Call to Order/Roll Call**

Ms. Tran called the meeting to order at 11:00 a.m. She welcomed the attendees to the meeting. The Board members introduced themselves.

**2. Agenda Item, #2, Public Comment**

*Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125 (a)]*

Fred Jones, Professional Beauty Federation of California announced the setting of the date of their 13th annual Welcome to our World Event for Monday, April 29th, south steps of the State Capitol.

Ms. Victoria Martinez from Bellflower Beauty College, Lakewood, California, introduced herself and stated her concerns with the requirements and the time it is taking to open her beauty college. She is wondering if the Board has any power to exert on the Bureau of Private Post-Secondary Education. She is concerned with how long the Bureau is taking to approve her school. She brought letters for each member.

Mr. Hedges stated that part of the Board's vision is to make the schools approval process part of the Board, which would take legislation. Board meeting comments will be embedded in the record

and most likely will become part of their ammunition for making that case with the California Legislature.

**3. Agenda Item #3, Board President's Report**

Ms. Tran did not have any particular items to report. She thanked Mr. Hedges, Mr. Lloyd, and Ms. Kristy Underwood who have helped her throughout the years. Ms. Tran congratulated Mr. Hedges for his reappointment by the Senate Rules Committee and welcomed Bobbie Jean Anderson as a new Board member.

Mr. Hedges thanked the Board and public members for their support of his appointment by the Senate Rules Committee.

**4. Agenda Item #4, Annual Election of Officers**

- Upon a motion by Mr. Hedges and a second by Ms. Tran, Joseph Federico was nominated as the new President of the Board of Barbering and Cosmetology. His term will continue until the end of this year. Ms. Tran called for further nominations. Hearing none, the motion was approved by a vote of 7-0.
- Upon a motion by Mr. Hedges and a second by Mr. Federico, Wen Ling Cheng was nominated as Vice President of the Board. Further nominations were called for. Hearing none, the motion was approved by a vote of 7-0.

**Public Comment**

Fred Jones pointed out historic nature of Ms. Tran's holding the position of Board president.

Mr. Hedges stated the Board was privileged to have had Ms. Tran as president.

**5. Agenda Item #5, Appointment of Committee Members**

Mr. Federico asked Board members' preference for committee membership. Ms. Underwood asked each member to state which committee they would like to serve on. Committees are limited to four members and there may be alternates. Everyone is asked to be an alternate for the Disciplinary Review Committee, which meets monthly.

- Mr. Federico: Disciplinary Review Committee; Legislative and Budgets Committee; Education and Outreach Committee
- Ms. Tran: Disciplinary Review Committee.
- Ms. Crossett: Enforcement and Inspections Committee; Education and Outreach Committee; Disciplinary Review Committee; Licensing and Examinations Committee
- Mr. Hedges: Licensing and Examinations Committee, Enforcement and Inspections Committee, Legislative and Budgets Committee, and Disciplinary Review Committee.
- Ms. Crossett: Licensing and Examination Committee; Enforcement and Inspections Committee
- Ms. Dawson: Licensing and Examination Committee and Enforcement and Inspections Committee
- Ms. Anderson: Legislative and Budget Committee and Disciplinary Review Committee
- Ms. Cheng: Legislative and Budget Committee and Disciplinary Review Committee

**6. Agenda Item #6, Executive Officer Report**

Ms. Underwood noted that later in the agenda there will be an update of the Enforcement Committee and she recognized people who have assisted the Board in the compilation of the suggested Regulation changes.

- **Review of Board Statistics**

Statistics and Executive Officer's Report are provided in the packet under Item 6. Nothing too different than normal statistics. Ms. Underwood stated that they are moving forward with the new Breeze database project after a delay and are looking to go live very soon. Ms. Underwood called for any questions on any statistics.

Mr. Hedges: The Disciplinary Review Committee (DRC) has been operating effectively. We have fallen behind because of the amount of written testimony letters coming before the DRC and have had to change some of the protocols for the written testimony letters. Changes include the swearing under penalty of perjury statement now included on the letter and denying people with multiple citations.

Ms. Crossett noted that exam results have gone up a little bit. The average pass rate for the written in cosmetology is 57, which seems low. Ms. Underwood stated they would look into it and make sure the data is going in the right place. Ms. Crossett asked if there was a way to speed up the process of retaking the written tests. Ms. Underwood stated it depends on how fast the applications are processed through the office and her feelings were the retake applications were processed quickly, within just a few weeks. Ms. Crossett also asked how the statistics would be listed in the new database program, by year or by quarter. Ms. Underwood stated that was not determined yet.

Mr. Hedges mentioned that the Sacramento Bee stated the State will actually have a larger cost per employee but fewer employees because the Governor is ending the furlough days and wondered if this would help the Board with workload. Ms. Underwood stated no. It's a day off a month right now, but the employees are still working. When furloughs were implemented, the Board did not see an increase in their workload. Examination schedules are not affected.

Ms. Crossett suggested a little PR as part of the Board's education outreach. It was noted that the Board is still under the Governor's Executive Order not to travel. Ms. Crossett felt that it is important to get the message out that the Board is there to help. It was noted that the Board is under the new fee schedule.

**7. Agenda Item #7, Approval of Board Meeting Minutes**

- **October 22, 2012**

Upon a motion by Mr. Hedges and seconded by Ms. Tran, the minutes were approved by a 7-0 vote.

**8. Agenda Item #8, Update on Sunset Review**

Ms. Underwood stated that the Board would like to keep this item on the agenda as it starts coming into 2013 and while the Board is getting prepared for the Sunset Review hearing. At this point, she does not have an update. The report was submitted to the Legislature and when she does have any information, she will pass it onto the Board.

Mr. Hedges had a request on the Sunset issue. He would like to be included as a Board member if at all possible in the Sunset hearings since he has previously been through one.

**Public Comment**

Sarah Mason of the Senate Committee on Business, Professions and Economic Development, thanked Ms. Underwood for sharing her information and turning in the report. Ms. Mason informed the Board that hearings for Sunset Review are held as informational hearings. The actions and recommendations are not sent out as formal actions of the committee. Members of her committee attend those hearings and members of the public as well as Board members and other stakeholders are invited and encouraged to attend. She anticipates that the hearings will be held in March of this year but a final date has not been set.

**9. Agenda Item #9, Discussion on Lash/Brow Tinting**

Ms. Underwood stated this was a new item to be brought to the Board. The Board has received several inquiries from licensees on who may perform lash/brow tinting. Currently the Board operates that only cosmetologists can do lash and brow tinting. The Food and Drug Administration (FDA) maintains that there is no acceptable tint or dye for lash and brow tinting. California currently allows cosmetologists to tint lashes and brows. There are many other states that allow lash and brow tinting. According to the FDA, if they were to do an inspection of their own, it would be a violation if the inspectors found lash/brow tint on the establishment premises. Ms. Guess informed the Board that the FDA has imposed an Import Alert on the tints coming into the country.

Ms. Underwood stated that according to the Board's regulations estheticians can apply makeup, but they cannot tint. The Board has always allowed cosmetologists to tint lashes and brows. Ms. Underwood stated they wanted to bring it to the Board and discuss what action to take. One suggestion was to bring an FDA person to Sacramento to do a presentation or to correspond with the FDA. The biggest concern is blindness. A question was asked as to whether this also applies to tattoos. If the Board has to make a change, it has to determine how it will enforce this since lash and brow tinting is currently being practiced and not being cited.

**Public Comment**

Mary Jane Dana, Director of Training and co-founder of Lavish Lashes, stated that they had made a decision that the lash extensions shouldn't be offered without requiring training and certification. There are thousands of people who now offer this service across the country. They have observed that tinting has been done safely and has continued to be offered throughout the country. They would inquire of the Board if there is any role or impact that the Board would have in terms of influencing legislation. There is an opportunity for the Board to evaluate the process and see if there is something that the Board can do to influence state law and continue to offer lash and brow tinting as a safe option. It was noted that FDA does not approve any of the glues for lash extensions.

Mr. Hedges asked of Ms. Underwood if the Board had explored the lash and brow tinting issue through the National Interstate Council of State Boards (NIC), what they've said about it and if they have solutions.

Sherry Davis, NCEA representative for National Advanced Esthetics, commented on the issue. There are facilities that are monitored through the Department of Education for the adult correctional facilities. For those in the postsecondary, we

have the Higher Education Act for accountability. She believes that those standards need to apply across the board regardless of public or private school.

Larry Walters, Chairman of the NEC, which is a testing department of the National Interstate Council of State Boards of Cosmetology (NIC), stated that they are in the midst of a job analysis for estheticians and this has proven to be the largest job analysis they have been able to do. There were over 1,500 participants. He probably will be able to send Kristy the content outline by the end of April. He noted their biggest problem is when you go to write a question on lash/brow tinting, they use three basic cosmetology textbooks, not one of them agrees on how it is applied, how it is done, and what product to use. Their job analysis will tell us more maybe where to go on this, but as it is right now, they are not really able to develop questions on it because nobody agrees on it.

Vicky Garvey, an owner of Lashify, stated she performs lash extensions and has been certified through various eyelash companies. She has taken a master's advanced class which is above and beyond the basics class. She has called the Board numerous times to find out about lash extensions and whether she has to be an esthetician. She is not an esthetician or a cosmetologist, but she is a certified lash extensionist and has asked many times whether she needs to have an esthetician license. She has never received an answer from the Board. She was cited for doing eyelash extensions without having an esthetician license and needs to know what to do in the meantime.

Mary Jane Dana asked that since the Board is in the process of discussion of what to do about the fact that we have thousands of people tinting lashes and brows right now and the Board hasn't been enforcing it, that the Board consider broadening the scope of evaluations of eyelash extensions as a service. She respectfully disagrees with any individual who thinks that because a person is a licensed esthetician that they are qualified to apply eyelash extensions safely. She would ask the Board to consider when it is evaluating lash and brow tinting and the role that it plays to our economy and the role that it plays in public safety that the Board extend its scope of practice to include lash extensions.

Fred Jones stated the Board is a licensing and regulatory agency. It examines basic competencies that have broad applications across the entire scope of practice which is defined in statute by the Legislature and regulated and enforced by the Board. In speaking with a former owner of Federico's, he stated the reason eyelash extensions isn't being taught in schools is because only maybe 1 out of 30 estheticians wanted to offer that service. They didn't want to spend a lot of time teaching a specific technique that 95 percent of students would never use.

**10. Agenda Item #10, Enforcement Committee Update – Discussion and Recommendation on Revisions for Title 16, Division 9, Article 12 of the California Code of Regulations that relates to Health and Safety Requirements**

An Enforcement Committee meeting was held this morning. Board members present were Richard Hedges, Deedee Crosssett, and Katie Dawson. The Enforcement Committee has made a recommendation. The broad changes are mainly in definitions. Requirements have been added to identify a footspa that is out of service, to require disposable needles be used on electrolysis, make it clear that callus removal, corn removal, and mole removal are invasive procedures, clarify skin peel products cannot be over 30 percent acid content or a startup pH under 3.0. Some additional clarifications have been added to the footspa tubs including the use of plastic liners.

The Enforcement Committee is recommending that the Board accept by unanimous vote the submitted changes and additions.

Ms. Underwood went through the changes and identified them for the Board members and the public. Item 10 contains the recommendations to update our health and safety regulations.

- Page 1: Addition of the word "contaminated" to definitions.
- Page 2: Under Section 978.2, add the word "linens."
- Page 3: Remove hot styling tools curling irons, hot irons, and hot combs from Section 980(a).
- Page 4: No changes.
- Page 5: Correcting the lettering.
- Page 6: Under Section 980.4, add use recyclable.
- Page 7: Under No. 4, state that establishments that utilize the liners must maintain an adequate supply of liners; develop language that will clarify that there must be a certain amount in stock for the number of foot tubs that are in the facility. The recommendation is maintain five liners for each tub.
- Page 8: Under Section 985, add the protective coverings such as client capes.
- Page 9: Under Section 986, remove the word "completely" from No. 3 under (a) and No. 3 under (b). In Section 987, add the word "linen." Section 10 under 989, relabel that section. Section 990(c), amend to read treatment tables must be covered with either a clean treatment table paper, a clean towel, and so on as listed. Further down in that section, after a towel or sheet has once been used, it shall immediately be removed from the treatment table and be deposited in closed container. Add another sentence that states all treatment table paper must be disposed of after each single use.
- Page 11: Under 992, remove (e).

These will go through the regulatory process and all public comments received will be brought back to the Board for final language approval. There will be numerous public meetings and this will go through the Office of Administrative Law, the Secretary's office, The Department of Consumer Affairs, and the Department of Health Services. The public will be able to comment during public hearing and in writing.

Upon a motion by Mr. Hedges and seconded, this was put up for adoption by the Board and was approved by a vote of 7-0.

## **11. Agenda Item #11, School Oversight**

Under Item 11 in the packets is a discussion and recommendation on minimum equipment for schools. The Board has oversight of minimum equipment of schools. The regulations need to be updated. This is the first draft that is being presented to the Board to see if the Board would like to proceed with the rule-making process.

### **Public Comment**

Sharon Duckham, owner of Avance Beauty College, was told by an inspector her school had to have 12 stand up chair dryers. They replaced two hood dryers with two pole dryers which the inspector would not accept. Mr. Hedges stated that he understands this issue will continue in the DRC case and is not for discussion in this forum. Another issue Ms. Dunham presented was with the Dermalight. Ms. Underwood stated that there was a proposal to remove this requirement and that the Board is looking at the proposed regulations.

Sharlyn Ada of Marinello School of Beauty, is excited about the changes. Schools don't need 12 hooded dryers. It is the school's option to add things in as needed to improve their programs.

Ms. Crossett questioned if you can show that the students are receiving some of these items in their kits, do schools still need to have them on hand? Does the Board think that schools should also have duplicates on hand if the students have their own?

Mr. Hedges believes the Board ought to require that schools make mannequin heads available.

Mr. Federico stated that on the flip side, would you not require that there be a house set of mannequin heads for educators to work off of?

Ms. Ada suggested reducing the number of doll heads required and requiring that each school have on hand an adequate supply in order to teach students the curriculum.

Gary Federico believes the Board is looking at a minimum equipment requirement that was established 50 years ago when mannequins were not issued to students.

Ms. Underwood stated it has been an issue for a while because there are items that brand-new schools can't find and so the Board needs to make some changes and update the minimum requirements list. Suggestions will be taken and this issue brought back at the next Board meeting.

Ms. Underwood stated that the Board attempts to inspect schools on an annual basis. Directed inspections are performed if complaints pertaining to consumer health and safety are received. School inspectors go to the equipment list that were just discussed and check off what schools have. The lists are turned into the Board for review.

Mr. Hedges made a recommendation that, based on the comments today, Ms. Underwood work closely with the Board members who are school owners to update and make changes to the equipment requirement.

### **Public Comment**

Mr. Fred Jones inquired of Ms. Underwood the amount of fees charged for inspections. Ms. Underwood stated the Board does not charge fees for inspections. Mr. Jones brought to the Board's attention how much more responsive the State Board is than the Bureau of Private Post-Secondary Education and that it is important that we try to convince the State Legislature that sole oversight of beauty schools by the Board serves school owners, serves students, and serves consumers so much better than having duplication, delay, and contradiction coming from two different agencies within the same department.

Ms. Duckham commented on the authority of inspectors to have student lockers opened when the students are not present. Inspectors should have flexible hours in order to perform inspections when schools are in session and students are present. Can the inspectors show some flexibility? Most schools have a night class. When the inspectors come in and want to do a locker inspection, is the department going to afford some flexibility to do those inspections after 5:00 o'clock when the night students start.

Ms. Duckham stated the Board inspectors are writing violations for failure to cut the locks. Is there anything in the regulations that gives the inspectors that authority? How are the inspectors trained? If they do open a locker and do find evidence of a crime, how do they react to that? Mr. Hedges stated that DRC recommends that schools have keys to the lockers and are able to open the lockers. Mr. Hedges recommended to Ms. Duckham that she write specific recommendations and present them to the Board.

Jaime Schragebeck, Precision Nails, would like to see the issue of mobile services addressed, in particular, people who are working out of their car going or going to people's homes. People who own salons and are in leases and are following the rules are having to compete with people who are not. She would like to have the Board discuss this issue at their next meeting.

Ms. Sherry Davis asked the Board to have separate schools for esthetics.

**12. Agenda Item #12, Agenda Items for Next Meeting**

- Update on Sunset Review
- Discussion and recommendation on minimum equipment for schools
- Update on the revisions for Title 16, Division 9, Article 12 of the California Code of Regulations that relates to Health and Safety Requirements

**13. Agenda Item #13, Public Comment**

*Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125 (a)].*

**14. Agenda Item #14, ADJOURNMENT**

With no further business, the meeting was adjourned.



State and Consumer Services Agency – Governor Edmund G. Brown Jr.  
**Board of Barbering and Cosmetology-Department of Consumer Affairs**  
PO Box 944226, Sacramento, CA 94244  
P (800) 952-7574 F (916) 574-7574 | [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

Agenda Item 6

## MEMORANDUM

<b>DATE</b>	March 31, 2013
<b>TO</b>	Members Board of Barbering and Cosmetology
<b>FROM</b>	Kristy Underwood Executive Officer
<b>SUBJECT</b>	Lash/Brow Tinting

Provided are the materials supplied by the Food and Drug Administration (FDA). Due to budget constraints the FDA was unable to provide a speaker to address the Board, in person.

Staff recommends that the materials provided are supplied to the Enforcement Committee for review and possible recommendation of action.



March 20, 2013

Ms. Tami Guess  
Executive Analyst  
Executive Unit  
Board of Barbering and Cosmetology  
Department of Consumer Affairs  
State of California  
PO Box 944226  
Sacramento, California 94244

Dear Ms. Guess:

This is in response to your request on behalf of the California Board of Barbering and Cosmetology, dated March 7, 2013 and addressed to Dr. Patricia A. Hansen, Deputy Director of FDA's Office of Cosmetics and Colors. In your request, you asked for clarification of Food and Drug Administration (FDA) policies regarding the use of eyelash and eyebrow dyes and eyelash adhesives. You presented five questions concerning the safe use of these products. You also requested written material addressing these topics to share with stakeholders at your upcoming board meeting on April 8, 2013. Dr. Hansen has asked me to respond on her behalf.

We appreciate your office's concern about the safety of cosmetic products used in barbering and cosmetology services, and we hope that the information we are providing will clarify how FDA regulates these products. We have copied your questions below, followed by our responses:

**1. What is FDA's position on the use of eye lash/brow dye and the use of eyelash extension glue?**

We will focus here on eyelash and eyebrow dyes. Eyelash extensions and related adhesives are addressed separately in the responses to questions 4 and 5.

There are no FDA-approved color additives for the dyeing or tinting of eyebrows and eyelashes, and FDA cautions consumers about the potential health hazards that can result from engaging in this practice.

As background, cosmetics marketed in the United States are regulated by FDA in accordance with the Federal Food, Drug, and Cosmetic Act (FD&C Act) (<http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticAct/FDCAct/FDCActChapterIVFood/default.htm>).

Under the FD&C Act, cosmetic products and ingredients are not subject to premarket approval by FDA, with the exception of color additives. However, cosmetics must not be adulterated or misbranded. This means they must be safe for consumers under labeled or customary conditions of use, and they must be properly labeled. Unlike other cosmetic ingredients, color additives are subject to FDA premarket approval, and using unapproved color additives or using any color additive in a way for which it is not approved causes a cosmetic to be adulterated under the law.

The FD&C Act makes an exception for coal-tar dyes intended to dye the hair. ("Coal-tar" is a term that originated when such dyes were manufactured as a by-product of the coal industry. Today they are generally made from petroleum, but the name "coal-tar dye" is still used.) Coal-tar hair dyes are exempted from being considered adulterated, but only if the cosmetic product's labeling includes adequate directions for preliminary testing and the following warning:

"Caution --This product contains ingredients which may cause skin irritation on certain individuals and a preliminary test according to accompanying directions should first be made. This product must not be used for dyeing eyelashes or eyebrows; to do so may cause blindness." (FD&C Act, section 601(a))

The same section of the FD&C Act also stipulates that the term "hair dye" does not include eyelash or eyebrow dyes.

Section 601(e) of the FD&C Act applies to products that are not coal-tar hair dyes. Under this section, eyelash and eyebrow dye products are adulterated if they contain a color additive that is unsafe within the meaning of section 721(a) of the FD&C Act. Section 721(a) requires that all color additives be approved for use in FDA-regulated products and that they be used only in conformity with an effective regulation. A cosmetic product containing a color additive that does not meet this requirement is adulterated under section 601(e) of the Act. FDA has not approved any color additives for dyeing the eyelashes or eyebrows; therefore, no regulations authorize such use.

The health hazards of permanent eyelash and eyebrow dyes have been known for about 80 years. For example, the dye ingredient paraphenylenediamine (PPD) is a potent allergen shown to cause severe allergic reactions. In a famous case in 1933, a woman who used eyelash dye became blind in both eyes after suffering weeks of intense pain. This and related eye injuries influenced the decision by Congress to include in the FD&C Act these provisions specifically addressing this safety concern. More recently, in 2006, Teixeira et al. (Contact Dermatitis: 2006:55: 92-94) reported a 30-year-old woman with

severe contact dermatitis of her eyelids, conjunctivitis, and significant swelling of the peri-orbital regions after tinting her eyelashes and eye brow with permanent eyelash dye.

**2. Are there any 'safe' dyes that our licensees can use in when performing a lash/brow dye? (We have heard that Roux and Swiss O Par are acceptable?)**

As stated above, there are no color additives approved by FDA for dyeing the eyelashes or eyebrows, either by professionals or by consumers at home. Products with labeling that makes the claim for dyeing the eyelashes or eyebrows (whether or not they contain color additives approved by FDA for other uses) would be considered adulterated under section 601(e) of the FD&C Act, according to which cosmetics containing non-approved color additives are considered unsafe.

Non-coal-tar color additives that are approved for use as hair dyes are listed in Part 73 of the Code of Federal Regulations (see <http://www.fda.gov/ForIndustry/ColorAdditives/ColorAdditivesinSpecificProducts/InCosmetics/ucm110032.htm>) and include bismuth citrate (21 CFR 73.2110), henna (21 CFR 73.2190), and lead acetate (21 CFR 73.2396). The "Uses and restrictions" sections in these regulations state, in part, that these color additives may not be used for coloring the eyelashes or eyebrows.

The legal requirements apply to all color additives used in FDA-regulated products, regardless of whether the source is plant, animal, mineral, or synthetic, so that a plant-derived color additive is subject to premarket approval for the intended use the same as any other color additive.

**3. What procedure is in place for the enforcement of the FDA's stand? Can/will our licensees be 'cited' if an FDA official comes into a California salon and sees a licensee performing a lash/brow tinting and/or lash extensions?**

FDA enforces Import Alert 53-04 "Detention Without Physical Examination of Eyelash and Eyebrow Dyes Containing Coal-Tar" ([http://www.accessdata.fda.gov/cms\\_ia/importalert\\_128.html](http://www.accessdata.fda.gov/cms_ia/importalert_128.html)), which has been in place since 1982, as a means to intercept, at the time of entry into the United States, products intended for dyeing eyelashes and eyebrows. The alert was initiated when chemical analysis indicated a number of eyebrow and eyelash dyes manufactured in Austria, Germany, and the United Kingdom contained coal-tar dyes and were judged to pose an "acute, severe hazard to health with the possibility of permanent injury, i.e., impaired sight, including blindness." There are several products listed in the Import Alert that are automatically refused entry when presented for import for the U.S. market. They include

but are not limited to, Andora Augenbrauen und Wimpernfarbe, Refecto Cil Augenbrauen und Wimperfarbe, Palan Hair Dye, and Parmalash.

Although cosmetic products and ingredients are subject to regulation and enforcement by FDA, professional practices, such as hair dyeing in salons, generally fall under the jurisdiction of state and local authorities that regulate the practice of cosmetology and establish health and safety standards for the operation of beauty salons. FDA does not have authority over the practices of salon professionals or conditions in spas and beauty salons.

FDA is aware that sixteen state boards of cosmetology (for example, Massachusetts, Oregon, Vermont, and New York) have prohibited the marketing and use of any dyes for eyelash and eyebrow tinting or dyeing in beauty salons because this practice has been known to cause severe injuries and even blindness. In July 1992 FDA re-issued its longstanding warning against permanent eyebrow and eye lash dyeing prompted by a report from New York City possibly associated with eye brow and/or eyelash tinting.

To protect the public health, FDA will continue to work to prevent the importation and marketing of eyebrow and eyelash dyes. In addition, the agency will continue its work with state and local health officials and the cosmetics industry to combat the misuse of hair dye products.

#### **4. What is FDA's position on the use of eyelash extension glue?**

FDA considers false eyelashes and their adhesives (including eyelash extensions and their adhesives) to be cosmetic products, and as such they must comply with the safety and labeling requirements for cosmetics.

As stated above, FDA does not have premarket approval authority over cosmetics, and this includes eyelash adhesives and their labels. Rather, it is the responsibility of the manufacturer, importer and/or distributor to ensure that its products are marketed in compliance with U.S. law before they are marketed in this country

Some firms may claim that their adhesives are formaldehyde free, or that their product is "made in accordance with FDA recommendations for formaldehyde content." They may further state that "most lash adhesives ... are not FDA approved." Such claims are misleading. FDA does not approve nor has it made recommendations concerning eyelash extension adhesives or eyelash extension systems. It is unfortunate that manufacturers may attempt to mislead the public in this manner. Further, claims that an ingredient is "U.S.P." or "U.S. pharmaceutical grade" or "surgical adhesive" do not indicate FDA approval or support safety for eye area use.

**5. Are there any 'safe' eyelash glues that our licensees can use when performing eyelash extensions?**

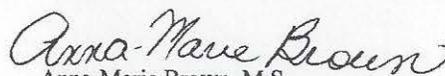
As stated above, FDA does not have premarket approval authority over eyelash adhesive products or their labels.

As with all eye-area products, consumers should take care when applying cosmetics to the eye area to avoid mechanical injury from applicators or accidentally spilling products into the eye. Care in the storage and use of these types of products will also help prevent bacterial contamination (for example, do not share eye-area cosmetics). Also, caution should be exercised by those individuals who may be allergic to certain ingredients (for example, latex) that may be used in cosmetics such as eyelash extension adhesives. If any eye cosmetic causes irritation consumers should stop using it immediately. If irritation persists they should seek medical attention.

We hope this information is helpful. We also would like to add that one of the most important ways in which FDA monitors the safety of cosmetics on the market is our database of adverse event reports. In order to ensure that we have the most complete information and help determine whether there is a pattern that would support regulatory action on FDA's part, we encourage salon professionals, as well as consumers and health care providers, to file reports of cosmetic-related adverse events with MedWatch, FDA's problem-reporting program, on the Web at <http://www.fda.gov/Safety/MedWatch>, or by phone at 1-800-332-1088. Alternatively, you can contact FDA's consumer complaint coordinator by phone in your area, listed at <http://www.fda.gov/Safety/ReportProblem/ConsumerComplaintCoordinators/default.htm>. Information provided in this way will be entered into our database.

Lastly, we are pleased to provide you with the enclosed FDA resources, as you requested, which supply additional information on FDA's regulation of eyelash and eyebrow dyes. If you have further questions or need further information, please free to contact us again.

Sincerely,



Anna-Marie Brown, M.S.  
Consumer Safety Officer  
Office of Cosmetics and Colors  
Center for Food Safety  
and Applied Nutrition

7 Enclosures:

1. Food and Drug Administration Import Alert 53-04 "Detention Without Physical Examination of Eyelashes and Eyebrow Dyes Containing Coal-Tar"
2. FDA Consumer Update: "Use Eye Cosmetics Safely"  
<http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/ucm048948.pdf>
3. "FDA Consumer Health Information - Eye Cosmetic Safety (fact sheet)"  
<http://www.fda.gov/Cosmetics/ProductandIngredientSafety/ProductInformation/ucm137241.htm>
4. Letter from Food and Drug Administration to Commonwealth of Massachusetts, Board of Registration of Cosmetology, concerning status of eyelash and eyebrow dyes, June 16, 2009
5. Teixeira M, De Wachter L, Ronsyn E, Gossens A. Contact allergy to para-phenylenediamine in a permanent eyelash dye. Contact Dermatitis 2006;55: 92-94
6. FDA History Office – Journal of American Medical Association Articles about Lash Lure
7. The FDA Talk paper T92-30 dated, July 14, 1992, "FDA Warns against Use of Permanent Eye Lash and Eyebrow Dyes and Tints."



June 16, 2009

Ms. Helen Peveri  
Executive Director  
Board of Registration of Cosmetology  
Division of Professional Licensure  
Commonwealth of Massachusetts  
239 Causeway Street  
Boston, Massachusetts 02114

Dear Ms. Peveri:

This responds to your inquiry of April 27, 2009, on behalf of the Massachusetts Board of Registration of Cosmetology, concerning the status of eyelash and eyebrow dyeing. You presented FDA with five questions concerning this issue:

1. Is the FDA advisory with regards to eyelash/eyebrow tinting still in effect?

There are no color additives approved for dyeing the eyelashes or eyebrows. Cosmetic products marketed in the United States are regulated by the Food and Drug Administration (FDA) in accordance with the requirements of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (<http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticActFDCA/default.htm>) and, if offered for sale as consumer commodities, the Fair Packaging and Labeling Act (FPLA) (<http://www.fda.gov/RegulatoryInformation/Legislation/ucm148722.htm>).

Unlike other cosmetic ingredients, all color additives are subject to FDA premarket approval with the exception of coal-tar dyes used to dye the hair. Coal tar hair dyes are exempted from the cosmetic adulteration provision of section 601(a) of the FD&C Act, but only if the cosmetic product's label includes adequate directions for preliminary testing and the following warning:

"Caution -- This product contains ingredients which may cause skin irritation on certain individuals and a preliminary test according to accompanying directions should first be made. This product must not be used for dyeing eyelashes or eyebrows; to do so may cause blindness."

Section 601(a) of the FD&C Act also stipulates that the term "hair dye" does not include eyelash or eyebrow dyes.

Section 601(e) of the Act applies to non hair-dye products. Under this section, eyelash and eyebrow dye products can be considered adulterated if they contain a color additive which is unsafe within the meaning of section 721(a) of the FD&C Act. Section 721(a) requires that all color additives be approved for use and that their use is in conformity with an effective regulation or the cosmetic product containing the color additive will be

adulterated under section 601(e) of the Act. FDA has not approved any color additives for dyeing the eyelashes or eyebrows and therefore no regulations authorize such use.

2. Does the FDA enforce this prohibition? The Board has received information which suggests it may be the only state board enforcing the FDA's ruling and would like to know if the FDA is aware of this.

FDA does enforce the law. Import Alert No. 53-04 ([http://www.accessdata.fda.gov/ImportAlerts/ora\\_import\\_ia5304.html](http://www.accessdata.fda.gov/ImportAlerts/ora_import_ia5304.html)) has been in place since 1982 as a means to intercept, at the time of entry into the U.S., products intended for dyeing eyelashes and eyebrows. There are several such products on the Import Alert from different countries, and they are automatically detained should they be imported for the U.S. market.

Although cosmetic products and ingredients are subject to regulation and enforcement by FDA, professional practice, such as hair dyeing in salons, generally falls under the jurisdiction of state and local authorities. FDA is unaware of the practices of other state boards of cosmetology regarding eyelash and eyebrow dyeing products.

3. Does the FDA prohibition apply only to metallic dyes or any other specific product or is it a general ban?

As stated above, under the laws and regulations applicable for cosmetics marketed in the U.S., no color additives have been approved for use in dyeing the eyelashes or eyebrows. Non-coal-tar color additives that may be used as hair dyes are listed in Part 73 of the Code of Federal Regulations (CFR) (<http://wcms.fda.gov/FDAgov/ForIndustry/ColorAdditives/GuidanceComplianceRegulatoryInformation/ColorAdditiveListingRegulations/default.htm>) and include bismuth citrate (21 CFR 73.2110), henna (21 CFR 73.2190), and lead acetate (21 CFR 73.2396), (see <http://wcms.fda.gov/FDAgov/Cosmetics/GuidanceComplianceRegulatoryInformation/VoluntaryCosmeticsRegistrationProgramVCRP/OnlineRegistration/ucm109084.htm> for links). The "Uses and restrictions" sections in these regulations state, in part, that these color additives cannot be used for coloring the eyelashes or eyebrows. Color additives listed in Part 74 of the CFR are mostly coal-tar (synthetic organic) color additives (exceptions: D&C Black No. 2 is oil furnace carbon black, and D&C Black No. 3 is bone char), none of which has been approved for use in dyeing the eyelashes or eyebrows and therefore cannot be lawfully used in this manner.

4. The Board has received a claim recently that vegetable based dyes are not permanent and are not included in the FDA ruling, is this accurate?

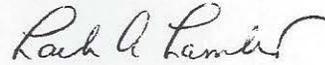
As stated above, no color additives are approved for use in dyeing the eyelashes or eyebrows. The color additive "vegetable juice," listed under 21 CFR 73.260, is an approved color additive for use in foods (as is fruit juice, 21 CFR 73.250). However, these color additives have not been approved for use in cosmetics.

Page 3 - Ms. Helen Peveri

5. If the FDA ruling is no longer generic but is product specific, could you let us know which product are banned, or if the FDA has stated any particular product (other than mascara, eye shadow, eyebrow pencils and eye liners, of course) are not include in the ban?

Under the laws and regulations applicable for cosmetics marketed in the U.S., there are no color additives approved for dyeing the eyelashes or eyebrows. Products with labeling that makes the claim for dyeing the eyelashes or eyebrows (whether or not they contain color additives approved by FDA for other cosmetic uses), would be considered adulterated under section 601(e) of the FD&C Act.

Sincerely,



Lark A. Lambert  
Cosmetics Staff  
Office of Cosmetics and Colors  
Center for Food Safety  
and Applied Nutrition

cc: HFS-22 CCO (S. Owens, R. Wheeler)  
HFS-100 (L. Katz, P. Hansen, DCS: Key Words: coal tar hair dyes, eyelash,  
eyebrow, states, approval, color additives)  
HFS-125 (R. Bronaugh, D. Havery, L. Lambert, B. Meyers)

Drafted: LLambert:HFS-125:5/29/09  
Rev.: DHavery:HFS-125:6/1/09  
Rev.: RBronaugh:HFS-125:6/1/09  
Rev.: PHansen:HFS-100:6/15/09  
Rev.: BMeyers:HFS-125:6/15/09  
Rev. & Cleared: LMKatz: HFS-100: 6/16/09  
F/T: SRussell:HFS-125:6/16/09

# TALK PAPER

FOOD AND DRUG ADMINISTRATION  
U.S. Department of Health and Human Services  
Public Health Service 5600 Fishers Lane Rockville, Maryland 20857

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T92-31  
July 14, 1992

Brad Stone  
(301) 443-3285

## FDA WARNS AGAINST USE OF "PERMANENT" EYELASH/EYEBROW DYES AND TINTS

The Food and Drug Administration today reissued its long-standing warning against "permanent" eyebrow and eyelash dyeing. The Food, Drug and Cosmetic Act of 1938 prohibits the marketing of hair dyes for eyelash and eyebrow tinting or dyeing because this practice has been known to cause severe eye injuries and even blindness.

These dyes should not be confused with temporary coloring products used around the eyes -- such as mascara, eye shadow, eyebrow pencils and eye liners -- which can be used safely.

FDA's new warning was prompted by a recent report from the New York City area of an injury possibly associated with eyebrow and eyelash tinting. An informal FDA survey of beauty salon advertisements in the Washington, D.C., area following the report from New York indicates that some establishments are promoting "permanent" eyebrow and eyelash dyeing or tinting services.

Consumers should be aware that there are no natural or synthetic color additives approved by FDA for dyeing or tinting eyelashes and eyebrows -- either for use in beauty salons or in the home. In fact, the law requires all hair dye products to include instructions for performing patch tests before use to identify for possible allergic reactions, and to carry warnings about the dangers of applying these products to eyebrows and eyelashes.

-MORE-

The health hazards of permanent eyelash and eyebrow dyes have been known for more than 60 years. These dyes have repeatedly been cited in scientific literature as capable of causing serious reactions when placed in direct contact with the eye. In two famous cases in 1933, a woman who used eyelash dye died, while another woman became blind in both eyes after suffering weeks of intense pain.

Despite these warnings, however, some beauty salons and other establishments apparently continue to promote this use of hair dyes. This practice most often occurs during the summer months as a means of retaining eyebrow and eyelash coloring after outdoor activities such as swimming.

As recently as 10 years ago, FDA issued an import alert against the importation of foreign eyebrow and eyelash dye products. Although FDA's quick action helped to limit the distribution of these products, some injuries did occur.

To protect the public health, FDA will continue to work to prevent the importation and marketing of eyebrow and eyelash dyes. In addition, the agency will intensify its work with state and local health officials and the cosmetics industry to combat the misuse of hair dye products.

###

# Use Eye Cosmetics Safely



Photodisc

**T**he Food and Drug Administration (FDA) regulates all cosmetics marketed in the United States, including mascara, eye shadows, eye liner, concealers, and eyebrow pencils.

Safety experts within the Office of Cosmetics and Colors in FDA's Center for Food Safety and Applied Nutrition (CFSAN) offer consumers the following advice:

**Keep everything clean.**

Dangerous bacteria or fungi can grow in some cosmetic products, as well as their containers. Cleanliness can help prevent eye infections.

Always wash your hands before applying eye cosmetics, and be sure that any instrument you place near your eyes is clean. Be especially careful not to contaminate cosmetics by introducing microorganisms. For example, don't lay an eyelash wand on a countertop where it can pick

up bacteria. Keep containers clean, since these may also be a source of contamination.

**Don't moisten cosmetic products.**

Don't add saliva or water to moisten eye cosmetics. Doing so can introduce bacteria. Problems can arise if you overpower a product's preservative capability.

**Don't share or swap.**

People can be harmed by others' germs when they share eye makeup. Keep this in mind when you come across "testers" at retail stores. If you do sample cosmetics at a store, be sure to use single-use applicators, such as clean cotton swabs.

**Don't apply or remove eye makeup in a moving vehicle.**

Any bump or sudden stop can cause injury to your eye with a mascara wand or other applicator.

**Check ingredients, including color additives.**

As with any cosmetic product sold to consumers, eye cosmetics are required to have an ingredient declaration on the label. If they don't, they are considered misbranded and illegal.

In the United States, the use of color additives is strictly regulated. Some color additives approved for cosmetic use in general are not approved for areas near the eyes.

If the product is properly labeled,



## *Always wash your hands before applying eye cosmetics, and be sure that any instrument you place near your eyes is clean.*

you can check to see whether the color additives declared on the label are in FDA's List of Color Additives Approved for Use in Cosmetics. (Under "For More Information" below, see "Color Additives Approved for Use in Cosmetics" and "FDA's Import Alert for Cosmetics Containing Illegal Colors.")

### **Use only cosmetics intended for the eyes on the eyes.**

Don't use a lip liner as an eye liner, for example. You may expose eyes either to contamination from your mouth or to color additives that are not approved for use near the eyes.

### **Say "no" to kohl!**

Also known as al-kahl, kajal, or surma, kohl is used in some parts of the world for enhancing the appearance of the eyes. But kohl is unapproved for cosmetic use in the United States.

Kohl contains salts of heavy metals such as antimony and lead. Reports have linked the use of kohl to lead poisoning in children.

Some eye cosmetics may be labeled with the word "kohl" only to indicate the shade, not because they contain true kohl.

A product's "ingredient statement" should not list kohl—this is not an FDA-approved color additive. Check the ingredient statement to make sure that kohl is not present.

### **Don't dye eyelashes and eyebrows.**

No color additives are approved by FDA for permanent dyeing or tinting of eyelashes and eyebrows. Permanent eyelash and eyebrow tints and

dyes have been known to cause serious eye injuries.

### **Use care with false eyelashes or extensions.**

False eyelashes and extensions, as well as their adhesives, must meet the safety and labeling requirements for cosmetics. Since the eyelids are delicate, an allergic reaction, irritation, or injury in the eye area can occur. Check the ingredients to make sure you are not allergic to the adhesives.

### **Don't use eye cosmetics that cause irritation.**

Stop using a product immediately if irritation occurs. See a doctor if irritation persists.

### **Avoid using eye cosmetics if you have an eye infection.**

Discard any eye cosmetics you were using when you got the infection. Also, don't use eye cosmetics if the skin around the eye is inflamed.

### **Don't use old eye cosmetics.**

Manufacturers usually recommend discarding mascara two to four months after purchase. Discard dried-up mascara.

### **Don't store cosmetics at temperatures above 85° F.**

Preservatives that keep bacteria or fungi from growing can lose their effectiveness, for example, in cosmetics kept for long periods in hot cars.

## **REPORT PROBLEMS**

If you need to contact FDA concerning an eye cosmetic product problem, go

to the "How to Report" page on FDA's MedWatch Web site at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) and use form FDA 3500. You can also find contact information for an FDA office near you at [www.cfsan.fda.gov/~dms/district.html](http://www.cfsan.fda.gov/~dms/district.html). 

This article appears on FDA's Consumer Health Information Web page ([www.fda.gov/consumer](http://www.fda.gov/consumer)), which features the latest updates on FDA-regulated products. Sign up for free e-mail subscriptions at [www.fda.gov/consumer/consumerenews.html](http://www.fda.gov/consumer/consumerenews.html).

### **For More Information**

Protect Your Health  
Joint FDA/WebMD resource  
[www.webmd.com/fda](http://www.webmd.com/fda)

CFSAN: Eye Cosmetic Safety  
[www.cfsan.fda.gov/~dms/coseye2.html](http://www.cfsan.fda.gov/~dms/coseye2.html)

Color Additives Permitted for Use in Cosmetics  
[www.cfsan.fda.gov/~dms/col-vcpr.html](http://www.cfsan.fda.gov/~dms/col-vcpr.html)

FDA's Office of Regulatory Affairs (ORA): Import Alert for Cosmetics Containing Illegal Colors  
[www.fda.gov/ora/fiars/ora\\_import\\_ia5306.html](http://www.fda.gov/ora/fiars/ora_import_ia5306.html)

ORA: Import Alert for Eyelash and Eyebrow Dyes Containing Coal Tar  
[www.fda.gov/ora/fiars/ora\\_import\\_ia5304.html](http://www.fda.gov/ora/fiars/ora_import_ia5304.html)

## Eye Cosmetic Safety

Eye cosmetics are intended to make eyes more attractive, or in some cases to cleanse the eye area. One thing they shouldn't do is cause harm. Most are safe when used properly. However, there are some things to be careful about when using these products, such as the risk of infection, the risk of injury from the applicator, and the use of unapproved color additives. The following information provides an introduction to some safety concerns and legal issues related to eye cosmetics.

### Keep it clean!

Eye cosmetics are usually safe when you buy them, but misusing them can allow dangerous bacteria or fungi to grow in them. Then, when applied to the eye area, a cosmetic can cause an infection. In rare cases, women have been temporarily or permanently blinded by an infection from an eye cosmetic. See the Safety Checklist below for tips on keeping your eye cosmetics clean and protecting against infections.

Occasionally, contamination can be a problem for some eye cosmetics even when they are new. FDA has an Import Alert in effect for cosmetics -- including eye cosmetics -- contaminated with harmful microorganisms<sup>1</sup>.

### Don't share! Don't swap!

Don't share or swap eye cosmetics -- not even with your best friend. Another person's germs may be hazardous to you. The risk of contamination may be even greater with "testers" at retail stores, where a number of people are using the same sample product. If you feel you must sample cosmetics at a store, make sure they are applied with single-use applicators, such as clean cotton swabs.

### Hold still!

It may seem like efficient use of your time to apply makeup in the car or on the bus, but resist that temptation, even if you're not in the driver's seat. If you hit a bump, come to a sudden stop, or are hit by another vehicle, you risk injuring your eye (scratching your cornea, for example) with a mascara wand or other applicator. Even a slight scratch can result in a serious infection.

### What's in it?

As with any cosmetic product sold on a retail basis to consumers, eye cosmetics are required to have an ingredient declaration on the label, according to regulations implemented under the Fair Packaging and Labeling Act, or FPLA -- an important consumer protection law. If you wish to avoid certain ingredients or compare the ingredients in different brands, you can check the ingredient declaration.

If a cosmetic sold on a retail basis to consumers does not have an ingredient declaration, it is considered misbranded and is illegal in interstate commerce. Very small packages in tightly compartmented display racks may have copies of the ingredient declaration available on tear-off sheets accompanying the display. If neither the package nor the display rack provides the ingredient declaration, you aren't getting the information you're entitled to. Don't hesitate to ask the store manager or the manufacturer why not.

### What's that shade you're wearing?

In the United States, the use of color additives<sup>2</sup> is strictly regulated. A number of color additives approved for cosmetic use in general are not approved for use in the area of the eye. An import alert for cosmetics containing illegal colors<sup>3</sup> lists several eye cosmetics.

### Keep away from kohl -- and keep kohl away from kids!

One color additive of particular concern is kohl<sup>4</sup>. Also known as al-kahl, kajal, or surma, kohl is used in some parts of the world to enhance the appearance of the eyes, but is unapproved for cosmetic use in the United States. Kohl consists of salts of heavy metals, such as antimony and lead. It may be tempting to think that because kohl has been used traditionally as an eye cosmetic in some parts of the world, it must be safe. However, there have been reports linking the use of kohl to lead poisoning in children.\*

An FDA Import Alert cites three main reasons for detaining imports of kohl<sup>5</sup>:

1. For containing an unsafe color additive, which makes the product adulterated.
2. For labeling that describes the product falsely as "FDA Approved."
3. For lack of an ingredient declaration.

Some eye cosmetics may be labeled with the word "kohl" only to indicate the shade, not because they contain true kohl. If the product is properly labeled, you can check to see whether the color additives declared on the label are in FDA's list of color additives approved for use in cosmetics<sup>6</sup>, then make sure they are listed as approved for use in the area of the eye.

### Dying to dye your eyelashes?

Permanent eyelash and eyebrow tints and dyes have been known to cause serious eye injuries, including blindness. There are no color additives approved by FDA for permanent dyeing or tinting of eyelashes and eyebrows. FDA has an Import Alert in effect for eyelash and eyebrow dyes containing coal tar colors<sup>7</sup>.

### Thinking of false eyelashes or extensions?

FDA considers false eyelashes, eyelash extensions, and their adhesives to be cosmetic products, and as such they must adhere to the safety and labeling requirements for cosmetics. False eyelashes and eyelash extensions require adhesives to hold them in place. Remember that the eyelids are delicate, and an allergic reaction, irritation, or other injury in the eye area can be particularly troublesome. Check the ingredients before using these adhesives.

### Bad Reaction?

If you have a bad reaction to eye cosmetics, first contact your healthcare provider. FDA also encourages consumers to report any adverse reactions to cosmetics. See [Bad Reaction to Cosmetics? Tell FDA](#)<sup>8</sup>.

### Safety Checklist

If you use eye cosmetics, FDA urges you to follow these safety tips:

- If any eye cosmetic causes irritation, stop using it immediately. If irritation persists, see a doctor.
- Avoid using eye cosmetics if you have an eye infection or the skin around the eye is inflamed. Wait until the area is healed. Discard any eye cosmetics you were using when you got the infection.
- Be aware that there are bacteria on your hands that, if placed in the eye, could cause infections. Wash your hands before applying eye cosmetics.
- Make sure that any instrument you place in the eye area is clean.
- Don't share your cosmetics. Another person's bacteria may be hazardous to you.
- Don't allow cosmetics to become covered with dust or contaminated with dirt or soil. Keep containers clean.
- Don't use old containers of eye cosmetics. Manufacturers usually recommend discarding mascara two to four months after purchase.
- Discard dried-up mascara. Don't add saliva or water to moisten it. The bacteria from your mouth may grow in the mascara and cause infection. Adding water may introduce bacteria and will dilute the preservative that is intended to protect against microbial growth.
- Don't store cosmetics at temperatures above 85 degrees F. Cosmetics held for long periods in hot cars, for example, are more susceptible to deterioration of the preservative.
- When applying or removing eye cosmetics, be careful not to scratch the eyeball or other sensitive area. Never apply or remove eye cosmetics in a

moving vehicle.

- Don't use any cosmetics near your eyes unless they are intended specifically for that use. For instance, don't use a lip liner as an eye liner. You may be exposing your eyes to contamination from your mouth, or to color additives that are not approved for use in the area of the eye.
- Avoid color additives that are not approved for use in the area of the eye, such as "permanent" eyelash tints and kohl. Be especially careful to keep kohl away from children, since reports have linked it to lead poisoning.

August 1, 2001; Updated December 18, 2006

The August 1, 2001 version of this document is available [بالعربية](#) (in Arabic).

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#### Links on this page:

1. [http://www.accessdata.fda.gov/cms\\_ia/importalert\\_136.html](http://www.accessdata.fda.gov/cms_ia/importalert_136.html)
2. [/ForIndustry/ColorAdditives/default.htm](#)
3. [http://www.accessdata.fda.gov/cms\\_ia/importalert\\_130.html](http://www.accessdata.fda.gov/cms_ia/importalert_130.html)
4. [/Cosmetics/ProductandIngredientSafety/ProductInformation/ucm137250.htm](#)
5. [http://www.accessdata.fda.gov/cms\\_ia/importalert\\_134.html](http://www.accessdata.fda.gov/cms_ia/importalert_134.html)
6. [/Cosmetics/GuidanceComplianceRegulatoryInformation/VoluntaryCosmeticsRegistrationProgramVCRP/OnlineRegistration/ucm109084.htm](#)
7. [http://www.accessdata.fda.gov/cms\\_ia/importalert\\_128.html](http://www.accessdata.fda.gov/cms_ia/importalert_128.html)
8. [/ForConsumers/ConsumerUpdates/ucm241820.htm](#)
9. [/Cosmetics/ProductandIngredientSafety/ProductInformation/ucm224928.htm](#)
10. [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list\\_uids=15121438&query\\_hl=7&itool=pubmed\\_docsum](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=15121438&query_hl=7&itool=pubmed_docsum)
11. [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list\\_uids=16688375&query\\_hl=3&itool=pubmed\\_docsum](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=16688375&query_hl=3&itool=pubmed_docsum)

U.S. Food & Drug Administration

**Import Alert 53-04**

FDA Home<sup>3</sup> Import Program<sup>4</sup> Import Alerts Imports Alerts by Number Import Alert

**(Note: This import alert represents the Agency's current guidance to FDA field personnel regarding the manufacturer (s) and/or products(s) at issue. It does not create or confer any rights for or on any person, and does not operate to bind FDA or the public).**

**Import Alert # 53-04**  
**Published Date:** 03/18/2011  
**Type:** DWPE

**Import Alert Name:**  
"Detention Without Physical Examination of Eyelash and Eyebrow Dyes Containing Coal-Tar"

**Reason for Alert:**

This alert was initiated in 1982 when it was noted that, upon chemical analysis, a number of eyelash and eyebrow dyes manufactured in Austria, Germany and England, shipped to the U.S., primarily through the mail, contained coal-tar dyes which are unsafe within the meaning of Section 721(a) of the FD&C Act.

The Center for Food Safety and Applied Nutrition, Health Hazard evaluation Board, evaluated the medical evidence related to a consumer injury along with scientific literature for coal-tar dyes. Based on the review, the products listed in the attachment represented an acute, severe hazard to health with the possibility of permanent injury; i.e., impaired sight, including blindness.

The products are believed to be widely distributed in the United states, although they probably are not sold for direct use by consumers, but rather sold to and used in beauty salons. Before use, the products are mixed with hydrogen peroxide and applied by a beautician to the eyelashes with a cotton swab. The primary distributors in the U.S. are likely to be firms that supply goods to beauty salons; however, products may also be shipped directly to beauty salons by the manufacturer.

Review of FY 91-92 detention data indicated detentions of eyelash and eyebrow dyes continue to be made for Dr. Olbrich's Combindal dye, Vienna, Austria; Refecto Cil, Vienna, Austria, and Henna, Berlin, Germany. All entries were mail entries through DET-DO and BUF-DO.

**Guidance:**

Districts may detain, without physical examination, eyelash and eyebrow dyes identified in the Red List.

Alert U.S. Customs agents of the possible entry of the eyelash and eyebrow dyes at mail facilities. Continue surveillance for coal-tar dyes in eyebrow and eyelash dyes. Notify DIOP if any product not on the attachment is found to contain coal-tar dye.

**Product Description:**

Eyelash and Eyebrow Dyes

**Charge:**

"The article is subject to refusal of admission in accordance with Section 801 (a)(3) in that it appears to bear or contain, for the purpose of coloring only, a color additive which is unsafe within the meaning of Section 721(a) [Adulteration, Section 601(e)]."

OASIS charge code - COSM COLOR

**List of firms and their products subject to Detention without Physical Examination (DWPE) under this Import Alert (a.k.a. Red List)**

**AUSTRIA**

**Andora-Cosmetic**  
**Unknown Street, Vienna, AUSTRIA**  
53 C -- 07 Eyelash and Eyebrow Dye (Eye Makeup Preparations)

**Date Published : 09/18/2009**

Date Published: 09/18/2009

Desc: Andora -Augenbrauen und Wimpernfarbe all shades  
Notes: coal tar dyes  
Problems: COLOR NOT CONTAINED IN TABLE (ENTER NAME IN REMARKS);

**Gschwenter-Haar Kosmetic Products**

**Date Published : 09/18/2009**

**unknown , Vienna, AUSTRIA**

53 C - - 07 Eyelash and Eyebrow Dye (Eye Makeup Preparations)

Date Published: 09/18/2009

Desc:Refecto Cil - Augenbrauen und Wimperfarbe graphite; black; brown and blue-black shades

Notes:mfr; coal tar dyes

Problems: COLOR NOT CONTAINED IN TABLE (ENTER NAME IN REMARKS);

**W. Pauli**

**A-1160 , Vienna, AUSTRIA**

53 C - - 04 Eye Lotion (Eye Makeup Preparations)

Date Published : 09/18/2009

Date Published: 09/18/2009

Desc:Plalan Hair Dye

Notes:mfr.; coal tar dyes

Problems: COLOR NOT CONTAINED IN TABLE (ENTER NAME IN REMARKS);

53 C - - 04 Eye Lotion (Eye Makeup Preparations)

Date Published: 09/18/2009

Desc:Dr Olbrich's Combinal Augenbrauen und Wimperfarbe black; brown; blue; grey shades

Notes:mfr.; coal tar dyes

Problems: COLOR NOT CONTAINED IN TABLE (ENTER NAME IN REMARKS);

**CANADA**

**National Beauty Supply**

**unknown , Mississagi, Ontario CANADA**

53 C - - 07 Eyelash and Eyebrow Dye (Eye Makeup Preparations)

Date Published : 09/18/2009

Date Published: 09/18/2009

Desc:Dr Olbrich's combinial Augenbrauen und Wimperfarbe black; brown; blue and grey shades

Notes:Known Shipper for W Pauli FEI 3003888792; coal tar dyes

Problems: COLOR NOT CONTAINED IN TABLE (ENTER NAME IN REMARKS);

**GERMANY**

**Else Sperlch Chem. Kosm.**

**Fabrick , Berlin, GERMANY**

53 C - - 07 Eyelash and Eyebrow Dye (Eye Makeup Preparations)

Date Published : 09/18/2009

Date Published: 09/18/2009

Desc:Henna Gora Augenbrauen und Wimperfarbe (black; brown; blue-black shades)

Notes:mfr; coal tar dyes

Problems: COLOR NOT CONTAINED IN TABLE (ENTER NAME IN REMARKS);

**SWITZERLAND**

**Anifa SA**

**unknown , Baar, SWITZERLAND**

53 C - - 07 Eyelash and Eyebrow Dye (Eye Makeup Preparations)

Date Published : 09/18/2009

Date Published: 09/18/2009

Desc:Belmacil color

Notes:coal tar dyes

Problems: COLOR NOT CONTAINED IN TABLE (ENTER NAME IN REMARKS);

**UNITED KINGDOM**

**Zena Cosmetic Co.**

**Unknown Street , London, England UNITED KINGDOM**

53 C - - 04 Eye Lotion (Eye Makeup Preparations)

Date Published : 09/18/2009

Date Published: 09/18/2009

Desc:Permalash black and brown shades

Notes:mfr coal-tar dyes

Problems: COLOR NOT CONTAINED IN TABLE (ENTER NAME IN REMARKS);

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2. <http://www.addthis.com/bookmark.php>
3. <http://www.fda.gov/default.htm>
4. <http://www.fda.gov/ForIndustry/ImportProgram/default.htm>

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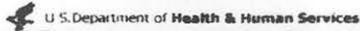
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**Note**

**Date:** October 6, 2005

**Note to:** Beth Meyers, Writer Editor, CFSAN/OCAC/DCC

**From:** Cindy Lachin, FDA History Office *Cindy Lachin*

**Subject:** JAMA Articles about Lash-Lure

Beth,

Attached are the JAMA articles that you requested. I have also included the passage where I found the "seventeen" cases from Ruth DeLamb's, American Chamber of Horrors book.

If there is anything else that you need, please call or e-mail me.

Thanks.

Cindy Lachin  
FDA History Office  
(301) 827-1995  
[clachin@ora.fda.gov](mailto:clachin@ora.fda.gov)

made the more unbearable by fear that she would never see again. Not until the first of August, more than two months after her visit to the beauty shop, was Mrs. Brown able to walk out on the veranda with the nurse at her elbow.

Altogether, eight specialists worked on the case with untiring devotion—matched by the patient's wonderful fortitude and gallant spirit; but though the chemical nature of the dye was readily analyzed, no antidote for the poison was known nor has even yet been discovered. Corneal ulcerations in both eyes resulted in the sloughing off of the corneae and degeneration of the eyeballs, a condition which several operations have failed to help. Mrs. Brown's laughing blue eyes have been blinded forever.

The cosmetic which destroyed Mrs. Brown's sight was *Lash-Lure*, a synthetic aniline dye belonging to the paraphenylenediamine group, and put out by the Lash-Lure Laboratories, Incorporated, of Los Angeles. This concern was operated by a pair who used to run a gent's furnishing business in Astoria, Oregon, until 1925, when they were burned out. Coming to Los Angeles in 1930, they set up the Dellar School of Beauty Culture. The Lash-Lure Company was incorporated in 1932. Its president was Sanford M. Kolmetz, who also conducted the National Permanent Wave Company and the Cooperative Beauty Shop, Ltd. Associated with him as the secretary-treasurer of the new firm was his brother-in-law, Isaac Dellar, a graduate of the University of Oregon Medical School. A third member of the firm, George Eilert, operated the Lilac Beauty Parlor Supply Company. With a total investment of less than \$1000, they apparently ran the Lash-Lure business as a sideline.

In the spring of 1934, at the very time opponents of the Copeland Bill were fighting tooth and nail to keep an effective measure for the control of dangerous products from being reported out of Committee, *Lash-Lure* claimed another victim. This time it was a Florida woman, 52 years old, who had the dye applied to her right eyebrow and lashes by her own daughter, a beauty-parlor operator. The adjacent tissues began to swell and burn within thirty seconds, so that it was thought best

not to treat the other side. Eight days later, after a violent illness, the woman was dead.

Just how many women have been injured by the use of this preparation there is no way of knowing; but the *Journal of the American Medical Association* has reported at least seventeen authentic cases, and there have no doubt been many others, for the firm has settled a number of what it termed "nuisance" cases for small sums. Still other claims for damages have been paid by the beauty shops or their insurance companies (if their policies would cover such cases!) But, what compensation is money—even if these women can get any—for the loss of their sight and the anguish they have undergone?

When a San Francisco woman suffered "a severe case of dermatitis" following the use of *Inecto Rapid Notox*, a hair dye containing—at that time, at least—an aniline ingredient similar to that of *Lash-Lure*, Dr. Ralph Evans of the Inecto Company admitted:

"My attitude in such a case as this is that we can never recompense such a person for the suffering which she has undergone; that is, on the face of it, impossible. Consequently we must disregard that feature as much as possible and certainly minimize it, stressing our settlement efforts on the basis of actual expenses involved."

We are indebted to Dr. Evans—or to the company of which he is the technical director—for some interesting facts about "The Criminal Ingredient," as the *Inecto* advertisements used to call paraphenylenediamine. The original *Inecto*, admittedly a paraphenylenediamine preparation, seems to have started up in England in 1913, at which time the name was registered also in the United States Patent Office. The first English firm was liquidated in 1918, and a second company suffered a like fate. Meanwhile, Philip W. Ducker, promoter of the product, had invaded the United States, heading *Inecto*, Incorporated, a New York concern formed in 1919. This, too, dissolved, first taking the precaution, however, of selling its assets to *Inecto*,

end of the stomach and the hiatal esophagus. In order to do this the patient swallowed a rubber tube, which passed through the hiatal esophagus and cardia, coiling itself round the greater curvature of the stomach, giving its relation to the foreign body in the anteroposterior and lateral planes. The foreign body was definitely localized in the stomach and at the same time its relation to the hiatal esophagus was shown, as seen in the accompanying illustration. The tube was also used to empty the stomach before gastroscopy. If it was desired, air could also be insufflated into the stomach through the tube before its withdrawal.

COMMENT

In a new method of localization of foreign body in the stomach, a rubber tube of the Levin or Weiss type feeding tube is passed and allowed to remain in position during the making of films, the patient being placed in the position required for gastroscopy. The advantages of this method are:

1. It shows the location of the foreign body with reference to the tube that is passed into the stomach.
2. The tube stays in the lower part of the esophagus and cardiac end of the stomach and gives a definite localization of the foreign body to the cardiac end of the stomach, where the gastroscope is to be introduced.
3. The rubber tube is withdrawn and gastroscopic removal can be proceeded with immediately.
4. The stomach contents can be aspirated and air introduced if desired before the tube is withdrawn.

236 South Nineteenth Street.

FATALITY RESULTING FROM THE USE OF LASH-LURE ON THE EYEBROW AND EYELASHES

S. B. FORBES, M.D., AND W. C. BLAKE, M.D., TAMPA, FLA.

During the past twelve months, instances of dermatococonjunctivitis due to the use of eyelash and eyebrow dyes have been reported by Greenbaum,<sup>1</sup> Harner,<sup>2</sup> Bourbon,<sup>3</sup> Jamieson,<sup>4</sup> McCally, Farmer and Loomis,<sup>5</sup> and Moran.<sup>6</sup> In the cases reported by the last two the reaction was severe enough to produce ulceration and necrosis of the cornea. Six of the reported cases were due to the use of the preparation "Lash-Lure," and two followed the use of "Godefroy French Hair Coloring"—Lariense.

The case reported here followed immediately the use of "Lash-Lure" and terminated fatally.

REPORT OF CASE

A woman, aged 52, who had considered herself in good health, had her right eyebrow "plucked" and the dye "Lash-Lure" applied to the right brow and eyelashes. This was done by her daughter, an employee of a beauty parlor. The adjacent tissues began to burn and swell within thirty seconds after the application of the dye. The pain was so severe that the operator decided not to treat the left eyebrow. Within a few hours the patient felt ill and the tissues around the eye were so swollen that she was unable to open her eye. The following day her temperature was said to be 104 and she consulted a physician who gave her a mixed streptococcus and staphylococcus vaccine and applied wet dressings of magnesium sulphate. The inflammatory reaction of the right side of the face extended and the temperature ranged between 102 and 104. Wet dressings of boric acid were used and ointment of yellow mercuric oxide was instilled in the conjunctival sac.

The patient was seen by us for the first time during the evening of March 13, 1934, eight days after the onset. On

1. Greenbaum, S. S.: Dermatoconjunctivitis due to Lash-Lure, an Eyelash and Eyebrow Dye, *J. A. M. A.* 101:363 (July 29) 1933.
2. Harner, C. E.: Dermato-Ophthalmitis Due to the Eyelash Dye Lash-Lure, *J. A. M. A.* 101:1558 (Nov. 11) 1933.
3. Bourbon, O. P.: Severe Eye Symptoms Due to Dyeing the Eyelashes, *J. A. M. A.* 101:1559 (Nov. 11) 1933.
4. Jamieson, R. C.: Eyelash Dye (Lash-Lure) Dermatitis with Conjunctivitis, *J. A. M. A.* 101:1560 (Nov. 11) 1933.
5. McCally, A. W.; Farmer, A. G., and Loomis, E. C.: Corneal Ulceration Following Use of Lash-Lure, *J. A. M. A.* 101:1560 (Nov. 11) 1933.
6. Moran, C. T.: Bilateral Necrosis of the Cornea Following the Use of Hair Dye on the Eyebrows and Lashes, *J. A. M. A.* 102:286 (Jan. 27) 1934.

examination at 8 p. m., the patient appeared to be extremely ill. The temperature was 103.4, pulse 134, respiration 36. She was clear mentally and did not complain of pain, but she said that she felt completely exhausted. The skin over the right side of the forehead and cheek was red but not tense and glistening. The upper lid of the right eye was covered with a deep sloughing ulcer with much yellowish adherent exudate.

The palpebral conjunctiva of the upper and lower lids showed complete ulceration of a deep character. The conjunctival sac was filled with a yellowish, tenacious exudate that could be removed only with difficulty. As this exudate was removed, a bleeding base was left on the ulcerative areas on the inner surfaces of the lids.

There was some injection of the globe, and the ocular conjunctiva was slightly chemotic. The cornea was hazy in sort of a striped manner, but no real break could be made out after using fluorescein. The pupils were equal and reacted consensually to light and in accommodation. The eyegrounds were negative in the left eye. It was impossible to examine the fundus



Fig. 1.—Appearance post mortem of large sloughing ulcer. The anterior cervical glandular enlargement is well shown.

of the right eye. There was no apparent proptosis of the right eye. The preauricular glands were palpable. The lymph glands on the right side of the neck in the anterior region, particularly just below the mandible, were greatly enlarged, as is shown in figure 1. The nose, throat and teeth were normal.

The area of cardiac dullness was within normal limits, sounds were clear and no murmurs were heard. The rhythm was normal, the rate 136, the blood pressure 114 systolic, 76 diastolic. Respiration was rapid and somewhat shallow. There was no odor of acetone. The percussion note was everywhere resonant, breath sounds were roughened, but no râles were heard on quiet breathing or following expiratory cough. The abdomen was entirely negative on palpation except for what appeared to be an ovarian cyst on the right side about the size of a grapefruit, which was not tender on pressure. There was no edema of the dependent parts or the extremities. All superficial and deep reflexes were moderately exaggerated. Kernig and Babinski's signs were negative and there was no neck rigidity. Aside from the face and neck the skin was clear, there being no evidence of petechiae, purpura or urticaria.

The lashes of the right eye were clipped and potassium permanganate irrigations and hot compresses were used. Atropine and mercuric oxycyanide instillations were also used. The patient failed to respond to general supportive measures such as digitoflin and hypodermoclysis, and died at 11:30 p. m., just three hours after our first examination. No autopsy could be obtained.

## COMMENT

It is with some hesitation that we report this case, owing to lack of laboratory data. A conjunctival culture was made, which showed a pure growth of *Staphylococcus aureus*. Blood counts and blood cultures were ordered, but the patient died before the specimens could be obtained.

The active principle in "Lash-Lure" is an aniline dye, the members of this group being capable of producing a violent allergic response in susceptible individuals. Plucking the eyebrow before application would furnish multiple portals of entry for the dye equivalent to multiple skin tests applied to a small area. There is no doubt that the patient's illness was brought about as a violent local and systemic allergic response. It is



Fig. 2.—The condition of the palpebral conjunctiva on the two lids was the same. This shows only the sloughing ulcer on the under surface of the upper lid.

not clear, however, why this should have caused death eight days later unless a secondary septic invasion, probably some form of streptococcus, is assumed. The appearance in no way suggested erysipelas, and there was no evidence of cavernous sinus thrombosis or involvement of the nervous system.

With the growing evidence to show the disastrous effects resulting from the application of "Lash-Lure" and similar aniline dye preparations in "beauty treatments," some way should be found to prevent their use.

Citizens Bank Building.

**Pathology of the Myopathies.**—The recent discovery of Sir Henry Dale that efferent stimuli in the vegetative nervous system produce their effect by the liberation of a chemical intermediary of the choline group, and that stimulation of the sympathetic in otherwise denervated skeletal muscle results in tonic contraction, seems to me to open up the possibilities of great advance in our very scant knowledge of the pathology of the myotonias, myasthenias and myopathies.—Collier, James: The Harveian Oration on "Invenions and the Outlook in Neurology," *Brit. M. J.* 2:707 (Oct. 20) 1934.

## Special Articles

## DYSYPNEA

CLINICAL LECTURE AT CLEVELAND SESSION

J. C. MEAKINS, M.D.  
MONTREAL

The science of clinical medicine rests on the knowledge of the causes of symptoms and signs and the interpretation of their functional significance. This holds equally valid whether applied to the diagnosis, prognosis or treatment of disease. Symptoms as a rule are a personal prerogative of the patient, while signs are discovered by the physician. There are exceptions to this statement, but these emphasize its general truth. Since an individual considers himself in good health until something arises which interferes with or embarrasses his capacity for work or pleasure, it is therefore a symptom or symptoms which usually first induce him to seek medical advice. Such sensations or symptoms are the first manifestations of disordered or embarrassed function and frequently are complained of before anatomic changes are detectable. Thus it is obvious that they are of the utmost importance. Sir James Mackenzie, one of the greatest clinicians of the past generation and the father of modern clinical cardiology, was firmly convinced that medical research had too long neglected the investigation of the early symptoms and during the latter years of his life devoted his energies to their elucidation. He was particularly interested in the significance and mode of production of visceral discomfort and pain. There is no doubt that the greatest symptom of all is pain in its varying characters, intensities and localizations. It may be called *the* symptom of localization.

But little inferior to pain in symptomatic importance is dyspnea. Some years ago I defined it as follows: "Dyspnea is the consciousness of the necessity for increased respiratory effort." Although this symptom is referred to the respiratory system, its causation is not confined by any means to pulmonary lesions. Whereas pain is chiefly a local phenomenon, dyspnea is broadly systemic and there is practically not one of the great systems which, when disturbed after a certain manner, may not produce a respiratory consciousness. It is with these respiratory disturbances, the mode of their production, and their clinical significance that I wish to deal here.

## REGULATION OF RESPIRATION

Ordinarily in the healthy individual respiration is an unconscious function, although it can be modified at will. With these voluntary modifications the present discussion is not concerned. A short review of the unconscious or spontaneous act of respiration is, however, essential.

The rhythmic inflation and deflation of the lungs, which produces pulmonary ventilation, must be able to accommodate itself to great changes at short notice. This is done in the first instance by increasing or decreasing the volume of each respiration and later, if necessary, by an acceleration or diminution in the rate. The turnover from inspiration to expiration is brought

From the Department of Medicine, McGill University Clinic, Royal Victoria Hospital.  
Read before the General Scientific Meeting at the Eighty-Fifth Annual Session of the American Medical Association, Cleveland, June 12, 1934.

children against scarlet fever, and finding a most encouraging response from them I sent out to a selected group a form letter, stating how matters stood and expressing my willingness to undertake the work free of charge for those who wished to have it done. Nothing was guaranteed further than that it looked like a hopeful procedure which promised excellent results for the future.

Through the generosity and the helpful cooperation of the department of health of New York City, material was obtained and 122 children between the ages of 3 and 15 years were tested. Of these, 101 gave positive reactions. This large proportion—nearly 83 per cent—seems excessive when compared with other reports, but on consideration of the nature of the group I do not find it so. These were all privileged children, carefully sheltered from infections. For the most part, they belonged to members of the faculty of a large university, and I do not believe it would be extravagant to say that, were a survey to be taken, it would be found that a correspondingly low incidence of other reactions exist, such as the Wassermann and the Pirquet or the Mantoux test. Incidentally, it lends credence to the popular belief that well cared for children are more liable to scarlet fever than others. Witness, in comparison, the recent report from an orphanage in Philadelphia of Dick tests on 551 boys with only 94 (17 per cent) positive reactions.<sup>1</sup>

Of the twenty-one children who gave negative reactions, three had a history of scarlet fever; nine had very slight reactions that were called plus-minus and were disregarded; of the remaining nine, none had any history of having had scarlet fever, but in two of the families one each of these children had been thoroughly exposed by another case in the home.

Of the 101 children positive to the Dick test, 83 were given three doses of dilute toxin, in the dosage then advised by the Dicks: 500, 1,000 and 1,500 skin test doses. Within six months, nearly but not quite all were retested, and of those who were still positive twenty-eight were given two or three larger doses, depending on the degree of their positive reaction. At one time or another in the intervening years many of these children have been retested—after some known exposure or in the course of testing younger members of the family before immunization, or, as in the case of my own five children, to satisfy professional curiosity. With one exception they have all tested negative.

And now, with such a decent interval as eight years to fall back on, it is interesting to round up a group of these erstwhile children in an effort to see whether they are still immune to scarlet fever. It seems significant that with the hundreds of cases reported weekly throughout the state in the past two years, not one of these children has picked it up.

Although I had hoped to have the group a little larger, I was glad enough, in a community with such a shifting population, to assemble a total of fifty. These were tested, with material furnished by the New York state laboratories at Albany, in two groups on two consecutive Saturday mornings, the readings being taken the following forenoon. As in the original testing eight years before, the degree of cooperation and the interest shown was pleasant to see.

Of the fifty tested, thirty-two (64 per cent) were definitely negative; eighteen (36 per cent) were slightly positive. By slightly positive I mean the usual reaction so indicated—slightly pink, from 1 to 1.5 cm. in diameter, and without tenderness or swelling. Several patients reported itching. There were no

1. Melnick, Theodore: Prevention of Scarlet Fever, Arch. Pediat. 50: 158 (March) 1933.

there were twelve who, being negative after the original three doses eight years ago, were not given further doses. Only six who had received the larger number of doses had apparently outworn their immunity to become positive again. With this in mind, I do not think it illogical to assume that had all of these eighteen children been given the full number of doses the percentage of immunes would have been noticeably higher. To counterbalance the six who, despite the larger number of doses received, are again positive, I find ten who had only three doses eight years ago who are still negative.

None of these fifty children have received doses as large as are now given, and it would be interesting to compare a similar group over an equal period of time who have received the larger dosage. I believe that the degree of immunity found would be gratifying.

#### SUMMARY

1. In 1925, 122 children from private general practice, between the ages of 3 and 15 years, were tested for susceptibility to scarlet fever. Eighty-three per cent (101) gave a positive reaction to the Dick test, while 17 per cent (21) were negative. Of the 101 who were Dick positive, 83 were immunized.

2. In 1933, eight years later, fifty of the eighty-three children immunized in 1925 were retested, with the following results:

Of this group of fifty children, 64 per cent (thirty-two) were negative, while 36 per cent (eighteen) were slightly positive.

Of these fifty children, twenty-two had received three doses of dilute toxin, and after eight years ten of these were negative and twelve slightly positive. Twenty-eight had received five or six doses, and after eight years twenty-two were negative (78 per cent) and six were still slightly positive.

3. Dilute toxin, given in adequate dosage, confers an immunity of at least eight years in a high percentage of persons susceptible to scarlet fever.

Sheldon Court.

#### DERMATOCONJUNCTIVITIS DUE TO LASH-LURE, AN EYELASH AND EYEBROW DYE

SIGMUND S. GREENBAUM, M.D., PHILADELPHIA

This report on a case of dermatconjunctivitis due to Lash-Lure, a new eyelash and eyebrow dye, is offered for record.

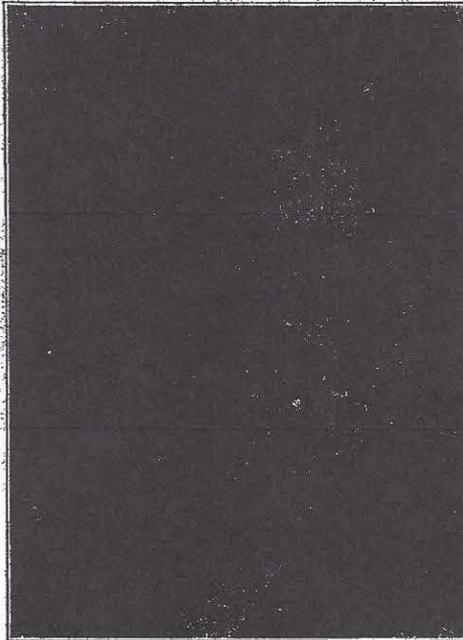
The dangerous possibilities of certain types of hair dye has, of course, been known to the medical profession and to dermatologists in particular for many years. The use of such dyes has, however, been restricted to the scalp hair. Extending their use to the eyelash field is new and a reaction as severe as that which occurred in this patient deserves more than the passing comment ordinarily given by dermatologists to the frequent cutaneous reactions to cosmetics observed by them.

Darkening of the eyebrows and eyelashes is accomplished in two ways: one by coating the hairs (Mascara, lamp-black) and the other by actually staining them. Intolerance of the conjunctiva and eyelids to Mascara is well known but rarely produces more than a very mild reaction—commonly only a pruritus or burning if it gets into the eyes. However, actual dyeing of the lashes, as in the case reported, carries with it all the dangers with which dyeing of the scalp hair is attended.

The dye used in this case is advertised as "Lash-Lure"—a new improved eyebrow and eyelash dye. It is manufactured by Lash Lure, Inc., under a copyright from Lash Lure Research Laboratory, Inc., of Los Angeles.

## REPORT OF CASE

A woman, seen, Feb. 15, 1933, had a very itchy, slightly painful redness and a slight swelling of both lids of the left eye. The redness was especially intense and bright at the margins of the lids. She had the day previously been examined and told by the ophthalmologist that there was nothing the matter with her eyes. After four or five days' treatment with wet compresses, during which there was marked improvement, although the eyelid margin remained quite red, the patient was referred back to her ophthalmologist for the treatment of a beginning conjunctivitis. Following the flushing out of the eyes, and metaphen ointment locally, within eight hours an exceedingly severe reaction developed in which there was not only marked swelling of the skin, eyelids and surrounding skin but severe edema of the conjunctiva of the left eye. The patient was hospitalized: wet compresses were reapplied until all the edema and much of the redness had disappeared. After



Eyelash dye dermatitis.

ten days the margins of both eyelids continued to be red and angry. Removal of the eyelashes with a pair of scissors as close to the margins as possible was followed by marked improvement within forty-eight hours and from then on to complete relief.

## COMMENT

The condition was recognized when first observed as a dermatitis with an external precipitating factor. Pointed questioning was required before the patient revealed that she had had her lashes dyed some twelve days previously and that this was her third adventure with eyelash dyeing. The dye used this time, however, was of a different nature than the dye used on the previous two occasions. Sensitization to repeated application of the new dye was therefore excluded. The allergic nature of the condition was indicated by the twelve-day incubation period, between application and reaction. Undoubtedly, multiple sensitization was either present or induced, as indicated by the severe relapse following the use of

either metaphen or the chemicals used to flush the eye on her second visit to the ophthalmologist. Entire disappearance of the symptoms and signs was brought about only by removal of the eyelashes.

1714 Pine Street.

[NOTE.—The Bureau of Investigation of the American Medical Association has had a record of Lash-Lure for some time. The product does not contain paraphenylenediamine but does contain an aniline derivative, also large quantities of magnesium. Correspondence indicates at least five other cases in which patients have developed severe symptoms, such as conjunctivitis and dermatitis, following the use of this product.—Ed.]

GANGRENOUS MECKEL'S DIVERTICULUM PERFORATED  
BY A TOMATO PEEL

ROBERT I. HILLER, M.D., AND LOUIS A. BERNHARD, M.D., MILWAUKEE

This case is not presented as propaganda against the eating of tomatoes but merely to emphasize a possible surprise that one may encounter in a case diagnosed as acute appendicitis.

*History.*—J. L., a white man, aged 41, employed as the supervisor of a warehouse, seen by Dr. Bernhard, Aug. 18, 1932, complained of pain in the abdomen to the right of the umbilicus. The pain had started and remained localized in that spot. The patient's appetite was good and his bowel movements were regular. There had been no nausea or vomiting. Tomatoes had been eaten that morning, and pain had begun toward evening.

He had never been in any accidents and had never undergone an operation. He had had mumps and measles in childhood, and a left inguinal hernia had been present for about twenty years.

The patient's mother had died at the age of 50 of pleurisy. His father was living and well at the age of 71. Three brothers and five sisters were living and well.

He was admitted to St. Luke's Hospital, August 19, where physical examination disclosed: temperature, 100.8 F.; pulse, 108; respirations, 26. His face showed an expression of discomfort. His teeth were in fair condition but pyorrhea was marked; his tongue was thickly coated and halitosis was strongly evident. His throat was clean. No significant conditions were noted in the neck and chest. The heart sounds were of good quality and no murmurs were noted. Rhythm was regular. Abdominal examination disclosed tenderness and some muscle spasm over McBurney's point. A left indirect inguinal hernia was present. The extremities and reflexes presented no abnormalities. The white blood count was 17,000; the coagulation time was three minutes. Urinalysis disclosed an acid reaction, a trace of albumin, a few crystals, and many bacteria. Examination of the urine was otherwise negative.

The preoperative diagnosis was acute appendicitis.

*Operation.*—Under nitrous oxide and ether anesthesia, the abdomen was opened through a Kammerer incision. Free pus and considerable plastic exudate were immediately encountered. The appendix appeared in the wound and was almost completely obliterated. It was obviously not the cause of the acute inflammatory process present in the right lower abdominal quadrant. Further investigation, however, disclosed an acutely inflamed Meckel's diverticulum lying medial and caudad to the cecum. The area was quickly isolated with gauze sponges and the diverticulum was brought into the wound. It was found to be gangrenous, covered with plastic exudate and perforated at one angle of its dome by a white structure which resembled a toothpick but which later proved to be a tightly rolled piece of tomato skin. The diverticulum was located on the anti-mesenteric border of the ileum. It was clamped transversely and amputated, and the ileum was oversewed with a linen suture. Gas passed freely through the oversewed area, and the lumen of the bowel at this point admitted the index finger without difficulty. Because of the marked infiltration of the ileum at the site of its closure, a loop of number 2 plain catgut was passed through its mesentery and brought out through the incision. A Penrose drain was inserted on each side of the closed bowel, and the abdomen was closed in layers. Hemostasis was complete and the sponge count correct. The patient

## Bureau of Investigation

## LASH-LURE

## A Dangerous Aniline Hair Dye

A number of cases of severe poisoning have been reported from the use of a so-called "Eye Brow and Lash Dye" sold under the trade-marked name "Lash-Lure." The printed matter that has gone with the trade package gives contradictory information regarding the concern that puts it out. On the main label one finds: "Lash-Lure, Inc., 636 South Broadway, Los Angeles." Underneath this it is stated that it has been copyrighted in 1932 by "Lash-Lure Research Laboratory, Inc." In the circular that gives the instructions for applying Lash-Lure, the name is given: "Lash-Lure Laboratories, Inc., 636 South Broadway, Los Angeles."

A letter dated August 22, 1933, from Dr. C. B. Pinkham, Secretary-Treasurer of the California State Board of Medical Examiners, has the following to say about Lash-Lure:

"This product is distributed from the Dellar School of Beauty Culture, 636 Broadway, Los Angeles, which we understand is operated by Isaac Dellar, who first came to our attention when he wrote us from Portland, Oregon, May 20, 1930, asking for information relative to a California license, he stating he had graduated from the University of Oregon Medical School, Portland, 1917.<sup>1</sup> In his letter herein referred to, he stated that for four years prior to writing said letter, he had owned and conducted a haberdashery store at 320 Washington St., Portland, he relating that he intended to open a school of cosmetology in Los Angeles."

The first physician to report a case of poisoning following the use of Lash-Lure was Dr. Nelson Miles Black of Miami, Fla. Dr. Black wrote as follows:

"I am enclosing sample of eye lash dye which was used on a patient. Some got into the eyes during the application and caused severe ocular pain with marked edema of bulbar and palpebral conjunctiva and many petechial hemorrhages, some stringy secretion. The lids were very edematous, accompanied with severe itching."

On May 8, 1933, Dr. Sigmund S. Greenbaum of Philadelphia submitted a clinical note dealing with a severe dermatitis-conjunctivitis following the use of Lash-Lure, in which there was not only marked swelling of the skin, eyelids and surrounding skin, but a severe edema of the conjunctiva of one of the eyes. It was necessary to hospitalize the patient. This case was published in THE JOURNAL, July 29, 1933.

On June 3, Dr. Albert E. Leggett of Louisville, Ky., wrote asking for information on Lash-Lure, and stated:

"I have a patient that has developed a severe conjunctivitis from this application with a blistering of the skin on the lower lid."

On June 20 Dr. A. W. McCally of Dayton, Ohio, reported a very severe case of poisoning following the use of Lash-Lure. There was a violent inflammation of both eyes and an infiltration throughout the entire thickness of the cornea. Secondary glaucoma developed, with ulcers on both corneas. There seems every likelihood that the victim will be totally blind.

On July 3 a letter came from Dr. Clyde E. Harner of Long Beach, Calif., who wrote:

"I have seen within a short period of time four cases of marked poisoning of the eyes from an eyelash dye called 'Lash-Lure.' All of these cases have run a very stormy course and the one I am seeing at present has caused corneal ulceration with, I believe, some permanent opacity. I am very anxious to learn the chemistry of this product and an antidote for the same, if there is a specific antidote. From the description of the application of the dye, I am inclined to think that this is probably of the paraphenylenediamine group."

On July 14 Dr. P. E. Wilson of Mayfield, Ky., sent in a specimen of Lash-Lure and stated:

"I have a patient who has developed a severe conjunctivitis, and I would like to know the composition of this medicine for that reason."

1. The records of the American Medical Association show that one Isaac A. Dellar, born in Portland, Ore., in 1892 was graduated in medicine by the University of Oregon Medical School, in 1917. No record of this

Benjamin F. Surryhine, Modesto, Calif.; University of California Medical Department, 1890; member of the California Medical Association; aged 66; died suddenly, July 19.

Jacobina Somerville Reddie, Seattle; Woman's Medical College of Pennsylvania, Philadelphia, 1905; aged 70; died suddenly, July 19, of cerebral hemorrhage and arteriosclerosis.

Albina Marie Palicek Norria, Riverside, Ill.; Hering Medical College, Chicago, 1895; aged 56; died, July 22, in the Martha Washington Hospital, Chicago, of coronary occlusion.

Gilbert D. Todd, Litchville, N. D.; University of Minnesota Medical School, Minneapolis, 1903; aged 53; died, in August, following an operation for ruptured appendix.

David Sherman @ Brooklyn; Long Island College Hospital, Brooklyn, 1896; formerly on the staff of the Samaritan Hospital; aged 61; died, August 21, of heart disease.

Alvin Daniel Stewart, Falconer, N. Y.; University of the City of New York Medical Department, 1877; aged 79; died, July 7, in the Jamestown (N. Y.) General Hospital.

William Lucius Rosamond, Birmingham, Ala.; Kentucky School of Medicine, Louisville, 1891; aged 64; died, August 12, of hypertrophy of the prostate and chronic nephritis.

Elmer E. E. McClelland, Olive, Calif.; Drake University Medical Department, Des Moines, Iowa, 1887; aged 72; died, July 24, in Los Angeles, of cerebral hemorrhage.

James Riley Stephens, Hackett, Ark. (licensed, Arkansas, 1903); aged 81; died, August 10, in a hospital at Fort Smith, of injuries received in an automobile accident.

Richard Leon Kendrick @ Elizabeth City, N. C.; University of Virginia Department of Medicine, Charlottesville, 1913; aged 48; died, July 26, of angina pectoris.

Otto Dibrell Bertram, Sunnybrook, Ky.; Medical Department of the Universities of Nashville and Tennessee, 1910; aged 49; died, August 1, of tuberculosis.

Albert Davis Sharp, Bedeque, P. E. I.; McGill University Faculty of Medicine, Montreal, Que., Canada, 1915; aged 46; died, August 7, of coronary thrombosis.

Harry Leedom Smedley, San Diego, Calif.; University of Pennsylvania School of Medicine, Philadelphia, 1883; aged 74; died, June 25, of cerebral hemorrhage.

Milas Bready Raymer, Winston-Salem, N. C.; North Carolina Medical College, Charlotte, 1912; aged 48; was found dead, August 13, of heart disease.

Mabel Geneva Dixey, Fremont, Ohio; University of Michigan Homeopathic Medical School, Ann Arbor, 1893; aged 66; died, August 6, of heart disease.

Theodore Calvin Peterson, Spruce Creek, Pa.; University of Michigan Medical School, Ann Arbor, 1880; aged 81; died, July 4, of arteriosclerosis.

Daniel Whitfield Thompson @ Council Bluffs, Iowa; Nebraska College of Medicine, Lincoln, 1909; aged 49; died, August 13, of pneumonia.

George M. Carr, Marquand, Mo.; Missouri Medical College, St. Louis, 1879; aged 75; was found dead in bed, July 27, of cirrhosis of the liver.

Carl W. Henderson, Waynesville, Ohio; Starling Medical College, Columbus, 1897; aged 64; died, August 9, of pulmonary tuberculosis.

Samuel Franklin Casenburg, Knoxville, Tenn.; Tennessee Medical College, Knoxville, 1894; aged 66; died, July 30, of chronic myocarditis.

William Ryder Mathers, McKinney, Texas; College of Physicians and Surgeons of Chicago, 1884; died, August 11, in a local hospital.

Herman Frank Willard, Mexico, Pa.; Jefferson Medical College of Philadelphia, 1889; aged 75; died, May 30, of cerebral embolism.

J. B. Chase, Foreman, Ark.; Gate City Medical College, Dallas, Texas, 1900; aged 60; died, June 8, of cerebral hemorrhage.

Milton Emerson Jarnagin, Coburg, Ore.; Tennessee Medical College, Knoxville, 1897; aged 64; died, May 26, of chronic myocarditis.

Bayard Murray, Newark, Del.; Jefferson Medical College of Philadelphia, 1886; aged 73; died, June 5, of coronary thrombosis.

Liddy Carlino, Long Island, N. Y.; University and Bellevue Hospital Medical College, New York, 1933; aged 28; died, August 1.

Charles Pfeiffer, Chicago; Rush Medical College, Chicago, 1900; aged 50; died, August 1.

On July 29 Mr. Earl H. Davis, an attorney of Washington, D. C., wrote stating that he had read Dr. Greenbaum's clinical note and went on to say:

"I am at present representing a client for an identical injury to her eyes from the use of the same dye, i. e., Lash-Lure, the treatment having been given by a local beauty shop. I understand, from my own personal investigation of my client's case, that there are at least four other such cases right here in Washington, on one of which suit has been filed in the Supreme Court of the District of Columbia against the beauty shop direct."

On August 1 Dr. Arthur J. Herrmann wrote from the Engstrum Hotel, Los Angeles, stating that he had read Dr. Greenbaum's article, and he then added:

"We have a case here in this hotel in which the eyes, forehead and face suffered second degree burns. The patient is in a very serious condition. Recently I have heard of another case that had such a severe reaction that resulted placing the patient in a hospital for several weeks."

Five days later Dr. Thomas G. Jenny of Pittsburgh, also having seen the case reported in *THE JOURNAL*, wrote:

"I would like to report that I have had a similar case as the one reported. This patient suffered from a severe conjunctivitis and blepharitis causing her to remain from work and to wear dark glasses. The patient had the Lash-Lure applied in a beauty shop in Pittsburgh and had practically all the symptoms and acute eye inflammation referred to in this article."

On August 8 a letter was written by Mr. Fred S. Herrington, an attorney in San Francisco, in which it was stated:

"I represent a young lady of this city who has suffered very seriously from the use of Lash-Lure and narrowly escaped, so her attending physician advises me, the loss of sight of one eye."

The indiscriminate distribution of dangerous drugs by irresponsible persons again emphasizes the need of an extension of the powers of the National Food and Drugs Act. Under the present law, drugs, no matter how powerful, how poisonous, how deadly, that may enter into cosmetics are not "drugs" under the definition of the Act because they are not sold for the prevention, mitigation or cure of disease.

Lash-Lure contains a dye of the aniline type. The A. M. A. Chemical Laboratory, which tested a specimen, reported that while it did not apparently actually contain paraphenylenediamine, it did contain a preparation of similar character. The dangers of using hair dyes of the aniline type, even on the hair of the scalp, is well known to all reputable beauty parlors, and usually such dyes will not be applied if the patient exhibits any sensitivity to the substance. Yet in Lash-Lure we have a potentially dangerous product sold to be applied to the eyelashes. Whether the victims of this preparation have redress at law against either the exploiter of Lash-Lure or the individual beauty parlors responsible for applying it is a matter for the courts to decide. However, money is a poor recompense for the loss of sight.

## Correspondence

### UNILATERAL CHOKED DISK DUE TO TONSILLAR INFECTION

To the Editor:—"Amicus Plato sed magis amicus veritas." As much as I respect *THE JOURNAL*, I am opposed to the theory of focal infection. I hope that you will publish this letter on account of the two cases reported in *THE JOURNAL*, April 22, by Drs. Wilson and Darkes entitled "Unilateral Choked Disk Due to Chronic Tonsillar Infection."

A few years ago the physician who hesitated to recognize the correctness of the theory of focal infection was considered a doubting Thomas. Doubt has crept into the minds of many since.

1. My first objection is to using the word "due" without making clear the causal relationship between the choked disks and the foci of infection in the tonsils. The improvement after the removal of the tonsils is not sufficient as such a proof.

2. Even elimination of all other causes for the choked disks would be insufficient as such a proof. In many cases the actual

cause of the disease remains unknown. Besides, elimination of all other causes is almost an impossibility. For instance, syphilis was eliminated on account of a negative Wassermann reaction. Who does not know that a negative Wassermann reaction does not preclude syphilis? Was an attempt to use mercury or iodine made? Even if the disease is not of syphilitic origin, those preparations give good results in some cases. How can the authors be sure that conservative treatment would not have helped?

3. Cases of unilateral choked disks are rare. Most are caused by some local strangulation of the nerve head due to periostitis of syphilitic or other origin, to a gumma or tubercle, to a local tumor, to a tenonitis, or to circulatory or endocrine disturbances. Cases claimed to be due to tonsillitis are unique in the literature. On the other hand, tonsillitis is so common that nearly every man during his life has repeated attacks of tonsillitis. If there were a causal relationship between tonsillitis and a unilateral choked disk, would one not expect frequent cases of choked disks?

4. The histories presented point to a papilledema rather than to an inflammatory condition of the disks. Why should an inflamed tonsil produce an edema and not an inflammation? What is the explanation of the mechanism by which such an edema is produced and why in only one disk? The only scientific way of establishing the causal relationship between a local focus of infection and an inflamed joint is to prove in the exudate the presence of the same micro-organism that has been found in the focus. It cannot be done in the cases of choked disks. Therefore, the assumption of such interrelationship is a mere speculation.

5. The first case started, March 12. The examination, July 9, showed that the swelling still was 0.5 diopter. It means that it took almost four months, and still the recovery was not complete. Many authors have seen cases of choked disks during the menopause, puberty, menstrual disturbances (Lourie, O. R.: *Ophthalmic Disorders of Endocrine Origin in Women*, *Arch. Ophth.* 54:469 [Sept.] 1925), normal menstruation and even hysteria, in which the choked disks have disappeared in a comparatively short time without any operative measures. In such cases time is the best remedy, especially if it is combined with blood letting.

6. In the second case it seems to me as though a tenonitis could cause the trouble. According to the history, the patient awoke in the middle of September "with pain in and over the right eye, and the vision of the right eye was blurred. The pain lasted two days, although at the time she was seen she complained of pain when she moved the right eye. . . . She had seen double on one or two occasions."

The presented picture may suggest such a diagnosis and will explain the choked disk and the recovery after the accumulation of fluid in Tenon's capsule was absorbed. I do not say that this was the cause but it might have been, taking into consideration that the patient was examined first by Dr. Goldberg, October 10, three weeks after the onset of the disease, when the edema of the bulbar conjunctiva and a slight protrusion of the eyeball could already have disappeared.

In order to proclaim and accept a theory of immense practical importance, one must build the theory on a firm foundation and not on vague uncertainties.

If the title of the case were "Improvement of Unilateral Choked Disks After the Removal of Tonsils," this letter would be superfluous. It is time to use proper definitions and avoid confusion.

O. R. LOURIE, M.D., Boston.

[The letter was referred to Drs. Wilson and Darkes, who reply:]

To the Editor:—It is difficult to answer the arguments of a physician who believes that hysteria may produce choked disk.

the vessel entirely, or, as frequently occurs, the subsequent thrombus formation and vascular spasm bring about a complete cessation of the circulation through this segment of the vessel. The ultimate changes depend chiefly on the size of the artery, the completeness of the occlusion and, most important, the available collateral circulation. Gangrene is to be expected in most instances if the circulation is not reestablished.

The symptoms produced by the lodgment of the embolus are those of a sudden onset of severe pain in the extremity, associated with pallor, lowered temperature, decreased mobility, and a disappearance of the skin and tendon reflexes. The main vessel or vessels below the site of the impacted embolus show a complete absence of pulsation as demonstrated by palpation, and lack of response in the oscilometer when applied to the extremity at that point. The embolus can sometimes be felt along the course of the artery.

The direct diagnosis of peripheral embolic accidents is based on the presence of preexisting cardiovascular disease, with the onset of the foregoing symptoms, and the presence of physical manifestations already mentioned. This condition must be differentiated from venous and arterial thrombosis, Buerger's disease, intermittent claudication and Raynaud's disease. The differential diagnostic features will not be considered in this paper, as they are usually quite obvious.

The treatment should be surgical, if the main vessel involved is accessible, if seen early, especially before the onset of gangrene, and the collateral circulation seems obviously deficient to maintain life of the extremity.

Local anesthesia is the anesthetic of choice and may be used by either local or peripheral nerve block. The involved vessel is exposed in the region of the embolic occlusion and carefully separated from the surrounding tissues. Soft, small rubber constrictors are placed directly around the artery, above and below the embolus, and are gently tightened so as not to injure the vessel. A longitudinal incision is made in the artery, and the embolus removed with care. The field must be kept saturated with sodium citrate solution during the entire operative procedure. If the embolus has not been definitely located, suction may be used in the open vessel, as was found necessary in case 1. The proximal constrictor is then released, and the blood will at once flow from the artery, if the embolus has been removed. It is wise to remove only the proximal constrictor in order that any adherent clot may be washed out of the vessel and small particles not forced into the distal branches. The constrictors are again tightened and the vessel is closed with continuous vascular silk suture material, so that there is a fine line of eversion of the intima. Subsequent to this, the constrictors are finally removed, to determine the completeness of the hemostasis and the reestablishment of the circulation. The wound is then closed by layers.

#### PROGNOSIS

The prognosis is dependent on the interval between the onset of the attack and the time of operation. The success of this method of procedure decreases rapidly, with increasing period of time, and is usually hopeless after ten or twelve hours. Further, the subsequent course is dependent on the available collateral circulation, the myocardial reserve, and the general condition of the patient.

#### SUMMARY AND CONCLUSIONS

In three cases of peripheral emboli, treated by arteriotomy, the vessels involved were the popliteal,

axillary and brachial. The immediate results were very satisfactory, although two of the patients later developed fatal cerebral emboli. The first patient was able to be around, lived for several months and died from a subsequent cardiac decompensation and pneumonia.

The diagnosis is usually obvious especially after a careful analysis of the early symptoms and the physical conditions and by the use of the oscilometer, which demonstrates the presence and usually localizes the site of the vascular occlusion. Various vascular diseases and local thromboses must be excluded before the best treatment for each case is decided on. Operation should be performed under local anesthesia and as early as possible. The technic described was found quite satisfactory. The surgical treatment is usually successful if the period of time between the onset and the operation is under ten hours, although this is subject to individual variations. The development of gangrene usually necessitates amputation but is frequently fatal because the patient is already in a debilitated condition and the myocardial reserve is necessarily very low.

Key concluded that: "An embolus, which causes circulatory disturbances of a threatening character in the upper or lower extremities, ought to be removed by arteriotomy unless there are contraindications. The operation should be done as soon as possible."

104 South Michigan Avenue.

## Clinical Notes, Suggestions and New Instruments

### DERMATO-OPHTHALMITIS DUE TO THE EYELASH DYE LASH-LURE

CLYDE E. HARNER, M.D., LONG BEACH, CALIF.

Having observed the report by Greenbaum<sup>1</sup> of a case of dermatoconjunctivitis due to Lash-Lure, I am prompted to report three cases that I have seen. One patient was poisoned four years ago with the same dye. In addition to the three cases here reported, another case was seen several years ago in consultation, but adequate notes were not kept, or have been lost, and this case is not reported.

In only one of my cases can the condition be styled merely dermatoconjunctivitis, since the lesions involved the eyes in general, producing keratitis and uveitis, and I have classified them as dermato-ophthalmitis.

#### REPORT OF CASES

CASE 1.—Miss E. N., aged 23, seen in 1929, had the eyelashes dyed about a week previously with Lash-Lure. The eyelids were markedly swollen, so that she could hardly open them. They were covered with many small watery blisters. There was marked chemosis of both the bulbar and palpebral conjunctivae. The corneas were difficult to see but apparently clear. The iris was normal. The pupils were small. There was marked photophobia.

Under treatment, the condition improved slowly. Ten days later a small abscess on the lid of the right eye near the inner canthus was incised. The lids were still quite thickened and the conjunctivae velvety. Vision was: right, 6/6—1; left, 6/6. Improved by lenses, it was: right, 6/4; left, 6/4—1.

The patient was next seen, April 2, 1933, after having had her eyelashes dyed at the same beauty parlor the day before. The same dye was used. Both eyes were completely swollen shut. There was marked chemosis of the conjunctivae. The corneas were clear. The iris was normal. I could not get the lids far enough apart to see the interior of the eyes. The following day they were worse, with more swelling of the lids and conjunctivae. The lower lids were pulled up under the upper lids and apparently scratching the corneas. A large

1. Greenbaum, S. S.: Dermatoconjunctivitis Due to Lash-Lure, an Eyelash and Eyebrow Dye, *J. A. M. A.* 101: 363 (July 29) 1933.

When a stringy secretion, slightly filled with pus, was obtained by pulling the lids apart. The corneas of both eyes were covered with a faint gray infiltration. On July 3, the patient was sent to the hospital with private physician. They were advised to open the eyelids every few hours to allow the escape of the irritating fluid. Other treatments were instituted, including atropinizing. After a very short course the patient was discharged from the hospital one week after entrance.

In the office, when examined with a slit lamp, it was seen that there was an infiltration of the superficial layers of the corneas and still some edema of the conjunctivae. At various points, abscesses on the edges of the lids appeared, and a granulation developed necessitating opening and curettage.

The eyebrows had been treated with the dye also, and the preauricular eruption and tremendous edema occurred in this region. The eyes did not return to normal until May 16, six weeks from the date of application of the dye. Vision at this time was: Without glasses: right, 6/5; left, 6/5—2. With correction: right, 6/4; left, 6/4—2.

During the patient's stay in the hospital a Wassermann test was made and was negative. She had a mild nephritis. The urine showed a few hyaline casts, acetone plus one, and slight reduction of sugar. The white count was 7,200, with 70 per cent polymorphonuclears.

An interesting sidelight on this case is that the patient is training herself to be a cosmetician and it has been necessary for her to discontinue using this dye on other people, since in handling it she gets an inflammation of the skin wherever it touches.

CASE 2.—Mrs. E. C., aged 42, seen, June 27, 1933, had her eyelashes and eyebrows dyed with Lash-Lure the previous day at 5 p. m. She immediately had great irritation of the eyes, which became worse until in the night the lids began to swell shut, and on this morning the right one was entirely swollen shut and the left nearly so. Lacrimation and photophobia were intense. The lids of both eyes were markedly swollen and edematous and had a crinkly red appearance. The conjunctivae were swollen and red; there was flocculent stringy material in both eyes. The corneas were clear. The pupils were normal.

The following day she was sent to the hospital. There was very little improvement from treatment, and there was some enlargement of the preauricular lymph glands. The corneas developed ulcers on the lower margins. They became more and more infiltrated. The lids, at times, were better and again worse. Sterile milk was given intramuscularly and ethylmorphine hydrochloride was used. The eyes were thoroughly atropinized. Multiple abscesses on the lid margins developed. Typhoid vaccine (50,000,000 bacilli) was given intravenously twice at two day intervals. A Wassermann test was reported four plus. A history of venereal infection twenty-six years before was obtained.

The patient was permitted to leave the hospital, July 10, two weeks after entrance. When last seen, August 11, the ulcers had entirely healed but had left fairly large leukomas, especially on the right eye. Vision was: right, 6/60; left, 6/7.50—3. Slit lamp examination of the right eye showed deposits of pigment on the anterior surface of the lens and also some on the posterior corneal endothelium. There was a small posterior synechia. There was no deposit on the lens of the left eye. The fundi of both eyes were apparently normal.

CASE 3.—Mrs. H. E., aged 28, seen, July 29, 1933, had her eyelashes dyed with Lash-Lure three days before. The following morning she had marked inflammation, the eyes being swollen shut. She was under the care of a general physician until referred to me. The lids of both eyes were swollen. There was maceration of the integument of the lids. The corneas were clear. The iris was normal. The conjunctivae were markedly injected. There were marked lacrimation and photophobia. Under treatment the patient improved rapidly and from a telephone conversation with her I learned that the eyes were quite normal within a week.

## COMMENT

One is impressed that there is a distinct allergic factor in the production of this condition. Patient 1 had two distinct severe reactions four years apart. Also, she develops a localized

dermatitis when using the dye on other patrons of a beauty parlor in which she is employed.

Patient 2, although having a definite syphilitic infection, which may or may not have accentuated the severity of the symptoms, on close questioning admitted that she frequently had "eczemas" and skin irritations from the use of various cold creams and other cosmetics.

314 Security Building.

## SEVERE EYE SYMPTOMS DUE TO DYEING THE EYELASHES

OLIVER P. BOURBON, M.D., LOS ANGELES

As dyeing the eyelashes is a new fad of beauty parlor patrons, I am reporting this case for the purpose of calling attention to its dangerous possibilities. I have seen but one similar report.<sup>1</sup>

The dye used in this case has for its trade mark "Larieuse," is called "Godefroy's French Coloring for Hair and Beard," and is manufactured by the Godefroy Manufacturing Company, St. Louis. The statement is made on the container that it is "compounded according to the French formula." It is also stated that "the dye is somewhat perishable and must be consumed within fifteen months from the date stamped below," the expiration date for this particular bottle being May 15, 1933. The dye was used in this case on July 8, 1933, almost two months after the expiration date which the manufacturers had marked on the bottle; but whether the age of the dye had anything to do with the ill effects produced is a matter of conjecture.

## REPORT OF CASE

Miss D. P. consulted me, July 9, complaining that her eyes were much swollen, with aching and burning and some thick discharge but no severe pain. She had her eyelashes dyed early in the afternoon of the day before. She stated that the beauty parlor operator let some of the dye get into her eyes and that soon after returning home and within two or three hours after the treatment her eyes became swollen, red and watery.

Examination showed a marked edema of the lids of both eyes, the edema extending downward into the cheeks. There was much chemosis of the conjunctiva, with a severe congestion and considerable stringy secretion. The cornea of each eye was clear. The edema, chemosis and congestion were of such a degree that the patient could barely find her way about. While no history of former attacks was given, she was exceedingly nervous and the possibility of a severe angioneurotic edema was considered. An ointment of phenacaine with epinephrine was prescribed and directions were given for applying hot moist compresses to the eyes.

The next day the right eye was better, but the left eye was much more edematous and the compresses were changed to ice cold moist compresses of a magnesium sulphate solution. Gradual improvement continued for one week, when the patient returned with a severe exacerbation. The eye lids were now so edematous that it was impossible for her to open her eyes. The lids had to be forcibly separated in order to remove the stringy secretion. Hot compresses of a magnesium sulphate solution and 0.5 per cent zinc sulphate ointment were prescribed.

Recovery was uneventful, the edema and secretion gradually growing less, the congestion of the conjunctiva being the last to disappear. The patient was dismissed, August 4.

## COMMENT

The profuse stringy secretion was evidently due to an excessive mucoid secretion caused by the chemosis and irritation of the conjunctiva and was not due to infection.

Allergic sensitiveness, the chemical irritation and toxic effect of the dye, and angioneurotic edema were all considered.

The severe edema and chemosis that appeared so shortly after the dye was used was strongly suggestive of an allergic sensitiveness to the dye.

The prolonged period of the attack, the severity of the congestion, the gradual subsidence of the edema and chemosis and the fact that the congestive symptoms were the last to disappear

1. Greenbaum, S. S.: Dermatoconjunctivitis Due to Lash-Lure, an Eyelash and Eyebrow Dye, J. A. M. A. 101:363 (July 29) 1933.

amount of watery secretion, slightly filled with pus, was obtained on spreading the lids apart. The corneas of both eyes were infiltrated with a faint gray infiltration.

April 4, the patient was sent to the hospital with private nurses. They were advised to open the eyelids every few minutes to allow the escape of the irritating fluid. Other treatments were instituted, including atropinizing. After a very stormy course the patient was discharged from the hospital one week after entrance.

In the office, when examined with a slit lamp, it was seen that there was an infiltration of the superficial layers of the corneas and still some edema of the conjunctivae. At various times, abscesses on the edges of the lids appeared, and a chalazion developed necessitating opening and curettage.

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Examination showed a marked edema of the lids of both eyes, the edema extending downward into the cheeks. There was much chemosis of the conjunctiva, with a severe congestion and considerable stringy secretion. The cornea of each eye was clear. The edema, chemosis and congestion were of such a degree that the patient could barely find her way about. While no history of former attacks was given, she was exceedingly nervous and the possibility of a severe angioneurotic edema was considered. An ointment of phenacaine with ephedrine was prescribed and directions were given for applying hot moist compresses to the eyes.

The next day the right eye was better, but the left eye was much more edematous and the compresses were changed to ice cold moist compresses of a magnesium sulphate solution. Gradual improvement continued for one week, when the patient returned with a severe exacerbation. The eye lids were now so edematous that it was impossible for her to open her eyes. The lids had to be forcibly separated in order to remove the stringy secretion. Hot compresses of a magnesium sulphate solution and 0.5 per cent zinc sulphate ointment were prescribed.

Recovery was uneventful, the edema and secretion gradually growing less, the congestion of the conjunctiva being the last to disappear. The patient was dismissed, August 4.

#### COMMENT

The profuse stringy secretion was evidently due to an excessive mucoid secretion caused by the chemosis and irritation of the conjunctiva and was not due to infection.

Allergic sensitiveness, the chemical irritation and toxic effect of the dye, and angioneurotic edema were all considered.

The severe edema and chemosis that appeared so shortly after the dye was used was strongly suggestive of an allergic sensitiveness to the dye.

The prolonged period of the attack, the severity of the congestion, the gradual subsidence of the edema and chemosis and the fact that the congestive symptoms were the last to disappear

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would indicate that while an allergic sensitiveness to the dye was a possible causative factor it was not the only cause of the severe reaction.

The picture as a whole strongly indicated a combined chemical irritant and the absorption of material that had a pronounced local toxic effect.

520 West Seventh Street.

✓ EYELASH DYE (LASH-LURE) DERMATITIS WITH CONJUNCTIVITIS

R. C. JAKESON, M.D., DETROIT

The report by Greenbaum<sup>1</sup> of a case of dermatitis and conjunctivitis due to eyelash dye has prompted the addition of this case to those on record in which eyelash dye (in this case also Lash-Lure) was the excitant.

The use of dyes on eyelids and eyebrows would seem to the public a simple and harmless procedure, but to the dermatologist even the most trifling and apparently innocuous agents must be considered as a possible cause in searching for the etiology in mild chronic cases of dermatitis about the eyes, face and neck in women. These cases are encountered more and more frequently, and each new cosmetic added to the already long list adds one more possible exciting agent.

In Bab's<sup>2</sup> recent article he mentions a number of cosmetics and dyes used on eyelashes, eyebrows or skin which are known to produce dermatitis and even conjunctivitis. Henna also, which is frequently used to dye the eyebrows and eyelashes, was the causative agent in six cases reported by him.

The case reported here, of a woman, aged 40, was similar in most respects to those already reported. Five days before examination by an ophthalmologist, eyelash dye (Lash-Lure) had been applied. No preceding sensitization test had been made. Three days after the application, the eyelids became red, swollen and irritated. With the usual bland applications she improved during the next two weeks, but at the end of that time the eyelids and adjacent skin areas again developed an acute inflammation accompanied by conjunctivitis. The entire clinical picture at that time was one of dermatitis venenata, invading the eyelids, forehead, cheeks and conjunctivae. Sensitization tests proved negative to everything except Lash-Lure.

During the next two months the course of the condition was that of acute dermatitis with conjunctivitis, improving and recurring at intervals, with no other possible source of irritation except the original excitant. Persistent protection of the skin and the application of bland and soothing preparations finally succeeded in establishing a cure.

This case appears to have been unusually severe and the protracted course (three months) would indicate that all cases of this type are possibly serious, considering the long incapacitation and the possibility of corneal ulcer or other ophthalmic complications.

1309 David Whitney Building.

CORNEAL ULCERATION FOLLOWING USE OF LASH-LURE  
A. W. McCALLY, M.D.; A. G. FARMER, M.D., AND E. C. LOONIE, M.D.  
DAYTON, OHIO

There has been much agitation recently against the unbridled use of harmful cosmetics, and many case reports have appeared demonstrating some of the consequences of this practice.

We report a case in which a woman had her eyebrows and eyelashes dyed with a preparation called Lash-Lure, a product manufactured in Los Angeles by the Lash-Lure Research Laboratory, Inc. As the ingredients of the cosmetic were unknown and could not be learned from the local beautician who applied it, an analysis was made by a competent chemist. He qualified his report by stating that the dye was one of the paraphenylenediamine group. No neutralizing antidote was known and no report of similar cases could be found in the literature as a guide to treatment at the time the patient came under observation. Since then a report of a somewhat similar case, though apparently without such extensive involvement,

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REPORT OF CASE

A woman, aged 38, seen on the morning of May 18, 1933, stated that on the afternoon of May 17 she visited a local beauty parlor, where her eyebrows and eyelashes were "touched up." A certain soap, dye and other applications were used. Instead of a minor treatment, as she had expected, she was amazed to find it quite an elaborate procedure accompanied by smarting and irritation of the eyes. She had never had a previous application of dyes of any kind, though she had occasionally visited the beauty parlor for other cosmetic treatments. Her eyes smarted and pained severely on her way home. Within two hours the lids were completely swollen shut and she was unable to open them. The eyes became very red, accompanied by profuse lacrimation and photophobia. The pain increased, accompanied by a severe aching, more marked in the right eye. Her nose felt "stuffy and runny," with symptoms of a cold. The skin of her face and brow felt greatly irritated. There was no history of previous eye trouble of any kind, and no allergic history except that she had always had a "tender skin."

On her arrival home she flushed her eyes with boric acid solution several times and instilled 10 per cent solution of mild silver protein and ointment of yellow mercuric oxide. She had a bad night and her eyes were worse the next morning.

When the patient was first seen the morning after the application of the dye, there was a beginning edematous dermatitis of the face and forehead, marked edema of the lids, marked chemosis with folds of conjunctiva protruding between the margins, and severe conjunctival and ciliary congestion. The pupils were small and only slightly active to light, and the iris markings were somewhat blurred, the iris appearing edematous. There were two areas on the left cornea which showed denudation of the superficial layers, while the right was stippled over its entire area. The fundi appeared normal through the somewhat hazy media. Vision was blurred, more so in the right eye, though objects could be distinguished. The temperature was normal. Treatment was entirely symptomatic, consisting of flushings with boric acid solution, cold applications, butyn drops and holocaine ointment for pain, acetylsalicylic acid for headache, and emulsion synephrine tartrate solution for the edema of the nasal mucous membranes.

The beautician, on being informed of the case, visited the patient and applied milk compresses to the face and lids.

May 19, the chemosis had markedly subsided but otherwise the condition had progressed unfavorably. The skin condition had become worse and was very irritating. The ocular congestion had not subsided except for the chemosis; posterior deposits were present on Descemet's membrane, both corneas were more hazy, pain was more marked in the right eye, vision was much impaired, and both globes were tender to palpation. Tension was not increased. The discharge had changed to a stringy exudate. An attempt to dilate the pupil was made at this time with homatropine and atropine. It was found that, with difficulty, only incomplete dilatation could be obtained, and there was a tendency to contract quickly. The fundi could not be seen. Irrigations, butyn and compresses were the only measures affording relief, butyn affording complete relief of the pain in the eyes for varying periods. Rest could not be obtained by the usual sedatives. A dermatologist was called to care for the skin condition. Lassar's paste and starch compresses were prescribed with some symptomatic relief. Conditions remained about the same on the 20th. The patient was hospitalized on the 21st in order to secure full nursing care. The pupils were fairly well dilated at this time. In the evening the pain became more severe, requiring frequent instillations of butyn. The pupils again became small, both corneas very hazy and vision practically absent except for light perception. The anterior chambers were of average depth. Tension was difficult to estimate because of the edema present, but it seemed slightly increased.

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On June 1, 1918, the patient rested for five hours, the best relief she had had since the onset of her trouble. On the 23d, a large central ulcer appeared on each cornea. The ulcers were touched with tincture of iodine, and metaphen 1:5,000 was used. These were improved the next morning but on the 24th they were touched with tincture of iodine. Cultures showed Staphylococcus citreus. The following day the patient was resting better and had slept fairly well with chloral hydrate by rectum. The ulcer margins, however, seemed to be extending and it was decided to cauterize these with the actual cautery. On the 26th there were two more small new ulcers on the right cornea and one more on the left. All of these smaller fresh ulcers were thoroughly cauterized on this day. It was found that their bases were deeply situated. The large central ulcers were clean and apparently healing. They were not cauterized but their edges were threaded with silver nitrate, 1 per cent, to stimulate them. From this time there was a slow but steady improvement. The edema of the lids subsided considerably but their margins remained somewhat reddened. Ammoniated mercury ointment, 3 per cent, was applied to this region for a few days with some improvement. Vision was reduced to light perception because of the impaired media but the pain was very much less. The patient was, however, extremely nervous and restless and, though many sedatives were used, none were successful in procuring rest, which amounted to from fifteen minutes to two hours a night, accompanied by hallucinations. June 1, a suppurating chalazion was incised and drained and on that date she was moved from the hospital to bed rest at home.

tincture of iodine, instillations of metaphen, 1:5,000, solution, atropine, and the use of hot applications. Later mercurochrome paste and trichloroacetic acid were occasionally applied. June 4, they were treated with the actual cautery.

June 5, a generalized bright red papular dermatitis began to appear on the body. This was thought to be due to atropine. Homatropine, supposedly less toxic, was substituted, as scopolamine was feared in this case and it was thought advisable to continue a mydriatic. The skin condition all the way through had been a major problem and no effective remedy had been found. The appearance of this new rash was very annoying.

The patient, however, seemed to be making some progress toward an improvement about 5 o'clock and was not relieved by butyn. The tension in both eyes began to increase and the ulcers, which had been improving, began to retrogress, the edges and bases becoming necrotic. June 14, a bilateral paracentesis was done with a keratome in both lower corneal segments. Relief of the severe pain was obtained to a considerable degree, but the corneal ulcers were not influenced, though both wounds were kept open for several days. The right cornea was apparently becoming necrotic, though the left seemed to be improving slightly. June 18, a second paracentesis was done on the left cornea, which had closed. On the 20th there was a partial slough of the right cornea, involving all but a zone about the limbus and extending to the deeper layers. This was followed by a staphylocoma and a dense opacity with vascularization. Tension subsided in the right eye but persisted in the left, although the wound was kept open as long as possible. June 25, a third paracentesis was done on the left eye. This also failed to improve the condition of the left cornea, which sloughed like the right but over a smaller area.

The skin condition improved markedly about June 18, when potassium permanganate solution, 1:5,000, in the form of compresses on the face and affected portions of the body was begun.

negative except for an occasional trace of albumin, a few pus cells, and slight lowering of hemoglobin and the red cell count.

The most marked feature in the pathologic changes in this case was the intense edema of all structures, particularly of the cornea, ciliary muscle and iris. This apparently interfered in the presence of such marked corneal changes due to bacterial invasion, was absent.

At the present time the patient is in good physical condition, the skin is clear and the eyes are quiet though there is still slight ciliary congestion. The right cornea has a large dense opacity, which will permanently obstruct vision; the left has a less dense opacity in the lower half and enough infiltration above to restrict vision to light perception, as in the right eye. We are, however, still hoping for enough clearing of the left cornea to permit some vision, perhaps with the aid of an optical iridectomy. The patient has displayed wonderful fortitude and is in remarkably good spirits. She is entering into a number of her usual social and household activities and is now considering the braille system. She is especially interested in doing all in her power to stop the use of harmful cosmetics and in preventing similar and other injuries happening to other women from the same cause.

Fidelity Medical Building.

## Council on Pharmacy and Chemistry

THE COUNCIL HAS APPROVED SUBMISSION OF THE FOLLOWING

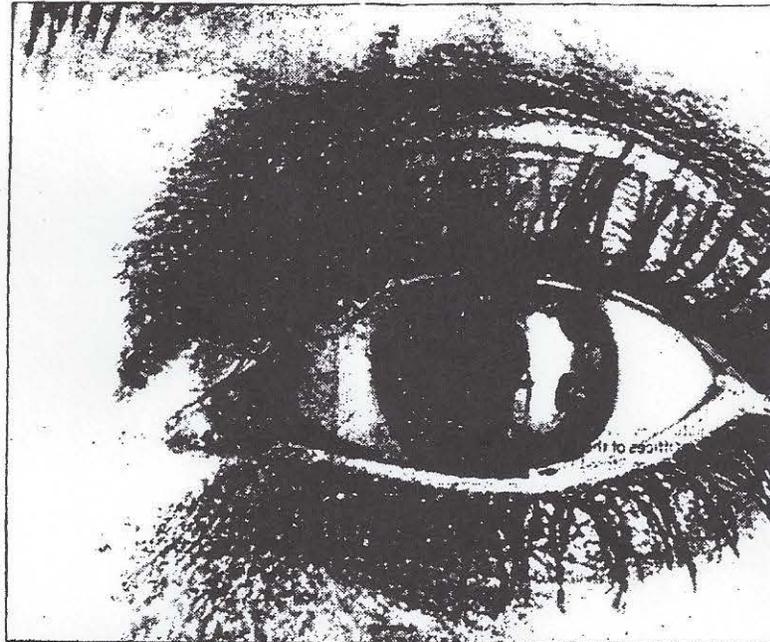
### REPORTS OF THE COUNCIL

#### CALUMBA-AGAR AND RHEUM-AGAR (REINSCHILD CHEMICAL CO.) NOT ACCEPTABLE FOR N. N. R.

Calumba-Agar and Rheum-Agar, stated to be agar "impregnated" respectively with fluid extract of Calumba, N. F., and fluid extract of Rheum, U. S. P., were presented for consideration of the Council by Reinschild Chemical Company, New Rochelle, N. Y.

Each teaspoonful represents 2 C. C. (M 16) Fluid extractum Calumbae N. F." On the label of Rheum-Agar occurs the statement "Each teaspoonful (weighing only 1 gram) represents 1 C. C. (M 16) fluid extractum rhei U. S. P." In the information submitted to the Council no evidence was given that these products contained the claimed amounts of calumba and of rheum. In the case of Calumba-Agar the product was stated to be prepared by "impregnating . . . 1000 Gm. of agar with 2000 cc. of Calumba, U. S. P., VIII . . ."; in the case of Rheum-Agar the product was stated to be prepared by "impregnating . . . 1000 Gm. of agar with 1000 cc. of Fluid Extract of Rheum, U. S. P. . . ." Combinations of agar with other substances are hardly justified unless the administration of the combination possesses some distinct advantage over that of the separate ingredients. The Council's referee reported that he knew of no special advantage in administering rhubarb or calumba with agar, yet he was inclined to recommend that these products be accepted since he could find no serious objection to their use. Being skeptical as to the accuracy of the quoted statements from the label, the referee recommended that Calumba-Agar and Rheum-Agar be accepted provided: (a) that the firm could submit satisfactory evidence

## BEST

Medicine  
When

LASH FLASH: One-third of those undergoing lash treatments are men.

## DYEING FOR PRETTY EYES

By SHEILA ANNE FEENEY

Daily News Staff Writer

**E**yelash-dyeing is back, and — hold on to your mascara wands — the eyelash permanent, a curling ritual long popular abroad, has hit this side of the Atlantic. But critics claim patrons who get such eye-deals are risking irritation, corneal ulcers, allergic reactions and blindness.

Dyeing enjoys a big flutter of popularity in summer, as those who have it done can swim, sun and sweat without worrying about applying mascara or having it smudge.

Blonds and other light-haired folks are the usual clients for eyelash dyes, performed at posh salons and small walkups alike for \$12 to \$30. Devotees claim blackening translucent lashes with dye gives a young, bright-eyed look for several months.

Men make up about 30% of the clientele for both lash dyeing and perms.

Asians with straight lashes are the big customers for the latest beauty mutation, eyelash permanents, says Helen Lee of the Helen Lee Salon. Her shop performs as many as 25 tints and 15 eyelash perms each week.

Lee's salon uses one of three tiny rod sizes to get lashes to flip up after a \$60 perm. The results, says Lee, last as long as six months.

Neither Lee, nor the spokeswoman for her salon, Robin Lee, would identify the imported products — or their ingredients — they use. Robin Lee claims the dye is "FDA approved."

No way, says the Food and Drug Administration, which urges consumers to avoid both procedures.

"There's no organic-synthetic (permanent) dye permitted for use around the eyes," says Heinz J. Eiermann, FDA director of the division for colors and cosmetics. The permanent dyes

vary little from hair dyes and are dangerous when used around the delicate eye area, Eiermann says.

Despite import alerts on lash dyes from Europe and Canada, small quantities are easily smuggled in by beauticians and their friends, in luggage or through the mail.

The eyelash perms are being investigated by the FDA, says John Wenninger, associate director for cosmetics. Wenninger recounts that when FDA staff first heard an eyelash curl product was being used here, "We

**Although popular, eyelash permanents and lash dyeing remain hazardous procedures, warns the FDA.**

said, 'it can't be an ammonium thrycololate material,'" such as the sort used in hair perms. Lo and behold, it was, says Wenninger.

The FDA can cite no recent injuries resulting from either beauty treatment, but the Department of State's Division of Licensing Services is soon to hear a complaint of a 30-year-old Manhattan woman who claims her eyes were hurt, her skin damaged and blood vessels broken in a local salon while having her eyelashes dyed.

The woman alleges the shop used henna on her lashes; the salon claims it used Roux Lash and Brow Tint, says Joseph Amello, assistant director of

licensing services. Regardless, the state will investigate salon use of all chemicals around the eyes, says Amello. "If we find out they are potentially dangerous, we will take steps to limit or eliminate" their use by licensees, Amello adds.

The FDA tried to bounce the Roux tint off the market more than 10 years ago, but a civil suit won on appeal by the manufacturer tied the FDA's hands. "It is not in compliance with the law, but we cannot take any regulatory action," Eiermann laments.

Cosmetics first came under the aegis of the FDA because of an eyelash product. "Lash Lure," a popular dye in the 1930s, infected one woman's eyes so badly she died. A socialite who was blinded by the product lobbied for the 1938 regulatory act that brought cosmetics under the FDA's jurisdiction, says Wenninger.

**F**olks who experience an adverse reaction to hair dye should never undergo an eyelash dye, says Eiermann. About 8% of the population is allergic to permanent color, and such allergies can occur spontaneously even after many successful exposures, he warns. Too, no one should undergo the procedure without at least having a patch test performed on the arm — something few salons perform. "If a person uses hair dye and dyes her eyelashes, she's increasing her susceptibility to an allergic reaction," says Eiermann.

Those who insist on risking their sight for the sake of a cosmetic improvement should never allow a beautician to apply a caustic preparation while they are lying down: Gravity sucks the caustic formulations into the fragile eyes. Eiermann adds one more grim caveat: Patronize a salon with "good liability insurance."



by Carol Ballentine

## Coal-Tar Dyes Again

Like an outmoded hair style, "Dr. Olbrich's Combinial Dye for Eyebrows/Eyelashes" has aroused memories for many people. For some, the memories are not pleasant.

Dr. Olbrich's Dye is a coal-tar dye for eyebrows and eyelashes. Like the popular coal-tar hair dyes that are similar chemically to the Dr. Olbrich product, the color change is fairly long lasting as compared to temporary colorings such as mascara, eye shadow and eye liner. But although coal-tar hair dyes are legal, coal-tar dyes for eyebrows and eyelashes aren't because they may cause eye injury and even blindness. Most stocks of the Dr. Olbrich product now have been placed under embargo or are being recalled by the U.S. distributors.

The product is uncomfortably reminiscent of Lash Lure, a cosmetic popular in the 1930s that had, in a few cases, a devastating effect. Lash Lure, a synthetic coal-tar dye, was used by many women without ill effect. But for some women the same dye caused an allergic reaction—dermatitis and itching around the eyes. And in 1933 two women suffered worse than that: One 52-year-old woman died after Lash Lure was applied to one eye; she had suffered eight days of violent pain. Another woman—referred to as "Mrs. Brown" in the FDA archives—became blind in both eyes after weeks of intense pain.

Coincidentally, 1933 marked the beginning of the congressional controversy over the need for new—and stronger—food and drug laws. The Lash Lure cases figured prominently in the debate on stronger regulation of cosmetics. At the time, FDA had no legal authority to move against this product because there was no provision in the law prohibiting the sale of cosmetics known to be harmful. Advocates for a stronger law pointed out that knowledge about the deleterious effects of Lash Lure had had only one noticeable effect on the proprietors of beauty salons using the stuff: many instituted a requirement

The new and improved Eye Brow and Eye Lash Dye

**LASH Lure**

Radiates Personality

This is the manufacturer's version of the effect of this aniline eyelash dye.

Total blindness was its actual effect in at least one instance.

Before

After

that customers sign an agreement saying they would not sue if they suffered ill effects from the dye.

"Mrs. Brown's" case was used as poignant testimony in the congressional hearings. Pictures of her—before and after Lash Lure—were incorporated into FDA's Chamber of Horrors exhibit, which featured a number of harmful and deceptive products currently on the market. The exhibit was shown to members of the congressional committee conducting the hearings on the proposed food and drug bill.

The woman's story was recounted in detail: One spring day she had Lash Lure applied to her eyelashes at a beauty shop in preparation for a banquet to be held in her honor. Almost immediately her eyes began to sting, and within hours she was suffering

pain so intense she had to leave the banquet early. By morning her eyes were swollen shut and draining. Her husband took her to the hospital where she was treated by eight specialists and had several operations, all to no avail. Bedridden for three months, she was hardly able to sleep and eat, and suffered from constant pain that wouldn't yield to anaesthetics. The pain finally ended but not until the corneas on both eyes had sloughed off, leaving her completely blind.

During the five years of hearings on the food and drug bill, discussion about the use of coal-tar dyes for dyeing the hair and for dyeing eyebrows and eyelashes took place on numerous occasions. One provision proposed for the new law would declare cosmetics to be adulterated (and thus illegal) if they were "injurious to users under

## Contact allergy to para-phenylenediamine in a permanent eyelash dye

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We present the case of a 30-year-old atopic lady with a known history of intolerance to several materials, including dark stockings, who developed a severe dermatitis on the eyelids and peri-orbital regions, as well as a conjunctivitis after having her eyelashes tinted by a beautician with a permanent black eyelash and eyebrow dye (Combinal, Dr Temt Laboratories, Austria). Patch tests revealed positive reactions to para-phenylenediamine (PPD), both diluted 0.01% and 1% in pet., to the eyelash dye (tested semiopen as is) and to some of the azo-dyes tested. The permanent eyelash dye did contain PPD, the use of which is illegal but seems to be a common practice. The patient had most probably been sensitized through nylon stockings containing azo-dyes, with PPD itself cross-reacting to them. With the growth in popularity of tattooing and permanent make-up, doctors should be aware of the new uses of this old allergen. Moreover, although many manufacturers have made great efforts to improve cosmetics concerning their safety, some of them remain uninformed about cosmetic legislation or do not respect it at all. Because many of these products are acquired via internet, lack of legislation about this shopping modality is also a serious problem.

**Key words:** allergic contact dermatitis; Combinal<sup>®</sup>; conjunctivitis; cosmetics; dyes; eyelash; eyelids; para-phenylenediamine (PPD); permanent make-up. © 2006 The Authors. Journal compilation © 2006 Blackwell Munksgaard.

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The most common active ingredient in hair dyes is para-phenylenediamine (PPD), which is known to be one of the most potent contact allergens, both from experimental studies in laboratory animals and from human clinical experience (1, 2). The most common reaction to dyes containing PPD is delayed-type hypersensitivity, but immediate-type hypersensitivity reactions and even fatal anaphylaxis have also been reported (3–6). The classical target populations for this allergen are hairdressers and women (and to a less extent men) who dye their hair (7, 8). Another group of patients also at risk are Arabic men who dye their beards (9). Recently, the increasing number of cases of contact allergy to Henna tattoos adulterated with PPD, affecting also children, has also shed light to this allergen (10–14).

### Case Report

A 30-year-old atopic lady developed a burning sensation in the eyes immediately after having her eyelashes tinted by a beautician with a permanent black eyelash and eyebrow dye (Combinal<sup>®</sup>, Dr Temt Laboratories, Austria), which was followed

by a severe eyelid dermatitis and conjunctivitis beginning 1 day later and progressing through the next days. She had a history of sensitivity to nickel and cobalt (confirmed by patch tests) and had experienced eczematous reactions in the knee folds after wearing dark stockings, and had also reacted to a particular brand of mascara, however, without further investigations.

She consulted our department 2 weeks after this make-up procedure and presented with intense itching, erythema, swelling and exudation of both eyelids and a severe conjunctivitis, as well as eczema on the peri-orbital regions (Fig. 1).

Treatment with several eye drops and an antibiotic ointment had provided no relief, but application of hydrocortisone acetate 1% in an ophthalmic ointment had gradually cured the lesions over a 1-month period. She was patch-tested with the European standard battery (Trolab, Hermall, Germany) and the textile dyes (Chemotechnique, Malmö, Sweden), using van der Bend patch-test chambers (Brielle, the Netherlands) mounted on Micropore<sup>®</sup> (3M Health Care, Neuss, Germany) and fixed on the



Fig. 1. Acute dermatitis and conjunctivitis caused by a permanent eyebrow and eyelash dye containing para-phenylenediamine.

back with Mefix (Mölnlycke Health Care, Göteborg, Sweden). The eye-lash dye was tested as is semi-open: a minute amount of the dye was directly applied with a Q-tip on the skin, left to dry completely and covered with Micropore<sup>®</sup> tape. Test readings were performed after 2 and 4 days. Positive reactions (Table 1) to PPD, both diluted 0.01% and 1% in pet., as well as to the eyelash dye were observed. She also reacted to some of the azo-dyes tested: this could be relevant for the intolerance reactions she had experienced with nylon stockings before, which could probably be considered as the primary sensitization source for PPD derivatives, with PPD itself cross-reacting to them.

#### Discussion

The eyes are perceived socially as a mirror of the soul, yet from a dermatological point of view, the eyes represent a transition area between skin with the thinnest stratum corneum on the entire body and the moist conjunctival covering of the eye itself. Therefore, the desire to create fashionable eye cosmetics must be balanced with the need to insure that safety issues have been addressed. No harm must come to the eye from any coloured eyelid or eyelash cosmetic (15).

The FDA Act of 1938 prohibited the marketing of hair dyes for eyelash and eyebrow tinting because this practise has been known to cause severe eye injuries and even blindness. In 1933, two women had suffered severe reactions to a permanent eyelash product, called 'Lash Lure';

Table 1. Positive patch test results

Test results	Day 2	Day 4
Para-phenylenediamine (0.01%)	-	++
Para-phenylenediamine (1%)	++	+++
Disperse red 17 (0.5% and 1%)	+	+
Disperse red 1 (1%)	+	+
Disperse orange 3 (1%)	++	++
Disperse orange 1 (0.5%)	+	+
Combinat <sup>®</sup> as is semiopen	-	++

one woman became blind and the second woman died. This was the first product seized under FDA's authority. There are no colour additives approved by FDA for permanent dyeing or tinting of eyelashes and eyebrows (16). Nevertheless, some beauty saloons and other establishments continue to promote this use of hair dyes. This practice most often occurs during the summer months as a means of retaining eyebrow and eyelash colouring after outdoor activities such as swimming (17, 18). Topical antibiotics and preservatives (both from topical pharmaceutical products and cosmetics) are the leading allergens in eyelid-contact dermatitis and conjunctivitis. PPD, in association with lesions on or around the scalp, is sometimes implied when hair dyes are the cause (19-24).

Allergic contact dermatitis following the direct application of permanent eyelash and/or eyebrow dyes containing PPD has rarely been described: Hansson et al. (25) reported 2 PPD-sensitive patients who had reacted to 2-chloro-PPD present in a cream dye, and Bhat et al. (26) recently described a rather unusual case report of xanthelasma palpebrarum following its use. PPD has intermittently been banned in a number of European countries; most recently in Sweden in 1964. However, as the advent of the European Union and stricter regulation of the concentration allowed, PPD is used throughout the European Union (27). According to European legislation, PPD is authorized at a concentration up to 6% calculated as free base as an oxidizing colouring agent for hair dyeing. Besides these restrictions, warnings like 'Can cause an allergic reaction', 'Contains phenylenediamines', 'For professional use', 'Use suitable gloves' and 'Do not use to dye eyelashes or eyebrows' must be printed on the label (28). In Combinat<sup>®</sup> black, the first four warnings were present in the product's package, but the product was recommended as a dye for eyebrows and eyelashes. The manufacturer confirmed the presence of PPD in a 2.38% concentration, which in his opinion was in accordance to the European legislation. In <http://www.combinat.com>, this product is stated as the most popular eyelash dye in the world and is available in black, blue and brown colours, all containing PPD in decreasing order of concentration. According to [www.aestheticnew.com](http://www.aestheticnew.com), the Combinat<sup>®</sup> dye occupies the first and second place of the top 10 best sales with no critics to the products until now. Refectocil Tint<sup>®</sup>, Fortune Dye<sup>®</sup> and Babor Eyelash Tint<sup>®</sup> are some other available brands of permanent eyelash dyes.

Several conclusions must be drawn from this clinical report. First, PPD remains an actual and important allergen, and unusual sources of PPD are becoming a reality, as stated above. Indeed, some individuals choose permanent make-up as a time-saver or because they have physical difficulty applying regular temporary make-up. With the growth in popularity of tattooing and permanent make-up, doctors should be aware of the new uses of this old allergen. Second, although many manufacturers have made great efforts to improve cosmetics concerning their safety, some of them remain uninformed about cosmetic legislation or do not respect it at all. Last but not the least, the current surveillance strategies to defend the costumer's health do not seem to be adequate, particularly because many of these products are acquired via internet.

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# BACKGROUND PAPER FOR THE BOARD OF BARBERING AND COSMETOLOGY

## IDENTIFIED ISSUES, BACKGROUND AND RECOMMENDATIONS REGARDING THE BOARD OF BARBERING AND COSMETOLOGY

### CURRENT SUNSET REVIEW ISSUES

The following are unresolved issues pertaining to the Board, or those which were not previously addressed by the Committee, and other areas of concern for this Committee to consider along with background information concerning the particular issue. There are also recommendations by the Senate Business, Professions and Economic Development Committee staff which have been made regarding particular issues or problem areas which need to be addressed. The Board and other interested parties, including the professions, have been provided with this Background Paper and can respond to the issues presented and the recommendations of staff.

#### BOARD ADMINISTRATION ISSUES

**ISSUE #1: (IMPLEMENTATION OF BreEZe.)** The Board is included in the first phase of the rollout which is set to take place in early 2013. What is the status of The BreEZe Project?

**Staff Recommendation:** *The Board should provide an update of anticipated timelines, existing impediments and the current status of BreEZe.*

**Board Response:** As stated, the Board is in phase one of the implementation plan to roll out the new database. As of the date of the submission of this report, phase one is expected to roll out in mid-May 2013. The Board has dedicated resources to this project and is currently performing user acceptance testing.

**ISSUE #2: (ADDRESSING DEFICIENCIES IN PRIOR INTERNAL AUDITS.)** Has the Board made the necessary changes to its operations as recommended by prior DCA audits? What are the challenges the Board faces in implementing recommendations?

**Staff Recommendation:** *The Board should provide the Committee an update on its implementation of previous audit recommendations and describe any challenges it continues to face, as well as any statutory or regulatory efforts that might additionally aide the Board in fulfilling its duties. The Board should also explain any proactive steps it takes to deal with administrative barriers.*

**Board Response:** In August 2008, the Department of Consumer Affairs Internal Audit Office identified six issues that the Board needed to address. Three of these issues were addressed which included the adoption of a strategic plan, improve enforcement processes, and establish internal controls for cash receipts. The remaining three issues have had progress but require additional work.

**Substantial Backlogs:** As of the date of the submission of this report, the Board is not experiencing a backlog. However, because of the high volume of workload, this can change in an instant. Managers of each unit monitor processing times on a weekly basis and makes adjustments as needed to ensure delays are not created.

**Deficiencies in the Inspections Program:** The Board has made tremendous progress in addressing the findings in the audit; however, one item that is unresolved is the fact that the Board cannot meet its statutory mandate to inspect new establishments within 90 days of licensure. The Board has 22 inspector positions and over 40,000 licensed establishments. The Board must increase its inspector staffing levels in order to meet this mandate. The Board is working on the submission of a budget change proposal to accomplish this and will be happy to report back to the committee on the success of this endeavor.

**Improve Licensing Operations:** The Board has made improvements in its licensing operations however, with the implementation of the BreEZe database there will be additional opportunities for improvements. The extent of these improvements will not be fully known until the database is implemented.

**ISSUE #3: (PROPER ASSESSMENT AND ALLOCATION OF RESOURCES FOR THE BOARD TO FULFILL ITS MISSION.)** The Board is taking in a lot of money and may need to evaluate its fees. Prior Sunset Reviews found that the Board spent more on its examination program than it takes in and recommended that the Board needs to assess the actual costs related to exams, and take in corresponding revenue. The Board has also cited many challenges including mandatory furloughs and travel and budget restrictions as impediments to the Board effectively fulfilling all of its responsibilities.

**Staff Recommendation:** *The Board should explain to the Committee any unique efforts it is making in light of certain administrative barriers and discuss if resources are being properly assessed and allocated. The Board should also comment on its ideal staffing circumstances and if pursuing a BCP or gaining additional staff could better help it fulfill its mission.*

**Board Response:** The Board's main area of concern regarding resources is within the inspection program. Currently, the Board has 5 vacant inspector positions. There are challenges in filling this classification, specifically, because the individual must live in the vacant territory and the pay is not significant. The Board currently cannot meet its statutory mandate for inspections of new establishments due to inadequate staffing levels in the inspections program. The Board will be pursuing a budget change proposal in 2013 to increase inspector positions. As for the other units of the Board, we believe we have sufficient resources to carry out our mission.

**ISSUE #4: (OUTREACH.)** The Board's outreach efforts have been impacted by travel restrictions and budget constraints. Can the Board do anything outside of travel to stay in touch with and actively engage stakeholders? Are there any efforts other DCA Boards are pursuing that the Board can also take?

**Staff Recommendation:** *The Board should explain efforts it is taking to use existing resources like Board Members who live in certain parts of the state, the media, its Website, field staff and stakeholders to maintain a presence amongst its licensees and the public. The Board should*

*articulate why dual oversight of schools is a barrier to interacting with students in barbering and cosmetology programs in California who will become Board licensees.*

Board Response: The Board has taken several steps to maintain its outreach efforts even though there are travel restrictions. For licensees, the Board contacts all the promoters of trade events and provides hand-outs for distribution. While having staff at these events is optimal, we are still able to provide information that is helpful to licensees. In addition, Board members often attend events on their own and will answer questions and distribute material. The Board also uses its website and social media to provide updates and valuable information to consumers and licensees.

The Board, in conjunction with the National Interstate Council of Cosmetology (NIC), holds annual webcast meetings with all schools to provide a review of the examination. The webcast allows school representatives to e mail questions and receive immediate responses on the webcast.

In the Boards sunset report it was stated that due to dual over sight and travel restrictions the board has been limited in its outreach to schools. This is an incorrect statement and we would like to clarify that it is the travel restrictions that have limited the outreach to schools. Specifically, in the past the Board would send representatives to speak to students at schools and hold Q and A sessions. We apologize for this incorrect statement in our report.

In 2013, the Board will be working with the Department of Consumer Affairs Public Affairs Office to utilize the media to raise awareness on beauty services.

**ISSUE #5: (PROMOTING SAFETY.)** Many products used in Board licensed establishments and by Board licensees may not be safe. What does the Board do in the event that a product is perceived to be unsafe? How does the Board promote the health and safety of its licensees as well as consumers receiving services, sometimes with dangerous products, from licensees?

**Staff Recommendation:** *The Board should comment on its efforts to promote awareness about potentially harmful products used by practitioners and consumers. The Board should report to the Committee on steps that it has taken to make its licensees and consumers aware of the Brazilian Blowout product.*

Board Response: The Board has taken several steps to increase awareness about potentially harmful products. When the Board becomes aware of a potentially unsafe product, research is conducted which includes contacting other states, the FDA, and the CDC. At times, technical advisory committees are consulted, as well as, leading industry professionals. Once the Board has the knowledge needed on the product, a course of action is determined. This may be an industry bulletin, possibly a regulation change, notification on the Board's website and social media sites. For example, the Board published information on its website regarding the concerns that were raised with the Brazilian Blowout to alert licensees and consumers of the potential harm. The Board will continue this course of action with any new concerns that are raised in the industry.

**ISSUE #6: (SCHOOL APPROVALS.)** The Board approves many aspects of a barbering, cosmetology and electrology program in California while the Bureau for Private Postsecondary Education (BPPE) approves many institutions and ensures student protections for individuals attending schools. What is the appropriate relationship for each entity as it relates to school oversight, approval and actions against bad schools?

**Staff Recommendation:** *The Board should provide the Committee with an update on its current working relationship with BPPE. The Board should continue to work with the BPPE under the MOU. The Board should be granted statutory authority to remove its approval of a school, which will then allow the BPPE to take action for offering a training program to students who will not be eligible to sit for licensure and close down bad schools. The Committee may wish to explore providing the Board with additional resources for its school approval program. The Committee may wish to amend statute to clarify that approval of a school by BPPE is contingent upon approval of a program by the Board.*

**Board Response:** In February 2013, the Board's Executive Officer and the Bureau Chief of the BPPE signed a Memo of Understanding (MOU), which clarifies the sharing of information between the two boards. The MOU has helped to ensure that both programs are communicating for one main goal.

The Board still remains firm that there should be one regulatory entity that oversees barbering and cosmetology schools and that entity should be the Board. The Board asks that the committee allow the Board to continue to work with the BPPE with the recommended statutory changes and re-evaluate the topic of sole oversight when the Board is reviewed again in two years.

In addition, the Board agrees with the staff recommendations that Board approval should be required prior to the BPPE approval and the Board should be granted authority to remove its approval.

### **LICENSING AND ENFORCEMENT ISSUES**

**ISSUE #7: (TESTING ISSUES.)** It is still taking a long time for applicants to receive notice of their examination date. The Board recently implemented a national exam but has seen a decline in passage rates. The Board has also worked to determine the most appropriate scoring methods. What is the current status of the Board's scoring method? The Board has also seen a consistently lower passage rate for Spanish language test takers compared to other languages. What accounts for this disparity? The Board recently began offering exams in Korean; however, the process was significantly delayed and it is unclear how implementation is going. The Board also faces delays in its ability to offer examinations in a timely manner, impacting the employability of applicants.

**Staff Recommendation:** *The Board should address the average time it takes to schedule an exam for an applicant and report on any delays in this process. The Board should report on measures it is taking to review decreased passage rates for the national exam and efforts it will take to monitor the situation. The Board should comment on the anticipated implementation date of the new scoring methodology and how the Board is prepared to implement it. The Board should also comment on whether it anticipated pass rates for the barber exam to fall after aggregate scoring is eliminated. The Board should identify efforts it is taking to determine the cause for the lower pass rates in the Spanish-language examinations and how it is addressing this problem.*

**Board Response:** The Board's processing time for applicants to take the examination is eight weeks. We believe this is a significant improvement from years past. The Board has also been able to reduce the backlog that was created by the 3-day a month furlough program.

The Board monitors passing rates, on its examinations, on a monthly basis. The Board saw passage rates decline when the national examinations were implemented. This decline attributed to the fact that some schools were only teaching to the state board examination and not to minimal competency. We do believe that we will see the passage rates begin to rise as schools ensure that they are teaching minimal competency and not just how to pass the test.

The Board has adopted regulations to set all grading at criterion-referenced scoring. However, this implementation will require extensive database changes. As the Department is currently in full implementation of the BreEZe database, no changes can be made to the existing database. Upon implementation of BreEZe, the Board will work with the Department to implement criterion-referenced scoring. The Board believes that the pass rate may initially decline, but believes it will not be significant.

As the Board has been reviewing pass rates it is evident that there is a concern with the Spanish pass rates. The Board contacted the NIC and they completed a review of the Spanish translation to ensure there were not concerns in this area. The NIC believes the examinations are translated appropriately. The next step that the Board will be taking is to look at the schools those students who are requesting Spanish examinations have attended. The Board believes that if the examination is accurately translated and the textbooks are available in Spanish, then there must be a concern with the quality of education. The Board does not have authority over quality of education however; we will work with the BPPE and accrediting agencies to come up with options if necessary.

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**ISSUE #8: (APPROPRIATE LICENSING CATEGORIES.)** The Board routinely comes across services being offered that *may* be within the scope of a Board license, but is being provided by an individual not licensed by the Board. Should the Board evaluate the addition of specialized certificates or licensure in certain practices? How is the Board keeping up with trends in the marketplace and industry and reflecting those in its education requirements and licensure?

**Staff Recommendation:** *The Board should review the issue of recognizing specialized service providers like eyelash extension applicators, makeup artists and waxers. The Board should work with national groups, professional associations, colleagues at NIC, school owners and licensees to determine if steps are necessary to create easier paths to Board recognition for individuals performing limited services. The Board should provide the Committee with statutory recommendations by January 1, 2014 on this issue.*

**Board Response:** The Board agrees with the staff's recommendation to work with national groups, professional associations, the NIC, school owners and licensees to determine what steps are needed in addressing the issue of licensing categories.

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**ISSUE #9: (REGULATION OF HAIR BRAIDING.)** Exempt from regulation since 1997, the Board believes it should once again regulate hair braiders.

**Staff Recommendation:** *Hair braiding should continue to be exempt as a practice. The Board should conduct a thorough study and convene stakeholder meetings to further explore the issue and provide a report to the Committee on those efforts.*

Board Response: The Board will conduct a study as recommended and provide its findings to the committee.

**ISSUE #10: (CONTINUOUS PROBLEMS WITH BOARD INSPECTORS.)** The Board has faced numerous challenges with its inspectors, including inappropriate use of their position, lack of proper training and an inability to fill vacancies. What does the Board plan to do to address the problem of inspectors?

**Staff Recommendation:** *The Board should comment on its audit of inspectors and tell the Committee how its racial discrimination policy implementation is working. The Board should report on any cost-effective measures it is taking to appropriately train staff, particularly field inspectors. The Board should comment on its internal tracking efforts related to inspector complaints and what efforts it is taking to inform the public about the ability to file a complaint with the Board. The Committee may wish to direct the Board to design inspector training and administrative procedures and create inspector performance measures to ensure inspectors understand the unique nature of the Board licensees and the communities in which they operate.*

Board Response: The Board did have a classification and pay study completed on the inspector classification that clarified the inspectors are appropriately classified and that the pay scale should be increased through the bargaining process.

Training has been a challenge due to the limitations under the Governor's Executive Order. Most training is done on a one-on-one basis and is usually done via telephone or e mail. However, the Board is initiating monthly conference calls with each of the three inspector units (North, South and Central) where training will be discussed, as well as, a review of any complaints that have been received. The Board is also looking into video conference meetings to provide training, however, because the inspectors are spread throughout California, this option would still require travel.

The Board tracks all complaints on inspectors and these complaints are investigated fully. All staff at the Board as well as Board members during disciplinary hearings will encourage an individual to file a complaint if they feel the inspector was not professional. The Board is committed to ensuring that all staff is professional at all times and this will remain a top priority for the Board.

**ISSUE #11: (BACKLOGS CONTINUE TO EXIST FOR THE BOARD'S DISCIPLINARY REVIEW COMMITTEE.)** How are backlogs impacting the Board's enforcement work? What are steps the Board is taking to address the backlog? A large number of the DRC cases may be related to problems with inspectors and an overzealous inspector community. How does the Board track appeals related to inspectors?

**Staff Recommendation:** *The Board should update the Committee on the steps it is taking to reduce the DRC backlog. The Board should also report on trends in the DRC appeals to determine if proactive steps need to be taken to reduce violations in certain areas.*

Board Response: In 2011, the Board returned to an escalating fine schedule allowing for a lower fine amount for a first offense. One reason for this action was the amount of appeals that were requested simply based on the amount of the fine. The Board's regulations allow for an appeal of a violation for one of three reasons: the occurrence of the violation, the period of time for correction, and the amount of the fine. By having a lower amount on a first offense is one step the Board believes will reduce the

number of appeals. It should be noted that the lower fines, for a first offense, are not of violations that the Board believe pose an increased risk of consumer harm.

The Board also has implemented appeal by written testimony allowing a licensee to provide their appeal in writing as opposed to appearing in person. While this has not necessarily reduced the number of appeals, it has streamlined the process for responding to appeals and allows licensees to provide an appeal if they are unable to travel to a hearing.

Due to the fact that most appeals are requested only to reduce the fine amount, there are not proactive steps that can be taken to reduce appeals. However, once the Board has sufficient staffing of inspectors there would be better communication between inspectors and establishments as there would be more regular visits. This would help eliminate violations and ultimately appeals.

**ISSUE #12: (BOOTH RENTALS.) Schools and establishment owners continue to report to the Board at its meetings that booth rentals are a problem and need a separate licensing category. What is the Board's current stance on booth rentals?**

***Staff Recommendation:*** *The Board should update the Committee on its current stance related to booth rentals and the status of stakeholder conversations on this topic.*

***Board Response:*** The Board has not held recent discussions regarding the options of booth rental however; we recognize that this is still a growing factor in the industry. The Board will convene stakeholder meetings on this issue and provide our findings and recommendations when the Board is reviewed again in two years.

**ISSUE #13: (UNLICENSED ACTIVITY.) The Board states that this is its top enforcement priority and remains a big problem for the Board.**

***Staff Recommendation:*** *The Board should comment on further ways in which it can deal with or prevent unlicensed activity.*

***Board Response:*** As noted in the Board's background report, complaints of unlicensed activity are on the rise. In 2010, the Board began a partnership with the Division of Investigation to issue misdemeanor citations when unlicensed activity is found. We are hopeful that over time this process will become more successful in deterring unlicensed activity.

The Board is hoping to conduct additional unlicensed activity sweeps where inspectors conduct multiple inspections at the same time in a concentrated area where there is known unlicensed activity. The Board also believes that if we are successful in increasing our inspector staff, there would be less unlicensed activity as inspectors would have smaller geographical areas.

**ISSUE #14: (REMEDIAL EDUCATION.) The Board has discussed offering the option of remedial education in lieu of citations and fines for some violations. Is this enough of a deterrent to violating the law?**

***Staff Recommendation:*** *The Board should update the Committee on its efforts toward remedial education. The Board may consider establishing a technical advisory committee on this issue to*

*better explore all of the avenues involved with a remedial education proposal. The Committee may wish to require the Board to track specific data on violations for certain licensees to determine if trends exist among licensees for whom language barriers could be at the heart of unintentional violations of the law.*

Board Response: The Board has discussed this option in the past but there would need to be additional research conducted to determine if this option is feasible. The Board agrees with the staff recommendation to establish a technical advisory committee to explore this option. The Board will pursue this and will report to the committee when it is reviewed again in two years.

## **WORKFORCE ISSUES**

**ISSUE #15: (POSSIBLE BARRIERS TO REENTRY.)** How is the Board assisting those leaving incarceration in finding employment opportunities as Board licensees? Does the Board believe that there are barriers in its licensing process to ensure timely approval of applicants? The Board may need to take additional proactive steps to address this important topic.

Staff Recommendation: *The Board should suggest any statutory improvements necessary and should comment on its efforts to help put people back to work.*

Board Response: As noted in the Board's background report, we have returned to conducting examinations in state correctional facilities. This program has been successful and we continue to work with the California Department of Corrections and Rehabilitation (CDCR) to administer additional examinations. We are awaiting final applications to be submitted from the CDCR to hold an examination in the summer of 2013. At this time, we do not believe statutory changes are necessary.

## **BARBERING AND COSMETOLOGY RELATED STATUTORY IMPLEMENTATION EFFORTS**

**ISSUE #16: (CONSUMER SATISFACTION SURVEY.)** How is the Board doing? What is the impression of survey respondents?

Staff Recommendation: *The Board should report on the results of its surveys and comment on how it is doing in the eyes of licensees and those who interact with the Board and the Board's staff. The Board should update the Committee on improvements it makes as a result of survey responses and comments.*

Board Response: The Board has two customer satisfaction surveys. One is a general survey posted on the Board's website and one is specific to the inspection process. In regards to the general survey, the Board received 273 responses. While the Board received favorable marks regarding information received (72.2% rated favorably) and web site usefulness (69.1%), there is some work to be done in the timeliness to answering telephone calls. The Board is hopeful that as we continue to reduce processing times, telephone calls will also reduce.

Regarding the inspection survey, this tool has been helpful to the Board to determine what areas of the inspection process need improvement. While we believe that the inspection program is improving, we

also understand there is room for growth. The Board will be addressing training needs and options for training (video conference, telephone staff meetings). These training sessions will have a portion dedicated to the survey responses so that inspectors are aware and can make improvements.

**CONTINUED REGULATION OF THE BOARD OF BARBERING AND  
COSMETOLOGY**

**ISSUE #17: (CONTINUED REGULATION BY BOARD OF BARBERING AND COSMETOLOGY.) Should the licensing and regulation of barbers, cosmetologists, electrologists, manicurists and estheticians be continued and be regulated by the current Board membership?**

**Staff Recommendation: *Recommend that the barbering, cosmetology, electrology, manicure and esthetician professions continue to be regulated by the current Board members in order to protect the interests of the public and be reviewed once again in two years.***

**Board Response:** The Board is thankful to the committee and looks forward to working with staff on the important issues raised in this report.



**BarberCosmo**  
Board of Barbering & Cosmetology



**STRATEGIC  
PLAN  
2013-2017**

MEMBERS OF THE BOARD OF BARBERING AND  
COSMETOLOGY

JOSEPH FEDERICO INDUSTRY MEMBER, BOARD PRESIDENT

WEN LING CHENG, PUBLIC MEMBER, BOARD VICE PRESIDENT

BOBBIE ANDERSON, PUBLIC MEMBER

RICHARD HEDGES, PUBLIC MEMBER

CHRISTIE TRAN, INDUSTRY MEMBER

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## TABLE OF CONTENTS

ABOUT THE BOARD OF BARBERING AND COSMETOLOGY .....	1
RECENT ACCOMPLISHMENTS .....	3
MISSION, VISION AND VALUES .....	5
GOALS AND OBJECTIVES .....	6

## ABOUT THE CALIFORNIA STATE BOARD OF BARBERING AND COSMETOLOGY

In 1927, the Board of Barber Examiners and the Board of Cosmetology was established. The Board of Barber Examiners governed the barbering profession, and the Board of Cosmetology governed the cosmetology profession. The Board of Barber Examiners consisted of 5 members, 2 of which were public members. The Board of Cosmetology consisted of 7 members, 2 of which were public members.

Throughout the years, there were minor changes to the laws of each profession. For example, the requirement of apprenticeship prior to master barber licensing for barbers and revision to the cosmetology laws to include a separate manicurist license, electrology license and esthetician license. In 1939, the manicurist license and the electrology license were added and in 1978, the cosmetician (esthetician) license was added. In 1992, the Board of Barber Examiners and the Board of Cosmetology were merged to create the Board of Barbering and Cosmetology. Chapter 10, Division 3 of the Business and Professions Code, (known and cited as the Barbering and Cosmetology Act), was enacted by AB 3008, (Eastin, Chapter 1672, Statutes of 1990), and became effective July 1, 1992.

In July 1997, the Board of Barbering and Cosmetology was eliminated by the California Legislature and the duties, powers and functions of the Board were transferred directly to the Department of Consumer Affairs and were administered by the Bureau of Barbering and Cosmetology.

On January 1, 2003, SB 1482 (Polanco), Chapter 1148, Statutes of 2002, reinstated the Board of Barbering and Cosmetology (Board).

Today, the Board consists of nine members, seven are appointed by the Governor, one by the Senate Pro Tem and one by the Assembly Speaker. Of the nine appointments, four members are licensees and five are public members. The Board appoints the Executive Officer. The Executive Officer oversees a staff of 91. The major areas of responsibility in the daily operations of the Board are testing and licensing applicants as cosmetologists, manicurists, estheticians, electrologists, and barbers, as well as, inspecting salons for health and safety violations and investigating consumer complaints.



## RECENT ACCOMPLISHMENTS

As a part of the strategic planning process the Board has evaluated the goals laid forth in their previous strategic plan, identifying the objectives they were able to accomplish, and making note of any items that still require their attention for carry over into the new plan. The following are the significant Board accomplishments since the last strategic plan was adopted in 2006.

- ✓ The Board has implemented the recommendations of the foot spa task force to improve sanitation conditions at licensed establishments.
- ✓ The Board has reviewed and revised the criteria for denying a license to ensure consistency with current law.
- ✓ The Board has made necessary fiscal adjustments to ensure all administrative cases sent to the Attorney General's office are completed.
- ✓ The Board has increased cost recovery by sharing information with the Franchise Tax Board and State Board of Equalization.
- ✓ The Board has reduced the processing time between when an inspection is requested to the inspection being conducted by 25%.
- ✓ The Board has reviewed the curriculum for each license type and promulgated necessary regulations to reduce processing times.
- ✓ The Board has implemented licensee reciprocity – ensuring a seamless transition and a fair marketplace for out-of-state licensees.
- ✓ The Board has reviewed and implemented the national exam (National-Interstate Council of State Boards of Cosmetology) for all five license types to improve the examination process.
- ✓ The Board has reduced processing times for all license types, renewals and applications.
- ✓ The Board has developed and implemented a consumer and industry outreach campaign to increase consumer awareness.
- ✓ The Board has created and updated a policies and procedures manual for board members.
- ✓ The Board has worked with the legislative office in writing and passing Bill AB 409 which allows the Board to immediately suspend a license and place

the licensee on probation. This bill is specific to manicuring and pedicuring equipment and further enhances consumer protection.

- ✓ The Board has increased efficiency of the disciplinary review committee (DRC) by allowing for written appeals for licensees and applicants.
- ✓ The Board translated all Board specific laws and regulations into Vietnamese and Spanish.
- ✓ The Board revised fine amounts so they are incrementally based on the frequency and severity of an infraction.
- ✓ The Board enhanced the collection of past-due fines by improving notification to licensees by using collection agencies to ensure cost recovery.
- ✓ The Board established cooperative relationships with cities and counties to ensure the correct licenses are in place, both business and vocational.
- ✓ The Board has established partnerships with the Department of Corrections and Rehabilitation in Chowchilla to test and license within the prison system, so they are licensed upon release.

## OUR MISSION

To ensure the health and safety of California consumers by promoting ethical standards and by enforcing the laws of the barbering and beauty industry.

## OUR VISION

California will set and enforce the highest level of health and safety standards and provide an environment where consumers will obtain barbering and cosmetology services with the confidence and security that their health and safety will be protected.

## OUR VALUES

**Consumer Protection** – We make effective and informed decisions in the best interest and for the safety of Californians.

**Openness** (Open-mindedness) – We will actively promote the sharing of ideas and information throughout the organization and with the public, and be receptive to new ideas.

**Diversity** – We recognize and celebrate California’s ever-changing diversity.

**Accountability** – We are accountable to the people of California and each other as stakeholders. We operate transparently and encourage public

participation in our decision-making whenever possible.

**Integrity** – We are honest, fair, and respectful in our treatment of everyone.

**Efficiency** – We diligently identify the best ways to deliver high-quality services with the most efficient use of our resources.

**Customer Service** – We acknowledge all stakeholders as our customers, listen to them, and take their needs into account.

**Quality** – We will deliver service, information and products that reflect excellence.

## GOAL 1: ENFORCEMENT

### INCREASE THE BOARD'S ENFORCEMENT ACTIVITY TO ENSURE SAFETY OF CONSUMERS

- 1.1** Define and streamline the written appeals process through the development of procedures and regulations.
- 1.2** Develop a stronger disciplinary action policy on third-time offenders.
- 1.3** Mitigate unlicensed activity by establishing and developing partnerships with the District Attorney offices throughout California.
- 1.4** Develop new methods for increased collections of fines from unlicensed owners.

## GOAL 2: INSPECTIONS

### ENHANCE THE BOARDS INSPECTION UNIT TO IMPROVE EFFECTIVENESS AND ENSURE CONSUMER SAFETY

- 2.1** Develop a new, consumer-focused media campaign with a slogan of, "If You See Something, Say Something."
- 2.2** Conduct a workforce analysis on Board staffing needs within the BBC Inspections Unit and submit a budget change proposal, if necessary.
- 2.3** Conduct training with Board inspectors to increase consistency in inspection procedures, as well as, the criteria they use to issue violations.
- 2.4** Assess the needs of field inspectors to ensure that they are equipped with the tools necessary to complete their work safely and efficiently.

## GOAL 3: LICENSING AND EXAMS

### IMPROVE THE BOARD'S LICENSING AND EXAMINATION EFFICIENCY

- 3.1** Require certification of establishment owners.
- 3.2** Explore the feasibility of establishing continuing education requirements for license renewal.
- 3.3** Explore the cost-effectiveness of adding additional exam sites throughout California to decrease exam wait times.
- 3.4** Conduct a workforce analysis on board staffing needs within licensing and exam units and submit a budget change proposal, if necessary.

## GOAL 4: OUTREACH AND EDUCATION

### FULLY EDUCATE CONSUMERS AND INDUSTRY ON HEALTH AND SAFETY OF BARBERING AND COSMETOLOGY SERVICES

- 4.1** Create information guides for inspectors to leave with consumers when performing establishment inspections.
- 4.2** Enhance website to ensure accessibility, compliance with state standards, and ease of use for consumers and licensees.
- 4.3** Use available social media (Facebook, YouTube, and Twitter), the Board website, and other technology tools to increase awareness of relevant industry and Board information.
- 4.4** Increase outreach to schools, consumer groups and industry organizations to better inform students, consumers and licensees about the Board.

## GOAL 5: PROGRAM ADMINISTRATION

### ESTABLISH AN EXCELLENT ORGANIZATION THROUGH PROPER BOARD GOVERNANCE AND EFFECTIVE LEADERSHIP

**5.1** Create a Board specific orientation packet for Board members in an electronic format.

**5.2** Conduct a workforce skills assessment on staff and provide additional training to increase efficiency, communication and leadership throughout all levels of the Board administration.

**5.3** Evaluate inspector pay and, if necessary, increase inspector pay scales to more accurately reflect duties performed.

**5.4** Implement a document imaging system to reduce existing hard copy storage.



## GOAL 6: REGULATION AND LEGISLATION

ENHANCE REGULATION AND LEGISLATION TO MEET THE CHALLENGES OF THE EVOLVING INDUSTRY, WHILE PROTECTING CONSUMERS

- 6.1** Increase the use of technical advisory committees to offer counsel and provide input on regulatory changes.
- 6.2** Schedule Legislation Committee Meetings bi-annually, focused on the creation and development of partnerships with California legislators.
- 6.3** Update the Board's Health and Safety regulations to ensure parity with best practices in other State and Federal agencies.
- 6.4** Create new processes to monitor trends in consumer complaints to determine if legislative or regulatory action needs to be taken.
- 6.5** Obtain sole oversight of the regulation of schools specializing in barbering and cosmetology.



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## MEMORANDUM

<b>DATE</b>	March 31, 2013
<b>TO</b>	Members Board of Barbering and Cosmetology
<b>FROM</b>	Kristy Underwood Executive Officer
<b>SUBJECT</b>	Health and Safety Regulations

As we are continuing through the regulatory process for our health and safety regulations, we want to ensure all approvals of language are documented in each stage. Attached you will find the most recent edited version of the proposed regulations. Please note, the edits are only to address clarity and grammatical changes, no content changed from the Board's previous approval.

Action Needed:

Board approval on the attached changes to the health and safety regulations.

## Article 12. Health and Safety

### § 977. Health and Safety Definitions.

The following words and terms, when used in this ~~chapter~~ article shall have the following meanings:

**Comment [FK1]:** "Article" is the proper term in regulations.

**Autoclave** — a device used to sterilize tools, equipment and supplies by subjecting them to high pressure saturated steam at 120°C for a specified time.

**Comment [FK2]:** Adds the term tools

**Over the Counter** — Cosmetology, ~~Barbering~~ barbering or ~~Electrology~~ electrology products that are made available for purchase ~~to by~~ the general public without a physician's prescription.

**Comment [FK3]:** Makes definition more precise.

**Cosmetics** — ~~are substances~~ Substances used to enhance the appearance ~~of~~ of the human body.

**Comment [FK4]:** Remove the word or

**Contaminated** — the presence, ~~or the reasonably anticipated presence~~, of blood or other potentially infectious materials on an item's surface or visible debris or residues such as dust, hair and skin.

**Comment [FK5]:** Possible clarity issue

**Dermis** — the layer of skin just below the epidermis; the living layers of the skin.

**Disinfect or Disinfection** — ~~To destroy harmful bacteria, viruses, etc.~~ The use of chemicals to destroy harmful bacteria, viruses and pathogens on implements or tools to render an item safe for use.

**Comment [FK6]:** Edited for clarity

**Disinfectable** — Indicates that an item is able to withstand the disinfection process can be successfully disinfected without being damaged or destroyed.

**Comment [FK7]:** Edited for clarity

**Disinfectant** — A product that is registered by the U.S. Environmental Protection Agency that has demonstrated bactericidal, fungicidal and virucidal activity. The products used must include a label from the manufacturer that indicates the EPA registration and must be in liquid form to disinfect non-electrical tools and spray or toilette form to disinfect electrical tools and shears.

**Comment [FK8]:** Edited for clarity

**Dry Heat Sterilizer** — A device used to sterilize equipment and supplies by use of hot air that is either free of water vapor or has very little of it, nearly or completely free of water vapor.

**Epidermis** — ~~the~~ The outermost layer of the skin; the non-living layer of the skin.

**Electrical Tools** — All tools used ~~for in offering~~ barbering, and cosmetology and electrology services that require electricity to operate by means of an electrical cord, wireless charger, or battery. ~~This~~ These includes, but ~~is are~~ not limited to: clippers, blow dryers, curling irons, ~~and flat irons, etc.~~

**Comment [FK9]:** Electrology is not mentioned in this definition, but is referred to in the "non-electrical tools" definition.

**Comment [FK10]:** Clarity and remove etc.

**Hot Styling Tools** — Tools that utilize heat to style hair.

**Non-Electrical Tools** — All tools that are used ~~in offering for~~ barbering, cosmetology and electrology that do not use any form of electricity to operate. ~~This~~ These includes, but ~~is are~~ not

limited to: shears, razors, cuticle nippers, cuticle pushers, nail clippers, metal files, metal smoothers, combs, ~~and hair clips, etc.~~

**Practice of Medicine** — ~~the~~The demonstration or application of the learned profession that is mastered by graduate training in a medical school and that is devoted to preventing or alleviating or curing diseases and injuries.

**Sanitary** — a clean, healthy condition.

**Soiled** — dirty.

**Sterilize or Sterilization**—the process which removes or kills all forms of microbial life, including transmissible agents (such as fungi, bacteria, viruses, spore forms, ~~etc.~~) by use of an autoclave or dry heat sterilizer.

Comment [FK11]: remove etc

### § 978. Minimum Equipment and Supplies.

(a) Establishments and schools shall have and maintain the following minimum equipment and supplies:

(1) ~~If hair services are performed, At at least one covered waste receptacle container for the disposal of hair. Hair must be disposed of in a covered waste container.~~

(2) Closed ~~receptacles containers~~ to hold all soiled towels, gowns, smocks, linens and sheets in public areas.

(3) Closed, clean cabinets or containers to hold all clean towels, gowns, smocks, linens and sheets.

(4) Containers for disinfectant solution for instruments tools and equipment to be disinfected. Containers must be labeled "Disinfectant Solution".

(5) Each container specified in (4) shall contain sufficient disinfectant solution to allow for the total immersion of tools ~~and instruments~~.

(6) If electrolysis is performed, a steam (autoclave) or dry heat sterilizer that meets the requirements of Section 982.

(b) Establishments and schools shall have disinfectant solution mixed according to manufacturer's directions, available for use at all times.

(c) A manufacturer-labeled container for the disinfectant used must be available at all times in the establishment or school. During times that the last remaining disinfectant has been used, the empty manufacturer-labeled container must be present.

Comment [FK12]: Linens are included elsewhere

Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.

### § 979. Disinfecting Non-Electrical Instruments Tools and Equipment.

(a) Before use upon a client patron, all non-electrical instruments tools that can be disinfected, excluding shears, shall be disinfected in the following manner:

(1) Clean with soap or detergent and water.

- (2) Then totally immerse in an EPA-registered disinfectant with demonstrated bactericidal, fungicidal, and virucidal activity, used according to manufacturer's instructions.
- (b) The disinfectant solutions specified in subdivision (a) shall:
- (1) Remain covered at all times.
  - (2) Be changed according to the manufacturer's instructions, at least once per week or whenever visibly cloudy or dirty.
- (c) All ~~instruments~~ tools that have been used on a ~~patron client~~ or soiled in any manner shall be placed in a container labeled "dirty/Dirty," "soiled/Soiled" or "contaminated/Contaminated," properly labeled receptacle.
- (d) All disinfected ~~instruments~~ tools shall be stored in a clean, covered place which is labeled "Clean" or "Disinfected," ~~as such.~~
- (e) Disinfected tools shall not be placed in a container, pouch or holder which cannot be disinfected.
- (f) Shears shall be disinfected according to the following procedures:
- (1) Remove all debris.
  - (2) Clean with soap/detergent and water.
  - (3) Spray or wipe the shear with an EPA-registered disinfectant with demonstrated bactericidal, fungicidal, and virucidal activity, used according to manufacturer's instructions.
- (g) Disinfected shears shall not be placed in a container, pouch or holder which cannot be disinfected.
- (g) (h) ~~If instruments~~ tools and equipment specified in this section are sterilized in accordance with the requirements outlined in Section 982, the requirements of this section will be deemed to have been met.

**Comment [FK13]:** These have been capitalized to be consistent with other similar labels.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

**§ 980. Disinfecting Electrical Instruments Tools.**

- (a) ~~Clippers, vibrators,~~ and other electrical ~~instruments~~ tools shall be disinfected prior to each use by:
- (1) First removing all ~~foreign matter debris;~~ and
  - (2) Disinfecting with an EPA-registered disinfectant spray or wipe with demonstrated bactericidal, fungicidal, and virucidal activity used according to manufacturer's instructions.
- (b) All disinfected electrical ~~instruments~~ tools, ~~excluding curling irons and hot combs,~~ shall be stored in a clean ~~covered~~ place.
- (c) All soiled electrical tools that have been used on a client, or soiled in any manner, shall be placed in a container labeled soiled, dirty or contaminated (excluding hot styling tools).

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

**§ 980.1. Procedures for Cleaning and Disinfecting Whirlpool Footspas, and Air-Jet Basins.**

- (a) As used in this section, "whirlpool footspa" or "spa" is defined as any basin using circulating water.
- (b) An air-jet basin is defined as any basin using an air jet stream system to move water.
- (c) After use upon each ~~patron~~ client, each whirlpool footspa or air-jet basin shall be cleaned and disinfected in the following sequential manner:
- (1) All water shall be drained from the basin.
  - (2) The inside walls of the basin shall be scrubbed and cleaned of all visible ~~residue~~ debris with a clean brush and liquid soap (labeled as such on soap product) and water.
  - (3) The spa basin shall be rinsed with water.
  - (4) The spa basin shall be refilled with clean water.
  - (5) The water in the basin shall be circulated with the correct amount (read manufacturer label for mixing instructions) of the EPA-registered hospital-liquid disinfectant that is labeled as a bactericide, fungicide and virucide, through the basin for at least 10 minutes.
  - (6) The spa basin must be drained, rinsed, and wiped dry with a new, clean paper towel.
  - (7) Record this procedure in the pedicure equipment-cleaning log. The log shall contain the date and time of each cleaning, initials of the person who completed the procedure, and shall indicate that the cleaning was done after a client.
- (d) At the end of each day and after the last client, each whirlpool footspa or air-jet basin shall be cleaned and disinfected in the following sequential manner:
- (1) The screen and any other removable parts shall be removed.
  - (2) Scrub all visible ~~residue~~ debris from the screen, inside walls of the basin, any other removable parts, and the area behind them with a clean brush and liquid soap and water.
  - (3) Reinsert the clean screen and any other removable parts.
  - (4) Fill the basin with warm water and detergent (labeled as such on detergent product) and circulate the detergent through the spa system for at least 10 minutes (follow manufacturer's instructions).
  - (5) Drain the detergent solution and rinse the basin.
  - (6) Refill the basin with clean water and circulate the correct amount (read the label for mixing instructions) of the EPA-registered hospital-liquid disinfectant which the label claims is a bactericide, fungicide, and virucide through the basin for at least 10 minutes.
  - (7) Drain, rinse, wipe the basin dry with a new, clean paper towel and allow basin to dry completely.
  - (8) Record this procedure in the pedicure equipment-cleaning log. The log shall contain the date and time of each cleaning, initials of the person who completed the procedure, and shall indicate that the cleaning was done at the end of the day.
- (e) At least once each week, after completing the procedures provided in subsection (d) (1 through 6) each whirlpool footspa and air-jet basin shall not be drained and the following sequential procedures shall be followed:
- (1) Do not drain the disinfectant solution. The unit shall be turned off and the disinfecting solution shall be left undisturbed in the unit for at least 6 to 10 hours.
  - (2) After the disinfectant solution has been sitting ~~between at least 6 to 10~~ hours, drain and rinse the basin with clean water.

**Comment [FK14]:** Consistency issue; Changed to conform with earlier subparagraph. Same fix has been made in other footspa cleaning sections

- (3) Refill the basin with clean water and flush the system.
- (4) Record this procedure in the pedicure equipment-cleaning log. The log shall contain the date and time of each cleaning, initials of the person who completed the procedure, and shall indicate that the cleaning was done weekly.
- (f) The pedicure equipment-cleaning log shall be made available upon request by either a patron client or a board representative.
- (g) A whirlpool footspa that is "Not in Service" must have a notation on the footspa equipment-cleaning log that the footspa is not in service. The footspa must have an "Not in Service" sign displayed upon the chair and be kept in a clean, sanitary condition.
- (h) ~~(g)~~ A violation of this section may result in an administrative fine and/or disciplinary action. Each footspa or air-jet basin not in compliance with this section may result in a separate violation.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

#### **§ 980.2. Procedures for Cleaning and Disinfecting Pipe-Less Footspas.**

- (a) As used in this section, "~~Pipepipe-Lessless~~" footspa is defined as any unit with footplates, impellers, impeller assemblies and propellers.
- (b) After use upon each patron client, each ~~Pipepipe~~-less footspa shall be cleaned and disinfected in the following sequential manner:
  - (1) All water shall be drained from the spa basin.
  - (2) Remove footplate, and any other removable components according to the manufacturer's instructions.
  - (3) Scrub all visible ~~residue~~ debris from the impeller, footplate, inside walls of the basin, and/or other components and the areas behind or under each with a clean brush and liquid soap (labeled as such on soap product) and water. Rinse with clean water.
  - (4) Reinsert the properly cleaned footplate, and/or other components.
  - (5) Refill the basin with clean water and circulate the correct amount (read the label for mixing instructions) of the EPA-registered hospital-liquid disinfectant which the label claims is a bactericide, fungicide, and virucide, through the basin for at least 10 minutes.
  - (6) Drain, rinse and wipe the basin dry with a new, clean paper towel.
  - (7) Record this procedure in the pedicure equipment-cleaning log. The log shall contain the date and time of each cleaning, initials of the person who completed the procedure, and shall indicate that the cleaning was done after a client.
- (c) At the end of every day and after performing the procedures provided in subsection (b) (1 through 7) and after the last client, each pipe-less footspa shall be cleaned and disinfected in the following sequential manner:
  - (1) Fill the basin with warm water and detergent (labeled as such on detergent product) and circulate the detergent through the spa system for at least 10 minutes (follow manufacturer's instructions).
  - (2) Drain the detergent solution and rinse the basin.
  - (3) Refill the basin with clean water and circulate the correct amount (read the label for mixing instructions) of the EPA-registered hospital-liquid disinfectant which the label claims is a bactericide, fungicide, and virucide, through the basin for at least 10 minutes.
  - (4) Drain, rinse and wipe the basin dry with a new, clean paper towel.

**Comment [FK15]:** Unnecessary capitals removed for typographical consistency with other sections.

- (5) Allow the basin to dry completely.
- (6) Record this procedure in the pedicure equipment-cleaning log. The log shall contain the date and time of each cleaning, initials of the person who completed the procedure, and shall indicate that the cleaning was done at the end of the day.
- (d) At least once each week, after completing the procedures provided in subsection (c) (1 through 3), and the disinfectant solution in each pipe-less footspa shall not be drained and the following sequential procedures shall be followed:
- (1) The unit shall be turned off and the disinfecting solution shall be left in the unit undisturbed for at least 6 to 10 hours.
  - (2) After the disinfectant solution has been sitting between at least 6 to 10 hours, rinse and wipe the basin dry with a new, clean paper towel.
  - (3) Record this procedure in the pedicure equipment-cleaning log. The log shall contain the date and time of each cleaning, initials of the person who completed the procedure, and shall indicate that the cleaning was done weekly.
- (e) The pedicure equipment-cleaning log shall be made available upon request by either a patron client or a board representative.
- (f) A pipe-less footspa that is "Not in Service" must have a notation on the footspa equipment-cleaning log that the footspa is not in service. The footspa must have an "Not in Service" sign displayed upon the chair and be kept in a clean, sanitary condition.
- (g) ~~(f)~~ A violation of this section may result in an administrative fine and/or disciplinary action. Each pipe-less footspa not in compliance with this section may result in a separate violation.

*Note: Authority cited: Sections 7312 and 7406, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

### **§ 980.3. Procedures for Cleaning and Disinfecting Non-Whirlpool Foot Basins or Tubs.**

- (a) As used in this section, "Non-Whirlpool Foot Basin" or "Tubs" "non-whirlpool foot basins" or "tubs" are defined as any basin, tub, footbath, sink and bowl, bowl, and all non-electrical equipment that holds water for a client's feet during a pedicure service.
- (b) After use upon each client patron, each "non-whirlpool foot basin" or "tub" Non-Whirlpool Basin or Tub shall be cleaned and disinfected in the following sequential manner:
- (1) All water shall be drained from the foot basin or tub.
  - (2) The inside surfaces of the foot basin or tub shall be scrubbed and cleaned of all visible residues debris with a clean brush and liquid soap (labeled as such on soap product) and water.
  - (3) The foot basin or tub shall be rinsed with clean water.
  - (4) Refill the foot basin or tub with clean water and the correct amount (read the label for mixing instructions) of the EPA-registered hospital-liquid disinfectant which the label claims is a bactericide, fungicide, and virucide. Leave the disinfecting solution in the foot basin or tub for at least 10 minutes.
  - (5) Drain, rinse and wipe the basin dry with a new, clean paper towel.
  - (6) Record this procedure in the pedicure equipment-cleaning log. The log shall contain the date and time of each cleaning, initials of the person who completed the procedure, and shall indicate that the cleaning was done after a client.

- (c) The pedicure equipment-cleaning log shall be made available upon request by either a patron client or a board representative.
- (d) A violation of this section may result in an administrative fine and/or disciplinary action. Each non-whirlpool foot basin or tub not in compliance with this section may result in a separate violation.
- (e) All disinfected basins or tubs shall be stored in a clean, covered place which is labeled "Clean" or "Disinfected".

*Note: Authority cited: Sections 7312 and 7406, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

**§ 980.4 Disposable Foot Tub Liners.**

- (a) Single use, disposable, recyclable, liners designed specifically and manufactured for use as a foot basin or tub liner shall be disposed of immediately after each use and may not be disinfected or reused.
  - (1) After disposal of the pedicure basin liner the basin or tub shall be scrubbed and cleaned of all visible debris with a clean brush and liquid soap (labeled as such on soap product) and water. The foot basin or tub shall be rinsed with clean water and wiped dry with a new, clean paper towel.
  - (2) Record the cleaning procedure in the pedicure equipment – cleaning log. The log shall contain the date and time of each cleaning, initials of the person who completed the procedure, and shall indicate that the cleaning was done after a client.
  - (3) The pedicure equipment-cleaning log shall be made available upon request by either a client or a board representative.
  - (4) Establishments that utilize the liners must maintain an adequate supply of liners for use at all times. An adequate supply of liners constitutes 5 liners per foot tub.

*Note: Authority cited: Sections 7312 and 7406, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

**§ 981. ~~Instruments~~ Tools and Supplies.**

- (a) All ~~instruments~~ tools and supplies which come into direct contact with a client patron and cannot be disinfected (~~for example, this includes but is not including, but not limited to: buffers, pumice stones, wax sticks, toe separators, gloves, cotton pads, sponges, emery boards, and neck strips~~) shall be disposed of in a waste container receptacle immediately after a single use.
- (b) New ~~supply supplies~~ and ~~one-time single-use~~, ~~disposable~~ tools shall be stored in a clean, covered place labeled "New".
- (c) ~~(b)~~ No person working or training in an establishment or school shall be permitted to carry any ~~instruments, tools~~ or supplies in or on a garment or uniform (including pouches and holsters) while practicing any of the acts as defined in Section 7316 of the Business and Professions Code.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

**Comment [FK16]:** The term "single-use" is used elsewhere

**Comment [FK17]:** Adds specificity

**§ 982. Sterilizing Electrolysis Instruments, Tools and Use of Electrology Needles/Wire Filaments.**

(a) Before use upon a client patron in schools and establishments, ~~each electrolysis needle or tweezers~~ all tools that can be sterilized shall be sterilized in the following manner:

(1) first cleaned with detergent and water (which may include the use of ultrasonic equipment) and then be sterilized by one of the following methods:

(1) (A) Steam sterilizer (autoclave), registered and listed with the ~~F~~federal U.S. Food and Drug Administration, used according to manufacturer's instructions.

(2) (B) Dry heat sterilizer, registered and listed with the ~~Federal-U.S.~~ Food and Drug Administration, used according to manufacturer's instructions.

(C) Chemical (color change) indicators must be used on each sterilized package to indicate the sterilization process was completed.

(2) All sterilized tools shall remain in the package they were sterilized in until ready for use. This package must be labeled 'sterilized' or 'sterilization'.

(3) All tools that have been used on a client or soiled in any manner shall be placed in a container labeled dirty, soiled or contaminated.

(b) (4) Sterilization equipment shall be checked weekly to ensure that it is reaching the temperature required by manufacturer's instructions.

(b) Electrology needles/wire filaments shall be single-use, pre-sterilized and disposable.

(1) Disposable needles/wire filaments must be placed in a puncture resistant sharps container immediately after use, when contaminated before use, when opened and found damaged, or when not used before the pre-printed expiration date.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

**§ 983. Personal Cleanliness.**

(a) ~~(1)-(a)~~ The person and attire of a licensee serving a patron client shall at all times be clean.

(b) ~~(2)-(b)~~ Every licensee performing services shall thoroughly wash his or her hands with soap and water or any equally effective alcohol-based cleansing agent immediately before serving each client patron.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

Comment [FK18]: Reflects agency's actual name

#### § 984. Disease and Infestation.

(a) No establishment or school shall knowingly permit a person afflicted with an infection or parasitic infestation capable of being transmitted to a client ~~patron~~ to serve clients ~~patrons~~ or train in the establishment or school.

(b) No establishment or school shall knowingly require or permit a licensee or student to work upon a person with an infection or parasitic infestation capable of being transmitted to the licensee or student.

(c) Infections or parasitic infestation capable of being transmitted between licensee or student and ~~patron~~ client include, but are not limited to, the following:

- Cold, influenza or other respiratory illness accompanied by a fever, until 24 hours after resolution of the fever.
- Streptococcal pharyngitis ("Strep throat"), until 24 hours after treatment has been initiated, and 24 hours after resolution of fever.
- Purulent conjunctivitis ("pink eye"), until examined by a physician and approved for return to work.
- Pertussis ("whooping cough"), until five days of antibiotic therapy has been completed.
- Varicella ("chicken pox"), until the sixth day after onset of rash or sooner if all lesions have dried and crusted.
- Mumps, until nine days after onset of parotid gland swelling.
- Tuberculosis, until a physician or local health department authority states that the individual is noninfectious.
- Impetigo (bacterial skin infection), until 24 hours after treatment has begun.
- Pediculosis (head lice), until the morning after first treatment.
- Scabies ("crabs"), until after treatment has been completed.

(d) Blood-borne diseases, such as HIV/AIDS and hepatitis B (HBV), shall not be considered infectious or communicable diseases for the purpose of this section.

(e) No person working or training in an establishment or school shall ~~massage any person~~ perform services upon a surface of the skin or scalp where such skin is inflamed, broken (e.g., abraded, cut) or where a skin infection or eruption is present.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

#### § 985. Neck Strips.

A sanitary neck strip or towel shall be used to keep the protective covering, such as client capes, from coming in direct contact with a client's ~~patron's~~ neck.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

#### § 986. Neck Dusters and Brushes.

(a) Before use on a client, Neck neck or nail dusters or manicure brushes that are used in an establishment or school on a ~~patron~~ client shall be maintained in a clean and sanitary condition. cleaned in the following manner:

- (1) Remove all visible debris.
- (2) Clean with soap/detergent and water.
- (3) Dry duster or brush.
- (4) Store all clean dusters or brushes in a clean, covered place which is labeled 'clean'.
- (5) All dusters or brushes that have been used on a client or soiled in any manner shall be placed in a container labeled dirty, soiled or contaminated.

(b) Before use on a client, natural fiber, facial, acrylic, gel, nail-art, and makeup brushes used in an establishment or school, on a client, shall be cleaned in the following manner:

- (1) Remove all visible debris
- (2) Disinfect by using a cleansing agent(s) such as: monomer, makeup brush liquid/spray cleaner, alcohol, acetone or a similar disinfecting agent, in accordance to the manufacturer's instructions, for disinfection.
- (3) Dry brush.
- (4) Store all clean brushes in a clean, covered place which is labeled 'clean'.
- (5) All brushes that have been used on a client or soiled in any manner shall be placed in a container labeled dirty, soiled or contaminated.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(d), Business and Professions Code.*

#### **§ 987. Towels, Sheets, Robes Linens and Smocks.**

- (a) After a towel, sheet, robe, linen or smock has ~~once~~ been used once, it shall be deposited in a closed receptacle container and not used until properly laundered and sanitized.
- (b) Towels, sheets, robes, linens and smocks shall be laundered either by regular commercial laundering or by a noncommercial laundering process which includes immersion in water at least 140-160 degrees F for not less than ~~fifteen~~ (15) twenty-five (25) minutes during the washing or rinsing operation.
- (c) All clean towels, sheets, robes, linens and smocks shall be stored in clean, closed cabinets or a clean, closed container.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

#### **§ 988. Liquids, Creams, Powders and Cosmetics.**

- (a) All liquids, creams, waxes, shampoos, gels and other cosmetic preparations shall be kept in clean and closed containers. Powders may be kept in clean shakers.
- (b) All bottles and containers shall be distinctly and correctly labeled to disclose their contents. All bottles and containers containing poisonous substances shall be additionally and distinctly marked as such. Poisonous substances that are maintained in the manufactured labeled container are not required to have additional labeling.

(c) When only a portion of a cosmetic preparation is to be used on a patron client, it shall be removed from the container in such a way as not to contaminate the remaining portion.

(1) This provision does not apply to cosmetic preparations that have been demonstrated to be unlikely to transmit pathogens. (e.g. nail polish, artificial nail monomer liquids)

(d) Pencil cosmetics shall be sharpened before each use.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

#### **§ 989. Prohibited Hazardous Substances/Use of Products.**

No establishment or school shall:

(a) ~~Have have~~ on the premises cosmetic products containing hazardous substances which have been banned by the U.S. Food and Drug Administration for use in cosmetic products, ~~including liquid methyl methacrylate monomer and methylene chloride. No product shall be used in a manner that is disapproved by the FDA.~~

(b) No establishment or school shall have on the premises liquid methyl methacrylate monomer and/or methylene chloride.

(c) No product shall be used in a manner that is disapproved by the FDA, OSHA or the EPA.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

#### **§ 990. Headrests and Treatment Tables.**

(a) The headrest of chairs shall be covered with a clean towel or paper sheet for each client patron.

(b) Shampoo trays and bowls must be cleansed with soap and water or other detergent after each shampoo, kept in good repair and in a sanitary condition at all times.

(c) Treatment tables must be covered with either a clean sheet of examination treatment table paper, a clean towel or a clean sheet, after each use for each patron. After a towel or sheet has once been used, it shall immediately be removed from the treatment table and be deposited in a closed container and not used again until it has been properly laundered and sanitized. Treatment table paper shall be immediately disposed of after a single use.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*

**§ 991. Invasive Procedures.**

(a) No licensee may perform a medical treatment, ~~as defined:defined as~~ the care and management of a patient to combat, ameliorate, or prevent a disease, disorder or injury, ~~any act which affects the structure or function of living tissue of the face or body.~~ Any such act shall be considered an invasive procedure.

(b) Invasive procedures include, but are not limited to, the following:

- (1) Application of electricity which contracts the muscle.
- (2) Application of topical lotions, creams, serums or other substances which affect living tissue.
- (3) Penetration of the skin by metal needles, except electrolysis needles.
- (4) Abrasion and/or exfoliation of the skin below the non-living, epidermal layers.
- (5) Removal of skin by means of a razor-edged instrument tool or similar device.
- (6) Removal of a callus/corn/skin tag/mole.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Sections 7312(e), 7316, 7320, 7320.1, Business and Professions Code.*

**§ 992. Skin Peeling Skin Exfoliation.**

(a) Only the non-living, uppermost layers of the facial-skin, known as the epidermis, may, by any method or means, be removed, and then only for the purpose of beautification.

(b) Skin removal techniques and practices which affect the living layers of the facial-skin, known as the dermis, are prohibited and constitute the practice of medicine.

(c) Only ~~over the counter-commercially-available~~ products ~~that are not sold for physician's use only, and which that~~ are not over 30% acid content or ~~with that have a start-up pH of 3.0 or higher, may be used for the purpose of skin exfoliation, for the removal of facial skin for the purpose of beautification may be used. Mixing or combining skin removal products is prohibited except as it is required by manufacturer instructions.~~

(d) Use of skin exfoliation products ~~with an acid content~~ over 30% ~~acid content~~ or a pH under 3.0 shall be considered the practice of medicine.

(e) All skin exfoliation products must be applied using ~~the~~ manufacturer's guidelines for health and safety.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Sections 7312(e), 7316, and 7320, Business and Professions Code.*

Comment [FK19]: Corrects syntax

Comment [FK20]: Corrects syntax

**§ 993. Prohibited Instruments Tools.**

(a) No establishment or school shall have on the premises or use any razor-edged or other device or tool for the purpose of which is designed to remove removing calluses or other similar procedures.

(b) No establishment or school shall have on the premises or use any needle-like instrument tool which is used for the purpose of extracting skin blemishes and other similar procedures.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Sections 7312(e), 7320, and 7320.1, Business and Professions Code.*

**§ 994. Cleanliness and Repair.**

(a) Establishments and schools shall keep the floors, walls, woodwork, ceilings, furniture, furnishings, and fixtures clean and in good repair.

(b) No establishment or school shall permit an accumulation of waste, hair clippings or refuse.

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7312(e), Business and Professions Code.*



## MEMORANDUM

<b>DATE</b>	February 28, 2013
<b>TO</b>	Board Members Board of Barbering and Cosmetology
<b>FROM</b>	Kristy Underwood Board of Barbering and Cosmetology, Executive Officer
<b>SUBJECT</b>	<b>Minimum Equipment for Schools</b>

The Board of Barbering and Cosmetology is considering modifications and additions to its existing regulations regarding minimum equipment at cosmetology, barbering and electrology schools.

Under 7362.1, 7362.2 and 7362.3 of the Business and Professions Code, the Board of Barbering and Cosmetology is responsible for defining the equipment at barber, cosmetology and electrology schools. California Code of Regulation 940, details minimum equipment for cosmetology schools, but does not define what is required for barber and electrology schools.

Attached are the recommended changes to CCR section 940 pertaining to cosmetology, barber and electrology school equipment lists.

Also attached are the school check lists which will be used by the Board inspectors when in the field inspecting schools for Board compliance. The lists reflect the proposed changes to the minimum equipment, as well as, requirements of health and safety equipment and the California Building Code.

Staff worked with multiple school representatives from barbering, cosmetology and electrology schools to develop these recommendations.

Article 6. Schools

940. Equipment for Schools of Cosmetology

(a) The minimum equipment for a school of cosmetology shall be as follows:

(1)(a) ~~Sufficient e~~ Electrical equipment and ~~dermal~~ lights for giving instruction in skin care and electrical facials. Note: Equipment shall not be used to stimulate so as to contract, or for the purpose of contracting, the muscles of the body or face.

(2)(b) Mannequins, with full head of hair ..... 10

(3)(e) Time clocks or time scanner ..... 1

(4)(d) Shampoo bowls ..... 5

(When the average daily attendance exceeds 50 students, additional shampoo bowls shall be added at the ratio of one for each 25 students in average daily attendance in excess of 50)

(5)(e) Dryers ..... ~~12~~6

(When the average daily attendance exceeds 50 students, additional dryers shall be added at the ratio of one for each 10 students in average daily attendance in excess of 50)

(6)(f) Facial chairs or facial couches ..... ~~4~~2

(When the average daily attendance excess 50 students, additional facial chairs or facial couches shall be added at the ratio of one for each 25 students in average daily attendance in excess of 50)

(7)(g) Manicure stations ..... 6

(When the average daily attendance exceeds 50 students, additional manieure tables shall be added at the ratio of one for each 10 students in average daily attendance in excess of 50)

(h) Electrical cap ..... 1

(When the average daily attendance exceeds 50 students, additional electrical caps shall be added at the ratio of one for each 25 students in average daily attendance in excess of 50)

(i)(8) Thermal hair straighteners

(1) Electric comb ..... 1

(A)(2) Non-electric comb ..... 3

(B)(3) Stove (for non-electric combs) ..... 1

(C)(4) Electric curling iron ..... 1

(D)(5) Non-electric curling iron (at least two sizes) ..... 3

(E)(6) Stove (for non-electric curling irons) ..... 1

(9) Hairstyling or Barber chairs ..... 15

(b) The minimum equipment for a school of barbering shall be as follows:

(1) Mannequins, with full head of hair ..... 7

(2) Time clock or Time scanner ..... 1

(3) Shampoo bowls ..... 3

(4) Dryers ..... 4

(5) Hairstyling or Barber chairs.....8

(6) Electric curling iron.....1

(7) Non-Electric Comb.....1

(8) Non-electric curling irons (at least two sizes).....2

(9) Stove (for non-electric combs).....1

(10) Towel steamer.....1

(c) The minimum equipment for a school of electrolysis shall be as follows:

(1) Time clock or time scanner.....1

(2) Sinks for handwashing.....2

(3) Service tables.....3

(4) Electrolysis Epilators:

    (A) High Frequency Thermolysis.....2

    (B) Blend Epilator.....2

    (C) Multiple Needle.....1

(5) Magnifying Lamp/Loupes/Binocular magnifier.....3

(6) Stools with adjustable height.....3

(7) Utility stands.....3

(8) Sharps container..... 1 per table

(9) Dry Heat Sterilizer.....1

(10) Autoclave Sterilizer.....1

*Note: Authority cited: Section 7312, Business and Professions Code. Reference: Section 7362.1(a), Business and Professions Code.*



## BARBER SCHOOL EQUIPMENT LIST AND REQUIREMENTS

**MINIMUM EQUIPMENT FOR SCHOOLS OF BARBERING - The minimum equipment for a school of barbering shall be as follows: – California Code of Regulations (CCR) Sections 940 and 978.**

- 7 Mannequins (with full head of hair) - CCR 940(b)(1)**
- 1 Time clock or time scanner- CCR 940(b)(2)**
- 3 Shampoo bowls – CCR 940(b)(3)**
- 4 Dryers – CCR 940(b)(4)**
- 8 Hairstyling or barber chairs – CCR 940(b)(5)** One workstation for each barber chair. It is recommended that workstations having a wood surface shall be covered with a hard-based paint or some other nonabsorbent washable material.
- 1 Electric curling iron– CCR 940(b)(6)**
- 1 Non-electric combs – CCR 940(b)(7)**
- 2 Non-electric curling irons (at least two sizes) – CCR 940 (b)(8)**
- 1 Stove (for non-electric combs) – CCR 940 (b)(9)**
- 1 Towel Steamer – CCR 940(b)(10)**
- 2 Closed, labeled containers -** one for disposal of hair and the other for soiled linens/towels/smocks/sheets/gowns. CCR 978 (a)(1)(2)
- 1 Covered, labeled container for disinfectant-** must be labeled “Disinfectant Solution”. – CCR 978 (a)(4)
- Closed, clean cabinet to hold all clean towels/gowns/smocks/sheets/linens –CCR 978 (a)(3)**

### TEXT AND REFERENCE BOOKS FOR STUDENTS – CCR Section 961

**Each student shall possess the following: – CCR 961(b)**

- At least one (1) of the textbooks approved by the board. – CCR 961(b)(1)**
- The Barbering and Cosmetology Act and the Rules and Regulations. – CCR 961(b)(3)**

**There shall be available for the use of students in the school: – CCR Section 961(c)**

- A list of the text and reference books approved by the board. – CCR 961(c)(1)**
- Any two approved texts other than the one text possessed by the student. – CCR 961(c)(2)**

### BUILDING REQUIREMENTS

- Ventilation –** Establishments and schools shall have a system of adequate ventilation. – CCR 995(a)
- Water –** A supply of hot and cold running water shall be provided. – CCR 995(b)
- Potable Drinking Water –** Establishments and schools shall supply potable drinking water. – CCR 995(c)
- Hand Washing Facilities –** Establishments and schools shall provide hand washing facilities. – CCR 995(d)
- Restrooms –** Establishments and schools shall provide public toilet rooms. – CCR 995(e)
- A school of barbering approved by the board shall possess the equipment and floor space necessary for comprehensive instruction of 15 barbering students or the number of students enrolled in the course, whichever is greater. – Business and Professions Code Section 7362.2(a)
- Floors of barber colleges shall be covered with hardwood, linoleum, asphalt tile or some other washable and nonporous material other than paint. – California Building Code Section 1252.1
- In a college of barbering, the room for practical work and demonstrations shall be at least 14 feet (4267 mm) wide for one row of barber chairs and shall be at least 20 feet (6096 mm) wide for two rows of chairs. – California Building Code Section 1252.5

***The Board advises schools to consult with their local Building department regarding building standards.***

How many students are enrolled? \_\_\_\_\_

## COSMETOLOGY SCHOOL EQUIPMENT LIST AND REQUIREMENTS

**MINIMUM EQUIPMENT FOR SCHOOLS OF COSMETOLOGY - The minimum equipment for a school of cosmetology shall be as follows: – California Code of Regulations (CCR) Sections 940 and 978.**

- Electrical equipment** – for giving instruction in skin care and electrical facials - CCR 940(a)(1)
- 10 Mannequins (with full head of hair)** - CCR 940(a)(2)
- 1 Time clock or time scanner-** CCR 940(a)(3)
- 5 Shampoo bowls** – CCR 940(a)(4)
- 6 Dryers** – CCR 940(a)(5)
- 2 Facial chairs or facial couches** – CCR 940(a)(6)
- 6 Manicure stations** – CCR 940(a)(7)
- 3 Non-electric combs** – CCR 940(a)(8)(A)
- 1 Stove (for non-electric combs)** – CCR 940(a)(8)(B)
- 1 Electric curling iron**– CCR 940(a)(8)(C)
- 3 Non-electric curling irons (at least two sizes)** – CCR 940(a)(8)(D)
- 1 Stove (for non- electric curling irons)** – CCR 940(a)(8)(E)
- 15 Hairstyling or barber chairs** – CCR 940(a)(9)
- 2 Closed, labeled containers** - one for disposal of debris and the other for soiled linens/towels/smocks/gowns/sheets. –CCR 978 (a)(1)(2)
- 1 Covered, labeled container for disinfectant-** must be labeled "Disinfectant Solution". – CCR 978 (a)(4)
- Closed, clean cabinet to hold all clean towels/gowns/smocks/sheets/linens** – CCR 978 (a)(3)

### TEXT AND REFERENCE BOOKS FOR STUDENTS – CCR 961

**Each student shall possess the following: – CCR 961(b)**

- At least one (1) of the textbooks approved by the board.** – CCR 961(b)(1)
- The Barbering and Cosmetology Act and the Rules and Regulations.** – CCR 961(b)(3)

**There shall be available for the use of students in the school: – CCR 961(c)**

- A list of the text and reference books approved by the board.** – CCR 961(c)(1)
- Any two approved texts other than the one text possessed by the student.** – CCR 961(c)(2)

### BUILDING REQUIREMENTS

- Ventilation** – Establishments and schools shall have a system of adequate ventilation. – CCR 995(a)
- Water** – A supply of hot and cold running water shall be provided. – CCR 995(b)
- Potable Drinking Water** – Establishments and schools shall supply potable drinking water. – CCR 995(c)
- Hand Washing Facilities** – Establishments and schools shall provide hand washing facilities. – CCR 995(d)
- Restrooms** – Establishments and schools shall provide public toilet rooms. – CCR 995(e)
- A school of cosmetology approved by the board shall possess the equipment and floor space necessary for comprehensive instruction of 25 cosmetology students or the number of students enrolled in the course, whichever is greater. – Business and Professions Code Section 7362.1(a)
- The minimum floor space in any school of cosmetology premises shall be 3,000 square feet (279 m<sup>2</sup>), not less than 2,000 square feet (185.8 m<sup>2</sup>) of which shall be provided for the working, practice and classroom areas. – California Building Code Section 1253.1.1
- The floors in the toilet area of each school and establishment shall be of nonabsorbent material. – California Building Code Section 1253.2
- The minimum ceiling height of the practice and classroom areas of school premises shall be at least 9 feet (2743 mm) in height. – California Building Code Section 1253.3

***The Board advises schools to consult with their local Building department regarding building standards.***

How many students are enrolled? \_\_\_\_\_

## ELECTROLOGY SCHOOL EQUIPMENT LIST AND REQUIREMENTS

**MINIMUM EQUIPMENT FOR SCHOOLS OF ELECTROLOGY - The minimum equipment for a school of Electrology shall be as follows: – California Code of Regulations (CCR) Sections 940 and 978.**

- 1 Time clock or time scanner** – CCR 940 (c)(1)
- 2 Sinks for handwashing** – CCR 940 (c)(2)
- 3 Service tables** – CCR 940 (c)(3)
- Electrolysis Epilators** – CCR 940 (c)(4)
  - 2 High Frequency Thermolysis** – CCR 940 (c)(4)(A)
  - 2 Blend Epilators** – CCR 940 (c)(4)(B)
  - 1 Multiple Needle** – CCR 940 (c)(4)(C)
- 3 Magnifying lamp/Loupes/Binocular magnifier** – CCR 940 (c)(5)
- 3 Stools with adjustable height** – CCR 940 (c)(6)
- 3 Utility stands** – CCR 940 (c)(7)
- Sharps container (1 per table)** – CCR 940 (c)(8)
- 1 Dry Heat Sterilizer** – CCR 940 (c)(9)
- 1 Autoclave Sterilizer** – CCR 940 (c)(10)
- 2 Closed, labeled containers** - one for disposal of hair and the other for soiled linens/towels/smocks/sheets/gowns. – CCR 978 (a)(1)(2)
- 1 Covered, labeled container for disinfectant-** must be labeled "Disinfectant Solution". – CCR 978 (a)(4)
- Closed, clean cabinet to hold all clean towels/gowns/smocks/sheets/linens** – CCR 978 (a)(3)

### TEXT AND REFERENCE BOOKS FOR STUDENTS – (CCR) Section 961

Each student shall possess the following: – CCR Section 961(b)

- At least one (1) of the textbooks approved by the board.** – CCR 961(b)(1)
- The Barbering and Cosmetology Act and the Rules and Regulations.** – CCR 961(b)(3)

There shall be available for the use of students in the school: – CCR 961(c)

- A list of the text and reference books approved by the board.** – CCR 961(c)(1)
- Any two approved texts other than the one text possessed by the student.** – CCR 961(c)(2)

### BUILDING REQUIREMENTS

- Ventilation** – Establishments and schools shall have a system of adequate ventilation. – CCR 995(a)
- Water** – A supply of hot and cold running water shall be provided. – CCR 995(b)
- Potable Drinking Water** – Establishments and schools shall supply potable drinking water. – CCR 995(c)
- Hand Washing Facilities** – Establishments and schools shall provide hand washing facilities. – CCR 995(d)
- Restrooms** – Establishments and schools shall provide public toilet rooms. – CCR 995(e)
- A school of electrology approved by the board shall possess the equipment and floor space necessary for comprehensive instruction of five electrology students or the number of students enrolled in the course, whichever is greater – Business and Professions Code Section 7362.3(a)
- The minimum floor space in any school of electrology premises shall be 1,000 square feet (93 m<sup>2</sup>), not less than 600 square feet ( 55.7 m<sup>2</sup>), of which shall be provided for the working, practice and classroom areas. - California Building Code Section 1253.1.2
- The floors in the toilet area of each school and establishment shall be of nonabsorbent material. – California Building Code Section 1253.2
- The minimum ceiling height of the practice and classroom areas of school premises shall be at least 9 feet (2743 mm) in height. – California Building Code Section 1253.3

***The Board advises schools to consult with their local Building department regarding building standards.***

How many students are enrolled? \_\_\_\_\_



State and Consumer Services Agency – Governor Edmund G. Brown Jr.  
**Board of Barbering and Cosmetology-Department of Consumer Affairs**  
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## BOARD OF BARBERING & COSMETOLOGY BILL ANALYSIS

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**Author:** Eggman (Co-author: Senator Wyland)      **Subject:** Advanced Skin Care Course

**Bill Number:** AB 1153

**Version:** Original

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### Existing Law:

Section 7324 requires an applicant for an esthetic license to meet the following requirements:

- Requires the course of study be no less than 600 hours
- Mandates the curriculum must be Board approved
- Submit an application and fee
- Not less than 17 years of age
- Completed the 10<sup>th</sup> grade in public school or the equivalent
- Not subject to denial pursuant to Section 480
- Has done any of the following:
  - Completed a course in skin care from a Board approved school
  - work experience (3 months equals 100 hours of training)
  - completed an apprenticeship program

Section 7364 requires:

- Requires the course of study be no less than 600 hours
- Mandates the curriculum must be Board approved

### This Bill:

Allows a school to establish an advanced skin care course of not less than 600 hours. The curriculum would be established by Board regulation. The advanced skin care course would not be a requirement for obtaining a basic esthetic license.

**Comment:**

As currently written the bill only addresses a course and not a licensure. However, in discussions with the bill's sponsor it appears they are open to discussions on amendments that would require licensure as an advanced esthetician.

The Board should note that a national examination does exist for advanced esthetics.

**Fiscal Impact:**

None as currently written.

**Support:**

Unknown

**Opposed:**

Unknown

**Position:**

The Board should vote to take one of the following positions:

- Support
- Oppose
- Support if Amended
- Oppose Unless Amended
- Watch

## CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

## ASSEMBLY BILL

No. 1153

**Introduced by Assembly Member Eggman**  
(Coauthor: Senator Wyland)

February 22, 2013

An act to amend Sections 7324 and 7364 of the Business and Professions Code, relating to barbering and cosmetology.

## LEGISLATIVE COUNSEL'S DIGEST

AB 1153, as introduced, Eggman. Esthetician: advanced skin care course.

Existing law requires an applicant for an esthetician license to meet certain educational requirements and authorizes the State Board of Barbering and Cosmetology to approve schools that are licensed by the Bureau for Private Postsecondary and Vocational Education, or a public school in this state, and that provide a course of instruction approved by the board. A skin care course established by a school consists of not less than 600 hours of practical training and technical instruction in accordance with a curriculum established by board regulation.

This bill would allow a school to establish an advanced skin care course of not less than 600 hours of practical training and technical instruction in accordance with a curriculum established by board regulation. The advanced skin care course would not be a requirement of obtaining an esthetician license.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

- P2 1       SECTION 1.  
2       Section 7324 of the *Business and Professions*  
3       Code is amended to read:  
4       7324.  
5       The board shall admit to examination for a license as an  
6       esthetician to practice skin care, any person who has made  
7       application to the board in proper form, paid the fee required by  
8       this chapter, and is qualified as follows:  
9       (a) Is not less than 17 years of age.  
10      (b) Has completed the 10th grade in the public schools of this  
11      state or its equivalent.  
12      (c) Is not subject to denial pursuant to Section 480.  
13      (d) Has done any of the following:  
14      (1) Completed a course in skin care, as described in subdivision  
15      (a) of Section 7364, from a school approved by the board.  
16      (2) Practiced skin care, as defined in this chapter, outside of this  
state for a period of time equivalent to the study and training of a  
qualified person who has completed a course in skin care from a

17 school the curriculum of which complied with requirements  
18 adopted by the board. Each three months of practice shall be  
19 deemed the equivalent of 100 hours of training for qualification  
20 under paragraph (1).

21 (3) Completed the apprenticeship program in skin care specified  
22 in Article 4 (commencing with Section 7332).

23 SEC. 2.

24 Section 7364 of the *Business and Professions Code* is  
25 amended to read:

26 7364.

27 (a) A skin care course established by a school shall  
28 consist of not less than 600 hours of practical training and technical  
29 instruction in accordance with a curriculum established by board  
30 regulation.

31 (b) *An advanced skin care course established by a school shall*  
32 *consist of not less than 600 additional hours of practical training*  
33 *and technical instruction in accordance with a curriculum*  
*established by board regulation. The advanced skin care course*  
*is not a requirement of obtaining an esthetician license.*

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## BOARD OF BARBERING & COSMETOLOGY BILL ANALYSIS

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**Author: Price**

**Subject: Sunset Review**

**Bill Number: SB 308**

**Version: Original**

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### Existing Law:

Section 7303 provides for the licensure and regulation of barbering and cosmetology by the Board of Barbering and Cosmetology. This section details specifications of Board Member appointee's and authorizes the Board to appoint an Executive Officer. This section of law remains in effect until January 1, 2012.

### This Bill:

Repeals the provisions stated above on January 1, 2018 and specifies that the Board is subject to review by policy committees of the legislature (Sunset Review)

### Comment:

It is customary for a Sunset Review Hearing to occur every 5 years.

### Fiscal Impact:

None

### Support:

Unknown

### Opposed:

Unknown

**Position:**

The Board should vote to take one of the following positions:

- Support
- Oppose
- Support if Amended
- Oppose Unless Amended
- Watch

## SENATE BILL

No. 308

## Introduced by Senator Price

February 15, 2013

An act to amend Sections 5810, 7200, and 7303 of the Business and Professions Code, relating to professions and vocations.

## LEGISLATIVE COUNSEL'S DIGEST

SB 308, as introduced, Price. Professions and vocations.

Existing law authorizes a certified interior designer, as defined, to obtain a stamp that uniquely identifies the designer and certifies that he or she meets certain qualifications and requires the use of that stamp on all drawings and documents submitted to any governmental agency by the designer. Existing law makes it an unfair business practice for any certified interior designer or any other person to represent that he or she is state certified to practice interior design. Existing law provides that these provisions are repealed on January 1, 2014, and shall be subject to review by the Joint Committee on Boards, Commissions, and Consumer Protection, which has been abolished.

This bill would instead repeal those provisions on January 1, 2018, and would make them subject to review by the appropriate policy committees of the Legislature.

Existing law provides for the licensure and regulation of various businesses and professions by boards within the Department of Consumer Affairs, including the State Board of Guide Dogs for the Blind. Existing law requires that the board consist of certain members. Existing law repeals these provisions on January 1, 2014.

This bill would extend the operation of these provisions until January 1, 2018.

Existing law provides for the licensure and regulation of barbering and cosmetology by the State Board of Barbering and Cosmetology and authorizes the board to appoint an executive officer. Under existing law, these provisions are repealed on January 1, 2014.

This bill would instead repeal these provisions on January 1, 2018, and specify that the board would be subject to review by the appropriate policy committees of the Legislature upon repeal.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

- P2 1 SECTION 1.  
 2 Section 5810 of the *Business and Professions*  
 3 *Code* is amended to read:  
 4 5810.  
 5 (a) This chapter shall be subject to ~~the review required~~  
 6 ~~by Division 1.2 (commencing with Section 473): review by the~~  
 7 *appropriate policy committees of the Legislature.*  
 8 (b) This chapter shall remain in effect only until January 1,  
 9 ~~2014, 2018~~, and as of that date is repealed, unless a later enacted  
 10 statute, that is enacted before January 1, ~~2014, 2018~~, deletes or  
 extends that date.  
 10 SEC. 2.

Section 7200 of the *Business and Professions Code* is amended to read:

11 7200.

12 (a) There is in the Department of Consumer Affairs a  
13 State Board of Guide Dogs for the Blind in whom enforcement of  
14 this chapter is vested. The board shall consist of seven members  
15 appointed by the Governor. One member shall be the Director of  
16 Rehabilitation or his or her designated representative. The  
17 remaining members shall be persons who have shown a particular  
18 interest in dealing with the problems of the blind, and at least two  
19 of them shall be blind persons who use guide dogs.

20 (b) This section shall remain in effect only until January 1, ~~2014~~,  
21 2018, and as of that date is repealed, unless a later enacted statute,  
22 that is enacted before January 1, ~~2014~~, 2018, deletes or extends  
23 that date. Notwithstanding any other ~~provision of law~~, the repeal  
24 of this section renders the board subject to review by the  
25 appropriate policy committees of the Legislature.

26 SEC. 3.

Section 7303 of the *Business and Professions Code* is amended to read:

27 7303.

(a) Notwithstanding Article 8 (commencing with Section  
29 9148) of Chapter 1.5 of Part 1 of Division 2 of Title 2 of the  
30 Government Code, there is in the Department of Consumer Affairs  
P3 1 the State Board of Barbering and Cosmetology in which the  
2 administration of this chapter is vested.

3 (b) The board shall consist of nine members. Five members  
4 shall be public members, and four members shall represent the  
5 professions. The Governor shall appoint three of the public  
6 members and the four professional members. The Senate  
7 Committee on Rules and the Speaker of the Assembly shall each  
8 appoint one public member. Members of the board shall be  
9 appointed for a term of four years, except that of the members  
10 appointed by the Governor, two of the public members and two  
11 of the professions members shall be appointed for an initial term  
12 of two years. No board member may serve longer than two  
13 consecutive terms.

14 (c) The board may appoint an executive officer who is exempt  
15 from civil service. The executive officer shall exercise the powers  
16 and perform the duties delegated by the board and vested in him  
17 or her by this chapter. The appointment of the executive officer is  
18 subject to the approval of the director. In the event that a newly  
19 authorized board replaces an existing or previous bureau, the  
20 director may appoint an interim executive officer for the board  
21 who shall serve temporarily until the new board appoints a  
22 permanent executive officer.

23 (d) The executive officer shall provide examiners, inspectors,  
24 and other personnel necessary to carry out the provisions of this  
25 chapter.

26 (e) This section shall remain in effect only until January 1, ~~2014~~,  
27 2018, and as of that date is repealed, unless a later enacted statute,  
28 that is enacted before January 1, ~~2014~~, 2018, deletes or extends  
29 that date. *Notwithstanding any other law, the repeal of this section*  
30 *renders the board subject to review by the appropriate policy*  
31 *committees of the Legislature.*

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*No Attachment*