Clinical Electrology and Laser Protocols

FLORIDA

Electrologist: ________________________ License #: __________________

(electrologist name) (number)

Supervising Physician: __________________ License #: __________________

(physician’s name) (number)

The following Clinical Electrology and Laser Protocols apply to the Florida Electrologist working with a Florida Physician in offering laser and light-based hair removal or reduction procedures in the State of Florida.

- Medical Supervisor -

A. Florida licensed physician under Chapter 458 or Chapter 459, Florida Statutes, familiar with lasers and laser hair removal.

B. Pursuant to Section 456.072(1)(i), Florida Statues, any physician who knows that any electrologist is engaged in unsafe practice must report that electrologist to the Florida Department of Health immediately.

C. Any physician who provides supervision to an electrologist must keep the Board informed of the number of electrologists the physician is supervising. No physician is authorized to supervise more than four (4) electrologists at any one time.

D. Will maintain a copy of these protocols and advise the Florida Department of Health within thirty (30) days of the termination of the professional relationship with the Electrologist.

- Electrologist Qualifications -

A. Licensed by the state of Florida as an Electrologist.

B. Thirty (30) hour training course in laser and light-based hair removal approved by the State of Florida.

C. Certified by a nationally recognized certifying agency as to laser and light-based knowledge and skill.

D. Will keep a copy of these protocols on the premises readily available for inspection and review by the Florida Department of Health, submit a copy to the Florida Electrolysis Council Office, and notify the Florida Department of Health within 30 days of the termination of the professional relationship with the supervising physician.
- Patient Selection -

A. Special Precautions and Contraindications

a) History of skin cancer, such as Melanoma.
b) Infection at desired treatment site or adjacent areas.
c) Photosensitivity to wavelengths between 655-1064 nm.
d) Using photosensitizing medications.
e) Tendency to Keloid.
f) Oral or genital Herpes.
g) No treatment of pregnant women.
h) No treatment around the inner or outer canthus or orbital rim of the eye.
i) No treatment for minimum of two (2) months following oral acne medication such as Accutane.
j) No treatment over tattoos.
k) No treatment of hemophiliacs.
l) No treatment over surgical scars for one (1) year.
m) No treatment for one (1) year after chemical peel.
n) No treatment for two (2) weeks after glycolic peel.
o) No treatment for one (1) year after laser resurfacing.
p) No treatment for three (3) months after liposuction.
q) No treatment for two (2) months after pulsed dye laser.
r) No treatment of skin graft areas for one (1) year.
s) No treatment for two (2) weeks after Retin-A.
t) No treatment for two to four (2 – 4) weeks after sunburn.
u) No treatment of hairy moles.

B. Conditions Requiring a Test Patch

a) Fitzgerald skin types IV-VI.
b) Psoriasis.
c) Tan Skin.
d) Vitiligo.
e) Bleeding disorders.
f) Oral steroids.
g) History of severe Histamine reaction.

C. All patients will be cleared for treatment by consulting physician licensed pursuant to Chapter 458 or 459, F.S. prior to first treatment.

- Laser Safety -

A. Only authorized individuals with appropriate laser training and knowledge should operate, assist in the operation of, or provide maintenance or service to the laser system.
B. Routine maintenance will be performed at the recommended intervals by qualified technicians.
C. Appropriate ANSI approved laser warning signs will be posted on door of each room where a laser or light-based device is in use.
D. All windows will be blocked to prevent light from escaping the treatment room.
E. Restricted entry to the laser room when the laser is in use.
F. All laser room personnel will be familiar with the laser controls and know how to perform emergency shutdown of the laser system, if necessary.
G. Ensure the laser system is operating properly before beginning a treatment.
H. Remove the key when the laser is not in use.
I. Never direct the laser beam at anything other than the calibration port of the intended treatment site.
J. Appropriate eye protection for each laser will be provided for everyone in the laser room.

- Minor Problems -

A. If routine minor problems occur during or result from laser hair removal treatment, the supervising physician must be advised as soon as possible.
B. If deemed necessary, an appointment will be made for an examination by the supervising physician.
C. Photographs shall be taken if possible.
D. Topical treatment or medication shall be prescribed as necessary.
E. The electrologist and or the physician will provide follow-up contact and/or care to the client.

- Emergency Situation -

A. In the event of an emergency situation which develops during the performance of or as a result of laser hair removal, the supervising physician shall be notified immediately to examine and attend to the client.
B. Any necessary medication or treatment will be administered immediately.
C. In the event that the supervising physician is unavailable or in the operating room, 911 shall be called immediately, and the client transported to the closest hospital.
D. Both the electrologist and physician shall provide follow-up contact and/or care to the client.
- Medical Records -

A. Individual, confidential records will be maintained.
B. All forms will be reviewed and updated PRN.

- Direct Supervision -

A. Pursuant to rule 64B8-56.002(2)(d), Florida Administrative Code, the electrologist may only perform laser or light-based hair removal or reduction under the direct supervision of the supervising physician.
B. Both the undersigned electrologist and supervising physician understand that direct supervision, as defined by rule 64B8-2.001(1)(a), Florida Administrative Code, shall require the physical presence of the supervising licensee on the premises so that the supervising licensee is reasonably available as needed.

- Signatories -

Supervising Physician

______________________________  ________________________________
(Print Name)                    (Sign Name)

______________________________  ________________________________
(License Number)                (Date Signed)

Electrologist

______________________________  ________________________________
(Print Name)                    (Sign Name)

______________________________  ________________________________
(License Number)                (Date Signed)