
Tanning Operator Training

Rules for the Operation of Tanning Devices & Facilities



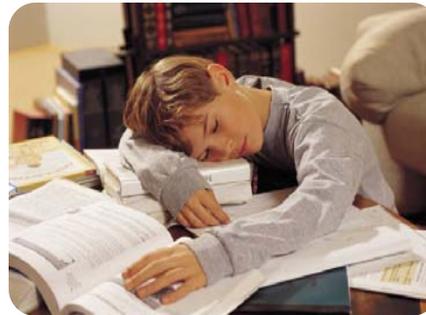
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Today's Agenda



1. Purpose –client protection
2. Tanning operator training
3. Skin typing
4. Exposure schedule
5. Client record
6. Warnings!!!
7. Warning Signs
8. Protective Eyewear
9. Under 18 not allowed
10. Protection of Consumers
11. Photosensitizing medications
12. Lamp Equivalency
13. Lamp Disposal
14. Sanitizing
15. Timer test records
16. Quiz



Who Regulates Tanning?

Oregon Health Authority

- Public Health Division
- Radiation Protection Services (RPS)

Why?

Protect indoor tanning clients from overexposure to ultraviolet (UV) radiation

How?

RPS registers tanning facilities, writes rules, conducts routine and recheck inspections



Protection From Over-exposure

Trained Operators - Completed approved course.

Accurate Skin Typing – Using Fitzpatrick scale

Proper Exposure Time - following exposure scheduled
posted on each tanning bed

Trained Personnel

- Tanning devices may only be operated by a trained operator.
- All operators must successfully complete an RPS approved tanning training course

Registrant must keep copies of training certificates.

Inspectors will look at every employee's certificate



Client Protection

- To properly determine exposure times, each customer must have a skin type **NUMBER** recorded on client card or in electronic file.
- Operators **CANNOT** visually assess a customer to determine their skin type.
- Customers must fill out the skin typing chart to determine their skin type number.
- Review client's answers and addition.

Remember!

Operators,

NOT clients, determine appropriate timer settings.



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Fitzpatrick Skin Typing Scale

You can fill one out for each customer, or laminate one and re-use it.

Skin Type Number must be recorded for each customer.

Customer Questionnaire for Determination of Skin Sensitivity

Each customer must answer the following questions to determine their skin type. Their skin type number must be documented on the client card. Tanning exposures are then determined based on the customer's skin type and the tanning bed exposure schedule.

Questions	0	1	2	3	4	Points
What is the natural color of your eyes?	Light blue, gray or green	Blue, gray, or green	Hazel or Light Brown	Dark brown	Brownish black	
What is the natural color of your hair?	Red or Light blonde	Blonde	Dark blonde or Light brown	Dark brown	Black	
What is your natural skin color before sun exposure?	Ivory White	Fair or Pale	Fair to Beige	Olive or Light brown	Dark brown or black	
How many freckles do you have on unexposed areas of your skin?	Many	Several	Few	Very Few	None	
How does your skin respond to the sun?	Always burns, blisters & peels	Burns often blisters & peels	Burns moderately	Rarely burns, if at all	Never burns	
Does your skin tan?	Never	Seldom	Sometimes	Often	Always	
How deeply do you tan?	Not at all or very little	Lightly	Moderately	Deeply	Naturally dark skin	
How sensitive is your face to the sun?	Very sensitive	Sensitive	Normal	Resistant	Never had a problem	
Total						

Type I (0-6) Always burns easily and severely (painful burn); tans little or none and peels. People most often with fair skin, blue eyes, freckles; unexposed skin is white.

Type II (7-12) Usually burns easily and severely (painful burn); tans minimally or lightly; also peels. People most often with fair skin, red or blond hair; blue, hazel or even brown eyes; unexposed skin white.

Type III (13-18) Burns moderately and tans about average. People with average Caucasoid skin; unexposed skin is white.

Type IV (19-24) Burns minimally, tans easily, and above average with each exposure; exhibits IPD (immediate pigment darkening) reaction. People with white or light brown skin, dark brown hair, dark eyes (e.g. Mediterranean, Asian, Hispanic, etc); unexposed skin is white or light brown.

Type V (25-30) Rarely burns, tans easily and substantially; always exhibits IPD reaction. People with brown skin (e.g. Native American, East Indian, Hispanic, etc); unexposed skin is brown.

Type VI (31 +) Almost never burns and tans easily; exhibits IPD reaction. People with dark brown skin (e.g. African, Americans, Australian, South Indian Aborigines, etc); unexposed skin is black.

Exposure Schedules

A copy of each bed's exposure schedule must be available at the timer controls

SKIN TYPE II - This is the individual that usually burns easily and severely, tans minimally or lightly and peels.

SKIN TYPE III - Often referred to as "AVERAGE" complexion, burns moderately and tans about average.

SKIN TYPE IV - This individual burns minimally, tans easily and above average with each exposure.

SKIN TYPE V - This individual's system rarely burn, tans easily and substantially.

Recommend Exposure Schedule					
SKIN TYPE	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEKLY
	1 ST-3RD TREATMENTS	4TH-6TH TREATMENTS	7TH-10TH TREATMENTS	11TH-15TH TREATMENTS	SUBSEQUENT TREATMENTS
II - FAIR	2 MIN.	5 MIN.	8 MIN.	10 MIN.	12 MIN.
III - AVERAGE	2 MIN.	5 MIN.	8 MIN.	10 MIN.	12 MIN.
IV - BROWN	2 MIN.	7 MIN.	10 MIN.	12 MIN.	12 MIN.
V - DARK BROWN	2 MIN.	7 MIN.	10 MIN.	12 MIN.	12 MIN.

MAXIMUM EXPOSURE TIME IS 12 MINUTES.

SKIN TYPE II - This is the individual that usually burns easily and severely, tans minimally or lightly and peels. The recommended exposure times below are designed for the slow build-up to a maximum melanin release.

SKIN TYPE III - Often referred to as "AVERAGE" complexion, burns moderately and tans about average.

SKIN TYPE IV - This individual burns minimally, tans easily and above average with each exposure and exhibits immediate pigment darkening reaction (PDR).

SKIN TYPE V - This individual's system rarely burns, tans easily and substantially and always exhibits immediate PDR.

RECOMMENDED EXPOSURE SCHEDULE					
SKIN TYPE	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEKLY
	1ST-3RD TREATMENTS	4TH-6TH TREATMENTS	7TH-10TH TREATMENTS	11TH-15TH TREATMENTS	SUBSEQUENT TREATMENTS
II - FAIR	3 MIN.	7 MIN.	15 MIN.	20 MIN.	20 MIN.
III - AVERAGE	3 MIN.	7 MIN.	15 MIN.	20 MIN.	20 MIN.
IV - BROWN	3 MIN.	10 MIN.	15 MIN.	20 MIN.	20 MIN.
V - DARK BROWN	3 MIN.	10 MIN.	15 MIN.	20 MIN.	20 MIN.

Tanning Client Record

Name: _____

ALL ITEMS MUST BE COMPLETED

Skin Type #: _____ Staff Name: _____

Birth Date (mm/dd/yr): ___ / ___ / ___

ID Type _____ ID # _____

Are you currently taking any photosensitizing medications? Y / N
Have you ever been told by a medical provider to avoid the sun? Y / N
Are you pregnant? Y / N

If you answered yes to any of these questions, please consult your medical care provider before tanning.

Warning Statement OAR 333-119-0050

- Exposure to the tanning process may cause skin cancer. Regular tanners should be regularly screened for skin cancer.
- Not wearing protective eyewear may cause eye damage.
- Overexposure to the tanning process may cause burns.
- Repeated exposure may cause premature aging of the skin.
- Skin sensitivity or burning may result from tanning bed use if the customer is using certain foods, cosmetics, or medications such as tranquilizers, antibiotics, diuretics, high blood pressure medication, antineoplastics or birth control pills.
- Any person taking a prescription or over-the-counter drug should consult a physician before using a tanning device.
- Individuals who do not tan in the sun will not tan with this product.

Client Signature: _____ Date: _____

Note: Client signature updated once a year.

ALL client record information is required!

Clients must review and re-sign warning information annually

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Client Record Requirements

- Registrants must have a **signed** and **dated** warning statement for EACH tanning customer.
- **Signatures must be updated once a year.**
- **Records must be available for inspector review.**



Warning Statement essentials

- Not wearing goggles may cause eye damage
- Repeated exposure may cause skin cancer or premature aging of the skin
- Persons taking prescriptions should consult a doctor before tanning
- Certain foods, cosmetics and medications may cause skin sensitivity or burns
- Frequent tanners should be regularly screened for skin cancer
- Overexposure may cause burns



Required Warning Sign

Risk of skin cancer,
premature aging



Goggles required!



Medications, cosmetics
foods



If you don't tan outside,
you won't tan inside



DANGER **UV RADIATION**

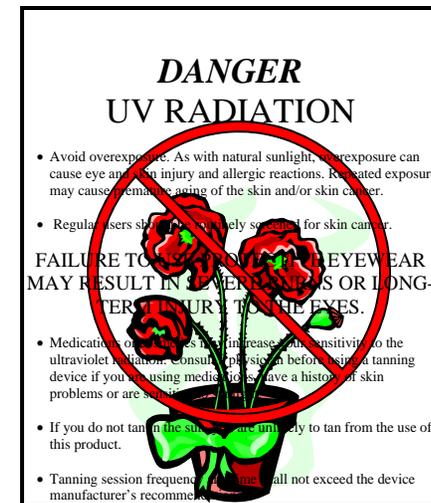
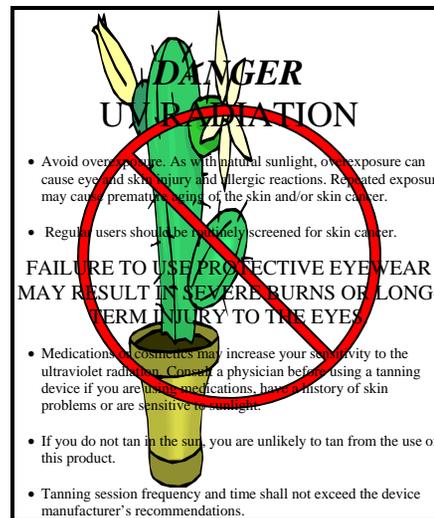
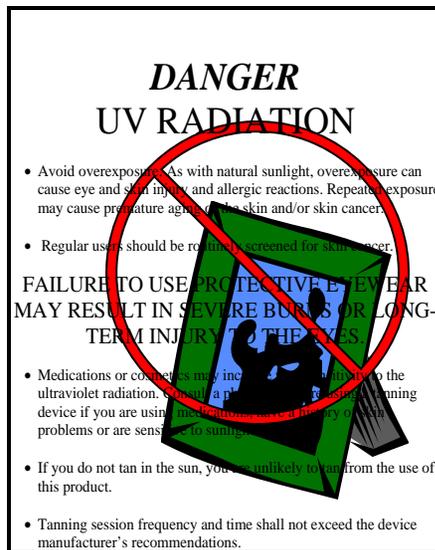
- Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and/or skin cancer.
- Regular users should be routinely screened for skin cancer.

**FAILURE TO USE PROTECTIVE EYEWEAR
MAY RESULT IN SEVERE BURNS OR LONG-
TERM INJURY TO THE EYES.**

- Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult a physician before using a tanning device if you are using medications, have a history of skin problems or are sensitive to sunlight.
- If you do not tan in the sun, you are unlikely to tan from the use of this product.
- Tanning session frequency and time shall not exceed the device manufacturer's recommendations.

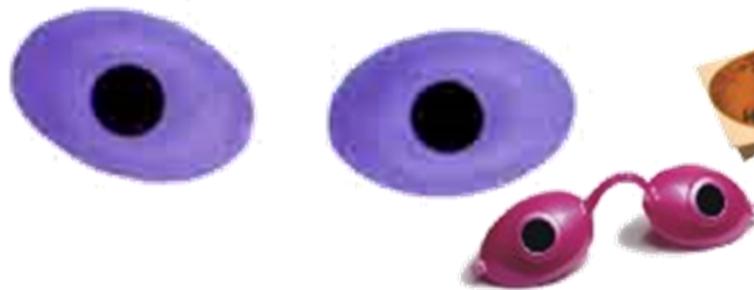
Warning Sign

- The **Warning sign** is to be posted conspicuously within **1 meter**, or about 3 feet of each tanning device
- Do not block the sign



Protective Eyewear

- **No goggles - No tan**
 - sunglasses **will not** work
 - a towel **will not** work
- **Must make protective eyewear available to clients.**
 - Personal or single-use eyewear
 - Re-useable (sanitize between clients)
- **Make sure customers have approved eyewear: **ASK TO SEE!****



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Minors Not Allowed

- No client under age 18 is permitted to tan without completed medical recommendation form
- A “**Minor/Under 18**” sign shall be posted in public view
- Keep any completed “Physician Recommendation” forms on file.

**PERSONS UNDER
AGE 18 ARE NOT
ALLOWED TO USE A
TANNING DEVICE**

**WITHOUT A WRITTEN
RECOMMENDATION FROM A
LICENSED PHYSICIAN**

(Oregon Revised Statute 453)

Information, forms, and signs can be found on the website
www.healthoregon.org/tanning

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Client Protection

- Each client shall be instructed on how to operate the tanning device
- **No infants or minors allowed in the tanning rooms.**
- Maximum time shall not be exceeded in a 24-hour period
- A list of photosensitizing agents, **Medication List**, shall be available for consumers.
- Only 1 consumer per tanning room at a time
 - EXCEPT when a customer needs assistance. BOTH people are required to wear protective eyewear





MEDICATION LIST

Natural oils found in perfumes and colognes which contain furocoumarins, compounds from natural products such as plants and fruits, can sensitize the skin to sunlight. Food and fruit that contain photosensitizing agents: celery, carrots, lime, coriander, parsley, fennel, dill buttercup, mustard, and figs.

Some known *photosensitizing medications* are listed below by name:

- | | | |
|--------------------------------------|--|---|
| Acetohexamide (Dymelor) | Gold Salts | Sandalwood oil (perfume) |
| Acridine preparations (slight) | Grass (meadow) | Silver salts |
| Agave Lechuguilla (amaryllis) | Griseofulvin (Fulvicin) | Smartweed (tea) |
| Agrimony | Hematoporphyrin | Sparine |
| 9-Aminoacridine | Hexachlorophene (rare) | Stilbamidine Isethionate |
| Aminobenzoic Acid | Hydrochlorothiazide (Esidrix, HydroDiuril) | Sulfacetamide |
| Amiripityline (Elavil, etc) | Imipramine HCL (Tofranil) | Sulfadiazine |
| Anesthetics (Procaine group) | Isothipencyl (Theruhistin) | Sulfadimethoxine |
| Angelica | Isothipendly (Theruhistin) | Sulfaguandine |
| Anthracene | L-Tryptophan | Sulfanilamide |
| Antimalarials | Lady's Thumb (tea) | Sulfamerazine |
| Arsenicals | Lantinin | Sulfamethazine |
| Barbiturates | Lavender oil | Sulfapyridine |
| Bavachi (corylifolia) | Lime oil | Sulfathiazole |
| Benzene | Meclothiazide (Enduron) | Sulfonamides |
| Benzopyrine | Mepazine (Pacatal) | Sulfisomidine (Elkosin) |
| Bergamot (perfume) | 9-Mercaptopurine | Sulfonyleureas (antidiabetics) |
| Bithionol (Actamer, Lorohtidol) | Methoxsalen (Meloxan, Oxsoraten) | Temaril |
| Blankophores (sulfa derivatives) | 5-Methoxypsoralen | Terramycin |
| Blulosemide (Ladit) | 8-Methoxypsoralen | Tetrachlorosalicylanilide (TCSA) |
| Bromchlorosalicylanilid | Monoglycerol | Tetracyclines |
| 4-Butyl-4-Chlorosalicylanilide | para-aminobenzoate | Thiazides (Diuril, HydroDiuril, etc.) |
| Carbamazepine (Tegretol) | Mustards | Thiophene |
| Carbinoxamine d-form (Twiston R-A) | Nalidixic Acid (NegGram) | Thiopropazate Dihydrochloride (Dartal) |
| Carbutamide (Nadisan) | Naphthalene | Thorazine |
| Cedar Oil | Neuroleptics | Tolbutamide (Orinase) |
| Celery | Nortriptyline (Aventyl) | Toluene |
| Chlorophyll | Orinase | Tribromosalicylanilide (TBS) |
| Chloroquine | Oxytetracycline (Terramycin) | Trichlormethiazide (Metahydrin) |
| Chlorothiazide (Diuril) | Para-dimethylaminoazobenzene | Tridione |
| Chlorpromazine (Thorazine) | Paraphenylenediamine | Trilafon |
| Chlorpropamide (Diabinese) | Parsley | Triethylene Melamine (TEM) |
| Chlortetracycline (Aureomycin) | Parsnips | Trifluoromazine Hydrochloride (Vesprin) |
| Citron Oil | Penicillin derivatives (Griseofulvin) | Trimeprazine Tartrate (Temaril) |
| Citrus Fruits | Perloline | Trimethadione (Tridione) |
| Clover | Perphenazine (Trilaton) | Tripryathiazine |
| Coal Tar | Phenanthrene Phenazine dyes | Trypaflavine |
| Compazine | Phenolic compounds | Trypan Blue |
| Contraceptives, Oral | Phenothiazines (dyes) | Vanilla Oils |
| Demeclocycline (Declomycin) | Phenoxazine Phenylbutazone (Butazolidin) | Water Ash |
| Demethylchlortetracycline | Phenytain (Dilantin) | Xylene |
| Desipramine | Porphyris | Yarrow |
| (Norpramin, Pertofrane) | Premarin | |
| Diabinese | Profrilpyline (Vivactil) | |
| Dibenzopyran derivatives | Promazine Hydrochloride (Sparine) | |
| Dicyanine-A | Promethazine Hydrochloride (Phenergan) | |
| Diethylstilbestrol | Psoralens | |
| Digaloyl trioleate (sunscreen) | Pyrazinazine Hydrochloride (Pyrrrolazote) | |
| Dilantin | Pyridine | |
| Dill | Quinethazone (Hydromax) | |
| Diuril | Quinine | |
| Doxycycline | Rue | |
| Estrone | Salicylanilides | |
| 5-Fluorouracil | Salicylates | |
| Glyceryl P-Aminobenzoate (sunscreen) | | |

Remember

This is not a complete list.

New medications are developed regularly.

If a client has medical questions, suggest they talk to their health care provider.



Equipment

- Replacement lamps must be the same as original design lamp, or an approved equivalent.
- **Lamp Equivalency Certification** form is required for replacement lamps that are not the same as the original lamps.
(Inspectors need to review this)
- If the lamp is not equivalent you will have to replace them.

TIP: Highlight the installed equivalent and lamp required by the bed.



Dispose of used tanning lamps properly

The lamps contain **mercury vapor**

- Exposure can result in developmental and behavioral abnormalities
 - Mercury is especially harmful to fetuses and to small children.
 - Women of childbearing age are at special risk

Discarded lamps are the largest source of mercury in our solid waste-stream

Contact your local waste recycling company for proper disposal



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Sanitizing

Tanning device and tanning goggles must be sanitized after each use with a quaternary ammonium (Quat) solution.

- Mix sanitizer to the proper concentration
- Check concentration with a Quat Test kit
- **Concentration must be measured at between 400-800ppm.**
- A clean cloth must be used each time



Equipment

- Each device must have a digital timer and emergency off button
- Timers cannot allow sessions to exceed manufacturer's maximum exposure time.
- Device timers shall
 - Be controlled by a trained operator
 - Be a remote timer
 - Be accurate within + or – 10%
- **Each bed timer and emergency off button must be checked ONCE A YEAR**
- Record each test on the **'Timer Test Record'**



Record Keeping

Certain records have to be available for review during unannounced inspections.

Training Certificates

Client Records

Lamp Equivalency

Timer and Emergency
Button tests



Tip: *Keep a binder with all of the required records, label it “Tanning Inspection”*

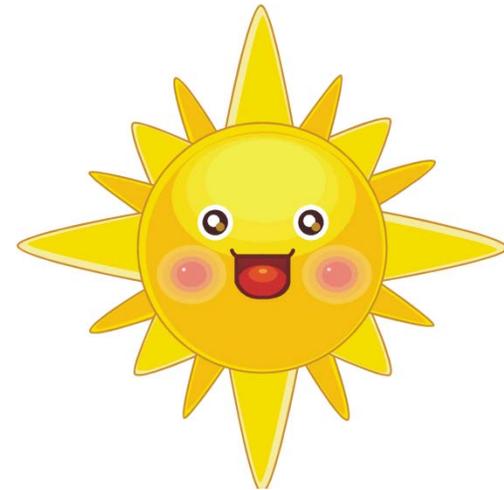
Advertising

- **Do not** claim tanning device is safe, free from risk, or that using the device will result in medical or health benefits.
- **ONLY COSMETIC CLAIMS CAN BE PROMOTED.**



Responding to Inspections

- Respond to the inspection within 30 days of the inspection!
- Respond in writing to **EACH** item marked on your Inspection Finding Report
- Include copies of receipts, certificates or paperwork.
- Need more time? Contact your inspector and request more time.
- **DO NOT IGNORE THE INSPECTION REPORT**



Summary

- Each employee must complete training
 - Skin type each new customer
 - Limit session time to manufacturer recommendation based on skin type
 - Signs must be posted
 - Timer and Emergency Off button tests completed for EACH bed once a year
 - Sanitizer with clean cloth
 - **No eye protection? No Tanning!**
- Questions or concerns about what you are supposed to do?
 - Call or email we can clarify!



Tanning Program Contacts



Glenda Villamar– Inspector **(971) 673-0506**

Sharon Ross – Registrar **(971) 673-0509**

David Howe – Section Manager **(971) 673-0499**

Todd Carpenter – Licensing Manager **(971) 673-0500**

Rick Wendt – Operations Manager **(971) 673-0505**

MAIN NUMBER: (971) 673-0490

Website: www.healthoregon.org/tanning

Questions?



Oregon Health Authority