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# Unit Specification

## UBT273 – Principles and practice of non-medical aesthetic therapies

Unit reference number: T/616/8604

**Level: 4**

**Guided Learning (GL) hours: 14**

### Overview

This unit will enable learners to develop their knowledge of the principles and practices of non-medical aesthetic therapies.

Learners will develop their understanding of this emerging profession by inquiring into the history, safety, legal, insurance and professional body influences of the industry. They will summarise methods and processes of ensuring safety and wellbeing and conforming to health and safety standards. Learners will also appraise contra-actions, hygiene and medical emergency processes.

Learners will begin to develop an understanding of how to access research materials relevant to their subject area whilst at the same time developing skills and understanding of how to collate information for evidence based practice within the non-medical aesthetic industry.

### Learning outcomes

On completion of this unit, learners will:

LO1 Understand the developments of non-medical aesthetic therapies

LO2 Know the benefits and limitations of commonly available non-medical aesthetic therapies

LO3 Understand the importance of professional conduct in non-medical aesthetic therapies

LO4 Know the key regulations, legislative influences and responsibilities relating to non-medical aesthetic therapies

LO5 Understand advanced contra-actions, hygiene issues and medical emergencies of specific concern to non-medical aesthetic therapies

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# Unit content

## LO1 Understand the developments of non-medical aesthetic therapies

### Developments of non-medical aesthetic therapies

#### Taught content

- The definition of non-medical aesthetic therapies
- The history and developments of non-medical aesthetic therapies
- Current working environments: salons, aesthetic clinic, medspa, medical environments
- The roles of specialist practitioners: medical and non-medical
- The difference between medical and non-medical treatments, surgical and non-surgical treatments
- Current dispensing models and regulation for the use of topical anaesthetic products
- The role of clinical oversight within non-medical aesthetic therapies
- The Keogh Report and the HEE Qualification Standards
- The Joint Council of Cosmetic Practitioners (JCCP)
- The Cosmetic Practice Standards Authority (CPSA)
- The British Association for Cosmetic Nurses (BACN)
- National Institute for Clinical Excellence (NICE)
- BSI standards EN 16844:2017

## LO2 Know the benefits and limitations of commonly available non-medical aesthetic therapies

### Benefits and limitations of commonly available non-medical aesthetic therapies

#### Taught content

- Blemish removal (thermolysis and cryotherapy)
- Chemical skin peeling
- Cryolipolysis
- Injectable treatments
- Laser/IPL hair removal
- Laser/IPL/LED for skin rejuvenation
- Laser for tattoo removal
- Meso therapy treatments
- Microneedling
- Micropigmentation
- Radio Frequency
- Ultrasound
- Platelet rich plasma treatments (PRP)

**NB: this list is not exhaustive**

## LO3 Understand the importance of professional conduct in non-medical aesthetic therapies

### Importance of working in line with organisational procedures

#### Taught content

- Adhere to all manufacturers' protocols
- Adhering to responsible marketing guidelines
- The individual responsibilities of working within a multidiscipline team
- Lines of communication within a multidiscipline team
- Effective communication with colleagues and other team members
- Respect and appreciation of colleagues and other team members
- The role of supervision mentoring and training
- Conflict resolution
- The potential disadvantages of working in isolation
- Responsibility of working within UK government guidelines relating to level of qualification
- The role of clinical governance within the non-medical aesthetic industry
- The importance of Continuing Professional Development (CPD), training, education and career opportunities

### Personal qualities which contribute to professional practice

#### Taught content

- Professionalism
  - The importance of the consultation process and checking for contra-indications
  - Compliance with any particular rights, restrictions and acts applicable to the respective treatment
  - Abiding by relevant code of practice/ethics
  - The need for insurance and professional association membership
  - Methods of maintaining client care, protecting client modesty, maintaining a duty of care
  - Confidentiality
  - How to follow referral procedures, the need never to diagnose
  - How professionalism contributes to client trust
- Behaving in a professional manner
  - Demonstrating respect to clients and colleagues
  - Good communication and customer service skills
  - Explaining the treatment and products to the clients
  - Showing confidence in abilities
  - Demonstrating correct client care and professionalism at all times
  - Maintaining professional appearance, behaviour and personal hygiene
  - Demonstrating understanding of workplace requirements for professional behaviour
  - Only carrying out treatments to within scope of practice
  - Personal qualities which contribute to professional practice

## **Evidence based practice**

### Taught content

- The importance, purpose and procedures for obtaining and recording evidence based practice within the aesthetic industry
- Principles of rudimentary research methodologies and how to undertake literature research
- Methods for critically appraising evidence based literature
- Understanding systematic review
- Requirements in adhering to evidence based practice and how and when to apply rationalised deviation from evidence based protocols
- Applications of information technology and health informatics

## **Accountability and clinical governance**

### Taught content

- Reasons for audit and why they are important
  - Reasons for and methods of recording work clearly and accurately
  - The main components of clinical governance
  - Risk management
  - Clinical audit – adverse event recognition and reporting
  - Education, training, CPD and peer review
  - Evidence based care and effectiveness
  - Patient and carer experience and involvement
  - Staffing and staff managements

## LO4 Know the key regulations, legislative influences and responsibilities relating to non-medical aesthetic therapies

### Legal, insurance requirements and government guidelines for working as a non-medical aesthetic practitioner

#### Taught content

- Legislative requirements:
  - The Environmental Protection Act 1990
  - The Work Place Regulations (Health, Safety and Welfare) 1992
  - Health and Safety at Work Act 1974
  - The Management of Health and Safety at Work Regulations 1999
  - The Health and Safety (First Aid) Regulations 1981
  - Dangerous Substances and Preparations (Nickel) (Safety) Regulations 2005
  - The Personal Protective Equipment at Work Regulations 1992
  - The Provision and Use of Work Equipment Regulations 1998
  - The Control of Substances Hazardous to Health Regulations (COSHH) 2002
  - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
  - The Electricity at Work Regulations 1989
  - The Fire Precautions Act 1971
  - The Fire Precautions (Workplace) Regulations 1997
  - The Manual Handling Operations Regulations 1992
  - Employers Liability (Compulsory Insurance) Act 1969
  - The Working Time Regulations 1998
  - General Product Safety Regulations 2005
  - Cosmetic Products (Safety) Regulations 2008
  - The Supply of Goods and Services Act 1982
  - Sale and Supply of Goods Act 1994
  - Consumer Protection Act 1987
  - Trade Descriptions Act 1972
  - Local Government (Miscellaneous Provisions) Act 1982
  - Data Protection Act 1998
  - General Data Protection (GDPR) 2018
  - Social Services Act 1970
  - The Equality Act 2010
  - Safeguarding Vulnerable Groups Act 2006
  - Corporate Manslaughter and Corporate Homicide Act 2007
- The Health Education Report on Non-Surgical Cosmetic Interventions and Hair Restoration Surgery 2016
- Local, national or European legislation
- Legal obligations when working with clients and the general public
- Industry Codes of Practice relating to risk assessment, consultation, informed consent, confidentiality, photography, hygiene, health and safety, use, storage and disposal of hazardous waste and sharps

- Professional indemnity/insurance cover appropriate to discipline and level
- Enforcement Officers – improvement notices, prohibition notices, prosecution

### Key responsibilities of legislative requirements

#### Taught content

- Health and Safety at Work Act 1974 requires employers to
  - Provide and maintain a safe working environment
  - Provide adequate welfare facilities
  - Provide safe systems of work
  - Provide information, training and supervision
  - Ensure the safe handling, storage and movement of goods and materials
- Provide and maintain safe equipment
- Examples for employers may include
  - A training session specifically dealing with the workplace's policies and reporting on sickness and general welfare, handling and storage of equipment
  - Specific training sessions for staff to develop skills and product knowledge
  - Employers' expectations regarding uniform, professional conduct, client communication and customer service
- Health and Safety at Work Act 1974 requires employees to
  - Act responsibly and not endanger self or others by an individual's actions
  - Co-operate with an employer to fulfil duties
  - Not misuse anything provided in the interests of health and safety
  - Report all accidents, incidents and unsafe conditions of practice
- Examples for employees may include
  - Mandatory attendance at training sessions
  - Ensuring professional image and conduct is maintained with the workplace
  - Reporting verbally or in writing to manager, supervisor or owner any accidents or incidents, however minor, that may occur
- Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013 requires employers to report to the Health and Safety Executive (HSE)
  - Work-related illnesses which may include dermatitis or occupational asthma
  - Needle stick injuries: under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, employers have legal duties to report certain incidents and dangerous occurrences to the relevant enforcing authority. Incidents such as a puncture wound from a needle known to contain blood contaminated with a blood-borne virus (BBV) should be reported as a dangerous occurrence
  - A death or major injury at work
  - A dangerous occurrence
  - Employees must ensure that they have notified the employer of any potential work-related illness, death, major injury or dangerous occurrence that occurs within the workplace in order that the employer can fulfil their reporting obligations

- The Health and Safety (First Aid) Regulations 1981 requires an employer to
  - Provide a suitably equipped first aid box
  - Appoint a person to undertake first aid training and to take charge when someone has a minor injury, e.g. burn or cut
- The Manual Handling Operations Regulation 1992 requires employers to
  - Provide training in manual handling
  - Reduce the risk of injury for any tasks undertaken
  - Assess the working environment for risks, for example a pregnant staff member may not be able to lift heavy stock boxes from high shelves so items should be stored lower
- The Manual Handling Operations Regulation 1992 requires employees to
  - Take reasonable care and ensure others are not affected by their actions
  - Use equipment provided by an employer to enable staff to move or access heavy loads, e.g. heavy ladder to access products or stock from high shelves
  - Follow the safe systems of work that an employer has provided, e.g. instructions not to climb on shelves to access products
- The Control of Substances Hazardous to Health Regulations (COSHH) 2002 requires an employer to
  - Assess the risk to health from hazardous products and decide what precautions are required
  - Introduce appropriate measures to control exposure to hazardous products
  - Ensure employees follow the control measures and safety precautions and use protective equipment when appropriate
  - Inform and instruct employees about the risks and precautions and train accordingly in dealing with, storing and disposing of hazardous products. COSHH states that all practitioners/employees must be given information, instruction and training on both hazardous and potentially hazardous chemicals used. An example of this would be the correct storage of hydrogen peroxide which is classed as hazardous
- The Personal Protective Equipment at Work Regulations 1992 requires an employer to
  - Assess the need for the need for personal protective equipment
  - Train staff in the use of Personal Protective Equipment (PPE)
  - Ensure PPE is provided and is fit for purpose, e.g. protective goggle/glasses to protect the client and practitioner surgical gloves, medical face masks, goggles, plastic sheathing and barrier sheets
- The Personal Protective Equipment at Work Regulations 1992 requires an employee to
  - Be correctly presented with appropriate personal protective equipment where treatments may present a risk or hazard. Personal protective equipment will include all necessary items for the client including gowns, towels, surgical gloves, medical face masks, goggles, plastic sheathing and barrier sheets
  - Protect the client adequately with appropriate covering, drapery, goggles and where required further and additional PPE
- The Electricity at Work Regulations 1989 requires an employer to
  - Ensure all electrical equipment is checked and a Portable Appliance Test (PAT) is conducted at least once a year by a competent person (qualified PA tester)
  - Ensure all equipment is maintained to prevent danger

- Ensure all checks are recorded and the equipment updated with appropriate PAT label and associated documentation
- Ensure these checks are carried out and records maintained including repairs to equipment
- The Electricity at Work Regulations 1989 requires an employee to
  - Ensure that all equipment has been maintained and is safe to use, e.g. equipment with loose or frayed wires is unsafe and must be reported as unusable
  - Report and label any broken equipment to avoid it being used and potentially causing harm
  - Carry out visual checks, only use equipment for its intended purpose, carry out pre-treatment tests in line with the manufacturer's instructions e.g. check temperatures and settings on equipment before switching on and using on the client

### Licensing regulations for the non-medical aesthetic practitioner and premises

#### Taught content

- Local government licensing
- Professional association licensing
- Responsibilities of employers and employees
- Responsibilities of the self-employed
- Responsibilities of manufacturers, suppliers and installers

### Purpose of risk assessments

#### Taught content

- Legal requirement to provide a safe environment for staff/visitor/clients/patients
- Risk assessments are carried out to identify hazards, minimise hazards and risks

### Difference between hazards and risks within a workplace

#### Taught content

- A hazard is something with the potential to cause harm
  - Trailing wires from equipment
  - Product spilt on the floor
  - Reflective surfaces in laser treatment room
- A risk is the likelihood that the hazard will actually cause harm
  - The practitioner or a client may trip over the trailing wires
  - The practitioner or a client may slip on the spillage
  - The practitioner or a client may receive indirect exposure to the laser beam reflecting off surfaces

## Procedure for completing risk assessments

### Taught content

- Risk assessments must be carried out in a workplace at regular intervals. All staff and visitors to a workplace have a right to be protected from harm. An examination of the work area is carried out on what might cause harm and a decision made on whether reasonable steps to prevent that harm are in place
- Observe all areas of the work place
- Identify hazards
- State who or what is at risk
- Determine the level of risk
- Recommend preventative measures
- Inform or train staff
- Sign and date risk assessment

## Areas of risk to consider

### Taught content

- Space – utilisation, working area, heating, lighting, ventilation, layout and design of the workplace
- Chemicals – procedures, storage, handling, safe usage, safe disposal, records
- Equipment – selection, safe usage, handling, lifting, repairs, maintenance
- Hygiene – personal hygiene, equipment, work surfaces, flooring, sterilisation and sanitisation methods
- Security (stock) – control systems, procedures, ordering, handling, storage
- Security (cash) – staff training, point of sale, in transit
- Security (people) – staff, clients, visitors, personal belongings, systems, security, emergency evacuation, storage/use of confidential staff/client records, business information, data protection
- Buildings – maintenance of internal and external security, commercially available systems
- Emergency procedures – accidents, first aid, fire evacuation, incidents, personnel, records, belongings, systems, security, emergency evacuation, storage and use of confidential staff and client records, business information, data protection
- Management – recording, implementing, updating processes and procedures, staff training
- Security breaches – stock levels control and monitoring, inventory of equipment, manual and computerised records

## How to undertake a risk assessment

### Taught content

- Observe all areas of the work place
- Identify hazards
- State who or what is at risk
- Determine the level of risk
- Recommend preventative measures
- Inform or train staff
- Sign and date risk assessment

## LO5 Understand advanced contra-actions, hygiene issues and medical emergencies of specific concern to non-medical aesthetic therapies

### Signs of, and procedures for dealing with anaphylactic shock

#### Taught content

- The physiology of an anaphylactic shock: a severe, immediate, potentially fatal systemic allergic reaction to contact with a foreign substance or antigen
- The symptoms of an anaphylactic shock: generalised flushing of the skin, nettle rash (hives) anywhere on the body, swelling of throat and mouth, difficulty in swallowing or speaking, alterations in heart rate, severe asthma, abdominal pain, nausea and vomiting, sudden feeling of weakness (drop in blood pressure), collapse and unconsciousness
- The EpiPen (epinephrine auto-injector) is a medical device for injecting a measured dose or doses of epinephrine (adrenaline)
- Emergency procedures for the non-medical practitioner
  - Call 999 for an ambulance immediately – mention that the person may have anaphylaxis
  - Remove any trigger if possible
  - Lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties
  - Use an adrenaline auto-injector if the person has one – if knowledgeable of correct use
  - Give another injection after 5-15 minutes if the symptoms do not improve and a second auto-injector is available

### Histology of micro-organisms and their form of contamination

#### Taught content

- Bacteria and bacterial infections: types and histology e.g. impetigo, folliculitis, conjunctivitis, styes
- Virus and viral infections: types and histology e.g. herpes simplex, common warts and verrucae
- Fungi and fungal infections: types and histology e.g. tinea/ringworm infections
- Parasite and parasitic infections and histology e.g. head lice and scabies

### Types of blood-borne pathogens and how to prevent contamination

#### Taught content

- Blood-borne viruses (BBV): Hepatitis B virus (HBV), Hepatitis C virus and Hepatitis D virus, Human immunodeficiency virus (HIV)
- Control measures to prevent contamination
- Prohibition of eating, drinking, smoking and the application of cosmetics in working areas where there is a risk of contamination

- Prevention of puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids
- Use of appropriate PPE to prevent contamination

### How to prevent and deal with needle stick injuries

#### Taught content

- When possible avoid use of, or exposure to, sharps such as needles, glass, metal etc., or if unavoidable take care in handling and disposal
- Consider the use of devices incorporating safety features, such as safer needle devices and blunt-ended scissors
- Cover all breaks in exposed skin by using waterproof dressings and suitable gloves
- Protect the eyes and mouth by using protective goggles/glasses and a mask
- Avoid contamination by using appropriate PPE e.g. gloves
- Use good basic hygiene practices, such as hand washing
- Control contamination of surfaces by using appropriate sanitisation/sterilisation methods
- Dispose of contaminated waste safely in accordance with Local government guidelines
- Immunisation (vaccination) is available against HBV but not other BBVs. The need for a worker to be immunised should be determined by a risk assessment
- Disposal of waste: A risk assessment, as required by COSHH, should be carried out on any waste generated. Certain waste is classified as clinical waste and its collection, storage and disposal is subject to strict controls. All used needles must be placed in a sharps box and disposed of in line with Government legislation
- Reporting incidents under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013: legal duties to report certain incidents and dangerous occurrences to the relevant enforcing authority. Incidents such as a puncture wound from a needle known to contain blood contaminated with a BBV should be reported as a dangerous occurrence
- Action after possible infection with a BBV – if you are contaminated with blood or other body fluids, take the following action without delay:
  - Wash splashes off skin with soap and running water
  - If skin is broken, encourage the wound to bleed, do not suck the wound – rinse thoroughly under running water
  - Wash out splashes in eyes using tap water or an eye wash bottle, and nose or mouth with plenty of tap water – do not swallow the water
  - Record the source of contamination
  - Report the incident to the supervisor, line manager or health and safety adviser. Prompt medical advice is important. Medical treatment might be appropriate following infection with a BBV, but to be effective, it may need to be started quickly
  - Contact the nearest Accident and Emergency department for advice without delay

## Methods of controlling common infections and processes of selection of effective methods of sterilisation

### Taught content

- Tools, equipment and work surfaces must be kept clean, well maintained and sterilised or disinfected. Sterilisation and disinfecting will prevent cross-infection/contamination
- Practitioners must know:
  - Sterilisation – the killing of organisms such as bacteria, fungi and parasites
  - Disinfecting – the elimination of the most harmful microorganisms (not including their spores) from surfaces or objects
  - Chemical and physical methods of sterilisation: Autoclave, boiling, dry heat, light rays and Gamma radiation, Chlorhexidine, Ethylene Oxide and Formaldehyde
  - Chemical and physical methods of disinfection of the environment and of the skin: Ultra Violet light, 70% Isopropyl Alcohol (IPA) wipes, bleach, domestic disinfectants
  - Hand washing
  - Use of PPE: Surgical gloves, medical face masks, goggles, plastic sheathing and barrier sheets

# Assessment requirements

## Assignment

Learners must produce an assignment for this unit which forms part of the learner's internal assessment. The assignment must be internally marked before the learner is entered for the qualification's practical and written examinations at the end of the period of learning. The assignment must contain proficient evidence that the learners have met all the assessment criteria below.

Learning Outcome	Assessment Criteria
LO1 Understand the developments of non-medical aesthetic therapies	1.1. Define non-medical aesthetic therapies
	1.2. Analyse the history and developments of non-medical therapies
	1.3. Evaluate current working environments and the role of specialist practitioners: medical and non-medical
	1.4. Critically compare the difference between medical and non-medical treatments, surgical and non-surgical treatments
	1.5. Explain the regulations governing the use of topical anaesthetic products
	1.6. Define the role of clinical oversight within non-medical aesthetic therapies
	1.7. Analyse the influence on the aesthetic industry of the following: <ul style="list-style-type: none"> <li>• The Keogh Report and the HEE Qualification Standards</li> <li>• The Joint Council of Cosmetic Practitioners (JCCP)</li> <li>• The Cosmetic Practice Standards Authority (CPSA)</li> <li>• The British Association for Cosmetic Nurses (BACN)</li> <li>• National Institute for Clinical Excellence (NICE)</li> <li>• BSI standards EN 16844:2017</li> </ul>

Learning Outcome	Assessment Criteria
LO2 Know the benefits and limitations of commonly available non-medical aesthetic therapies	2.1. Summarise the benefits and limitations of commonly available non-medical aesthetic therapies

<b>Learning Outcome</b>	<b>Assessment Criteria</b>
<b>LO3</b> Understand the importance of professional conduct in non-medical aesthetic therapies	3.1. Explain the importance of working in line with organisational procedures
	3.2. Evaluate the personal qualities which contribute to professional practice
	3.3. Define the principles of evidence based practice
	3.4. Analyse the accountability and clinical governance requirements

<b>Learning Outcome</b>	<b>Assessment Criteria</b>
<b>LO4</b> Know the key regulations, legislative influences and responsibilities relating to non-medical aesthetic therapies	4.1. Identify the legal, insurance requirements and government guidelines for working as a non-medical aesthetic practitioner
	4.2. Describe the key responsibilities of legislative requirements
	4.3. Examine the licensing regulations for the non-medical aesthetic practitioner and premises
	4.4. Explain the purpose of risk assessments
	4.5. Define the difference between hazards and risks within a workplace
	4.6. Evaluate the procedures for completing risk assessments
	4.7. Identify areas of risk to consider
	4.8. Explain how to undertake a risk assessment

<b>Learning Outcome</b>	<b>Assessment Criteria</b>
<b>LO5</b> Understand advanced contra-actions, hygiene issues and medical emergencies of specific concern to non-medical aesthetic therapies	5.1. Signs of, and procedures for dealing with anaphylactic shock
	5.2. Define and explain the histology of micro-organisms and their form of contamination
	5.3. Define and explain the types of blood-borne pathogens and how to prevent contamination
	5.4. Summarise how to prevent and deal with needle stick injuries
	5.5. Compare and contrast methods of controlling common infections and processes of selection of effective methods of sterilisation

## Document History

Version	Issue Date	Changes	Role
v1	01/05/2018	First published	Qualifications Manager
v2	03/09/2019	Amended grammar in Assessment criteria	Qualifications Administrator
V3	16/09/2019	Amended to non-medical aesthetic	Qualifications Administrator