



VTCT



iTEC

Unit Specification

UBT280 – Provide skin peeling treatments

Unit reference number: J/616/8610

Level: 4

Guided Learning (GL) hours: 52

Overview

The aim of this unit is to develop the learner's knowledge, understanding and practical skills when using superficial skin peel products and techniques to rejuvenate the condition of the skin. Learners will acquire skills involved in providing a thorough consultation, skin health checks to establish the client's suitability for treatment and to formulate a specific treatment plan tailored to suit individual client needs. Learners will prepare and apply a range of skin peels as well as providing the relevant pre and post care.

Learning outcomes

On completion of this unit, learners will:

LO1 Know safety considerations when providing skin peel treatments

LO2 Understand how to provide skin peel treatments

LO3 Know the relevant anatomy, physiology and pathologies for skin peeling

LO4 Be able to consult, plan and prepare for treatment

LO5 Be able to provide skin peel treatments

Unit content

LO1 Know safety considerations when providing skin peel treatments

Safety of product sourcing

Taught content

- Ensure skin peels used are those approved by EU Cosmetics Regulations for cosmetic use by therapists and conform to guidelines of the Cosmetic Practice Standards Authority (CPSA)
- Understand how to gain verification of legality
- Current professional insurance policy requirements for working at this level
- Check with supplier/manufacturer for guidelines

Insurance guidelines

Taught content

- Insurance policy requirements to be met to ensure insurance is valid
- Requirements for skin testing prior to treatment
- Acquiring informed client consent and signature before every treatment
- Providing written pre and post-care information
- Ensuring therapist is working within scope of practice with regards to percentage strength of skin peel used and penetration level

Hygiene considerations

Taught content

- Use of suitable sterilisation and sanitisation for equipment and surfaces. Single use items as appropriate such as disposable gloves (latex free), disposable hair protectors, applicators, cotton wool, couch roll, clean laundered towels
- General hygiene – i.e. washing of hands before and after treatment, hand gel, clean towels, use of disposables where possible
- Disinfectant or sterilisation – use of heat or chemical methods, bactericides, fungicides, UV cabinet for storage
- Equipment – only used for intended purpose, safe usage/safe handling/storage/visual checks, correct disposal of contaminated waste products

Hygiene and infection control

Taught content

- Knowledge of infection control, bacteria, virus, fungi, parasites, prevention of cross-contamination and disease transmission procedures, levels of infection control, personal immunisation (Hepatitis B), single use barrier consumables for protection against blood borne viruses (BBV) and Methicillin-Resistant Staphylococcus Aureus (MRSA)

Features, benefits and use of treatment products

Taught content

- Know the ethical methods of sourcing, purchasing and storing regulated treatment products including expiration dates
- The need to have knowledge and understanding about treatment products including the features and benefits
- The safety and legal reasons for using products that are licensed and meet EU standards and the outcome of using products which are not properly tested or contain banned substances
- The use of Material Safety Data Sheet (MSDS) in relation to skin peeling treatments

Hazards and risks

Taught content

- Identification of hazards and risks through risk assessment
- Putting procedures in place to ensure they are minimised:
 - Proper training for all staff
 - Protocols to follow during consultation
 - Written pre and post-care for client
 - Adherence to manufacturers' guidelines
- Pain, discomfort, prolonged erythema, hyperpigmentation, hypopigmentation, post inflammatory pigmentation, swelling, infection including acne and activation of herpes simplex, allergic reactions including urticaria, papules and anaphylaxis, overtreatment (deeper resurfacing than intended), scarring and changes in skin texture
- Risks of Post Inflammatory Hyperpigmentation (PIH) with Fitzpatrick skin types 3-6 and any skin with existing hyper pigmentations concerns (including Fitzpatrick 1 and 2)
- Erythematous conditions (vascular) such as rosacea, telangiectasia and poikiloderma of civatte as prone to increased erythema after treatment

Suppliers' and manufacturers' instructions for safe use

Taught content

- Understand and know reasons for supplier and manufacturer products and protocols for skin peeling treatments including test patch and skin preparation recommendations. Check expiry date for products. Products appropriate for use pre-treatment, during skin peeling treatment preparation, performance, post care and aftercare application according to manufacturers' instructions, e.g. cleanser, pre-treatment products, pre-peel products, peel, post-peel products, SPF
- Follow supplier/manufacturer protocols for hygiene and treatment application – working over the small zones of the face/body in specified order, using the correct pressure, techniques and timings, adapting treatment to all areas. Observation of desirable and undesirable clinical end points, cooling and skin recovery products used in the salon. Frequency of treatment, course of treatments, conditions to treat

Treatment of minors

Taught content

- The age at which an individual is classed as a minor and how this differs internationally and how treatment should only be provided for clients considered over the minimum age

Timing of treatments

Taught content

- Identify and understand commercial timings for treatments. Recognise variations in timings depending on skin reaction time and recognised influencing factors, peel products, layering, skin type and condition to be treated plus other contributory factors

Contra-indications that would prevent or restrict treatment

Taught content

- Prevent
 - Active bacterial, viral, fungal or herpetic infection, active inflammatory dermatoses (e.g. psoriasis), allergy to aspirin (salicylic acid), allergy to skin peel ingredients, any recent direct sun exposure in area to be treated, atopic dermatitis, solar keratosis, basal cell or squamous cell carcinoma, client who fails to follow all of the recommended pre-treatment programme, client who is careless about sun exposure or application of medicine, client suffering from body dysmorphia, client with unrealistic expectations, current use of any steroidal topical medication, client who is trying to conceive, drugs with photosensitising potential, excessive deep skin folds, fake tan applied in last 14 days in area to be treated, impaired healing/ immunosuppression, keloids and hypertrophic scarring, lactation/breastfeeding, melanoma or suspected melanoma, open wounds, pregnancy, recent radiation treatment, uncooperative client, underage clients, use of isotretinoin (Accutane), retinoic acid/Retin A products
- Restrict
 - Anxiety, bruises, deep chemical peel, diabetes, epilation, epilepsy, herpes, history of hypertrophic scarring, Intense Pulsed Light (IPL) or laser, poor mental and emotional state, prior to surgery, recent botulinum toxin injections or dermal fillers, recent skin peels, recent microdermabrasion, skin type, e.g. hypersensitive skin

Contra-indications requiring medical referral

Taught content

- Contra-indications requiring medical referral – any radiation treatment, certain medications including anti-coagulants, diabetes, evidence of medical conditions such as cardiac, hepatic or renal disease, recent surgery and undiagnosed swellings in treatment area

Referring contra-indicated clients

Taught content

- Actions to take in relation to specific contra-indications when referring clients
- Knowledge of organisation protocol for not naming specific suspected contra-indications when encouraging client to seek medical advice
- Encourage clients to seek medical advice without alarm or concern
- Reasons for not diagnosing suspected contra-indications due to professional status, acknowledging the need for medical training to be able to diagnose

When to consult with other aesthetic professionals

Taught content

- Recognise when additional information is needed from other clinicians involved with the client and how this can be obtained in compliance with confidentiality and consent guidance and in line with current data protection legislation
- Demonstrate an understanding of when and how to request additional advice from other clinicians treating the client when applicable in line with current data protection legislation

LO2 Understand how to provide skin peel treatments

Treatment planning

Taught content

- Identify client needs, expectations, anticipated costs, and treatment objectives. Agree realistic outcomes against client expectations, discuss expected sensations and relevant potential risks
- Contra-indications that prevent or restrict treatment or require medical referral
- Identification and discussion of skin type, including Fitzpatrick skin health, skin type and conditions presenting and individual lesions or concerns, to assist in choice of the appropriate treatment and to identify realistic treatment outcomes
- Frequency, duration and potential cost of treatments recommended to achieve treatment outcomes
- Use of a skin-care programme pre-treatment
- Post treatment advice including possible contra-actions, healing process, recommended skin-care/post-care, lifestyle advice and restrictions to ensure client is suitably prepared and informed for treatment
- Treatment plan should be clearly agreed between client and therapist and recorded on the consultation documentation. Photographs and consent forms signed by client prior to treatment

Factors to consider when treatment planning

Taught content

- Previous skin treatment in salon – details of type of treatment, how frequent, dates the treatments were received, to ensure enough time has passed between treatments
- Satisfaction and results – dissatisfaction could indicate body dysmorphia or client with unrealistic expectations
- Legal aspects of responsibility of therapist
- Site of scarring, age and reasons for scar to assess depth, suitability for treatment, realistic proposed improvement of scar tissue
- Diet and lifestyle factors that could reduce the effects of treatment
- Photo damage – sun exposure history, presence of hyper/hypo pigmentation and use of SPF will indicate level of photo damage present – use of skin diagnostic equipment
- Medical history to ensure client is safe for treatment or if medical referral is required

Assessing skin characteristics

Taught content

- Assessed through questioning at consultation, skin health checks and observation of skin, importance of using skin diagnostic equipment, e.g. light magnifier, Woods lamp, skin scanner/diagnosis technology
- How to assess and recognise skin characteristics – Fitzpatrick scale 1-6, level of sensitivity, thickness of skin, epidermal thickness, healing capacity
- Recognition and understanding of skin analysis – surface hydration levels, pigmentation, photo/sun damage, vascular lesions, primary and secondary lesions, irregularities, skin texture (pore size), skin laxity, static and dynamic wrinkles, congestion/excessive oil, sensitivity
- How to select the treatment to suit skin characteristics, skin health, the Fitzpatrick classification scale and treatment objectives

Treatment advice to provide to the client

Taught content

- Provide consultation 2 weeks – 48 hours prior to actual treatment to discuss outcomes and pre-treatment preparation. A period of up to 2 weeks is required for unhealthy skins to rebalance prior to treatment. Active skin care of a high/professional strength concentration such as prescription retinoid or high level vitamin A, may need to be avoided for 3-5 days pre and post skin peeling treatments, refer to manufacturers' recommendations. Low strength should be avoided for 48 hours post treatment
- Pre-treatment, clients should also be advised to avoid UV exposure and heat immediately prior to treatment, wear SPF minimum 30 (preferably 50) and UVA broad spectrum protection daily. Avoid going out into the direct sunlight and cover up as much as possible
- Clients should be advised that fake tanning lotions should be avoided at least 10 days prior to skin peel – certain acids will carry pigment deeper into the skin layers, e.g. glycolic acid. The tan has to wear off before peel can take place
- Active herpes simplex is a contra-indication but sufferers of inactive herpes simplex should be advised – client to be advised to take prophylactic antiviral medication or apply topical antiviral cream up to 2 days before treatment and up to 3 days after treatment
- Use of prescription retinoid to stop 2 weeks before treatment (or as timing recommend by supplier for specific peel product)
- Physical sensation – during treatment a tingling, prickly or stinging sensation is possible (depends on Fitzpatrick skin type, peel type, depth and strength, skin may show erythema)
- Post-treatment physical sensation – skin may feel tight, sensitive or dry, discomfort is rare depends on Fitzpatrick skin type, skin health, type, peel type, depth and strength
- Post-treatment appearance – normally very little 'down time', few breakouts may occur (particularly when treating oily/acne skin). Mild erythema or flaking and mild peeling of the skin may occur
- Possible contra-actions – what they are, why they appear and how long they may last – blanching, discomfort, excessive erythema, excessive flaking, frosting, pigmentary changes

Pain threshold and sensitivity variations

Taught content

- Inflammatory response of the skin
- Recognising skin types and areas of the face that are more sensitive, fragile and reactive to topical applications. Those that have more prominent and dilated dermal blood vessels which may contribute to an exaggerated inflammatory response or hyperpigmentation (Fitzpatrick 3-6 or highly pigmented 1-2) plus a more intense physical sensation when the treatment is applied. Importance of using a pain threshold scale, e.g. the 1-10 scale (1 being very little sensation , 10 being extremely painful)

Skin sensitivity testing prior to treatment

Taught content

- Skin test performed during initial consultation after client has agreed and signed informed consent. Client must sign patch test form if separate to main consultation form
- Testing for potential allergic reaction or adverse response (inflammatory response) to peel products. Clients with history of allergies or sensitivities have an increased risk of allergic reaction. Skin test site is located discreetly near the treatment area – behind the ear or inner side of forearm. Skin is prepared as usual for peel treatment. Desired peel to be applied, timed and neutralised as appropriate (following supplier instructions). Evaluation of the skin test is made following timing recommended by supplier instructions. Recording of results to include whether positive or negative. Record date, location of test, and products used, description of results, if positive full description of response and product used. Skin peel to be performed when skin test results are negative
- Any change of peel product or strength to be tested prior to use
- Follow supplier/manufacture instructions for recommended time between skin test and peel application for each skin type and condition as they may vary

Pre-treatment preparatory skin care programmes

Taught content

- Pre-treatment advice and preparatory topical skin care programmes that should be given to clients to optimise results and why this needs to be relevant to their skin health, type and Fitzpatrick skin type
- Benefits – to enhance peel effects, facilitate post healing, reduce risk of complications including post inflammatory hyperpigmentation
- Topical products typically used 2-6 weeks before skin peel
- Typical products used may include– sunscreen (minimum SPF 30), antioxidants, vitamin A (non-prescription), Vitamin C, Vitamin B3, Peptides, Growth factors, Tyrosinase inhibitors, AHA/BHA based cleansers and moisturisers to prepare skin by decreasing stratum corneum thickness to enhance effects of skin peel treatment
- Fitzpatrick skin types 3-6 and hyper-pigmented 1-2 must be on a tyrosinase inhibitor as they are prone to post-inflammatory pigmentation (PIH) after skin peels, pre-treatment products – (e.g. lightening products, tyrosinase inhibitors) can be used to reduce the risk of PIH and preparatory products may be used for longer than with Fitzpatrick 1-3 skin types
- All products must be relevant to skin health/type/condition and Fitzpatrick skin type

Cleansing the skin prior to treatment

Taught content

- Reasons
 - To degrease the skin reducing lipid barrier to give even application and enhance peel penetration
 - Removal of make-up, debris and grime
- Typical products used
 - AHA cleansers, preparatory skin products which may contain AHA/BHAs and astringent agents to degrease the skin

Protecting sensitive areas on the face

Taught content

- Reasons for protecting areas such as the eyes, nostrils and lips with suitable barrier products when carrying out skin peels. Understand effects of acids if skin is not protected against over treatment in areas of soft folds where peel products can 'pool' (collect) and will be concentrated
 - Petroleum based products typically used to protect these areas

Classifications of peel types

Taught content

- Peel levels
 - Very superficial – within scope of practice of suitably qualified beauty therapist, removes only cells of stratum corneum. Intensity dependent on peel type used
 - Superficial – within scope of practice of suitably qualified aesthetic therapist, penetrates to any depth within the epidermis down to the basal layer
 - Medium – performed by advanced practitioners
 - Deep – performed by medical practitioners only, peels down to reticular dermis level for cases of extreme sun damage and wrinkling
- Chemical structure, variants of each group of Hydroxy Acids, source, molecular structure, action, effects, indications for treatment
- Alpha Hydroxy Acids (AHAs)
- Beta Hydroxy Acids (BHAs)
- Polyhydroxy Acids (PHAs)
- Beta lipohydroxy acid (LHA)
- Carboxylic and Dicarboxylic acids
- Trichloroacetic acid (TCA)
- Phenol

Actions of acids and alkaline and their concentrations on the skin

Taught content

- pH scale
 - pH – abbreviation for potential hydrogen, relative degree of acidity and alkalinity of a substance. pH identifies the quantity of hydrogen ions
- Acids – pH 0 (strong acidic properties), pH 5-6 (less acidic), pH 7 is neutral
 - pH of skin 4.5-5.5 (acid mantle), distilled water is pH 7, lemon juice pH 2, orange juice pH 3, Hydrogen peroxide pH4, pH of shampoos and conditioners is approximately pH 5-6
 - Mildly acidic products (around 4-5.5 pH) soothe the skin, help it retain moisture and strengthen the barrier function. The concentration (percentage) of the peel product in the peel formulation is key to effects on the skin along with duration of application and pH
- Alkalines – pH of 7.4 (slightly alkaline) to pH of 14 (strongly alkaline) on pH scale
 - Examples, soap ranges in pH from 6-10, sea water ranges between pH 7.4-8.4 household bleach pH is 13, while hair depilatories are approximately pH 11
 - Alkaline effect on the skin – disrupts the barrier function (stratum corneum) which causes dryness, dehydration and reduced antibacterial defence. Disorders may occur, e.g. dermatitis
 - Very strong alkaline and acidic products can cause chemical burns on the skin
- Understand importance of pH and the relation to percentage of acid used
 - Effects vary depending on concentration and duration/application technique of treatment, e.g. assist with exfoliation helping to rejuvenate the skin, promoting cell renewal
 - If used in the wrong concentration skin peels can also cause reactions such as skin irritation, photosensitisation, hyperpigmentation and post inflammatory hyperpigmentation
- Understand the overall depth of penetration of a skin peel is increased by a higher concentration (percentage) and lower pH. Other factors that may affect this are longer application time, pressure of application, layering of peel and use of pre products or/and treatments
- Importance of pH to peel formulation – altering acidity (strength) and penetration of the peel depending on the pH of the peel
- pH of peel products and relevance to skin sensitivity and photo sensitivity
- Use of buffering agents in skin peel formulations

pKa scale

Taught content

- pKa scale and use of buffers in peel formulations
- Knowledge of pKa and values when associated with skin peel products – the lower the pKa the stronger the acid. The difference between pH and pKa
- Understanding of why and when buffers are used in skin peel products

Types of skin peeling agents and the use of peels

Taught content

- Alpha Hydroxy Acids (AHAs):
 - Citric acids (fruit)
 - Tartaric acid (fruit)
 - Malic acid (apples and cherries)
 - Lactic acid (milk)
 - Glycolic acid (sugar cane)
 - AHA peels are available in 20%, 30%, 50% and 70% strengths with pH levels ranging from 1.7 to 1.9. AHAs are organic carboxylic acids having one hydroxyl group attached to the alpha position of the carboxylic carbon atom
 - They are naturally occurring products present in sugar cane juice, sour milk, tomato juice, grapes, and apples. Penetrate the stratum corneum and cause desquamation by breaking down the corneocyte desmosomal bonds (adhesive protein bonds between the cells/intercellular cement); controlled injury caused by disrupting the acid mantle (skin barrier). AHAs exfoliate the stratum corneum, helping restore a radiant healthy glow. They soften the appearance of fine lines and wrinkles. They appear to improve hydration by enhanced moisture uptake. AHAs induce changes in the epidermis and dermis. Dermal effects have also been demonstrated; treatment with AHAs caused an approximate 25% increase in skin thickness and produced significant reversal of epidermal and dermal markers of photo ageing
- Lactic Acid
 - Lactic acid is an organic compound with a hydroxyl group adjacent to the carboxyl group, it is classified as an alpha-hydroxy acid (AHA). It is water-soluble, produced both naturally and synthetically. In the form of its conjugate base it is called lactate.
 - Lactic acid is one of the most popular alpha hydroxy acids (AHAs) in skin care today, marketed as a powerful ingredient that helps reduce acne breakouts and the appearance of wrinkles and other signs of ageing. It is gentler than glycolic acid and is a natural acid derived from milk, fruit, vegetables and other plants. It is found in many skin care products used for anti-ageing, acne, pigmented and dehydrated skins, it is also used in chemical peels. With a reputation for being less irritating than glycolic acid, it also hydrates, increases natural barrier lipids in the outer layer of skin and lightens and brightens the look of skin for those with discolouration. Lactic acids and other AHAs are used to exfoliate. Lactic acid is also found in cleansers, exfoliators and serums and is recommended for PM use as it may cause skin to be sun sensitive if serums are applied during the day
- Glycolic acid
 - An AHA available in 30%, 50% and 70% with pH levels ranging from 1.1 to 1.8.
 - AHA soluble in alcohol, derived from fruit and milk sugars, sugar cane
 - The smallest alpha-hydroxy acids penetrate the skin well
 - Weakens the binding properties of the lipids that hold the dead cells together
 - Exfoliates of superficial layers of the stratum corneum
 - Increase in epidermal thickness
 - Increase in dermal thickness
 - Improvement in collagen fibre production
 - Improvement in GAG production
 - May cause dehydration when used every day
 - The smallest of the AHA compounds, Glycolic Acid has gained widespread acceptance as a superficial exfoliant and peeling agent. It has been shown that it has a keratolytic,

germinative layer and a fibroblast-stimulating action. Reported studies have shown it has anti-inflammatory effects and anti-oxidant action. It acts by thinning the stratum corneum, promoting epidermolysis, dispersing basal layer melanin and epidermal and dermal hyaluronic acid and collagen gene expression that increases through an elevated secretion of IL-6, exfoliates the skin, binding water, hydrating deeper layers of skin, increasing cell turnover. It is the universal peel suited to most skin types. Best suited for those seeking fine line reduction and renewed clarity. Causes a rapid Stratum Corneum cascade or epidermolysis – very effective but can be photosensitising. Studies in human skin specimens have demonstrated that it promotes collagen synthesis by fibroblasts. In addition, it was shown to modulate matrix degradation and induce epidermal and dermal remodelling

- Mandelic acid
 - An AHA derived from almonds. It can be used alone or in combination with azelaic acid. It is considered a light peeling acid: side effects (erythema, exfoliation, burning) are rare and mild in severity
- Ellagic acid
 - A polyphenol present in pomegranates and berry fruits, has demonstrated improvements in signs of photo-ageing in vitro and significant reductions in pigmentation in patients with melasma
- Ferulic acid
 - Found in the seeds of coffee, apple, artichoke, peanut and orange as well as in both seeds and cell walls of commelinid plants (such as rice, wheat, oats and pineapple). It can be extracted from wheat bran and maize bran using concentrated alkali, neutralises free radicals, easily absorbed by the skin, improves the stability of Vitamin C and E and enhances photo protection
- Gluconic acid
 - This acid comes from the oxidation of an organic acid called carboxylic acid, which naturally occurs in fruit, honey and wine. It can be used to treat wrinkles, due to its keratolytic properties
- Kojic acid
 - Concentrations range from 2% to 4%. Natural skin lightening agent, derived from mushrooms. Kojic acid is a fungal derivative which inactivates tyrosinase. Skin lightener or de-pigmenting agent
- Azelaic (dicarboxylic acid)
 - Decreases inflammation and redness, treats hyperpigmentation and is anti-bacterial
- Beta Hydroxy Acids (BHAs):
 - Salicylic acid
 - Tropic acid
 - Trethocanic acid
 - BHAs are stronger than AHAs, usually less irritating on the skin, as the penetration of the molecule is slower due to its size. Commonly used for problematic/acne skin. The BHA Salicylic is derived from aspirin, and is anti-inflammatory, targeting oil and sebum secretions. It clears infection within pores and treats and prevents acne
- Salicylic acid
 - Salicylic acid (ortho-hydroxybenzoic acid) is a BHA available in 10%, 20%, and 30% with pH levels ranging from 2.1 to 2.3
 - Derived from the same substance as aspirin, salicylic acid unclogs pores, increases cell turnover and neutralises bacteria
 - It is lipophilic enabling it to penetrate and dissolve sebum

- It has keratolytic properties and has anti-inflammatory properties so useful for sensitive conditions especially acne and acne rosacea
- An excellent peeling agent in patients with acne vulgaris. Given the appearance of the white precipitate, uniformity of application is easily achieved
- A popular and effective acne treatment. As an over the counter active ingredient, it is used in concentration of 0.5 to 2%. It is a highly effective superficial peeling agent, oil reducer and pore cleanser. Oil-soluble and lipophilic, it penetrates sebum filled follicles and cleans out clogged pores, resulting in marked improvement in especially acne prone skin. It is a lipophilic compound which removes intercellular lipids that are covalently linked to the cornified envelope surrounding cornified epithelioid cells.
- Salicylic acid peeling can alter the underlying dermal tissue without directly wounding the tissue or causing inflammation. Salicylic toxicity – signs are nausea, disorientation and tinnitus – never apply to more than 25% of a body area, e.g. whole back – only treat 25% at one time
- Poly Hydroxy Acids (PHAs)
 - Have effects similar to AHAs and are generally less irritating to the skin, e.g. gluconolactone. Humectant properties, increase hydration
- Beta lipohydroxy Acid (LHA)
 - Derivative of salicylic acid; anti-bacterial, anti-inflammatory, less irritating due to lower penetration levels and more lipophilic than salicylic acid. Useful for sensitive skins, oilier skin types
- Jessner's Solution
 - A typical Jessner solution contains a mixture of resorcinol, lactic and salicylic acid in an alcohol base. However the ingredients can vary. Some formulas also contain phenol.
 - Used for over 100 years to treat hyper-keratotic epidermal lesions
 - Induces wounding to papillary dermis level
 - Each component of Jessner's solution has specific effects. Salicylic acid (ortho-hydroxy-benzoic acid), a lipophilic compound removes intercellular lipids which are covalently linked to the cornified envelope surrounding epithelial cells. This enhances penetration of other agents. Resorcinol (m-dihydroxy benzene) is similar to phenol in chemical composition and structure. It disrupts the weak hydrogen bonds of keratin. Resorcinol, in concentrations greater than 50% can be associated with toxicity such as myxoedema due to anti-thyroid activity, also associated with contact dermatitis
 - Lactic acid causes corneocyte detachment and desquamation of the stratum corneum
 - Combination/blended peels i.e. salicylic, resorcinol and lactic – combining acids allows the acids to be used at a lower percentage giving maximum benefits and minimum side effects
- Vitamin A peels
 - Vitamin A is a Superficial to Medium depth peel. It is used to improve skin health and to restore a healthy glow. It is particularly useful for acne (papules, pustules and hormonal breakouts), blocked pores and congested skin but also treats pigmentation, sun damage and is used for skin rejuvenation. The peel works by activating cell turnover to exfoliate the surface cells, helping unclog pores and lift pigmentation. Vitamin A peel may contain ingredients such as: retinoic acid, retinaldehyde, retinol, retinyl palmitate and AHAs. It may reduce fine lines and wrinkles, treat ageing skin concerns, pigmentation and acne breakouts. The peel contains antioxidants that assist protecting the skin from free radicals. Vitamin A peels are usually pain-free. Most people tolerate them except in cases of skin sensitivity. People who have had reactions to vitamin A or glycolic peels or who are pregnant or breastfeeding should not have these peels. Skin will normally peel two to five days after the peel and will

require post-treatment care. Active skin care products should not be used for up to a week after treatment

- Vitamin C peels
 - Vitamin C peels are very superficial to superficial depth peels. Many vitamin C peels use pure ascorbic acid as the main ingredient. This peel increases microcirculation and collagen production. This potent antioxidant peel helps deliver a blend of nourishing and natural ingredients into the skin without causing excessive peeling. The ultimate antioxidant peel for hypersensitivity, ageing and acne, suitable and gentle enough for even the most sensitive skins. It strengthens capillaries by assisting in the process of angiogenesis, increasing collagen and fighting free radicals activity. The peel contains antioxidants that assist in protecting the skin from free radicals activity
- Enzyme peels
 - Enzymes are usually very superficial. They are organic substances: proteins that act as catalysts, or accelerators. Popular ingredients for enzyme peels are papain from papaya, bromelain from pineapple, pumpkin pulp, or mucus extract from Japanese mushrooms, pomegranate and blueberries. Enzymes from natural sources, such as fruits, working with the enzymes in and on the skin, can come together to revitalise the skin and return a youthful glow and feel to the face, neck or anywhere improvements in texture and appearance are required. Enzyme peels increase the process of skin cell replacement by accelerating the chemical reactions necessary to bring forth newer, plumper cells and to rid the skin of the older, dead cells. Enzyme peels can loosen and remove dead skin cells, promote younger cells, diminish scars, stretch marks, age spots, fine lines and discoloration. Enzymes can also penetrate the skin to help cleanse pores and improve skin tone and texture. Natural enzyme peels are popular as they are safe for all skin types, do not wound the skin as a harsher chemical peel would. They are inexpensive, and they do not cause profound redness with little to no down time. These peels contain antioxidants that assist in protecting the skin from free radical activity
- Deep Sea Peels
 - Deep sea peels are usually medium depth peels. These non-acid peels work to assist treatment of fine lines and wrinkles, photo damage, pigmentation and mild skin scarring. They usually work by a manual exfoliation technique, the more they are massaged the deeper the peel goes. The peel is effective due to the chemical reaction that occurs when the sea herbs are massaged into the skin. The released ions create natural chemical responses that initiate a cascade of cellular processes. Simultaneously the release and deep delivery of minerals and vitamins from the sea herbs serve to condition and improve skin health. Some deep sea peels require up to 7 days of post care. Peeling can be mild to significant shedding. These peels contain antioxidants that assist in protecting the skin from free radicals
- Peptide Peels
 - Powerful anti-ageing treatments, formulated with peptides and alpha hydroxy acids. Powerful resurfacers formulated with peptides and alpha hydroxy acids. Peptides are amino acids that have the ability to help build the skin. With the assistance of alpha hydroxy acids, this treatment makes the skin more acidic, while simultaneously infusing the power packed, building peptides. This stimulates the development of new Collagen type I & III, supports healing and repair response, aids in increasing skin thickness, refines the appearance of wrinkles, evens skin tone, helps to lighten pigmentation and improves barrier function of the skin
- Trichloroacetic Acid (TCA)

- TCA peels are available in 10%, 20% and 30% strengths with pH levels ranging from 0.7 to 0.9.
- Generally the most aggressive type of peel offering deep penetration for more significant skin issues such as deep wrinkles, stubborn hyperpigmentation, sun damage, and acne scarring. Mild to significant downtime, depending on the strength of peel used, followed by dramatic results after each treatment.
- When TCA is applied to the skin, it causes the top layers of cells to dry up and peel off over several days. When the old skin has peeled off, it exposes a new layer of undamaged skin which has a smoother texture and more even colour
- TCA chemical peels are deeper than AHA chemical peels in skin resurfacing and are generally referred to as a “medium depth” chemical peels
- TCA is typically used in concentrations ranging from 10-35%
- TCA solution is dependent on several factors, including strength of TCA used, skin preparation, and anatomic site
- TCA in strengths of 10–20% results in a very light superficial peel not penetrating below the stratum granulosum
- A strength of 25–35% results in a light superficial peel with penetration encompassing the full thickness of the epidermis
- Chemical peels agents only suitable for medical use and reasons why these products are for medical use only
 - Trichloroacetic acid, Phenol peels, Tretinoin/all Trans Retinoic acid (Vitamin A peels), pure retinol formulations at 1% or above
 - Chemical peel agents in different types of peels and their potential for harm
 - Higher alkaline bases that increase the pH in combined/blended peels
- Phenol Peel
 - Phenol peels are deep peels for use by experienced medical practitioners only. Phenol, chemical peels are the most aggressive type of skin peels. A phenol peel is an effective remedy for severely sun damaged skin, coarse wrinkles, scars, and even pre-cancerous growths. A phenol peel uses carbolic acid to treat the skin, therefore the procedure is not suitable for treating selected areas, it must be used on the full face. It must be used on the full face. Phenol peels are so powerful that only one treatment is necessary to achieve dramatic results that last for years. The procedure typically results in pronounced swelling, bleeding or weeping and anaesthetic will be administered prior to treatment
 - Patients are advised to allow for at least a week of at-home recovery after undergoing a deep chemical peel. Post-care is essential to avoid infection and increase the healing responses

Preparation of equipment and products for treatment

Taught content

- Understanding how to prepare equipment on clean trolley in an ergonomic manner to prevent strain to the practitioner and to assist in the smooth application of treatment, e.g. safety, time management, hygiene, organisation, professionalism
- Why it is necessary to select appropriate products before start of each treatment and place on trolley, checking correct products are being used for treatment
- Importance of having correct containers and applicators available as recommended by supplier/manufacturer
- Importance of accurate decanting and measuring of peel products for each peel
- Understanding why appropriate Personal Protective Equipment (PPE) is prepared and used

Selection of skin peeling agents

Taught content

- Selection of peel type, strength and concentration in line with consultation outcomes including skin health, type, Fitzpatrick skin type, skin conditions and agreed realistic treatment outcomes
- Understand the possible complications if selection is not correct for all Fitzpatrick skin type classifications – post inflammatory hyperpigmentation, acne eruptions
- Understand the need to work systematically following manufacturer instructions applying even pressure and consistent amount of peel product. Modify application to suit supplier/manufacturer protocol and change peel intensity – application of layers and duration of application time
- Understand the effects of the different AHA, BHA and combined peels and understand how to choose the appropriate skin peel for its known effects on the treatment objectives

Method of application

Taught content

- Working systematically and methodically in line with manufacturers' protocols
 - Why it is necessary to begin with skin cleansing and de-greasing and preparation including application of barrier product
 - Choice of applicator is dependent on supplier/manufacturer recommendations – possible applicators include woven gauze, large cotton bud, fan brush, cotton pad or gloved fingers/hands
 - Divide the face into sections as recommended by supplier and follow supplier/manufacturer's protocol for application
 - A systematic application ensures that the peel product is applied consistently in an even layer
 - Apply to the least reactive area first (normally the forehead) and to the most sensitive last
 - The peel should be applied to all areas using a similar pressure but adapted to the area being treated, e.g. nose
 - Avoiding excess treatment overlap across the areas to be treated
 - Client's eyes to be closed or covered with cotton wool. Lips and orbital areas are not treated
 - Areas must not be overlapped and where the outer edge of the treatment is the product is feathered to ensure there is a gradual reduction and lessening of product between treated and untreated skin

Reasons for re-application

Taught content

- Circumstances in which re-application may be necessary and how this should be carried out
 - How to increase intensity of peels by increasing the number of layers is recommended for certain peels (often blended peels) for subsequent treatments by supplier/manufacturer protocols
 - Additional layers increase the depth of the peel penetration
 - Understand procedure for re-application appropriate to peel in use, taking into account sensations or discomfort of the client, number of prior treatments and when desirable clinical endpoints are achieved

Influential factors on application timings

Taught content

- Reasons for prompt application, timing and removal of all skin peel products (if required)
- Importance of speed of application and removal (if required) and accurate treatment timing
- Risks of over treating if peel product is left on too long for skin type and condition
- Potential side effects on the skin for peel being used
- In line with manufacturers' protocols

Restoring the pH level of the skin following treatment

Taught content

- Neutralisation restores the pH level of the skin by raising it and making the acid ineffective. This process is determined by individual product formulations and acid concentration. Neutralisation terminates the activity of the peel to prevent the acid from continuing to be active in the epidermis i.e. glycolic acid requires neutralising for this reason. Certain acids are 'self-neutralising'
- Follow supplier/manufacturer recommendations for skin peels neutralisation
- Methods
 - e.g. water can be used to dilute the acid or bases; sodium bicarbonate is used to neutralise a skin peel but this is dependent on the peel formulation (water would reactivate salicylic acid)

Chemicals that do and do not require neutralisation

Taught content

- Types of chemicals that do and do not require neutralisation to be performed
- Types that need neutralising – e.g. glycolic acid, lactic acid at high concentration
- The need for neutralising products to be available at all times to enable the practitioner to deactivate the peel instantly
- Self-neutralising - they eventually stop working or are stopped by a solution or water, e.g. lactic acids at low concentration, blended peels
- Always follow supplier/manufacturer recommendations

Adaptations to treatment

Taught content

- How to adapt the treatment to take into account pre-existing conditions
- Why it is necessary to adapt pressure, duration and the number of peel layers for different areas of the skin and client sensitivity
- Different skin health, sensitivity, different treatment objectives and client expectations, treating different skin characteristics of varying structure and depth, different healing capacity, different Fitzpatrick skin types
- Treatment progression and additional/complementary treatments

Areas to avoid

Taught content

- Avoid treatment inside the periorbital bone area and all over the lips (the edge of the lips can be treated in some cases – refer to manufacturers' recommendations)

Use and limitations of skin peeling products and equipment

Taught content

- Limitations of products and equipment used for AHA and BHA skin peels
- Used to rejuvenate skin, improve skin health and superficial blemishes, improve variations in pigmentation, improve skin texture, improve skin hydration
- Cannot remove deep wrinkles, may only fade hyperpigmentation. Cannot remove vascular lesions, e.g. telangiectasia. Skincare programme can help prolong treatment effects, use of SPF required to protect from further hyperpigmentation. Cannot treat clients with keloid scars
- The need for a course of treatment for optimal benefit
- The need for a multi-modality approach

Benefits and effects of treatments

Taught content

- Benefits – refined pores, softening of fine lines, improvement of photo damaged skin, lightening/fading of hyperpigmentation, reduction of comedones, pustules and oil production
- Effects – brighter skin, smoother skin, improved skin texture, more even skin colour, controls acne
- Understand how benefits and effects can be enhanced with a skincare programme followed at home and with a course of treatments

Effects and risks associated with the treatment

Taught content

- Non-compliance with safety and hygiene practices will result in undesirable effects being achieved. If the area is treated for too long or by using an inappropriate peel, damage to the tissues will occur. Keep to manufacturers' guidelines on practical application
- Visible signs of incorrect application include extreme erythema, erythema resulting from overlapping peel application, blanching, discomfort, post inflammatory hyperpigmentation

Contra-actions which may occur

Taught content

- Contra-actions which may occur, how to deal with them, what advice to give to clients and when to refer to medical practitioner – blanching, frosting, erythema, flaking, pigmentary changes, discomfort and breakouts

Pre and post-treatment products

Taught content

- Understand the types of pre and post-treatment products available and why they are necessary – anti-oxidants, growth factors, retinol, humectants, e.g. hyaluronic acid, peptides, matrix metalloproteinase (MMP) inhibitors, vitamins A, C, B, E, topical cosmetic formulations recommended in conjunction with skin peeling to enhance effects and improve health and condition of skin

Benefits and use of inhibitors

Taught content

- Understand melanogenesis and the enzyme tyrosinase, where it is located and its function
- Understand how tyrosinase inhibitors can reduce the production of melanin and how this can protect against post-inflammatory hyperpigmentation
- Knowledge of tyrosinase inhibitors and melanin suppressors, e.g. azelaic acid, bearberry, liquorice root extract, ascorbic acid, kojic acid, niacinamide, L-arbutin and hydroquinone

SPF and UVA specific sun protector

Taught content

- Why it is necessary to use a minimum of a UVB SPF30 and UVA specific sun protector post treatment
- Knowledge of SPF rating system and why high percentage of block is required to protect the skin after skin peel
 - SPF 15 = 93% UVB block
 - SPF 30 = 97% UVB block
 - SPF 50 = 98% UVB block
- Knowledge of UVA specific sun protector rating, knowledge of the difference between a physical and chemical sunscreen

Preventing infection and promote healing

Taught content

- Products necessary to prevent infection and promote healing, how they should be used before and after skin peeling treatments. Use of PPE and single use items, preparation/degreasing products, neutralising/recovery products. Knowledge of all appropriate products and use in line with supplier/manufacturer protocols

Treatment progression and additional/complementary treatments

Taught content

- Knowledge of progressive peeling by increasing peel type/intensity over time as appropriate for the skin type, use of booster under 1% (non-medical) – retinol booster/additives or combination of retinoid derivatives for post peel homecare
- Fitzpatrick skin classification and knowledge of how the skin benefits and responds to progressive peeling. Knowledge of maintenance treatment timings and use of skin care programmes at home to reinforce treatment effects
- Progression of treatments as part of a course and the treatments that could be given in conjunction with or after skin peeling, a ‘multi-modality’ approach. Understand frequency of treatments to enhance effects and achieve treatment objectives for each client
- Understand a variety of treatments that can be offered with or between peels treatments:
 - Microdermabrasion can be used to assist with removal of stratum corneum barrier
 - Light Emitting Diode (LED) to assist with collagen synthesis and cell repair
 - Combining skin peels with radio frequency, skin needling, ultra-sound devices, laser/Intense Pulsed Light (IPL) for the treatment of photo rejuvenation (hyperpigmentation and facial erythema)
 - Injectable treatments such as dermal fillers to restore volume loss, and static wrinkles that skin peels may not improve sufficiently or Botox for dynamic lines
- For timings on treatment combinations always follow supplier/manufacturer recommendations

LO3 Know the relevant anatomy, physiology and pathologies for skin peeling

Structure and functions of the skin in relation to skin peeling treatments

Taught content

- Epidermis – stratified epithelial tissue, stratum germinativum, stratum spinosum, stratum granulosum, stratum lucidum, stratum corneum
- Cell structure and types in the skin, mitosis, epidermal lipidity and hydration, epidermal tissue differentiation, keratinisation, natural desquamation and melanogenesis the defensive role of the epidermis and the importance of the natural barrier function (NBF) and implications of compromised NBF
- The role of melanocytes, keratinocytes and fibroblasts in promoting and rejuvenating healthy skin
- Melanogenesis to include post-inflammatory hyperpigmentation (PIH) plus causes and recognition of hypo and hyperpigmentation pigmented lesions, recognition and causes, e.g. vitiligo, solar/seborrheic keratosis, actinic keratoses, lentigines, ephelides, chloasma, melasma, poikiloderma of civatte, skin cancers
- Dermis – blood/lymph supply, papillary layer, reticular layer, extra cellular matrix-collagen, elastin, hyaluronic acid, dermal cells mast cells, fibroblasts, macrophages and neutrophils, proteoglycans, glycosaminoglycans (GAGS)
- Extra Cellular Matrix development, function, degeneration and regeneration including importance of collagenase and elastase in the wound healing process
- Hair – cuticle, medulla, cortex, hair bulb, hair shaft; dermal papilla, sebaceous glands and sebum, arrector pili muscle, sweat glands (eccrine and apocrine), sensory nerve endings (Meissner's corpuscles, Pacinian corpuscles, Merkel's discs, Ruffini corpuscles). Hair growth cycles, anagen, catagen, telogen
- Hypodermis – subcutaneous layer, adipose tissue, adipocytes
- Functions of the skin – secretion, heat regulation, absorption, protection, elimination, sensation, vitamin D production, melanin production, the process of keratinisation
- Effects of the acid mantle, amino acids, natural water factor of the skin
- Basic skin types:
 - Normal – fine texture, no visible pores, smooth, supple, flexible
 - Oily – shiny, slight thickening, sallow, coarse texture, enlarged pores, congestion, comedones
 - Dry – lacks moisture, dry to touch, flakiness, fine texture, thin, tight, small pores, broken capillaries, ageing
 - Combination – combination of two or more skin types, usually oily T-zone, normal or dry on cheeks
- The inflammation process including PIH
- The impact of compromised healing process and how to recognise and respond to it
- Types of collagen 1, 3 & 7
- The process of and the requirements for collagen synthesis including vitamin A, vitamin C, vitamin E, anti-oxidants, growth factors, copper peptides, bioflavonoids, iron, zinc and amino acids
- Vascular lesions and common skin disorders, e.g. acne rosacea, telangiectasia, cherry angioma, Campbell de Morgan spots, spider naevus, sebaceous hyperplasia and keratosis pilaris

Principles of controlled wound healing in relation to skin peeling treatments

Taught content

- The uses and implications of controlled wound healing to the practitioner
- Principles of inflammation and healing devices of the skin – basic principles of controlled wounding for aesthetic rejuvenation. Wound healing is a complex and dynamic process of restoration of skin cell structures and tissue layers
- Influential factors in the efficiency of wound healing responses
- The 4 principles and processes of wound healing – haemostasis, inflammation, proliferation, remodelling; actions of arachidonic acid cascade, Merkel and Langerhan cells, red and white blood cells, the clotting process, platelets, fibrin clots, types and roles of growth factors in the healing response, re-epithelialisation, reformation and building of the basement membrane, mitosis leading to epidermal regeneration, rebuilding of the extra cellular matrix and early collagen; formation characteristics of type 3 collagen, collagen remodelling and the conversion of collagen from type 3 to type 1. Characteristic of collagen type 1
- Phases of skin healing – haemostasis instant phase, inflammatory phase (occurs immediately following the injury and lasts approximately 6 days), fibroblastic phase (occurs at the termination of the inflammatory phase and can last up to 4 weeks), scar maturation phase (begins at the 4th week and can last for years)
- Factors which interfere with wound healing/trauma – initial or repetitive, scalds and burns (both physical and chemical), animal bites or insect stings, pressure, vascular compromise, arterial, venous or mixed, immunodeficiency, malignancy, connective tissue disorders, nutritional deficiencies, psychosocial disorders, adverse effects of medications

Structure and function of circulatory and lymphatic systems in relation to skin peeling treatments

Taught content

- Circulatory system
 - Functions of blood – transport, regulation, protection, clotting
 - The structure of veins, venules and capillaries
 - The structure of arteries, arterioles and capillaries
 - Main arteries of the face and head
 - Common carotid, external carotid, occipital, facial, maxillary, lingual, superficial temporal, thyroid
 - Main veins of the face and head
 - External jugular, internal jugular, common facial, anterior facial, maxillary, superficial temporal
 - Arteries – internal and external carotid, occipital, temporal, facial
 - Veins – internal and external jugular, occipital, temporal, subclavian
 - Blood composition – erythrocytes, leucocytes, thrombocytes, plasma
 - Circulation – heart, pulmonary circulation, capillaries, systemic circulation
 - The process of blood clotting – platelets, thromboplastin, prothrombin, thrombin, fibrinogen, fibrin, calcium
- Lymphatic system
 - Functions of the lymphatic system – fluid distribution, fighting infection, transport of fat and nutrition
 - Functions of lymph nodes – filter toxins, clean lymphatic fluid, produce antibodies and antitoxins, produce lymphocytes
 - Position of lymph nodes – occipital, mastoid, superficial cervical, deep cervical, parotid, buccal, submental, submandibular
 - The relevance of the lymphatic and circulatory systems to skin peeling treatments

The principles and functions of the endocrine system in relation to skin peeling treatments

Taught content

- The endocrine system and its effect on the skin/body conditions which may affect the client skin peeling treatment
- Pituitary – Oxytocin, Antidiuretic Hormone (ADH) (Vasopressin), Prolactin, Human Growth Hormone (HGH), Thyroid Stimulating Hormone (TSH), Adrenocorticotrophic Hormone (ACTH), Luteinising Hormone (LH), Follicle Stimulating Hormone (FSH), Melanin Stimulating Hormone (MSH)
- Thyroid gland – Thyroxin, Triiodothyronine, Calcitonin, Parathyroid glands, Parathormone, Thymus, T lymphocytes
- Pineal - Regulates the pituitary and releases serotonin
- Islets of Langerhans – Insulin
- Adrenal glands
- Adrenal medulla – Adrenalin, Noradrenalin
- Adrenal cortex – Corticosteroids, Mineralcorticoids – Aldosterone, Glucocorticoids
- Ovaries – Oestrogen, Progesterone
- Testes – Testosterone
- Cortisol levels on stress, puberty, pregnancy, menopause
- Effects of hormones on the skin – Melanin Stimulating Hormone (MSH), Testosterone, Oestrogen, Thyroxin
- The relevance of the endocrine system to skin peeling treatments

Common diseases and disorders and relevant terminology of the skin

Taught content

- Allergic reaction bruise, benign, bulla, crust, erythema, excoriation, fissures, haemangioma, hyperaemia, inflammation, keloid, macule, malignant, papule, pustule, nodule or cyst, oedema, scales, scar, tumour, ulcer, vesicle, weal, weeping, chilblains, couperose, telangiectasia, comedones, crow's feet, hyper-keratosis, milia, pseudo folliculitis, urticaria, hyperpigmentation, hypopigmentation, atopic eczema, atopic dermatitis, psoriasis, acne vulgaris, acne rosacea, boils, carbuncles, folliculitis, impetigo, herpes simplex, herpes zoster, warts, verrucae, candida, tinea corporis, albinism, chloasma, dermatosis papulosa nigra, ephelides, lentigo, leucoderma, naevae, papilloma, port wine stain (capillary naevus), vitiligo, sebaceous cysts (steatoma), skin tags (fibroma, verrucae filiformis), spider naevi, styes, xanthomas and prickly heat (miliaria rubra)

Common diseases and disorders of the circulatory system

Taught content

- Anaemia, aneurism, arteriosclerosis, AIDS/HIV, coronary thrombosis, haemophilia, hypertension, hypotension, high cholesterol, hepatitis A, B and C, leukaemia, phlebitis, septicaemia, stress, thrombosis, varicose veins, cardiac failure, epistaxis (nosebleeds), heart disease, hole in the heart, myocardial infarction, palpitations, pulmonary embolism, Raynaud's disease, sickle cell anaemia, thalassaemia, varicose ulcers

Common diseases and disorders of the lymphatic system

Taught content

- Hodgkin's disease, non-Hodgkin's lymphoma, Hashimoto's thyroiditis and lymphoma

Common diseases and disorders of the endocrine system

Taught content

- Thyrotoxicosis, myxoedema, goitre, Addison's syndrome, Cushing's syndrome, diabetes mellitus and diabetes insipidus

LO4 Be able to consult, plan and prepare for skin peeling treatment

Use consultation techniques to determine the client's treatment plan

Taught content

- Demonstrate a variety of consultation techniques whilst performing consultation, complete all documentation and agree the treatment plan with the client
- Have a friendly, enthusiastic, polite, confident, supportive and sensitive manner, respect client confidentiality
- Use open questioning with client given time to ask questions
- Achievable outcomes must be advised where client has unrealistic expectations of treatment
- Use appropriate communication for skin peeling treatment
 - verbal (professional voice and terminology, be respectful)
 - non-verbal (visual) – open body language, good eye contact, listening, facial expressions, positive body posture, gestures, space (do not invade personal space)
- Give clear and appropriate advice and recommendations to the client to determine final agreed treatment plan
- All information to be written on consultation documents in front of the client to obtain informed client consent
- Demonstrate punctuality and respect throughout

Identify the client's medical history, indications for and aims of treatment

Taught content

- Medical history – discuss all areas on consultation documentation including any recent herpes simplex, certain medications including anti-coagulants
- Skin classification
 - Fitzpatrick scale 1-6
 - Open and closed comedones, milia, papules, pustules, acne, nodules, cysts, melasma, hyper and hypo-pigmentation, post inflammatory hyperpigmentation (PIH), Poikiloderma of Civatte
- Skin sensitivity (vascular) – facial erythema, acne rosacea, telangiectasia, spider naevi,
- Skin healing history – Keloid formation, scars

Recognise any contra-indications/restrictions and take necessary action

Taught content

- Identify contra-indications that may restrict, prevent or require medical referral. Make note of the contra-indications on the client's record card

Establish the condition of the skin

Taught content

- Use Woods lamp, magnifying lamp, skin diagnostic equipment and perform a visual assessment of the condition of the skin documenting all findings
- Skin characteristics – Fitzpatrick scale 1-6, level of sensitivity, thickness of skin, epidermal thickness, healing capacity
- Skin types, skin conditions, surface hydration, pigmentation, photo/sun damage, vascular lesions, primary and secondary lesions, irregularities, skin texture (pore size), skin laxity, static and dynamic wrinkles, congestion/excessive oil

Ensure client comfort

Taught content

- Position client and self in a comfortable manner
- Explain the physical sensation of the treatment using the pain threshold scale 1-10 and the appearance of the skin post-treatment
- Explain in line with supplier/manufacturer recommendations

Explain the treatment procedures

Taught content

- Treatment procedure to include
 - Set up all products on trolley to be within easy reach
 - Ensure clothing/collars are not restricting neck of client prior to her/him getting on couch
 - Ask client to remove all jewellery, including earrings, from neck and ears or area to be treated and ask client to place safely away
 - Client to be supine on couch or sitting at couch for hand treatment
 - Put on headband and hair cap to secure and protect hair away from face
 - Place small towel across client's chest or adjacent area to protect any clothing
 - Wash hands
 - Apply PPE
 - Apply cleansing and exfoliation (if appropriate)
 - Apply skin preparation degreasing products, allow skin to dry
 - Examine the skin with Woods lamp to reinforce initial skin diagnosis or to observe improvements if previous treatment has been given
 - Pre-treatment photograph to be taken
 - Check all areas can be treated – isolate areas that cannot be treated, e.g. open lesions
 - Explain and apply barrier protection for sensitive areas – risks of product 'pooling' in these areas and concentrating effects of skin peel
 - Cover eyes with dampened cotton pads
 - Decant/measure accurately skin peel product on trolley
 - Select applicator to be used and protocol for application, e.g. where application will begin and end
 - Explain the treatment sensation – what is acceptable
 - Explain the verbal feedback the client will be asked for (i.e. sensation, scale of 1-10) explain risk of where sensation is classed at 6 or above the peel could be too aggressive. Feedback used in conjunction with visual assessments, looking for hot spots, redness, white spots, etc. to decide if the product needs to be removed immediately
 - Explain what cooling of the skin will be carried out (where appropriate)
 - Explain the need for the client to keep their eyes and mouth closed, advise there will be cotton pads over the eyes, refrain from talking too much for duration of skin peel
 - Explain duration of treatment and how the treatment will conclude
 - Post-treatment photograph to be taken
 - Advise how the skin is expected to look immediately after (desirable end points), e.g. mild erythema, frosting/blanching (slight)
 - Explain undesirable end points that are possible, excess erythema – e.g. frosting-whitening of the skin, blistering
- Potential risks and possible side effects to be explained
 - Potential risks
 - Herpes simplex breakout, allergy to skin peel ingredients, e.g. Urticaria
 - Very rare – anaphylaxis, hyperpigmentation
 - Side effects
 - Excessive dryness/flaking – skin is dehydrated
 - Mild erythema
- Treatment will be applied following manufacturer protocols

Select a preparatory skin care programme

Taught content

- Determine a topical skin care programme to prepare the skin as applicable in line with manufacturers' recommendations depending on the type of skin peel used. Discuss products to be applied morning and evening and for how many weeks prior to skin treatment
- Outline how products are used, how much to use and order of application. Explain reasons for use and how this approach enhances the application and overall effects of the treatment
- Explain key ingredients used and their claimed effects, e.g. anti-oxidants, peptides, AHAs, vitamin A, B, C and E
- Always follow supplier/manufacturer recommendations in line with the peel in use

Finalise and agree the treatment plan

Taught content

- Finalise and agree the treatment plan, addressing client needs, expectations (both realistic and unrealistic) and treatment objectives using information from the initial consultation and visual skin assessment, decline treatment where applicable

Obtain signed, informed consent

Taught content

- Ensure all documents are signed after treatment plan agreed. Therapist and client must understand the implications of informed client consent and what is being agreed
- All information from consultation to be written on consultation documents in front of the client at the beginning of every treatment
- Informed client consent to be obtained before every practical treatment

Take pre-treatment photographs

Taught content

- Following organisation procedures, industry guidelines and current data protection legislation, ensuring protocols are followed for taking clinical photographs to ensure clarity and consistency. Take photographs in same position as post-treatment photographs and where possible in the same light. Position area to be treated so photographs are taken straight on and from both sides where applicable, zoom in on areas of concern, e.g. pigmentations. Personal devices should not be used to take images of clients
- Gain written/signed client consent photography and for storage of clinical photographs and specific use of photographs for marketing and teaching purposes

Carry out skin sensitivity tests

Taught content

- Carry out sensitivity tests in accordance with manufacturers' guidelines

Select suitable equipment and products

Taught content

- Select suitable equipment and products according to treatment objectives. Choose the correct equipment and products suitable to treat conditions/skin type identified in the agreed treatment plan

Explain the cooling off period

Taught content

- Provide information to the client regarding the 'cooling off' period of at least 48 hours between initial consultation and first treatment. Book first treatment in line with given directives on cooling off periods. Give client written information regarding the after effects, pre and post care commitments, homecare/additional routines required, proposed outcomes and agreed treatment plans

LO5 Be able to provide chemical peel treatments

Maintain own responsibilities for health and safety through the treatment

Taught content

- Ensure working area is set up and a safe working environment created in line with health and safety protocols and legislation. PPE to be worn

Prepare and protect the client and self

Taught content

- Ensure preparation complies with legal and organisational requirements. Prepare and protect client to avoid cross-infection. Protect client's eyes, hair when appropriate, clothing and surrounding areas depending on area of treatment

Maintain client's modesty and privacy at all times

Taught content

- Ensure the working environment is private and secure. Depending on area to be treated provide modesty towels/disposable tissue to protect clothing and provide modesty so the client does not feel exposed and vulnerable

Position the client

Taught content

- Position the client to meet the needs of the treatment without causing them discomfort. Clearly instruct the client and if needed use supports or pillows to ensure the position fits the needs of the treatment, does not compromise the treatment application and does not cause the client any discomfort

Maintain own posture and working methods

Taught content

- Ensure effective, ergonomic positioning of couch, trolley, stool, equipment and products to avoid injury to self, client and others
- Ensure own posture and working methods minimise fatigue and the risk of injury to self, the client and others

Ensure environmental conditions are suitable for treatment

Taught content

- Ensure ventilation, temperature, ambience, lighting, wall and floor coverings are fit for purpose. Ensure all tools and equipment are available and in safe working order. Ensure risks and hazards have been checked – including slip and trip hazards in the working area

Ensure the use of clean equipment and materials

Taught content

- Ensure all surfaces are clean and hygienic, trolley is tidy and equipment and products set out ergonomically, all expiry dates checked and in date
- Ensure PPE is available and fit for purpose
- Ensure use of sterilisation and disinfectants for surfaces and equipment as required for treatment

Promote environmental and sustainable working practices

Taught content

- Demonstrate environmental working practices, to be effective and energy efficient heating and ventilation to meet The Workplace (Health, Safety and Welfare) Regulations 1992 for client and employees
- Demonstrate sustainable working practices, e.g. products with ingredients from sustainable sources and using sustainable packaging, efficient storage and waste disposal, record product usage

Safe use of equipment, materials and products

Taught content

- Follow protocols for safe use including correct application of skin peels, selection of peel type and application techniques for different treatment objectives. Keep tops on bottles, make sure all products are labelled clearly in line with COSHH, decant products into sterile pots prior to treatment to ensure correct amount is used

Prepare the skin

Taught content

- Ensure the client's skin is clean and prepared for skin peeling treatment. Cleanse professionally with appropriate cleanser to ensure all make-up, oils and debris are removed thoroughly. Protect vulnerable areas of face as indicated
- Use preparatory skin products thoroughly and evenly as appropriate
- Follow manufacturer protocols/recommendations

Select appropriate PPE

Taught content

- Use of PPE (disposable gloves non-latex) that fit the individual correctly so as not to interfere with work, worn correctly each time used and disposed after each use. Stored correctly, checked and maintained so fit for purpose

Protect sensitive areas

Taught content

- Ensure sensitive skin areas such as eyes, nostrils and lips are protected with a suitable barrier product. Application of barrier product in sensitive areas and areas where skin folds and product may 'pool' (collect) and be too concentrated therefore too aggressive for the skin, e.g. nasolabial folds, outer corners of the eyes, nostrils, marionette lines, lips

Select the appropriate skin peel formulation

Taught content

- Products to be selected in line with the treatment objectives and skin condition considering required depth of penetration, percentage and pH of skin peel. Skin peel selected should be suitable to meet the treatment objectives agreed at consultation. The depth of penetration, percentage and pH should be also suitable for the skin condition(s), skin type and Fitzpatrick classification so as not to cause undesirable end points or complications

Select method for application

Taught content

- Select method for application and applicator type for skin peel used. Choice of applicator is dependent on supplier/manufacturer recommendations – woven gauze, large cotton bud, fan brush, cotton pad, gloved fingers/hands

Apply a systematic approach to application

Taught content

- Work systematically to ensure even coverage of skin peel products in the areas to be treated following application protocols. Divide the face into sections as recommended by supplier and follow supplier/manufacture protocol for application. A systematic application ensures that the peel product is applied consistently in an even layer. The peel should be applied to all areas using pressure adapted to the area. Apply to the least reactive area first (normally the forehead) and to the most sensitive last. Client's eyes to be covered with cotton wool. Lips and orbital areas are not treated. Stretch the skin open where deep lines are present to prevent 'pooling' of product
- Areas must not be overlapped and where the outer edge of the treatment is the product is feathered to ensure there is a gradual reduction and lessening of product between treated and untreated skin
- Never pass soaked applicators, open bottles or containers of peel product over the eyes

Calculate the duration and intensity of the application

Taught content

- Adjust the duration and intensity of the skin peel treatment to suit the client's skin health/type, Fitzpatrick skin classification and skin condition. Demonstrate an understanding of complications that may occur due to incorrect application such as post inflammatory pigmentation changes if a skin peel is too aggressive for the skin and how timing and intensity can control these complications. Knowledge of ethnic skin structure, e.g. thicker stratum corneum, prominent dermal blood vessels, melanin distribution, structure of dermis, susceptibility to PIH and hyperpigmentation
- Observation of skin conditions, e.g. hydration levels, lesions, seborrheic keratoses, hyperplasia, uneven pigmentation, poikiloderma of civatte, pustules, papules, comedones, erythema, vascular blemishes such as telangiectasia, spider naevi, acne rosacea and how skin peels may or may not affect them
- Knowledge of the recommended treatment time for the peel (single layer or multiple) use set by supplier/manufacture is required. Follow protocols for monitoring client discomfort and skin reaction, use methods to help skin tolerate sensation of the skin peel where appropriate or recommended, e.g. use of a cool fan. Observe the skin reaction and look for desirable and undesirable clinical end points to ensure they are in line with recommendations
- At times of client discomfort or skin reaction that appears to be excessive, the peel may be neutralised if applicable and removed before the recommended duration time is reached. Always follow supplier/manufacture recommendations

Monitor the skin reaction and client response

Taught content

- Monitor the client's skin reaction and client response visually and discontinue treatment if adverse reactions occur. Visual observation of desirable and undesirable clinical end points required throughout procedure
- Desirable may include mild erythema, slight whitening (powdery) of areas at times
- Undesirable may include excess erythema, frosting/whitening of the skin, blanching
- **NOTE** – desirable and undesirable end points will vary depending on type of skin peel, acid penetration and application technique
- Ensure skin reaction (end-point) is in line with supplier/manufacture guidelines, check sensitive areas such as cheeks and neck. At times of skin reaction that appears to be excessive neutralise if applicable and remove the skin peel before the recommended duration time is reached. Always follow supplier/manufacture recommendations

Verbally communicate with the client

Taught content

- Communicate with the client to monitor and assess the client's wellbeing and levels of discomfort and terminate treatment if required. Verbal feedback must be given by the client throughout the treatment. Use scale of 1-10, 1 being very little sensation, 10 being an unbearable sensation as it may change during treatment. 5 out of 10 is generally acceptable. Ask about prickling/itching/burning sensation – check different areas of the face as this may vary from area to area, e.g. cheeks and neck can often be more reactive than forehead and chin. At times of client discomfort – (client giving 6 or above as feedback) that appears to be excessive, neutralise if applicable and remove the skin peel before the recommended duration time is reached. Always follow supplier/manufacture recommendations

Remove product and apply a skin neutraliser

Taught content

- Following supplier/manufacture instructions, demonstrate effective and efficient removal of the peel product followed by neutralising product where required. Ensure timings are precise and application is thorough following supplier/manufacture protocols

Apply cooling skin procedures

Taught content

- Following supplier/manufacture instructions and apply appropriate cooling products and procedures as appropriate

Apply post treatment products

Taught content

- Complete the treatment, apply post treatment products
- Follow supplier/manufacture instructions apply appropriate post treatment products including a physical and a broad-spectrum UVA and UVB sun protection with SPF minimum of 30
- Post treatment products could include boosters/additives (such as soothing, calming, anti-inflammatory, anti-oxidant) hydrating products under 1% active ingredient (non-medical) applied as homecare

Take post-treatment photographs

Taught content

- Following organisational procedures, take post-treatment photographs. Post treatment images taken should be in the same position as pre-photographs and where possible the same light. Photographs should be taken of the full face looking straight ahead, from the front and both sides, zoom in on any areas of concern, e.g. pigmentation. Images used to record treatment progress and as a visual record of the skin response immediately after treatment
- Personal devices should not be used to take images of clients
- Gain clients' consent for storage of clinical photographs and specific use of photographs for marketing and teaching purposes

Provide post care advice and home care

Taught content

- Post-procedure
 - Skin may feel tight, sensitive, dry, it may appear slightly pink/red – the degree of this will depend on skin type and strength/type/penetration of skin peel
- Homecare
 - To reduce discomfort at home, apply cool compresses – cotton wool or small flannel (not ice packs) for up to 2 hours, renew as required – every 15-20 minutes to reduce the heat and redness of the skin
 - Any peeling/flaking skin should be allowed to peel naturally, do not pick or scrub/exfoliate the skin as this could irritate and contribute to post inflammatory hyperpigmentation (PIH)
 - Use post procedure skincare as recommended to soothe and hydrate the skin
 - Avoid irritating skincare ingredients such as AHAs, or retinoids
 - Avoid direct sun exposure and sun tanning; for at least 4 weeks post skin peel
 - Apply a physical and broad band spectrum sun screen (UVA and UVB) with SPF 30 minimum daily
 - Make-up is normally recommended after 24 hours – a mineral make-up being preferable
 - Avoid hot tubs, swimming, saunas, vigorous exercise for 1-2 weeks
 - Avoid epilation, waxing or use of depilatories on the treated area for up to 2 weeks
- The degree of reaction will vary depending on peel strength and skin type/skin condition – always refer to supplier/manufacture recommendations for each strength/type skin peel
- Provide advice on suitable post-treatment products
- Provide advice for ongoing/further skin peeling treatments and treatments which may be used in conjunction
- Follow manufacturers' guidelines in respect of treatment intervals

Dispose of waste materials to meet legal requirements

Taught content

- Waste – disposed on in an enclosed foot pedal controlled waste bin fitted with disposable, durable bin liner
- Hazardous waste – correct disposal of hazardous waste in line with local council regulations and disposed of following COSHH procedures

Complete the treatment in a commercially viable time

Taught content

- Ensure treatment is completed in a commercial time frame

Update client records

Taught content

- Accurate completion of treatment details, recording information on peel used – strength, percentage and pH, skin preparation, application techniques and duration of treatment, client skin sensation and skin response, observation of skin after treatment. Signature from client to be obtained accepting treatment results and skin response and agreeing to follow post care/post treatment advice. Therapist signature to take responsibility for treatment and records completed

Provide and manage post-treatment communications and outcomes

Taught content

- Communicate with client regarding post-treatment care and concerns
- Inform client how to manage complications/adverse reactions at home and when to refer to a medical practitioner
- Provide and inform the client of protocol for formal complaints
- Document post-treatment complications and adverse reactions in line with organisation guidelines
- Protocol for escalating a formal complaint to management prior to a medical practitioner

Assessment requirements

Learners are required to complete all assessment requirements related to this unit:

1. Clinical case studies
2. Theory examination
3. Practical examination

1. Clinical case studies

Learners must produce a treatment portfolio which is required to be completed under the supervision of a lecturer who must monitor the quality of the treatments performed throughout the learner's training, to ensure that they meet the given criteria. All clinical case studies must be completed and marked prior to the learner completing the practical and theoretical examinations.

Learners must complete a minimum of 6 clinical case studies. Each case study needs to include a full medical history of the client, advanced skin health assessment, before and after pictures and a full description of the conditions/characteristics to be treated, along with a detailed description of products used, application technique, equipment used and the duration of treatment. Each case study must also include an evaluation of the treatment and its outcomes, pre and post skincare and lifestyle advice provided.

Range to be included in clinical case studies:

- Met the needs of a variety of clients
 - New
 - Existing
 - Male or Female
- Carry out all consultation techniques
 - Questioning – verbal
 - Listening – non-verbal
 - Visual – non-verbal
 - Manual
 - Written
 - Pre-treatment photographs taken
- Carried out skin sensitivity test
- Carried out an advanced skin health check and assessment
- Met all treatment objectives
 - General skin rejuvenation
 - Improvement of superficial blemishes
 - Improvement of pigmentation variations
 - Improvement of skin texture
 - Improvement of skin hydration
- Treated a minimum of 3 areas
 - Face
 - Neck
 - Chest
 - Back
 - Hand

- Considered all factors of skin characteristics
 - Fitzpatrick scale
 - Level of sensitivity
 - Thickness of skin
 - Epidermal thickness
 - Healing capacity
- Used both types of peel treatments
 - Alpha Hydroxy Acids AHAs
 - Beta Hydroxy Acids BHAs
- Applied peels to all types of skin
 - Oily
 - Dry
 - Combination
 - Fitzpatrick scale 1-3
- Considered a minimum of 3 skin conditions
 - Sensitive
 - Mature
 - Dehydrated
 - Congested
 - Acne
 - Hyperpigmentation
- Taken all courses of necessary action
 - Explaining why treatment cannot be carried out
 - Encouraging the client to seek medical advice if applicable
 - Modification of treatment
- Collected pre and post treatment photographs
- Recorded all types of information
 - Peel type
 - Peel strength
 - Peel application areas
 - Peel duration
 - Areas of modification
 - Reaction levels
- Given all advice and recommendations
 - Suitable pre and post care products and their uses
 - Avoidance of activities which may cause contra-actions
 - Modifications to lifestyle patterns
 - Recovery and skin healing process
 - Post-treatment contra-actions and how to deal with them
 - Frequency and benefits of courses of treatments
 - Timing and benefits of future maintenance treatments
 - Treatments which could be given in conjunction with/after skin peeling treatment
 - Present and future products and treatments recommended
 - Use of SPF products
 - Issuing of written post care advice
 - Recording before and after photographs

2. Theory examination

Learners must complete a theory examination for this unit. This will consist of a multiple choice question paper which is mapped to the relevant assessment criteria stated below.

The theory examination will test knowledge and understanding from across learning outcomes 1, 2 and 3. Learners should use the unit content sections of this unit to aid revision since exam questions will test the full breadth of this content over time.

Learning Outcome	Assessment Criteria
LO1 Know safety considerations when providing skin peeling treatments	1.1. State the safety considerations of product sourcing
	1.2. Define the insurance requirement guidelines
	1.3. Identify hygiene considerations
	1.4. State methods of hygiene and infection control
	1.5. Identify the features, benefits and uses of treatment products
	1.6. Identify the associated hazards and risks
	1.7. State the importance of following supplier's and manufacturer's instructions for safe use
	1.8. Identify the treatment age restrictions
	1.9. State the required timing for treatment
	1.10. Identify the contra-indications that would prevent, restrict or require medical referral
	1.11. Identify the protocol for referring contra-indicated clients
	1.12. Identify when to consult with other aesthetic professionals

Learning Outcome	Assessment Criteria
LO2 Understand how to provide skin peeling treatments	2.1. Identify requirements for treatment planning
	2.2. Identify factors to consider when treatment planning
	2.3. Identify how to assess skin characteristics
	2.4. Identify the treatment advice and information to be provided to the client pre-treatment, during and post-treatment
	2.5. Identify pain threshold and sensitivity variations
	2.6. State the methods of skin sensitivity testing prior to treatment
	2.7. Define pre-treatment preparatory skin care programmes
	2.8. State importance of cleansing the skin prior to treatment
	2.9. Identify how to protect the sensitive areas on the face
	2.10. Identify classifications of peel types
	2.11. Identify the pH scale, the actions of acids and alkaline and their concentrations on the skin
	2.12. Identify the pKa scale
	2.13. Identify chemical peels agents and the use of peels
	2.14. State the preparation techniques for products and equipment
	2.15. Identify the selection of skin peeling agents

	2.16. State the methods of application
	2.17. Identify reasons for re-application
	2.18. Define influential factors on application timings
	2.19. Identify how to restore the pH level of the skin following treatment
	2.20. Identify chemicals that do and do not require neutralisation
	2.21. Identify the adaptations to treatment
	2.22. State the areas to avoid
	2.23. Define the uses and limitation of skin peeling products and equipment
	2.24. Identify the benefits and effects of skin peeling treatments
	2.25. State the effects and risks associated with the treatment
	2.26. Identify the contra-actions that may occur as a result of treatment
	2.27. Identify available pre and post-treatment products
	2.28. Identify benefits and use of inhibitors
	2.29. Identify the use of SPF and UVA in sun protection products
	2.30. Identify how to prevent infection and promote healing
	2.31. Identify treatment progression and additional/complementary treatment recommendations

Learning Outcome	Assessment Criteria
LO3 Know the relevant anatomy, physiology and pathologies for skin peeling	3.1. Define and identify the structure and functions of the skin and relevance to skin peeling treatments
	3.2. Identify the principles of controlled wound healing
	3.3. Define and identify the structure and functions of the circulatory and lymphatic systems and relevance to skin peeling treatments
	3.4. Define the principles and functions of the endocrine system and relevance to skin peeling treatments
	3.5. Identify associated pathologies and relevant terminology of the skin
	3.6. Identify associated pathologies of the circulatory system
	3.7. Identify associated pathologies of the lymphatic system
	3.8. Identify associated pathologies of the endocrine system

3. Practical exam

Learners must complete a practical examination for this unit which will be externally set by the awarding organisation and examined and marked by an external examiner. The practical examination will take place at the end of the period of learning. For practical examination criteria please refer to the Qualification Specification.

Document History

Version	Issue Date	Changes	Role
v2	01/05/18	First published	Qualifications Manager
v3	03/06/2019	Amended grammar in Assessment criteria	Qualifications Administrator
v4	17/09/2019	Grammar and formatting	Qualifications Administrator