
Unit Specification

UIP7 – Infection prevention (COVID-19) for clinical aesthetics

Unit reference number: L/618/3061

Level: 2

Guided Learning (GL) hours: 4

Overview

The aim of this unit is to develop the learner's knowledge and understanding of how to prevent the spread of COVID-19 and how to work safely. Learners will develop knowledge on the importance of social responsibility, the causes, transmission and effects of COVID-19, and the methods used to control transmission such as correct hand hygiene and the use of Personal Protective Equipment (PPE). They will also gain an understanding of the safe working practices required in the clinic to protect themselves and their patients from COVID-19 and other respiratory infections.

Learning outcomes

On completion of this unit, learners will:

LO1 Understand the causes, transmission and effects of COVID-19

LO2 Understand social responsibility for the clinical aesthetics sector in relation to COVID-19

LO3 Understand the controls necessary to prevent the spread of COVID-19

LO4 Understand the importance of Personal Protective Equipment (PPE), Hand Hygiene and Personal Hygiene in the prevention of COVID-19

LO5 Understand potential hazards and risks and the workplace procedures necessary to prevent the spread of COVID-19 in the clinical aesthetic environment

LO6 Understand decontamination and waste management processes relevant to clinical aesthetic treatments

Unit content

LO1 Understand the causes, transmission and effects of COVID-19

How infection can spread

Taught content

- Conditions required for the spread of infection
- Sources of infection, for example, body fluids, excretions, secretions
- Definition of 'cross-infection'
- Routes of transmission
 - Direct – person to person transmission
 - Indirect – for example, airborne, fomites, blood borne
- Routes of infection
 - Respiratory tract
 - Skin
 - Digestive tract
 - Urinary/reproductive tract
 - COVID-19 – respiratory tract, eyes, mouth and nose

Chain of infection

Taught content

- Definition of the chain of infection
- Definition of pathogen
- Infection occurs when pathogenic microorganisms enter the body, increase in number and damage body tissues
- Stages in the chain of infection
 - Infectious agent – the pathogen which causes the disease
 - 'Reservoir' – environment where the pathogen survives, for example, people, equipment, work surfaces, water, food, animals
 - Portal of exit – the way the pathogen leaves the reservoir for example, coughing, sneezing
 - Mode of transmission/transfer – how the pathogen is passed on, for example, direct contact, inhalation
 - Portal of entry – the way the pathogen enters a new host for example, respiratory tract, mucous membranes
 - Suitable/susceptible host – individual at risk of infection
- Chain of infection in relation to clinical aesthetic treatments/procedures

COVID-19

Taught content

- Definition of Coronaviruses (CoV)
 - SARS (Severe Acute Respiratory Syndrome)
 - MERS (Middle East Respiratory Syndrome)
 - Novel coronavirus (SARS-CoV-2) causes the disease Coronavirus Disease 2019 (COVID-19)
- Symptoms of COVID-19, for example:
 - Estimated incubation period 1-14 days
 - Main symptoms
 - High temperature, fever or chills
 - New, continuous cough
 - Loss or change to sense of smell or taste
 - Shortness of breath
 - Feeling tired or exhausted
 - An aching body
 - Sore throat
 - Blocked or runny nose
 - Headache
 - Loss of appetite
 - Diarrhoea
 - Feeling or being sick
 - <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/main-symptoms/>
- Spread through respiratory droplets
 - Direct contact from infected person
 - Indirect contact via surfaces and objects
- Who can spread it
 - Anyone
 - Pre-symptomatic – those who have contracted the disease but who are not yet exhibiting any symptoms
 - Symptomatic – those exhibiting signs of the disease
 - Asymptomatic – those who have contracted the disease but who are showing no signs
- Who can catch it
 - General population
 - Higher risk population
 - People who are at highest risk of getting seriously ill from COVID-19:
 - Older people – those aged 60 or over
 - Those who are pregnant
 - Those who are unvaccinated

- People of any age with certain long-term conditions for example those who have Down's syndrome, certain types of cancer or have received treatment for certain types of cancer, sickle cell disease, certain conditions affecting the blood, chronic kidney disease (stage 4 or 5), severe liver disease, had an organ or bone marrow transplant, certain autoimmune or inflammatory conditions for example, rheumatoid arthritis or inflammatory bowel disease, HIV or AIDS and have a weakened immune system, a condition affecting the immune system, a rare condition affecting the brain or nerves (multiple sclerosis, motor neurone disease, Huntington's disease or myasthenia gravis)
- People of any age whose immune system means they are at higher risk of serious illness, for example those who had or have: a blood cancer (such as leukaemia or lymphoma), a weakened immune system due to treatment (such as steroid medicine, biological therapy (immunotherapy), chemotherapy or radiotherapy), an organ or bone marrow transplant, a condition which means they have a high risk of getting infections
- Children and young people who live with someone classed as high risk or if they have a condition that places them in the high risk category, for example severe or multiple learning disabilities, a severe problem with the brain or nerves, such as cerebral palsy, Down's syndrome, a condition which means they are more likely to get infections
- Other factors may also increase risk, such as those working in higher risk occupations/environments for example, healthcare
- <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/>
- <https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk>
- Infection can occur due to:
 - Close contact with infected individual
 - Fomites – touching an object contaminated by respiratory droplets, for example, from a cough or sneeze then touching the eyes, nose or mouth
- COVID-19 can survive for:
 - Up to 72 hours on plastic or stainless steel
 - Less than 4 hours on copper
 - Less than 24 hours on cardboard

LO2 Understand social responsibility for the clinical aesthetics sector in relation to COVID-19

Social responsibility and the provision of clinical aesthetic treatments in relation to COVID-19

Taught content

- Definition of social responsibility
 - The practice of producing/supplying goods or services in a way that is not harmful to society or the environment
- Key principals of social responsibility
 - Business behaviours/values
 - Behave ethically, for example, establishing protocols/working practices to protect the health of staff, patients and visitors, working accordance with regulatory requirements, staying up to date with changes in business regulations and practices
 - Be accountable, for example, having a clear mission statement and COVID-19 infection control policies and procedures and risk assessment in respect of upholding high standards of hygiene to increase patient confidence and prevent the spread of infection, identification of business practices and values, duty of care, undertaking regular review of policies and procedures
 - Be transparent, providing staff, patients and suppliers/visitors with clear guidelines on clinic operating procedures, for example signage
 - Respect the interests of all stakeholders such as patients, staff, suppliers/visitors, the local community, for example considering the implications of changes to working practices such as trading hours
 - Take into consideration local and society norms of behaviour, for example the use of face coverings
 - Demonstrate respect for human rights, for example, considering all patients equally, being non-discriminatory, inclusive staffing
 - Comply with legislation/law, for example, instructions from authorities in the event of new local restrictions
 - Promote sustainable working practices, for example, low energy equipment, recycling
- The benefits of social responsibility for clinical aesthetics practice, for example:
 - Patient confidence
 - Positive impact on preventing the spread of COVID-19 and other respiratory infections
 - Protection of vulnerable members of society from the spread of COVID-19 and other respiratory infections
 - Increased employee loyalty
 - Local community confidence
 - Local/national economy
- Staff social responsibility
- Patient social responsibility
- Community social responsibility

Social responsibility in own role

Taught content

- Awareness of local and national Government legislation relating to COVID-19 of the country therein, for example:
 - The Control of Substances Hazardous to Health (COSHH) 2002
 - The Health and Safety at Work Act 1974
 - Health and Safety (Offences) Act 2008
 - The Personal Protective Equipment at Work Regulations 1992
 - Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2013
 - The Public Health (Control of Diseases) Act 1984
 - Equality Act 2010
- Responsibilities to include:
 - Awareness and understanding of clinic policies and procedures in relation to COVID-19 and other respiratory infections
 - Ensuring contract/delivery staff are made aware of protocols
 - Management of shared areas for example, reception, staff room, clinic offices
 - Management of workflow in relation to available space and equipment
 - Cleanliness of the clinic to prevent cross-infections via direct or indirect contact
 - Frequent hand washing/hand sanitising
 - Use of workplace equipment – individual workstations/areas, trolleys, products, tools and equipment in appropriate manner
 - Use of personal protective equipment (PPE), as appropriate, for example, using protective face coverings, single-use items, for example disposable gloves, plastic apron, and correct hand hygiene methods
 - Work area decontamination/preparation – treatment/procedure times to include work area decontamination time between patients for example, approximately 15-30 minutes between patients
 - Disposal of waste in the correct manner
 - Ensuring manufacturers' instructions are always followed when using products and equipment, for example cleaning agents, sterilising fluids, autoclaves
 - Reporting of hazards, work-related incidents or accidents, diseases and dangerous occurrences to the appointed health and safety representative/senior staff member
 - Follow protocols for emergencies, for example, incidents or accidents requiring first-aid treatment, adverse effects
 - Updating patient records following treatment
 - Ensuring that all personal patient data records are documented and stored in accordance with current data protection legislation of the country therein

Health and wellbeing of staff and patients

Taught content

- As appropriate to the guidance of the country therein:
- Staff
 - Identification of staff at higher risk of serious illness from COVID-19 and implications for work role, for example, possible role adaptation
 - Provide support around mental health and wellbeing
 - Advise staff who are ill to stay at home or to go home if they become ill whilst at work. Advise them to stay at home, avoid contact with other people, particularly those at higher risk of serious illness from COVID-19 and to return to work only when they are well and in accordance with guidelines of the country therein. Staff to follow sickness absence and return to work reporting regulations of the organisation and country therein. Advise staff to obtain a test, for example a lateral flow/rapid antigen or Polymerase Chain Reaction (PCR) test, if available – in accordance with guidelines of the country therein
 - Training for staff on COVID-19 health, safety and hygiene protocols, for, correct hand hygiene methods and use of PPE, mental health and wellbeing
 - Ensure staff training is updated should COVID-19 guidelines change
- Patients
 - Pre-screen patients prior to appointments – issue health/wellness questionnaire via online social media platforms/applications, messaging, email, telephone calls, completed and returned electronically
 - Pre- consultation – consider medical questionnaire forms to be forwarded, completed and returned electronically
 - Identification of patients at higher risk of serious illness from COVID-19 and the implications for treatment/procedure delivery, for example adaptation of working practices or treatment/procedure timings, postponement of the treatment delivery
 - Confirm that they are free from illness
 - Confirm that they have not had a continuous cough, cold, difficulty in breathing, temperature over 37.8°C or 100.04°F
 - Decline treatment/procedure for those who report feeling unwell or with any symptoms of COVID-19
 - Update patients on new hygiene and treatment/procedure protocols via email, text messaging etc.
 - Advise patients of information posters/signage in clinic
 - Advise the patient on how to don and doff the required PPE safely as appropriate to the treatment and guidelines of the country therein
 - Advise patients on the importance of following safety measures for best practice

LO3 Understand the controls necessary to prevent the spread of COVID-19

Breaking the chain of infection

Taught content

- Stop spread of infection – break at least one link within the chain
- Standard infection control precautions (SICPs)
 - Risk assessment
 - Regular hand washing
 - Use of hand sanitisers
 - Use of Personal Protective Equipment (PPE) – FFP2, FRSM, disposable gloves, plastic aprons, visors as appropriate to the treatment/procedure
 - Safe management of linen
 - Respiratory hygiene and cough etiquette
 - Safe management of equipment
 - Safe management of treatment environment
 - Safe management of blood and body fluids
 - Safe disposal of waste (including sharps)
 - Occupational safety/managing the prevention of exposure (including sharps)
- Additional precautions (in accordance with local and national guidelines of the country therein)
 - Immunisation/vaccination
 - Improved ventilation
 - Use of face coverings/masks
 - Use of antivirals
 - Social distancing measures
 - Contact tracing
 - Temperature checking

Workplace standard infection control procedures

Taught content

- Risk assessment
 - Premises
 - Treatments/procedures
 - Staff, patients
 - All work activities, for example, reception duties, treatment/procedure protocols
- Infection prevention and control (IPC)
 - Health and safety protocols
 - Hygiene protocols
 - Roles and responsibilities – employer, employees, patients, visitors
 - Protocol for managing those patients, staff or visitors with suspected COVID-19, for example, seek government health advice relevant to the country therein
- Provision of Personal Protective Equipment (PPE)
 - PPE as appropriate for each treatment/procedure for example, fluid repellent gowns, disposable gloves, visors
 - Clean, re-useable PPE, for example visors
- Hand hygiene
 - Hand washing facilities
 - Hand sanitisation points
- Promotion of safe work spacing
 - In accordance with the requirements of the country therein – mitigations for example, the use of acrylic screens on reception desks
- Provision of a clean environment
 - Frequent cleaning/decontamination, particularly of high touch areas, for example, door handles, light switches, toilet facilities, taps, touch screens
 - Cleaning work areas/treatment rooms between every patient
 - Clean linen/disposable linen for every patient for example, robes/gowns, towels
- Waste management
 - Management, storage and disposal of waste (including sharps)
- Education
 - Training for staff, for example, COVID-19 and respiratory infection prevention, risk assessment, new treatment protocols
 - Updates on new treatment protocols for patients – for example, via email, text messages
 - Signage/visual aids in the clinic for staff, patients and visitors for example, risk assessment, use of PPE, hand hygiene techniques, respiratory etiquette
 - Managing prevention of exposure of staff, patients and other visitors

The role of risk assessment in the prevention of COVID-19

Taught content

- Definition of risk assessment
- Legislation governing risk assessment of the country therein
- Identification of potential risks within the clinic environment in relation to COVID-19
- Importance of risk assessment in the clinic relating to COVID-19
- Risk assessment for
 - Staff
 - Patients
 - Workplace
 - Treatments/procedures
- Processes involved in risk assessment
- Employer and employee collaboration on risk assessment process
- Methods of minimising risk in the clinic, for example, establishing and documenting new workplace procedures/protocols, clear and defined roles and responsibility for managing infection prevention and control, single point of contact (SPOC)
- Risk assessment notification – clinic signage, publication on website
- Implications for insurance

Social distancing

Taught content

- Definition of social distancing
- Purpose of social distancing
- Methods and effects of social distancing
- Social distancing guidance relating to COVID-19 of the country therein

Respiratory hygiene and cough etiquette

Taught content

- Reduces spread of microorganisms
- Turn head – sneeze/cough away from others
- Cover mouth and nose with tissue when coughing, sneezing or blowing the nose
- Discard used tissues immediately in a lined, enclosed, foot-pedal controlled waste bin
- Cough/sneeze into inner elbow, not the hand, if no tissues available
- Ensure correct hand hygiene is performed immediately after coughing or sneezing
- Tissues, hand hygiene facilities and lined, enclosed, foot pedal controlled waste bins must be available at appropriate points throughout the clinic for staff, patients and visitors
- Signage – posters on respiratory hygiene/cough etiquette displayed in the clinic

LO4 Understand the importance of Personal Protective Equipment (PPE), Hand Hygiene and Personal Hygiene in the prevention of COVID-19

| Personal protective equipment (PPE) |
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| Taught content |
| <ul style="list-style-type: none"> • Definition of Personal Protective Equipment (PPE) • The role of PPE in infection prevention and control • Employer responsibilities in relation to the provision and use of PPE – risk assessment, Health and Safety at Work Act, Control of Substances Hazardous to Health (COSHH) • Employee responsibilities in relation to the use of PPE • Patient responsibilities in relation to the use of PPE • Types of PPE <ul style="list-style-type: none"> - Single use/disposable - Multiple use/re-useable – require decontamination between uses - Type of PPE – face masks, for example Fluid Resistant Surgical Mask (FRSM), disposable gloves, for example, latex-free; plastic aprons, fluid repellent gowns, face shields/visors/goggles - Use in accordance with manufacturer’s instructions and local/national policies/procedures relating to the use of PPE of the country therein • PPE must be replaced if it becomes damaged, soiled, wet or compromised at any time during the treatment/procedure • Personal protective equipment for staff as appropriate to the treatment/procedure, organisational requirements and guidance of the country therein, for example: <ul style="list-style-type: none"> - Disposable/single-use disposable gloves – new gloves for each patient or after tasks such as waste disposal - Disposable/single-use plastic apron/fluid repellent gown – one for each new treatment - Disposable/single-use face covering – changed for each patient, for example 3-ply surgical masks. Ensure these are close fitting, avoid touching face covering once in place, dispose of once damp - Face shield/visor/goggles, to be worn, as appropriate, when working in close proximity with patients – may be re-usable, cleaned and disinfected before and after each use - https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks • Personal protective equipment for the patient as appropriate to the treatment/procedure, organisational requirements and guidance of the country therein, for example: <ul style="list-style-type: none"> - Disposable/single-use face covering – applied on entry to the clinic and hygienically removed and disposed of by the patient as appropriate to the treatment, for example prior to treatment, after exiting the clinic - Disposable/single-use or appropriately laundered robe/gown provided for treatment/procedure as appropriate - Patients must not be barefoot - Advise the patient on the correct PPE removal procedures in accordance with guidelines of the country therein, taking into account the possibility of cross-contamination |

- Risks associated with incorrect use of PPE, for example, spread of infection

Recommended Personal Protective Equipment – adhere to organisational requirements and guidance of the country therein

| Treatment/procedure | Practitioner | Patient |
|--|--|---|
| Clinical Aesthetic Treatments | | |
| Lower risk treatments/ procedures for example, injectables on extra facial sites, sclerotherapy, chemical peels, PRP on scalp | Surgical cap, eye protection, mask as appropriate to treatment/procedure for example, FRSM, face shield/visor/goggles, disposable gloves, plastic apron, shoe covers. | Face covering as appropriate to treatment, disposable hair coverings/caps/gowns |
| Medium risk treatments/ procedures for example, Soft-tissue fillers in the lips, micro needling on the face/extra-facial sites, PRP on the face | Surgical cap, eye protection, mask as appropriate to treatment/procedure for example FRSM, face shield/visor/goggles, disposable gloves, plastic apron, shoe covers. | Face covering as appropriate to treatment, disposable hair coverings/caps/gowns |
| Higher risk treatments/ procedures for example, plume producing procedures Q-switched Nd:YAG, Alexandrite, Ruby lasers, microdermabrasion, jet infusion facials, other treatments which may produce airborne particles | Surgical cap, eye protection, mask as appropriate to treatment/procedure for example FFP2/N95 non-valve respirators, face shield/visor/goggles, disposable gloves, plastic apron, fluid repellent gown, shoe covers. | Face covering as appropriate to treatment, disposable hair coverings/caps/gowns |

The use of personal protective equipment (PPE)

Taught content

- Donning and doffing PPE
 - Select appropriate size PPE to ensure correct fit, for example face coverings/masks should be close fitting, disposable gloves should be the correct size
 - Select appropriate PPE according to risk of the treatment/procedure
 - Sequence for donning PPE
 - These guidelines are based upon updated evidence in relation to the wearing of PPE. However, the sequence of steps may differ between countries
 - Wash/sanitise hands
 - Check PPE is clean and undamaged
 - As appropriate:
 - Fluid repellent gown as appropriate to treatment/procedure
 - Plastic apron
 - Face mask – metal piece at top, mould to fit face, coloured side out, avoid touching once in place
 - Face shield/visor/goggles
 - Disposable gloves
- Sequence for doffing PPE
 - Patient PPE – advise the patient on removal of robe/gown as applicable, avoiding contact with potentially contaminated PPE; if single use, fold inwards and dispose of immediately in a lined, enclosed, foot pedal controlled waste bin (patient will remove and dispose of their face covering as appropriate to the treatment, for example, before treatment, after exiting the clinic). If reusable, fold inwards and place in a labelled laundry bag prior to washing at the correct temperature
 - Practitioner PPE – remove carefully avoiding contact with potentially contaminated PPE and clothes, skin and face
 - Gloves – remove gloves using the glove to glove, skin to skin technique
 - With a gloved hand, peel off the other glove so that it turns inside out and any contamination is on the inside. Be careful not to touch the skin with the gloved hand. Gather the glove which has been removed into the gloved hand then slide the ungloved index finger into the wrist of the gloved hand. Working from the inside stretch the glove out and down towards the fingers, pull the glove down and over the previously removed glove, so that one is now inside the other and both external surfaces of the glove are on the inside of the second glove. Dispose of immediately in a lined, enclosed, foot pedal controlled waste bin
 - Perform hand hygiene
 - Plastic apron – tear apron at neck, let the apron fold down on itself, then break waist ties and ensure the apron is pulled away from the body and folded in on itself so that the outside is enclosed to prevent contamination of the practitioner's clothes or work area. Dispose of immediately in a lined, enclosed, foot pedal controlled waste bin
 - Gown/coverall – (if worn) remove away from the body, fold inwards so that the outside is enclosed to prevent contamination of the practitioner's clothes or work area. Dispose of immediately in a lined, enclosed, foot-pedal controlled waste bin
 - Perform hand hygiene
 - Remove face shield/visor/goggles by leaning forward and pulling away from face, sanitise before and after patient treatment/procedure (if reusable)
 - Remove face mask – use the elasticated straps or ties to remove and pull away from face. Do not touch any surface of the face covering during this process. Dispose of immediately in a lined, enclosed, foot-pedal controlled waste bin
 - Perform hand hygiene
- https://www.youtube.com/watch?v=GncQ_ed-9w
- <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

The use of respiratory protective equipment (RPE)

Taught content

- Aerosol – liquid or solid suspended in the air
- Definition of Aerosol Generating Procedures (AGPs)
- Identification of higher risk treatments considered Aerosol Generating Procedures in the clinic, for example CO2 laser treatments, Platelet Rich Plasma (PRP), microdermabrasion
- Employer responsibilities – Health and Safety at Work Act, COSHH
- Fit testing for Respiratory Protective Equipment (RPE)
- The role of the fit tester
- Types of mask suitable for AGPs, for example, FFP2 non-valve respirators, compliance with European standard EN 149: 2001 etc.
- Sequence for donning and doffing RPE
- <https://www.hse.gov.uk/respiratory-protective-equipment/fit-testing-basics.htm>
- <https://www.hse.gov.uk/pubns/indg479.pdf>
- <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

Hand hygiene

Taught content

- Methods of hand hygiene – hand washing, hand sanitisers
- Techniques in accordance with local and national policies/procedures
- The role of hand hygiene in infection prevention and control
- Hand washing
 - Importance of following correct hand washing methods
 - Reduce surface contamination
 - Prevent the transmission of infection
 - Reduce the risk of contagion
 - Resources required for correct hand washing
 - Water
 - Liquid soap
 - Disposable/paper towels
 - Lined, enclosed foot-pedal controlled waste bin
 - Recommended procedure for washing hands
 - Duration of full procedure a minimum of 40-60 seconds, hand washing for a minimum of 20 seconds, the forearms should also be included
 - Remove all hand and wrist jewellery
 - Remove wristwatch as required
 - If wearing a single plain band ring, move it during the process to reach all microorganisms
 - Roll up sleeves if applicable/short sleeves – practitioners should be bare below the elbows
 - Turn on tap
 - Adjust water temperature and speed

- Wet hands
- Apply approximately 5ml soap
- Lather up soap for approximately 10 seconds
- Wash the forearms first
- Rub palms together
- Rub the back of one hand with the palm of the other and vice versa with interlaced fingers, right hand over left hand, left hand over right hand
- Rub palm to palm with fingers interlinked
- Enclose backs of fingers rubbing into opposing palm, repeat on other hand
- Wash each fingertip and nail bed separately on each hand
- Wash thumbs of each hand separately
- Rub fingertips over the palms, backward and forwards using circular motions
- Circle wrist five times with open palm of opposite hand, repeat on other wrist
- Rinse hands and arms thoroughly with water. Remove all traces of soap
- Turn of tap with elbow or paper towel
- Pat hands and forearms dry with single use/disposable towel – do not use shared towels
- Dry each finger separately in downward direction, from fingertip to wrist
- Tap palms dry in a circular rotation
- Dispose of towel in a lined, enclosed, foot-pedal controlled waste bin
- https://www.youtube.com/watch?v=8rJp_S0TB1c
- <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>
- Advantages/disadvantages of hand washing
 - Inexpensive
 - Easy to perform
 - Removes visible and invisible contamination/surface debris
 - Hand washing facilities not always available
 - Excessive hand washing may lead to dermatitis/breakdown of skin integrity
 - Bar soap unsuitable for clinic use
- Hand sanitisers/rubs
 - Importance of following correct hand sanitising methods
 - If the hands are visibly soiled/contaminated, they must be washed before using hand sanitisers
 - Prevent the transmission of infection
 - Reduce the risk of contagion
 - Resources required for hand sanitising
 - Hand sanitising gel, foam, liquid, rubs – alcohol/non-alcohol
 - Dispensed via hand pump dispensers or sprays
 - Follow manufacturers' instructions for use
 - Must be used for intended purpose only for example, not for cleaning
 - Storage – (<1 litre) must be stored more than 1m from sources of ignition
 - Larger quantities must be stored in an appropriate location (flammables cupboard)
 - Dispose of used containers appropriately to reduce the risk of fire

- Recommended procedure for sanitising hands
 - Duration of procedure: 20-30 seconds
 - Apply a plentiful amount of product to cover all surfaces
 - If wearing rings, move them during the process to reach all microorganisms
 - Rub palms together
 - Rub the back of one hand with the palm of the other and vice versa, interlacing fingers
 - Rub palm to palm with fingers interlinked
 - Rub backs of fingers to palms, with interlocked fingers
 - Rotationally rub thumbs
 - Rotationally rub palms backward and forwards with fingertips
 - Leave hands to air dry fully
- <https://www.youtube/watch?v=f1TKkVJhTxw>
- Advantages/disadvantages of hand sanitising
 - Products easily accessible/transportable – point of use or on person
 - Can be used where no water is available
 - Quick and easy to apply/use
 - Can be used in addition to hand washing
 - Can protect skin integrity when the skin is sensitised due to excessive hand washing
 - Unsuitable for dirty hands
 - Do not remove visible contamination/surface debris
 - Can be ineffective – recommend formulations contain a minimum of 60% ethanol or 70% isopropyl alcohol and must fully cover all areas
 - Ineffective against spore forming pathogens for example, *C. difficile*
 - Some brands take a long time to dry/remains sticky
- When to wash/sanitise hands for example
 - On entering or exiting the clinic
 - After handling patient's belongings
 - Before touching a patient
 - Before starting a treatment procedure
 - After exposure to body fluids
 - After touching a patient
 - During delivery of the treatment as required
 - After completing a treatment
 - After using the telephone, or dealing with treatment/product sales
 - After touching the working area
 - After changing the laundry
 - After cleaning the working area
 - Before putting on and after removing PPE
 - Before eating food

- Before, during and after food preparation
- After using the toilet
- After touching the face or nose, coughing or sneezing
- After handling waste materials and bags
- On removing clothes and/or shoes worn outside
- Assess hands regularly for cuts and abrasions – may harbour microorganisms
- Assess skin health regularly for dermatitis – may result from excessive hand washing/continual glove wearing
- Cover any cuts and abrasions with waterproof dressing and change as required
- Use suitable moisturiser to maintain skin health – avoid petroleum-based products which may degrade some disposable gloves
- Report any skin problems to the member of staff responsible for occupational health

Personal hygiene

Taught content

- Definition of personal hygiene
- Role of personal hygiene in infection prevention and control
- Workplace standards for personal hygiene, for example clean uniforms/work wear daily, showering, regular hand washing
- Personal hygiene requirements for staff
 - Tie hair back/up if necessary
 - Remove or wear minimal jewellery – one plain band only
 - Short, clean nails with no nail enamel or extensions
 - No breath or body odour
 - Staff must not work barefoot
 - Work wear must have short sleeves, or sleeves which may be rolled up securely to the elbow
- Personal hygiene recommendations for the patient
 - Patients to wash/sanitise hands
 - Patients must not be barefoot
 - Patient coats and bags to be stored in a secure and well-ventilated storage area
- Risks associated with poor personal hygiene for example, spread of infection, loss of business/reputation

LO5 Understand potential hazards and risks and the workplace procedures necessary to prevent the spread of COVID-19 in the clinical aesthetic environment

| The potential hazards and possible risks in relation to COVID-19 |
|--|
| Taught content |
| <ul style="list-style-type: none"> • Hazards – anything that has the potential to cause harm, for example, inadequately maintained toilet facilities • Risks – a chance, high or low, that harm caused by the hazard may occur, for example cross-infection from poor hygiene controls • Hazards and risks, for example: <ul style="list-style-type: none"> - Inadequate or poor COVID-19 staff training – allow for appropriate training to ensure awareness of infection control and prevention protocols - Staff at higher risk of serious illness from COVID-19 – discuss working options with employer, for example, possible role adaptations, changes to staff rota - Patients at higher risk of serious illness from COVID-19 – possible postponement of treatments/procedures, designated treatment times - Clinic testers – self-selected product testers removed/replaced by sealed, individual testers/sample products or controlled testers managed by trained staff - Hand hygiene – hand washing, hand sanitising, avoid touching face - Working safely throughout the treatment, for example ensuring appropriate use of PPE - Ventilation – open windows where possible to allow the flow of fresh air, keep treatment rooms/areas well ventilated for example, operating ventilation system 24 hours per day - The need to ensure personal protective equipment (PPE) requirements are adhered to for staff and patients in accordance with the treatment/procedure, organisational requirements and guidance of the country therein - Correct handling and storage of all products, tools and equipment as applicable to the country therein in order to minimise the risk of cross-infection - Correct decontamination processes appropriate to products, tools, equipment and treatment/working areas and storage of clean and contaminated tools and equipment - Disposing of waste appropriately to minimise risk of cross-infection and ensure there is no unnecessary risk to staff, patients or the environment - The handling of cash – encourage contactless payment methods where possible for example, cards, telephone banking apps |

Safe and hygienic working practices to be followed throughout clinical aesthetic treatments/procedures

Taught content

- Internal policies and procedures established by the business following risk assessment to prevent and control the spread of infection within the workplace, created in accordance with government guidelines. These should be regularly reviewed in accordance with national government/public health guidelines of the country therein
- Maintain adequate ventilation for example, open windows, use of extractor fans, HEPA filtration systems
- Waiting/reception area seat allocation in accordance with social distancing guidelines of the country therein
- Recommend that patients arrive no more than 5 minutes before allotted appointment time to allow for hygiene procedures
- Request that patients attend the appointment alone where possible (except in the case of a minor and/or disability requiring a support worker; request that guardians/support workers adhere to COVID-19 guidelines)
- Pre-treatment
 - As appropriate, in accordance with organisational requirements and guidance of the country therein:
 - Provide online/email/telephone appointment booking facilities
 - Pre-screen patients online or via telephone prior to appointment to ensure they are free from symptoms
 - Recommend medical questionnaires to be issued to the patient, completed and returned electronically
 - Patients who meet pre-screening/consultation requirements – message or email patients to inform them of updated clinic procedures – staying home if they feel unwell, following hand hygiene procedures on entering the clinic, use of PPE throughout treatment, attending their appointment unaccompanied by relatives or friends, awareness that product testers are available on request/use of sealed individual sachets for testers, the need to follow respiratory etiquette
 - Schedule patients to prevent or minimise waiting time and possible overlap
 - Use signage at entry points to inform of any COVID-19 health, safety and hygiene policies
 - Minimise and regularly replace magazines, sanitise tablets/screens, used in the reception area
 - Remove self-selected testers/samples from the reception area as appropriate
 - Use physical barrier/screen at reception desk, reception staff PPE as appropriate
 - Fully prepare individual treatment rooms/areas/workstations and trolleys with tools and equipment and individual supply of products as applicable
 - The need to be organised and ready for the patient's arrival
 - Ensure all treatment rooms, working surfaces, products, tools and equipment have been cleaned and disinfected/sterilised as appropriate, for example, treatment couch/bed disinfected, use of disposable roll in place of fabric couch/bed cover

- Clinic treatment rooms should be equipped with minimal amounts of furniture/products/tools and equipment as possible to carry out treatment/procedure
- Provision of hand hygiene facilities are entrance and exit points
- Provision of hand sanitiser and tissues at each workstation
- Practitioner to don appropriate PPE in correct manner
- Patient arrival
 - Patient coats and bags must be stored in a secure and well-ventilated storage
 - Patients to use hand sanitiser or wash hands on arrival
 - Escort patient to the treatment area
 - Conduct consultation in the appropriate manner
 - Provide patient with suitable robe/gown and appropriate PPE, as required, for example face/hair covering and instruct them how to use as appropriate to treatment/procedure
 - Advise them on the required positioning for treatment/procedure and ensure patient comfort
- During treatment
 - Treatment room door to remain closed during treatment/procedure
 - Patients to wash/sanitise hands before and following treatment/procedure
 - The use of clean towels and robes/gowns for all patients – use of disposables as appropriate
 - The use of clean and sterile tools and equipment for all patients – open packs in front of patient
 - Practitioner to wash/sanitise hands before, during (if appropriate) and after treatment in accordance with local and national guidelines of the country therein
 - Practitioner to wear disposable gloves throughout the treatment and decant products for use, in accordance with the requirements of the country therein
 - Cover open cuts or abrasions
 - High use areas to be appropriately disinfected
 - Dispose of porous, single-use items throughout the treatment for example, gauze, cotton wool, in the correct manner
 - Place used/contaminated tools and equipment in designated area/labelled box
- Post treatment/procedure
 - On completion of the treatment/procedure, advise the patient on the correct removal and disposal of their PPE, patient to remove and dispose of own face covering after exiting the clinic
 - Practitioner must continue to wear own PPE whilst disposing of patient PPE and treatment/procedure waste and during decontamination of work area
 - Roll re-useable items for laundry such as towels, robes/gowns inwards so that the used side is inside, then place in closed, clearly labelled container or laundry bag. Ensure that used laundry is not carried across the clinic floor
 - Single use linen items such as disposable towels should be removed and rolled inwards, then disposed of in a lined, enclosed, foot-pedal controlled waste bin
 - Encourage contactless payment where possible
 - Provide aftercare via email/text messaging where applicable

- Re-booking – online service, telephone
- Patients should avoid contact with products they are not purchasing
- Decontamination following treatment
 - Clean and disinfect entire workstation/working area after each patient including all surfaces used by the patient – approximately 15 minutes dependent on treatment/procedure
 - Dispose of contaminated PPE after treatment/procedure in correct manner
 - Store used/contaminated tools and equipment in designated area in clearly marked box(es) with lids if unable to clean and sterilise immediately
 - Clean and sterilise tools and equipment between patients in appropriate manner in designated area whilst wearing suitable PPE
 - Store clean/sterilised tools and equipment in clearly labelled cabinets or boxes with lids
 - Prepare treatment/work area for next patient, for example, trolley, stool, couch/treatment bed, tools and equipment cleaned and disinfected
- The safe working practices to include
 - Adherence to hand hygiene guidelines – increased frequency of hand washing/sanitising
 - Adherence to clinic requirements for use of PPE
 - Adherence to respiratory hygiene/etiquette guidelines
 - Prevention of cross-infection, for example, sterilisation of tools and equipment, designated area(s) for processing and storage of clean and contaminated tools and equipment
 - Regular cleaning of work areas, toilet facilities and high touch areas/surfaces such as door handles, light switches and sinks with detergent/disinfectant
 - Toilet facilities – signage on safe use, provision of hand sanitiser on entry, hand washing facilities with running water, soap, paper towels/hand drier, and lined, enclosed, foot-pedal controlled waste bin
 - Correct removal and disposal of PPE for example, not touching face covering during removal, not shaking gowns or towels
 - Disposal of contaminated waste in lined, enclosed, foot-pedal controlled waste bins
 - Staff room/area
 - Avoid sharing cups, crockery and cutlery at break times
 - Use dishwasher to clean cups, crockery and cutlery or wash with hot water and detergent in designated area and dry with disposable towels immediately
 - Ensure refillable water bottles and cups do not touch tap spouts
 - Use personalised lockers/allocated areas for storage of own belongings if possible

LO6 Understand decontamination and waste management processes relevant to clinical aesthetic treatments

| Decontamination of the clinic |
|--|
| <p>Taught content</p> <ul style="list-style-type: none"> • Definition of contamination and decontamination • The importance of environmental decontamination and when to perform • The importance of safe working practices to minimise risk • The three stages of environmental decontamination in relation to the clinic <ul style="list-style-type: none"> - Cleaning/sanitising - Disinfection - Sterilisation • The types of chemicals, equipment and processes necessary for the management of hygiene and infection prevention and control in the clinic for <ul style="list-style-type: none"> - Products/stock - Tools - Equipment - Reception area - Patient waiting area - Clinic treatment rooms/workstation/work areas - Rest rooms/toilet facilities - Staff room(s) - Clinic office(s) - Training room(s) - Entrance/exit/stairs/corridors - High touch surfaces/areas - For example, heat or chemical methods, bactericides, fungicides, viricides, autoclave, chemical immersion, UV cabinet etc. • Management of contaminated, clean and sterile items • Appropriate PPE for staff performing cleaning • Sanitisers and disinfectants to meet relevant national standards of country therein, for example, BS EN1276/BS EN 13697 • Cleaning and disinfection chemicals – contact times, dilution rates, safe preparation of solutions in a ventilated area • 2 step cleaning process • Clean all work surfaces, including seating with detergent, followed by appropriate disinfectant for example, 70% alcohol or a chlorine-based prepared in accordance with manufacturer's instructions • Use of disposable cleaning equipment, for example, paper rolls, cloths • Reusable cleaning equipment, for example, buckets, must be decontaminated after use • Environmentally safe disposal of unused solutions in accordance with manufacturer's instructions • The reasons for working in accordance with regulations of the country therein, for example COSHH and following manufacturers' instructions in relation to chemicals and their use in decontamination, safety data sheets (SDS) • Clinic cleaning schedules – clearly visible |

Management of clinic linen

Taught content

- Linen – must be handled, transported and processed in a manner that prevents contamination of self, clothing and the working environment
- PPE must be worn when handling linen
- Do not place on floor or other surfaces
- Do not shake linen
- Single-use linen – remove after treatment/procedure, fold inwards away from clothing to prevent contamination, dispose of in a lined, enclosed, foot-pedal controlled waste bin
- Re-useable towels – remove after treatment/procedure, fold inwards to prevent contamination, place in labelled laundry bag which is kept as close as possible to the point of use. Used linen must not be carried across the clinic floor
- Ensure linen bags are clearly labelled
- Do not re-handle used linen
- Washing re-useable linen at correct temperatures – 60°C or 140°F with appropriate detergent
- Dry linen fully
- Store clean linen in designated area(s)

Waste management procedures

Taught content

- The importance of waste management
- Disposal of waste materials in accordance with local and national regulations and current guidance of the country therein
- Waste management procedures
 - Procedures for waste management clearly displayed for all staff
 - Types of waste, for example, non-hazardous, hazardous, sharps
 - Colour coding for waste in accordance with the country therein
 - Storage, removal and destruction of waste
- Disposal of contaminated/hazardous waste
 - In accordance with local and national regulations and current guidance of the country therein
 - Use of lined, enclosed, foot-pedal controlled waste bins, sharps containers
 - Double-bag as appropriate
 - Colour-coding/labelling
 - Professional removal/destruction as appropriate
 - The risks associated with waste management, for example the spread of infection due to inadequate staff training on environmentally safe waste disposal

Guide to taught content

The content contained within the unit specification is not prescriptive or exhaustive but is intended to provide helpful guidance to teachers and learners with the key areas that will be covered within the unit and relating to the kinds of evidence that should be provided for each assessment objective specific to the unit learning outcomes. Unit content accurate at the time of publication. **Centres and learners must refer to current government guidelines of the country therein relating to COVID-19.**

Resources

For example:

- <https://www.gov.uk/coronavirus>
- <https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/safety-and-side-effects/>
- https://www.who.int/health-topics/coronavirus#tab=tab_1
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- <https://www.hse.gov.uk/coronavirus/index.htm>
- <https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>
- <https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>
- <https://www.hse.gov.uk/coshh/basics/ppe.htm>
- <https://www.gov.uk/guidance/regulatory-status-of-equipment-being-used-to-help-prevent-coronavirus-covid-19>
- <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>
- <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>
- <https://bmla.co.uk/covid-19/>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
- <https://www.hse.gov.uk/pubns/books/hsg53.htm>
- <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>
- <https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19>
- <https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>

Assessment requirements

1. 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 the knowledge and understanding from across learning outcomes 1, 2, 3, 4, 5 and 6. Learners should use the unit content sections of this unit to aid revision since exam questions will test the full breadth of content over time.

| Learning Outcome | Assessment Criteria |
|---|---|
| LO1 Understand the causes, transmission and effects of COVID-19 | 1.1 Outline how infection can spread |
| | 1.2 Explain the chain of infection |
| | 1.3 Describe the symptoms, transmission and effects of COVID-19 |

| Learning Outcome | Assessment Criteria |
|---|--|
| LO2 Understand social responsibility for the clinical aesthetics sector in relation to COVID-19 | 2.1 Outline social responsibility for the clinical aesthetics sector |
| | 2.2 Outline own social responsibilities |
| | 2.3 Outline how to maintain the health and wellbeing of staff and patients |

| Learning Outcome | Assessment Criteria |
|---|---|
| LO3 Understand the controls necessary to prevent the spread of COVID-19 | 3.1 Explain how to break the chain of infection |
| | 3.2 Explain workplace standard infection control procedures |
| | 3.3 Explain the role of risk assessment in the prevention of COVID-19 |
| | 3.4 Describe social distancing |
| | 3.5 Outline respiratory hygiene and cough etiquette |

| Learning Outcome | Assessment Criteria |
|---|--|
| LO4 Understand the importance of Personal Protective Equipment (PPE), Hand Hygiene and Personal Hygiene in the prevention of COVID-19 | 4.1 Outline the types of PPE available in the workplace for the prevention of COVID-19 |
| | 4.2 Outline the correct methods of using items of PPE |
| | 4.3 Outline the use of RPE in the clinical aesthetic environment |
| | 4.4 Explain the methods of hand hygiene recommended for the prevention of COVID-19 |
| | 4.5 Describe the role of personal hygiene in prevention of COVID-19 |

| Learning Outcome | Assessment Criteria |
|---|--|
| LO5 Understand potential hazards and risks and the workplace procedures necessary to prevent the spread of COVID-19 in the clinical aesthetic environment | 5.1 Explain potential hazards and risks in relation to COVID-19 |
| | 5.2 Explain safe and hygienic working practices to be followed throughout clinical aesthetic treatments/procedures |

| Learning Outcome | Assessment Criteria |
|---|--|
| LO6 Understand decontamination and waste management processes relevant to clinical aesthetic treatments | 6.1 Outline the decontamination processes relevant to the clinic |
| | 6.2 Outline the management of linen relevant to the prevention of COVID-19 in the clinic |
| | 6.3 Explain waste management procedures relevant to the prevention of COVID-19 in the clinic |

Document History

| Version | Issue Date | Changes | Role |
|---------|------------|--|--------------------------------|
| v1.0 | 31/07/2020 | First published | Product and Regulation Manager |
| v2.0 | 25/09/2020 | Republished indicative content following updates to government guidelines – 10/09/2020 | Product and Regulation Manager |
| v3.0 | 01/08/2022 | Republished indicative content following updates to government guidelines – April 2022 | Qualifications Administrator |