
Unit Specification

UBT454 – Provide superficial chemical skin peeling treatments

Unit reference number: D/650/7957

Level: 5

Guided Learning (GL) hours: 14

Overview

The aim of this unit is to develop learners' knowledge, understanding and practical skills when using skin peeling techniques to enhance appearance. The unit covers environmental and safety considerations, the skills involved in providing a thorough consultation to establish client suitability for treatment, alongside the knowledge of how to formulate a specific treatment plan, tailored to suit individual client needs and requirements.

Learners will deepen their understanding of the various chemical peels and their use, alongside the skills to perform superficial peels to the mid-epidermis in Fitzpatrick type 1-6.

Additionally, learners will develop the knowledge required to provide pre and post-treatment advice and post care as well as recognising potential complications or adverse reactions, to ensure the client receives the full benefit of the treatment and to maximise results.

Learning outcomes

On completion of this unit, learners will:

- LO1 Appraise the safety considerations when providing superficial skin peeling treatments
- LO2 Appraise accepted protocols and guidelines for providing superficial skin peeling treatments
- LO3 Analyse the uses, limitations, benefits and effects of superficial skin peeling products
- LO4 Formulate consultation, planning and preparation protocols for superficial skin peeling treatments
- LO5 Demonstrate proficiency in application of superficial skin peeling treatments

Version 1

Unit content

LO1 Appraise the safety considerations when providing superficial skin peeling treatments

Suppliers' and manufacturers' instructions for safe use

Taught content

- Understand the features, benefits and know reasons for supplier and manufacturer equipment and product protocols and specific training for chemical skin peeling treatments including skin sensitivity and patch test recommendations
- Understand the products appropriate for use during treatment preparation, delivery, post treatment, aftercare and home care according to supplier/manufacturer instructions. Recognise that there is limited consistency between manufacturers and understand why instructions must be assessed or further training may be needed
- Follow supplier/manufacturers guidelines to select and prepare appropriate peeling products/agents considering the skin type, condition(s), characteristics, lesions, relevant classifications, area to be treated and desired outcome
- Follow supplier/manufacturer protocols for product safety, hygiene, sterilisation and treatment application methods
- Correct storage, selection, preparation, use and disposal of products/agents and associated products: clearly labelled and stored according to manufacturer's instructions, away from light and heat, expiry dates checked, out-of-date peels should be disposed of in line with manufacturers' instructions and in accordance with local legislative requirements
- Feedback regarding treatment sensation, client comfort, tolerance and wellbeing to be checked with client throughout treatment

Contra-indications that would prevent or restrict treatment

Taught content

- Prevent (absolute contra-indications) – certain photosensitive medication and herbal remedies as described by the British Medical Association or country therein for example: Amiodarone, Minocycline, St John's Wort. Active bacterial, viral, fungal or herpetic infection, active inflammatory dermatoses (for example psoriasis), allergy to aspirin (salicylic acid), allergy to skin peel ingredients, recent direct sun/UV exposure in area to be treated, atopic dermatitis, solar keratosis, history of skin cancer, malignant melanoma, basal cell or squamous cell carcinoma, vascular diseases, bleeding or clotting disorders, pigmentary disturbance (for example vitiligo, pigmented naevi client who fails to follow 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 topical steroidal medication, client who is trying to conceive, excessive deep skin folds, fake tan applied in last 14 days in area to be treated, directly over moles, birthmarks, permanent or semi-permanent make up, impaired healing/immunosuppression, lactation/breastfeeding, open wounds, pregnancy, recent radiation treatment, uncooperative client, underage client, use of isotretinoin (Accutane), retinoic acid/Retin A products
- Restrict (relative contra-indications) – cuts, abrasions, acne, allergies, areas of undiagnosed pain, Botulinum toxin/neuromodulator injections, bruises, cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions), clients taking anti-coagulant medication, contagious or infectious diseases, drugs which causes skin thinning, depression/anxiety, eczema, epilepsy, fever, herpes (simplex/zoster), high blood pressure, injectable fillers, loss of skin sensitivity, skin diseases, poor mental and emotional state, prior to surgery, recent skin peels or microdermabrasion, epilation, hypersensitive skin keloids and hypertrophic scarring

Contra-indications requiring medical referral and referral processes

Taught content

- Contra-indications to chemical peeling treatments requiring medical referral such as active acne, any condition already being treated by General Practitioner GP/dermatologist, any radiation treatment, certain medications including anti-coagulants, diabetes, evidence of medical conditions such as cardiac, hepatic or renal disease, recent surgery, undiagnosed swelling in treatment area, asthma (which may be exacerbated), nervous/psychotic conditions
- 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
- Skin cancer is an ever-prevalent issue. Areas of skin or moles that have uneven asymmetry, irregular, ragged or blurred borders, uneven patchy colour or an altered diameter than previously noted, need to be identified and the client encouraged to go to their GP as a precaution. Knowledge of organisation protocol for not naming or diagnosing specific suspected contra-indications when encouraging client to seek medical advice, acknowledging the need for medical training to be able to diagnose without causing undue alarm. Refer in a discreet and empathetic manner. Knowledge of the ABCDE guide – Asymmetry, Border, Colour, Diameter, Evolving size

When to consult with other aesthetic professionals

Taught content

- Recognise when additional information is needed from other professionals involved with the client
- When and how to request additional advice from other clinicians treating the client when applicable, in line with current data protection legislation
- Alternative treatment options when chemical peeling is not appropriate or contraindicated for example, tyrosinase inhibitors, dermaplaning, microdermabrasion, mesotherapy, IPL, micro-needling, HIFU, radiofrequency, ultrasound, electroporation, depending on the condition being treated

Hazards and risks

Taught content

- The principles of risk assessment and management
- Protocols to put in place to minimise risks
- Written and verbal post-care information provided outlining client responsibilities and recommended aftercare and home care instructions
- Adherence to suppliers'/manufacturers' guidelines regarding storage, preparation, application, duration, neutralising, removal, waste disposal
- Implications of not conducting patch tests if applicable to the product used
- Hazards to eye and skin from accidental exposure to chemicals used
- First aid protocols
- Risks associated with compromised tactile response in the treatment area post-surgery/trauma
- Implications of not applying the skin peel correctly, excessive overlap, incorrect duration
- Consequences of working outside the agreed treatment area
- Pigmentation changes or scarring due to incorrect classification, poor assessment of skin condition and suitability for treatment, poor selection of products/agents for skin classification, incorrect application methods used for skin classification/condition treated, incorrect post treatment care and/or infection of the skin, poor/incorrect client compliance post treatment not adhering to pre and post care instructions
- Non-compliance with safety and hygiene practices will result in undesirable effects
- Contra-actions and adverse reactions; pain, discomfort, prolonged erythema, hyperaemia, blanching, frosting, pigmentary changes, post-inflammatory hyperpigmentation (PIH), swelling, compromised healing, infection including acne and activation of herpes simplex, allergic reactions including urticaria, papules, overtreatment (deeper resurfacing than intended), scarring, changes in skin texture
- Risks associated with performing chemical skin peeling treatments over atrophy, hypertrophic and keloid scarring

LO2 Appraise accepted protocols and guidelines for providing superficial skin peeling treatments

Factors to consider and treatment planning

Taught content

- Identify client's 'wants', needs, concerns, expectations, anticipated costs, treatment aims, objectives and indications. Agree realistic outcomes against client expectations, discuss expected treatment sensations, healing process, and potential risks relevant to superficial chemical skin peeling procedures to the mid-epidermis
- Results from skin tests and skin analysis classification and characteristics, identification and discussion of client's skin to assist in choice of the appropriate treatment
- Identify client's medical history, emotional, physical condition and wellbeing to receive chemical peeling treatment, previous treatments to improve skin appearance, previous treatments in the area, sun exposure and tanning history, fake tan application, identify realistic and achievable treatment outcomes
- The importance of acknowledging and understanding underlying factors that will affect the success of the treatment and of selecting variables to suit different skin classifications and skin types
- Previous skin/body salon treatments, details of type of treatment, frequency, dates the treatments were received, to ensure enough time has passed for chemical skin peeling to be appropriate and to gain an insight into the client's approach to aesthetic treatments
- Satisfaction and results. Dissatisfaction could indicate body dysmorphia or client with unrealistic expectations. Protocols for how this should be managed
- Pre and post treatment advice, healing process including likely or expected reaction, contra-actions or adverse reactions, recommended skin care/post care, diet and lifestyle advice/choices or restrictions that could impact on the effects of treatment or compromise healing, including current skin/body care regime and any revisions required
- Medical history to determine any absolute or relative contra-indications that prevent or restrict treatment to ensure client is safe for treatment or if medical/other professional referral is required
- The factors influencing treatment results, for example general health, previous skin rejuvenation methods, age, rate of cell regeneration, and consideration of other factors that may inhibit response to treatment and collagen production such as intrinsic and extrinsic factors; diet, lifestyle, stress, smoking, alcohol, medications, illness, environmental stress, hormonal influences, photo damage
- Number of treatments required depend on the size and extent of the area and condition treated, results from the treatment and compliance with aftercare regimes
- Potential cost of treatments including fee structures and treatment options, frequency, duration and potential number of treatments recommended to achieve desired treatment outcomes including likely associated timeframes
- 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
- Treatment plan should be clearly agreed between the client and practitioner and recorded on the consultation documentation with client signing to indicate informed client consent before each chemical skin peeling treatment

Assessing skin characteristics

Taught content

- Assessed through questioning during a face-to-face consultation and observation of skin, importance of using skin diagnostic equipment
- Assess and recognise skin health characteristics – Fitzpatrick scale, Glogau photo damage, Lancer scale, phenotype and genotype, level of sensitivity, thickness/density of skin, epidermal thickness, healing capacity, hereditary and ethnic influences, surface hydration levels, pigmentation, photo/sun damage, vascular lesions, primary and secondary lesions, irregularities, chronological skin ageing process, intrinsic and extrinsic factors, skin texture (pore size), skin laxity, static and dynamic wrinkles, congestion/excessive oil, sensitivity
- Understand the consequences of inaccurate identification of client's skin type, classifications and the different side effect profiles for each skin type, skin density, colour and appropriate chemical peels/agents to use
- Importance of and how to match the treatment to appropriate skin characteristics, skin classifications, indications, individual's treatment area(s), treatment aims and objectives
- Reasons for choosing chemical skin peeling treatments and protocols to suit the variations in skin sensitivity, all skin classifications, and treatment objectives

Pre and post treatment advice to provide to the client

Taught content

- Provide a face-to-face consultation 2 weeks – 48 hours prior to actual treatment to discuss outcomes and pre-treatment preparation. A period of 2 weeks or more may be required to rebalance unhealthy skins prior to treatment. Active skin care of a high/professional strength concentration (prescription retinoid/high-level vitamin A) may need to be avoided for 3-5 days pre and post chemical skin peeling treatments, low strength avoided for 48 hours post treatment or as recommend by supplier/manufacturer for specific peel product/agent
- Understand the types of pre and post-treatment products available and why they are necessary – typical products used may include; sunscreen (minimum SPF 30), tyrosinase inhibitors anti-oxidants, growth factors, vitamin A (non-prescription), retinol, vitamin C, vitamin B3, humectants such as hyaluronic acid, peptides, matrix metalloproteinase (MMP) inhibitors, topical cosmetic formulations recommended in conjunction with skin peeling to enhance effects and improve health and condition of skin, AHA/BHA based cleansers and moisturisers to enhance effects of chemical skin peeling treatment
- The types of prescription topicals prescribed by a healthcare professional and how they impact and/or support the skin priming programme and can enhance skin healing
- Pre-treatment advice and preparatory topical skin care preparation programme 2-6 weeks prior to the treatment why this needs to be relevant to their skin health, skin type, Fitzpatrick type and all characteristics. The benefits of implementing a skin care routine to be used at home to prepare the skin for treatment and optimise results, enhance chemical skin peel effects, facilitate post healing, reduce risk of complications including post-inflammatory hyperpigmentation (PIH). The positive effects of performing chemical skin peeling on a healthy skin in comparison to compromised skin conditions
- Fitzpatrick 3-6 and hyper-pigmented 1-2 are prone to post-inflammatory hyperpigmentation (PIH) after skin peels and may use tyrosinase inhibitor pre-treatment products to reduce the risk of PIH, preparatory products may be used longer than Fitzpatrick 1-3 skin types
- 30 days prior to treatment – importance of not sunbathing/using sunbeds, 10 days – 2 weeks prior to chemical skin peeling treatment avoid the use of self-tanning products as certain acids

(glycolic) will carry pigment deeper into skin layers. Wear a minimum SPF30+ broad spectrum UVA protection daily

- Active herpes simplex is contra-indicated however clients with inactive herpes simplex should be advised to take prescribed or over the counter (OTC) prophylactic antiviral medication or apply topical antiviral cream up to 2 days before treatment and up to 3 days after treatment
- Explain and agree achievable outcomes based on the assessment of the skin type, condition and area to be treated and underlying factors affecting skin health
- Explain how the treatment improves the skin, the physical structure of the skin, the cellular rejuvenation process and the physiological effects of chemical skin peeling on the indication to be treated
- The importance of using visual aids to inform the client of the physiological effects of chemical skin peeling treatments
- The physical sensation created by the treatment to the client; mild tingling, prickly or stinging sensation is possible, this can be more painful on more sensitive areas, soft tissues, upper lip, or close to bone, during menstruation or ovulation and depends on Fitzpatrick skin type, peel type, depth and strength, skin may show erythema and mild swelling
- Post-treatment physical sensation – skin may feel tight, sensitive or dry, discomfort may be felt depending on skin health, type, classifications, chemical peel agents, depth and strength
- Post-treatment appearance – associated down time, breakouts may occur (particularly with oily/acne skin). Erythema, flaking, mild to moderate 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
- Possible post treatment occurrences or adverse reactions may occur; excessive prolonged erythema, blistering of the skin, excessive swelling inflammation and itching, sensitivity, hyperpigmentation, hypopigmentation, infection, sepsis
- Clients should be given access to a 24/7 emergency contact number, ideally the practitioner, if practitioner is unavailable access should be given to a deputising practitioner
- Post treatment hypo/hyper-pigmentation. Sun avoidance is essential, prevent exposure with minimum SPF 30+ and UVA broad spectrum protection
- Provide verbal and written post treatment aftercare advice gaining signed agreement from the client accepting results and agreement to adhere to aftercare advice given
- Post treatment skincare products to be used post treatment – physical SPF minimum 30 and UVA broad spectrum protection daily
- Activities to avoid that might cause contra-actions or adverse reactions, extremes of temperature and heat, contact with water, activities which cause sweating, exposure to UV light, allow flakes of skin to fall off naturally, avoid excessive touching, picking or exfoliating the area
- Advise how care for the area between treatments including any restrictions which may positively or negatively impact the effects of treatment including current skin/body care regime and any revisions required
- Advice offered on alternative treatments if chemical skin peeling is found unsuitable, for example prescription products, tyrosinase inhibitors, dermaplaning, microdermabrasion, mesotherapy, LED, IPL, micro-needling, HIFU, radiofrequency, ultrasound, electroporation, depending on the condition being treated

Timing and intervals 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
- How timings vary when other electrical modalities may be added such as microcurrent, LED, iontophoresis
- Refer to supplier/manufacturer guidelines for recommendations regarding future/previous treatments and appropriate timescales, generally;
 - Superficial chemical peel 2-5 weeks
 - Medium chemical peel 4-6 months
 - Deep chemical peels by a medical/qualified practitioner as per medical guidance

Pain threshold and sensitivity variations

Taught content

- Understanding the inflammatory response of the skin and the effects and associated risks of using over the counter (OTC) pain relief, such as non-steroidal anti-inflammatory drugs (NSAIDs), and the possible affect they may have on treatment and the healing process
- Recognising skin health/types and areas of the face and body that are more sensitive, fragile and reactive to treatment. Clients with prominent, dilated dermal blood vessels and highly pigmented Fitzpatrick 1-2 may contribute to an exaggerated inflammatory response plus a more intense physical sensation whilst the treatment is performed. The importance of using the 1-10 pain threshold scale
- Understanding that treatments for clients may be more uncomfortable during menstruation or ovulation
- Chemical skin peeling treatments to be performed when the client is able to correctly identify different thermal and tactile sensations. It is essential that the client has full tactile sensation, tested using the 1-10 pain threshold scale when asked

Preparation and selection of equipment and products for treatment

Taught content

- How to set up a controlled environment and prepare equipment, products and accessories on a clean trolley in an ergonomic manner, to prevent strain to the practitioner and to assist in the smooth application treatment, for example safety, time management, hygiene, organisation and professionalism
- Necessity of selecting and checking appropriate chemical skin peeling products/agents, equipment and accessories are available, in good order and in date before the start of each treatment and the need to use correct containers and applicators as recommended by supplier/manufacture
- Equipment – disposable dressing packs, sterile gauze pack, cotton wool, cotton buds, couch roll, peel specific non-corrosive container, fan brush/applicator or disposable applicator as appropriate to the system, saline eye wash, mineral oil or petroleum jelly as appropriate to the system and in line with manufacturer's instructions and Material Safety Data Sheet (MSDS)
- Appropriate selection and preparation for Personal Protective Equipment (PPE)
- Differentiate between various chemical skin peeling products/agents and the necessity of accurate decanting and measuring of chemical skin peel products/agents for each peel
- Selection and preparation of chemical skin peel products/agents; type, strength and concentration in line with consultation outcomes including indication, skin health, skin type, skin classifications, skin conditions and agreed realistic treatment outcomes, checking dates, batch numbers where applicable
- Understand the possible complications if selection is not correct for Fitzpatrick skin type and all skin classifications – post-inflammatory hyperpigmentation, acne eruptions
- Understand the effects of different chemical peel agents alone, when combined and how to select appropriate skin peel products/agents for known effects on treatment objectives
- Additional products/equipment as agreed with the client and treatment aims and objectives and additional products to calm and protect the skin post treatment and minimise contra-actions or adverse reactions

Skin sensitivity and patch testing prior to treatment if applicable

Taught content

- Basic testing for potential allergic reactions should be performed on all clients regardless of a history of product sensitivity or allergies
- Patch test performed during initial face-to-face 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 associated products/agents as advised by the supplier/manufacture; Recording of results to include whether positive or negative. Record date, time, practitioner name, anatomical site, skin quality, product/agent used, expiry date, batch number if applicable, percentage strength, duration of contact, post-test instructions, description of results; if positive, full description of response, product used and advice given.
- Any change of chemical skin peeling products to be tested prior to full application. Follow supplier/manufacture instructions for chemical skin peeling product/agent for each skin type, classification and condition as they may vary
- Follow supplier/manufacture instructions and organisational protocols for recommended time lapse between testing and treatment

- Skin sensitivity test performed prior to treatment after client has agreed and signed informed consent. Client must sign thermal/tactile test form if separate to main consultation form
- Heat and pressure testing to ensure the client has unimpaired sensitivity to stimuli. Clients with history of lack of sensitivity have an increased risk of overtreatment. Perform test on treatment area, prepared as usual for chemical skin peeling treatment. Evaluation of the skin test to be confirmed verbally with the client. Records of results to include whether the client can tell the difference in sensations, date, location of test, and methods used, description of results, if positive a full description of responses given

Preparing the area prior to treatment

Taught content

- Cleanse skin prior to treatment to remove all make-up, creams/lotions, debris, surface oils, degrease skin to reduce lipid barrier, allow even application and enhance peel penetration
- Typical products used – cleansers, AHA cleansers, preparatory skin products containing AHA/BHAs, toners and astringent agents to degrease the skin
- Understand effects of acids if skin is not protected against over treatment in areas of soft folds where peel products can pool/collect and so be concentrated
- Protect areas such as the eyes, nostrils and lips with suitable barrier products, typically using petroleum-based products or mineral oil as appropriate to the system

Adaptations to the treatment

Taught content

- Adapt the treatment taking into consideration pre-existing conditions and previous treatments where applicable
- Why it is necessary to adapt pressure, duration and the number of peel layers for different areas of the skin and client sensitivity
- Adaptations of formulations and application according to different zones, indications and skin classifications
- Give clear instruction and guide the client to change expression/position to ensure all treatment areas are fully accessible
- Treatment progression
- Areas to avoid or needing special consideration; inside the periorbital bone area and all over the lips (the edge of the lips can be treated in some cases – refer to supplier/manufacturer recommendations) keloid scarring, pustular lesions, moles/pigmented lesions, skin tags, pigmented birthmarks, palms of hands and soles of feet, tattoos, semi-permanent makeup, mucosal surfaces

Contra-actions associated with the treatment

Taught content

- Effects and risks of using excess pressure, incorrect application treatments uneven application, pooling, extreme erythema, erythema resulting from overlapping peel application, blanching, discomfort, post-inflammatory hyperpigmentation or non-compliance to safety and hygiene practices
- 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
- How to avoid and manage contra-actions/adverse reactions/complications at home, and when to refer to a medical practitioner
- Access to a 24/7 emergency contact number
- Report incidences in line with organisational treatments and local legislation

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, example azelaic acid, bearberry, liquorice root extract, ascorbic acid, kojic acid, niacinamide, L-arbutin and hydroquinone

SPF and UVA specific sun protection

Taught content

- Why it is necessary to use a minimum of a UVB SPF 30 and UVA specific sun protection post treatment
- Knowledge of SPF rating system and why high % of block is required to protect the skin after chemical skin peeling treatments
 - SPF 15 = 93% UVB block
 - SPF 30 = 97% UVB block
 - SPF 50 = 98% UVB block
- Knowledge of UVA specific sun protector rating – star rating and the difference between physical and chemical sun cream

Treatment progression and additional/complementary treatment recommendations

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 home care
- Fitzpatrick skin classification, Glogau photo damage and knowledge of how the skin benefits and responds to progressive peeling. Knowledge of maintenance treatment timings and use of skincare programmes at home to reinforce and optimise effects of the treatment
- Progression as part of a course and the treatments that could be given in conjunction with or after chemical 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 neuromodulator injections Botulinum toxin for dynamic lines
- Timings on treatment combinations must always follow supplier/manufacture recommendations

LO3 Analyse the uses, limitations, benefits and effects of superficial skin peeling products

Types and purpose of chemical skin peeling equipment and products

Taught content

- Equipment – disposable dressing packs, sterile gauze pack, cotton wool, cotton buds, couch roll, peel specific non-corrosive container, fan brush/applicator or disposable applicator as appropriate to the system, Personal Protective Equipment (PPE); disposable headbands, disposable gloves (non-latex), disposable apron, mask, eye protection for practitioner, saline eye wash, mineral oil or petroleum jelly as appropriate to the system and in line with MSDS
- Skin cleansing products to remove all make-up/skin preparations, surface oils and debris in the area
- Understand the classes of skin peeling categorisation and the different types of skin peeling equipment to treat different indications, skin classifications and skin conditions for providing superficial peels to the mid-epidermis in Fitzpatrick 1-6
- Understand the difference in strengths of preparation and the depth and level of penetration, intensity dependent on peel agent(s) used and duration of contact. Superficial penetrates to any depth within the epidermis down to the basal layer. Medium to the papillary dermis and Grenz zone (a narrow area of the papillary dermis uninvolved by underlying pathology). Deep performed by medical practitioners only, peels down to reticular dermis
- Alpha Hydroxy Acids
- Beta Hydroxy Acids
- Poly Hydroxy Acids
- Dicarboxylic Acids
- Cyclic/Alpha-Keto Acids
- Acetic Acids
- Phenol Derivatives
- Combination formulations
- Alpha Hydroxy Acids (AHAs) – organic carboxylic acids, including Citric acids, Tartaric acid, Malic acid, Lactic acid and Glycolic acid. Available in 20%, 30%, 50% and 70% strength, pH levels range from 1.7 to 1.9. Desquamating and exfoliates the stratum corneum, softens appearance of fine lines and wrinkles, improves hydration induces changes in the epidermis and dermis. Dermal effects of treatment with AHAs causes an approximate 25% increase in skin thickness and produced significant reversal of epidermal and dermal markers of photo ageing
 - Lactic Acid – natural acid derived from milk, fruit, vegetables and plants, water-soluble, produced both naturally and synthetically. reduces acne breakouts, appearance of wrinkles and signs of ageing. Gentler and less irritating than glycolic acid, hydrating, increases natural barrier lipids, lightening and brightening appearance of discolouration, recommended for PM use, may cause skin to be sun sensitive if applied during the day
 - Glycolic acid – available in 30%, 50% and 70% with pH levels ranging from 1.1 to 1.8, derived from fruit, milk sugars, sugar cane, soluble in alcohol. The smallest alpha-hydroxy acids penetrate skin to weaken binding properties of lipids that hold dead cells together and exfoliate superficial layers of the stratum corneum. Increases epidermal and dermal thickness, improves collagen fibre and glycosaminoglycan (GAG) production, may cause dehydration when used daily. Keratolytic, stimulates germinative layer and fibroblasts, anti-inflammatory antioxidant, suited to most skin types. Causes a rapid stratum corneum cascade or epidermolysis, can be photosensitising

- BHAs are stronger than AHAs such as Salicylic acid, usually less irritating as penetration of the molecule is slower due to its size, commonly used for problematic/acne prone skin
 - Salicylic acid (ortho-hydroxy-benzoic acid) – derived from aspirin. available in 10%, 20%, and 30% with pH levels ranging from 2.1 to 2.3. can alter underlying dermal tissue without directly wounding tissue or causing inflammation. Anti-inflammatory, useful for sensitive conditions such as acne and acne rosacea, lipophilic, penetrates and dissolves oil and sebaceous secretions, neutralises bacteria, clears infection within pores, unclogs pores, keratolytic, increases cell turnover. Over the counter (OTC) acne treatment as an active ingredient in concentrations of 0.5 to 2%. Salicylic toxicity – signs are nausea, disorientation and tinnitus – never apply to more than 25% of a body area, for example whole back – only treat 25% at one time
- Poly Hydroxy Acids (PHAs) – naturally occur during the fermentation of fruits, honey and wine, has similar effects to AHAs, generally less irritating to skin due to the larger molecular structure, for example gluconolactone, lessens the likelihood of redness and flaking and has humectant properties which increase hydration
- Dicarboxylic Acids – Azelaic acid naturally occurring in wheat, rye and barley, also derived from the oleic acid in milk, fats and potatoes. A natural tyrosinase inhibitor which reduces post inflammatory hyperpigmentation in acne skins and also has exfoliating and disinfecting properties, decreases inflammation and redness, anti-bacterial and treats hyperpigmentation
- Cyclic acids – formed from seeds or vegetables are rich in omegas and fatty acids, ceramides and cholesterol which strengthen the skin's barrier and help balance dryness
- Alpha-Keto Acids – Pyruvic Acid obtained from the breakdown of tartaric acid is an α -hydroxy acid which is keratolytic, antimicrobial, stimulates collagen, elastin and dermal glycoproteins to a greater extent than other acids and is beneficial for inflammatory acne, moderate acne scars, greasy skin, actinic keratosis and warts
- Acetic Acids – a carboxylic acid formed as a by-product from the fermentation process of fruits antimicrobial, antifungal, antioxidant, can help control pH and useful in treating microbial skin conditions
- Combination formulations – ready-made combination of two or more chemical peels used in the treatment of a specific skin condition, the peels are chosen to complement each other and deliver increased results such as combining glycolic and lactic acid
- Chemical peel 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 peels – deep peels for use by experienced medical practitioners only, most aggressive type of skin peel, effective remedy for severely sun damaged skin, coarse wrinkles, scars, and even precancerous growths. Uses carbolic acid to treat the skin, treatment is not suitable for treating selected areas and must be used on the full face. Only one treatment is necessary to achieve dramatic results that last for years. Treatment typically results in pronounced swelling, bleeding or weeping, anaesthetic will be administered prior to treatment
- Actions of acids and alkaline and concentrations on the skin and the importance of restoring the natural pH following the chemical skin peeling treatment
- pH scale – pH identifies the quantity of hydrogen ions and relative degree of acidity and alkalinity of a substance
- Acid – pH 0 (strong acidic properties), pH5-6 (less acidic), pH7 is neutral, pH of skin 4.5-5.5 (acid mantle), distilled water pH7, lemon juice pH2, orange juice pH 3, hydrogen peroxide pH4, shampoos/conditioners approximately pH 5-6. Mildly acidic products (4-5.5 pH) soothe the skin, help retain moisture, strengthen barrier function. The concentration/percentage of chemical peel product in the peel formulation is key to effects on the skin together with duration of application and pH

- Alkaline – pH7.4 (slightly alkaline) to pH14 (strongly alkaline) on pH scale, soap pH 6-10, sea water pH 7.4-8.4 household bleach pH13, hair depilatories approx. pH11. Disrupts barrier function causing dryness, dehydration, reduced antibacterial defence, may cause dermatitis
- Understand importance of pH and the relation to percentage of acid used
- How effects vary depending on concentration, duration, and application technique. Incorrect concentration may also cause skin irritation, photosensitisation, hyperpigmentation and post-inflammatory hyperpigmentation (PIH)
- Understand overall depth of penetration of chemical skin peel is increased by a higher concentration (percentage) and lower pH. Other factors that may affect this; longer application time, pressure of application, layering of peel, use of pre products or 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 chemical skin peel formulations, why and when they are used
- 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
- Understand the effects of exposure to eyes, skin and other tissue and awareness of the hazards to eye and skin from accidental exposure and splash incidents
- Different types of skin classifications, scales and influences and the effect on treatment response. Ethnic variations of skin type such as Caucasian, Asian, African. Skin colours that need special consideration, and those that can and cannot be treated and why
- Post-care is essential to avoid infection and increase the healing responses

Method of application

Taught content

- Reasons for selecting the appropriate method for application and applicator type and apply superficial peels to the mid-epidermis in skin types 1-6. Choice of applicator is dependent on supplier/manufacture recommendations – woven gauze, large cotton bud, fan brush, cotton pad, gloved fingers/hands
- Reasons for planning the chemical skin peel treatment start and end point and applying the chemical skin peel working systematically and methodically; forehead, cheeks, chin, nose, upper lip (periphery and then central), ensuring even and full coverage in line with supplier/manufacture protocols avoiding excess treatment overlap across the treatment area, feathering technique used to blend with surrounding area
- Reasons for working within the agreed treatment area and avoiding contra-indicated areas
- Following supplier/manufacture protocols, use the correct pressure, direction and speed
- Maintain adequate skin support in all treatment areas, manipulating the skin and adapting as appropriate to ensure even coverage and prevent pooling
- Importance of speed of application and removal (if required) and accurate treatment timing, risks of over treating and potential side effects for peel being used
- 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/manufacture protocols
- Circumstances in which re-application may be necessary and how this should be carried out and how additional layers increase the depth of the peel penetration
- Understand treatment protocol 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
- Understand complications that may occur due to incorrect application, incorrect selection of chemical skin peel and how timing and intensity can control these complications
- Adjust the duration of the chemical skin peel treatment to suit the client's skin health/type considering Fitzpatrick skin classification, skin condition and other influencing factors

- Understanding of ethnic skin structure, such as thicker stratum corneum, prominent dermal blood vessels, melanin distribution, structure of dermis, susceptibility to PIH and hyperpigmentation and how these may affect timing
- Necessity of observing skin conditions, such as 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
- Necessity of observing skin reaction to look and evaluate desirable and undesirable clinical end points to ensure they are in line with recommendations
- Understand why the recommended treatment times for the chemical skin peel (single layer or multiple) use set by supplier/manufacturer is required. The importance of following protocols for monitoring client wellbeing and skin reaction, which methods may help skin tolerate sensation of the skin peel where appropriate or recommended, for example use of a cool fan
- If client discomfort or skin reaction appears to be excessive, the chemical peel may be neutralised, if applicable, and removed before the recommended duration time is reached. Always follow supplier/manufacturer recommendations
- Follow supplier/manufacturer recommendations regarding neutralisation process, where required, to restore the pH level of the skin as determined by individual product formulations and acid concentration by appropriate methods
- Necessity for neutralising products to be available at all times to enable the practitioner to deactivate the peel instantly, for self-neutralising chemical skin peels always follow supplier/manufacturer recommendations
- Apply cooling products/aftercare where appropriate to soothe treatment areas, follow manufacturer recommendations regarding the application of topical preparations and physical SPF factor 30+ to exposed areas
- Problems associated with uneven treatments, working outside the marked area or over contra-indicated areas, overlapping and possible adverse reaction or injury
- Post treatment products as recommended by the manufacturer

Uses, limitations, benefits and effects of chemical skin peeling products

Taught content

- The clinical outcomes expected from using chemical skin peeling products
- The benefits of controlled wound healing
- The types of skin which are unsuitable for superficial peels to the mid-epidermis, in darker Fitzpatrick skin types in accordance with supplier/manufacture guidelines
- Where topical applications of products or treatments require a certain time lapse prior to chemical skin peeling skin treatments in the same area
- Benefits – refined pores, improved skin texture, lightening/fading of hyperpigmentation, improve skin health and superficial blemishes, reduction of comedones, pustules and oil production, rejuvenated skin, minimises the signs of ageing, improved skin hydration, improved efficiency of skincare products
- Effects dependent on peel chosen – brighter skin, improved appearance, improvement of photo aged skin, more even skin tone/colour, smoother appearance, reduction in appearance of wrinkles/blemishes, smoother skin
- Limitations – cannot remove deep wrinkles, may only fade hyperpigmentation. Cannot remove vascular lesions, for example, telangiectasia. Skincare programme will be needed to help prolong treatment effects, ongoing use of SPF is required to protect from further hyperpigmentation. Cannot treat clients with keloid scars
- Recommend a course of treatments for optimal benefits with appropriate timescales, using reflective practice to evaluate the chemical skin peel treatment to inform future treatments
- The need for a multi-modality approach and how benefits and effects can be enhanced with a skincare programme followed at home and with a course of treatments

LO4 Formulate consultation, planning and preparation protocols for superficial skin peeling treatments

Use consultation techniques to determine the client's treatment plan

Taught content

- Consult with client to identify indications and client's treatment objectives, expectations and desired outcomes with associated timescales to ensure a realistic and achievable treatment plan is agreed
- Where appropriate use visual aids, illustrative diagrams and images to assist client understanding and give clear and appropriate advice and recommendations to the client to determine and agree the final treatment plan including associated timeframes to see best possible results
- All information from the consultation to be clearly documented in the presence of the client – electronically/digitally/paper-based, at the beginning of every treatment
- Conduct any necessary testing
- Obtain the client's agreement and signed informed consent to treatment and all required visual media records prior to all treatments
- The practitioner and client must understand the implications of informed client consent, what is being agreed and the responsibility of each in terms of liability
- Explain the cooling off period

Consult with the client

Taught content

- General information
- Relevant medical history and lifestyle information – discuss all areas on consultation documentation and clearly document all findings
- Explain the treatment procedure to the client including the products to be used, positioning, order of treatment application, how to communicate nonverbally regarding sensation and comfort levels, the expected duration of treatment, home care and aftercare

Establish the condition of the skin

Taught content

- Perform advanced skin analysis and visual assessment of the condition and health of the skin, documenting all findings
- Skin characteristics – Skin types, Fitzpatrick scale 1-6, density/thickness of skin, epidermal thickness, healing capacity, hereditary/ethnic influences
- Skin type, skin conditions as listed on the consultation form overall skin health and suitability for treatment
- Identify contra-indications that may restrict, prevent or require medical referral

Select a preparatory skin care programme

Taught content

- Determine a topical skin care programme to prepare the skin as applicable in line with supplier/manufacture recommendations
- Outline frequency and how products are used, quantity and order of application
- Explain key ingredients used and their claimed effects for example, anti-oxidants, peptides, AHAs, vitamin A, B, C and E
- Always follow supplier/manufacture recommendations in line with chemical peel to be used

Take pre-treatment visual media records

Taught content

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

Carry out skin sensitivity tests

Taught content

- Carry out sensitivity tests in accordance with supplier/manufacture guidelines and organisational requirements
- Client must sign skin sensitivity/thermal/tactile/test patch forms if separate to main consent form

Select appropriate chemical skin peel formulation and method of application

Taught content

- Select suitable equipment and products according to treatment objectives identified in the treatment plan and objectives agreed at the consultation
- Select method for application and applicator type for chemical skin peeling treatment to be performed in line with manufacturer recommendations

LO5 Demonstrate proficiency in application of superficial skin peeling treatments

Prepare, position, and protect the client and self

Taught content

- Maintain own responsibilities for health and safety through the treatment
- Ensure preparation complies with legal and organisational requirements
- Ensure environmental conditions are suitable for treatment
- Prepare and protect client to provide safe application and prevent cross infection
- Ensure skin is cleansed and prepared in line with manufacturers' instructions
- Position the client to meet the needs of the treatment
- Ensure effective, ergonomic positioning of couch, trolley, stool, equipment, accessories, and products to avoid injury to self, client and others
- Ensure working posture and methods minimise fatigue and the risk of injury to self, client and others
- Ensure the use of clean equipment and materials

Safely use equipment, materials and products

Taught content

- Follow protocols for safe use including correct use of chemical skin peeling products/agents, equipment and accessories, selection of type and application techniques for different treatment objectives, storage, handling, preparation, application, removal and disposal are in line with manufacturer protocols, organisational treatments and local authority guidelines
- Equipment – disposable dressing packs, sterile gauze pack, cotton wool, cotton buds, couch roll, peel specific non-corrosive container, fan brush/applicator or disposable applicator as appropriate to the system, saline eye wash, mineral oil or petroleum jelly as appropriate to the system and in line with MSDS

Prepare the area for treatment

Taught content

- Ensure the client's skin is clean, sanitised and dry in preparation for the peeling treatment
- Ensure sensitive skin areas are protected with a suitable barrier product where skin folds and product may pool
- Use preparatory skin products following manufacturer protocols/recommendations as appropriate

Provide chemical skin peeling treatment

Taught content

- Ensuring the use of clean equipment and materials to safely provide superficial peeling treatment to the mid-epidermis, using the correct techniques, in accordance with manufacturers' protocols at all times
- Illuminate the area to be treated if required to ensure maximum visibility
- Check consultation form for previous timings for last treatment (if applicable)
- Work systematically following manufacturer instructions ensuring even coverage of skin peel product to the treatment area
- Reassure the client and communicate positioning instructions clearly throughout treatment
- Continually discuss sensation and check client level of comfort and wellbeing throughout treatment, use cooling fan if required
- Visually monitor the skin and client response and comfort levels and observe desirable and undesirable clinical end points
- Adjust the duration and intensity of the skin peel treatment to suit the client's skin health/type, Fitzpatrick skin classification, skin condition and aims of treatment
- Ensure accurate and precise timing of the skin peel as set by supplier/manufacturer
- Know when to stop/adapt or adjust the treatment as appropriate
- Remove the peel product effectively and efficiently, perform neutralising protocols where required, ensuring precise timing and application following manufacturer protocols
- Ensure treatment is completed in a commercial time frame
- Collate, analyse summarise and record evaluation feedback in a clear and concise way
- Use reflective practice to evaluate the treatment and to inform future treatments

Apply post-treatment products

Taught content

- Apply post-treatment products to calm, soothe and protect the treated area following suppliers'/manufacturers' protocols recommendations
- Follow supplier/manufacturer instructions in applying a broad-spectrum UVA and UVB sun protection with SPF minimum of 30

Take post-treatment visual media records

Taught content

- Follow GDPR regulations and organisational protocols for taking clinical visual media records to ensure clarity and consistency
- Confirm clients' consent for storage of clinical visual media records and specific use of visual media records for treatment evaluation, marketing and teaching purposes

Provide aftercare and home care advice

Taught content

- Communicate with client regarding post-treatment care and concerns
- Access to a 24/7 emergency contact number, ideally the practitioner, if practitioner is unavailable access should be given to a deputising practitioner
- Inform client how to manage complications/adverse reactions at home and when to refer to a medical practitioner
- Aftercare advice to be given:
 - Skin may feel tight, sensitive, dry, erythema may be present, degree of erythema will depend on skin type and strength/type/penetration of chemical skin peel, swelling may occur. Cool compresses may be applied to reduce discomfort, use clean cotton wool or small clean 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
 - 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 treatment 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 4-6 weeks post skin peel
 - Apply a physical and broad band spectrum sunscreen (UVA and UVB) with SPF 30 minimum daily
 - Make-up should be avoided for 48 hours – mineral make-up is preferable, applicators, sponges and brushes must be clean
 - Avoid heat treatments, 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 classification and skin condition – always refer to supplier/manufacture recommendations for each strength/type chemical skin peel
- Provide advice on suitable post-treatment products in line with supplier/manufacture recommendations
- Follow manufacturers' guidelines in respect of treatment intervals

Dispose of waste materials to meet legal requirements

Taught content

- Waste – disposed of in an enclosed foot pedal-controlled waste bin fitted with disposable, durable bin liner
- Dispose of waste from the treatment into clinical waste bags, in line with local council regulations and procedures of the country therein

Update client records

Taught content

- Accurate completion of treatment details and treatment log recording all information on chemical peel used
- Reflective practice used to evaluate the chemical skin peeling treatment and inform future treatments
- Every client must be given the opportunity to feed back outcomes at the end of every treatment and formal quantitative and qualitative
- Signature from client to be obtained accepting treatment results and skin response and agreement to follow all aftercare/post treatment advice
- Practitioner signature to take responsibility for treatment and records completed
- Records filed and stored securely in line with current data protection legislation

Manage post-treatment communications and outcomes

Taught content

- 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
- Update logbook
- Record client feedback on outcomes including compliments and complaints

COVID-19 infection prevention awareness

Please note this information will not be assessed for the achievement of this unit.

As the COVID-19 pandemic continues to evolve, public awareness and the importance of infection prevention has never been higher.

Professionals in the beauty and advanced aesthetics therapy industry work in close contact with clients; knowledge and understanding of how to prevent the spread of COVID-19 and work safely is essential.

Actions to take to help reduce the spread of COVID-19 and other respiratory infections and protect those at highest risk:

- Get vaccinated
- Maintain adequate ventilation
- Break the chain of infection:
 - Hand hygiene – hand washing and sanitising
 - Respiratory hygiene and cough etiquette
 - Decontamination of the working environment
- Use appropriate Personal Protective Equipment (PPE)
 - Use of face coverings or face masks

If you require any additional information, please refer to: <https://www.gov.uk/guidance/reducing-the-spread-of-respiratory-infections-including-covid-19-in-the-workplace>

<https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19>

If your learners are interested in learning more about COVID-19 infection prevention awareness alongside this qualification, VTCT offers the following qualifications: VTCT (ITEC) Level 2 Award in Infection Prevention (COVID-19) for Beauty Therapy and Nail Services or the VTCT (ITEC) Level 2 Award in Infection Prevention (COVID-19) for Clinical Aesthetics.

These qualifications have been specifically designed for those working in the beauty and advanced aesthetic therapy sectors. Learners will be able to 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).

These qualifications will enable beauty professionals to gain an understanding of the safe working practices required in the beauty and advanced aesthetic therapy sectors to protect themselves and their clients from COVID-19 and other respiratory infections.

Assessment requirements

Learners must complete all assessment requirements related to this unit:

1. Case studies
2. Assignment
3. Practical examination

1. Case studies

The knowledge and skills of all learning outcomes in the unit are assessed in the 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 case studies must be completed and marked prior to the learner completing the practical and theoretical examinations.

Learners must complete a minimum of 6 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 a reflection and an evaluation of the treatment and its outcomes, pre and post skincare and lifestyle advice provided.

Range to be included in case studies:

- Met the needs of a variety of clients
 - New
 - Existing
- Carried out all consultation techniques
 - Questioning – verbal
 - Listening – non-verbal
 - Visual – non-verbal
 - Manual
 - Written
 - Pre-treatment photographs taken
- Carried out all skin sensitivity tests
 - Patch test
 - Thermal test
 - Tactile test
- Carried out an advanced skin health check and assessment
- Considered all skin conditions
 - Sensitive
 - Mature
 - Dehydrated
 - Congested
 - Pigmentation irregularities

- Considered all skin classifications
 - Fitzpatrick scale
 - Glogau photo damage
 - Lancer scale
- Considered all skin characteristics
 - Oily
 - Dry
 - Combination
 - Sensitive
 - Mature
 - Dehydrated
 - Congested
 - Acne
 - Uneven pigmentation
 - Epidermal thickness
 - Healing capacity
 - Visible lesions
- Treated a minimum of 3 areas
 - Face and neck
 - Chest/upper torso
 - Limbs
 - Hand
- Met all treatment objectives
 - General skin rejuvenation
 - Improvement of superficial blemishes
 - Improvement of pigmentation variations
 - Improvement of skin texture
 - Improvement of skin hydration
- Used ALL types of peel products/agents
 - Alpha Hydroxy Acids (AHAs)
 - Beta Hydroxy Acids (BHAs)
 - Poly Hydroxy Acids (PHAs)
 - Cyclic/Alpha-Keto Acids Dicarboxylic acids
 - Acetic Acids
 - Pre-formulated combination peeling agents
- 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 media images
- Recorded all types of information
 - Peel type
 - Peel strength
 - Peel application areas
 - Peel duration
 - Areas of modification
 - Observations
- 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 chemical peeling treatment
 - Present and future products and treatments recommended
 - Use of SPF products
 - Issuing of written post care advice
 - Recording before and after media images
- Reflected and reviewed treatment outcomes

2. Assignment

Learners must complete a Short Answer Response (SAR) assignment for this unit. The assignment is mapped to the relevant assessment criteria stated below.

The SAR will test knowledge and understanding from learning outcomes (LO) 1 and 3.

Learning Outcome	Assessment Criteria
LO1 Appraise the safety considerations when providing superficial skin peeling treatments	1.1 Suppliers' and manufacturers' instructions for safe use
	1.2 Contra-indications that would prevent or restrict treatment
	1.3 Contra-indications requiring medical referral and referral processes
	1.4 When to consult with other aesthetic professionals
	1.5 Hazards and risks

Learning Outcome	Assessment Criteria
LO3 Analyse the uses, limitations, benefits and effects of superficial skin peeling products	3.1 Types and purpose of chemical skin peeling equipment and products
	3.2 Methods of application
	3.3 Uses, limitations, benefits and effects of chemical skin peeling products

3. Practical examination

The content of LO4 and LO5 are assessed by a practical examination.

The practical examination will be conducted by an external examiner.

In preparation for the practical examination, centres are advised to ensure learners have carried out a series of formatively assessed case studies, comprising complete practical treatments, in accordance with the practical assessment criteria for the qualification.

It is essential centres use the Practical Assessment Criteria document in order to prepare learners for the Practical Examination. This can be found on the VTCT and ITEC websites.

The Practical Examination must take place under controlled conditions, in a realistic working environment on a real client and in a commercially acceptable time frame for the practical treatment being examined.

Document History

Version	Issue Date	Changes	Role
v1	19/7/23	First published	Development and Regulation Manager