
Unit Specification

UBT462 – Principles, practice and ethics of advanced aesthetic therapies

Unit reference number: Y/651/0167

Level: 4

Credits: 11

Guided Learning Hours (GLH): 40

Overview

This unit will enable learners to develop their knowledge of the principles and practices of advanced aesthetic therapies. Learners will develop their understanding of this emerging profession by inquiring into the history, safety, legal and insurance requirements, alongside the professional bodies influences on the industry. They will summarise methods and the processes of ensuring safety, wellbeing and conforming to health and safety standards. Learners will also appraise the required hygiene processes.

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

Learning outcomes

On completion of this unit, learners will:

LO1 Analyse the developments of advanced aesthetic therapies

LO2 Determine the benefits and limitations of commonly available advanced aesthetic therapies

LO3 Identify the importance of professional conduct and ethical practice in advanced aesthetic therapies

LO4 Interpret the key regulations, legislative influences and responsibilities relating to advanced aesthetic therapies

LO5 Comprehend hygiene issues and infection prevention and control, for advanced aesthetic therapies

Unit content

LO1 Analyse the developments of advanced aesthetic therapies

Developments of advanced aesthetic therapies

Taught content

- The definition of advanced aesthetic therapies
- The history and developments of advanced aesthetic therapies
- Current working environments: salons, aesthetic clinic, medispa, medical environments
- The roles of specialist practitioners: medical and advanced
- The difference between medical and advanced treatments, surgical and non-surgical treatments
- Current dispensing models and regulation for the use of topical anaesthetic products
- The role of clinical oversight within advanced aesthetic therapies
- The Keogh Report
- The Joint Council of Cosmetic Practitioners (JCCP)
- The Cosmetic Practice Standards Authority (CPSA)
- Institute of Licensing (IoL)
- Chartered Institute of Environmental Health (CIEH)
- BSI standards EN 16844:2017+A2:2019

LO2 Determine the benefits and limitations of commonly available advanced aesthetic therapies

Benefits and limitations of commonly available advanced aesthetic therapies

Taught content

- Blemish removal (thermolysis)
- Chemical skin peeling
- Cryolipolysis
- Dermaplaning
- High Intensity Focused Ultrasound (HIFU)
- Injectable treatments
- Laser/IPL hair removal
- Laser/IPL/LED for skin rejuvenation
- Laser for tattoo removal
- Meso therapy treatments
- Microneedling
- Microblading
- Micropigmentation
- Radio Frequency
- Ultrasound

NB: this list is not exhaustive

LO3 Identify the importance of professional conduct and ethical practice in advanced aesthetic therapies

Importance of working in line with organisational procedures

Taught content

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

Personal qualities which contribute to professional and ethical practice

Taught content

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

Evidence based practice

Taught content

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

Accountability and clinical governance requirements

Taught content

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

LO4 Interpret the key regulations, legislative influences and responsibilities relating to advanced aesthetic therapies

Legal, insurance requirements and government guidelines for working as an advanced aesthetic practitioner

Taught content

- Awareness of local and national Government legislation relating to advanced aesthetic therapies of the country therein, for example:
 - The Environmental Protection Act 1990
 - The Work Place Regulations (Health, Safety and Welfare) 1992
 - Health and Safety at Work Act 1974
 - The Management of Health and Safety at Work Regulations 1999
 - The Health and Safety (First Aid) Regulations 1981
 - Dangerous Substances and Preparations (Nickel) (Safety) Regulations 2005
 - The Personal Protective Equipment at Work (Amended) Regulations (PPER)2022
 - The Provision and Use of Work Equipment Regulations 1998
 - The Control of Substances Hazardous to Health Regulations (COSHH) 2002
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
 - The Electricity at Work Regulations 1989
 - The Fire Precautions Act 1971
 - The Fire Precautions (Workplace) Regulations 1997
 - The Manual Handling Operations Regulations 1992
 - Employers Liability (Compulsory Insurance) Act 1969
 - The Working Time Regulations 1998
 - General Product Safety Regulations 2005
 - UK Registration, Evaluation, Authorisation and Restriction of Chemicals 2021
 - Cosmetic Products (Safety) Regulations 2008
 - The Supply of Goods and Services Act 1982
 - Sale and Supply of Goods Act 1994
 - Consumer Protection Act 1987
 - Trade Descriptions Act 1972
 - Local Government (Miscellaneous Provisions) Act 1982
 - UK General Data Protection Regulation (GDPR)
 - Social Services Act 1970
 - The Equality Act 2010
 - The Environmental Protection Act 1990
 - Safeguarding Vulnerable Groups Act 2006
 - Corporate Manslaughter and Corporate Homicide Act 2007
- The Health Education Report on Non-Surgical Cosmetic Interventions and Hair Restoration Surgery 2016
- Local, national or European legislation
- Legal obligations when working with clients and the general public, for example, disclosure and barring service (DBS) checks
- Industry Codes of Practice relating to risk assessment, consultation, informed consent, confidentiality, visual media, for example photography or video, hygiene, health and safety, use, storage and disposal of hazardous waste and sharps
- Professional indemnity/insurance cover appropriate to discipline and level
- Enforcement Officers – improvement notices, prohibition notices, prosecution

Key responsibilities of legislative requirements

Taught content

- Health and Safety at Work Act 1974 requires employers to
 - Provide and maintain a safe working environment
 - Provide adequate welfare facilities
 - Provide safe systems of work
 - Provide information, training and supervision
 - Ensure the safe handling, storage and movement of goods and materials
 - Provide and maintain safe equipment
- Examples for employers may include:
 - A training session specifically dealing with the workplace's policies and reporting on sickness and general welfare, handling and storage of equipment
 - Specific training sessions for staff to develop skills and product knowledge
 - Employers' expectations regarding uniform, professional conduct, client communication and customer service
- Health and Safety at Work Act 1974 requires employees to
 - Act responsibly and not endanger self or others by an individual's actions
 - Co-operate with an employer to fulfil duties
 - Not misuse anything provided in the interests of health and safety
 - Report all accidents, incidents and unsafe conditions of practice
- Examples for employees may include:
 - Mandatory attendance at training sessions
 - Ensuring professional image and conduct is maintained with the workplace
 - Reporting verbally or in writing to manager, supervisor or owner any accidents or incidents, however minor, that may occur
- Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013 requires employers to report to the Health and Safety Executive (HSE)
 - Work-related illnesses which may include dermatitis or occupational asthma
 - Needle stick injuries: under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, employers have legal duties to report certain incidents and dangerous occurrences to the relevant enforcing authority. Incidents such as a puncture wound from a needle known to contain blood contaminated with a blood-borne virus (BBV) should be reported as a dangerous occurrence
 - A death or major injury at work
 - A dangerous occurrence
 - Employees must ensure that they have notified the employer of any potential work-related illness, death, major injury or dangerous occurrence that occurs within the workplace in order that the employer can fulfil their reporting obligations
- The Health and Safety (First Aid) Regulations 1981 requires an employer to
 - Provide a suitably equipped first aid box
 - Appoint a person to undertake first aid training and to take charge when someone has a minor injury, for example, a burn or cut
- The Manual Handling Operations Regulation 1992 requires employers to
 - Provide training in manual handling
 - Reduce the risk of injury for any tasks undertaken
 - Assess the working environment for risks, for example a pregnant staff member may not be able to lift heavy stock boxes from high shelves so items should be stored lower

- The Manual Handling Operations Regulation 1992 requires employees to
 - Take reasonable care and ensure others are not affected by their actions
 - Use equipment provided by an employer to enable staff to move or access heavy loads, for example, heavy ladder to access products or stock from high shelves
 - Follow the safe systems of work that an employer has provided, for example, instructions not to climb on shelves to access products
- The Control of Substances Hazardous to Health Regulations (COSHH) 2002 requires an employer to
 - Assess the risk to health from hazardous products and decide what precautions are required
 - Introduce appropriate measures to control exposure to hazardous products
 - Ensure employees follow the control measures and safety precautions and use protective equipment when appropriate
 - Inform and instruct employees about the risks and precautions and train accordingly in dealing with, storing and disposing of hazardous products. COSHH states that all practitioners/employees must be given information, instruction and training on both hazardous and potentially hazardous chemicals used. An example of this would be the correct storage of hydrogen peroxide which is classed as hazardous
- The Personal Protective Equipment (PPE) at Work Regulations 1992 requires an employer to
 - Assess the need for the need for personal protective equipment
 - Train staff in the use of Personal Protective Equipment (PPE)
 - Ensure PPE is provided and is fit for purpose, for example, protective goggle/glasses to protect the client and practitioner, surgical gloves, medical face masks, goggles, plastic sheathing and barrier sheets
- The Personal Protective Equipment at Work (PPE) Regulations 1992 requires an employee to
 - Be correctly presented with appropriate personal protective equipment where treatments may present a risk or hazard. Personal protective equipment will include all necessary items including gowns, towels, surgical gloves, medical face masks, goggles, plastic sheathing and barrier sheets
 - Protect the client adequately with appropriate covering, drapery, goggles and where required further and additional PPE
- The Electricity at Work Regulations 1989 requires an employer to
 - Ensure all electrical equipment is checked and a Portable Appliance Test (PAT) is conducted at least once a year by a competent person (qualified PA tester)
 - Ensure all equipment is maintained to prevent danger
 - Ensure all checks are recorded and the equipment updated with appropriate PAT label and associated documentation
 - Ensure these checks are carried out and records maintained including repairs to equipment
- The Electricity at Work Regulations 1989 requires an employee to
 - Ensure that all equipment has been maintained and is safe to use, for example, equipment with loose or frayed wires is unsafe and must be reported as unusable
 - Report and label any broken equipment to avoid it being used and potentially causing harm
 - Carry out visual checks, only use equipment for its intended purpose, carry out pre-treatment tests in line with the manufacturer's instructions for example, check temperatures and settings on equipment before switching on and using on the client

Licensing regulations for the advanced aesthetic practitioner and premises

Taught content

- Local government licensing
- National licensing as applicable
- Professional association licensing/approved registers
- Responsibilities of employers and employees
- Responsibilities of the self-employed
- Responsibilities of manufacturers, suppliers and installers

Purpose of risk assessments

Taught content

- Risk assessments are carried out to identify hazards, minimise hazards and risks
- Legislation governing risk assessment of the country therein
- Legal requirement to provide a safe environment for staff/visitors/clients.
- Identification of potential risks within the advanced aesthetics clinic
- Importance of risk assessment in the advanced aesthetics clinic Risk assessment for
 - Premises
 - Working environment
 - Staff
 - Clients/patients, visitors
 - Treatments/procedures
- Processes involved in risk assessment
- Employer and employee collaboration on risk assessment process
- Methods of minimising risk in the advanced aesthetics workplace, for example, establishing and documenting new procedures/protocols, clear and defined roles and responsibility, single point of contact (SPOC)
- Implications for insurance

Difference between hazards and risks within a workplace

Taught content

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

Procedure for completing risk assessments

Taught content

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

Areas of risk to consider

Taught content

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

Environmental and sustainable working practices

Taught content

- Environmental working practices
 - Effective and energy efficient working practices, for example lighting; heating and ventilation to meet the Workplace (Health, Safety and Welfare) Regulations (or local regulation requirements to the country being delivered in) for patients/clients and employees, water conservation, environmental waste management
- Sustainable working practices
 - For example, use products with ingredients from sustainable sources, minimal and sustainable packaging, recyclable, bio-degradable or compostable options for products, disposable and single-use items where appropriate, record product usage, paper-free appointment systems and pricelists

LO5 Comprehend hygiene issues and infection prevention and control, for advanced aesthetic therapies

Histology of micro-organisms and their form of contamination

Taught content

- Microbial contamination – presence of unwanted microbes for example, bacteria, fungi, viruses
- Bacteria and bacterial infections – types and histology for example, impetigo, folliculitis, conjunctivitis, styes
- Virus and viral infections – types and histology for example, herpes simplex, common warts and verrucae
- Fungi and fungal infections – types and histology for example, tinea corporis
- Parasite and parasitic infections and histology for example, head lice and scabies

Methods of infection prevention and control

Taught content

- Universal and standard precautions
- Methods of sterilisation and disinfection
- Health, safety and hygiene protocols:
 - Patient/client preparation, such as preparation of skin/procedure area
 - Practitioner preparation
 - Product and equipment preparation and accessibility
 - Aseptic techniques
 - Single use items
 - Roles and responsibilities – employer, employees, clients/patients, visitors
 - Risk assessment
 - Assessment of client/patient – infection risk
 - Standard infection control procedures (SCIPs)
 - Hand hygiene
 - Hand washing – methods, products, facilities
 - Hand sanitisation – methods, products, points
 - Provision of Personal Protective Equipment (PPE)
 - PPE as appropriate for each treatment/procedure for example, Filtering Face Piece - FFP2, Fluid Resistant Surgical Mask (FRSM), disposable gloves, laser safety glasses
 - Respiratory hygiene and cough etiquette
 - Coughing, sneezing, wiping and blowing the nose – hygiene methods
 - Provision of a safe and clean working environment
 - Frequent cleaning/decontamination of working environment, tools and equipment
 - Cleaning work areas/treatment rooms between every client/patient
 - Safe management of equipment and working environment
 - Safe management of linen, clean linen/disposable linen for every client/patient for example, robes/gowns, towels
 - Safe management of blood and body fluids
 - Waste management
 - Safe management, storage and disposal of waste (including sharps)
- Occupational safety
 - Managing prevention of exposure of staff, patients and other visitors

- Additional precautions for example
 - Ventilation
 - Inoculation/vaccination

Types of blood-borne pathogens and how to prevent contamination

Taught content

- Blood-borne viruses (BBV): Hepatitis B virus (HBV), Hepatitis C virus and Hepatitis D virus, Human immunodeficiency virus (HIV)
- Control measures to prevent contamination
- Prohibition of eating, drinking, smoking and the application of cosmetics in working areas where there is a risk of contamination
- Prevention of puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids
- Use of appropriate PPE to prevent contamination

How to prevent and deal with needle stick injuries

Taught content

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

- Report the incident to the supervisor, line manager or health and safety adviser. Prompt medical advice is important. Medical treatment might be appropriate following infection with a BBV, but to be effective, it may need to be started quickly
- Contact the nearest Accident and Emergency department for advice without delay

Hand hygiene

Taught content

- Methods of hand hygiene – hand washing, hand sanitisers
- 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 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
- 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 rather than spray
 - 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
 - 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/remain sticky
- When to wash/sanitise hands for example
 - On entering or exiting the clinic
 - After handling client/patient's belongings
 - Before touching a client/patient
 - Before starting a treatment/procedure
 - After exposure to body fluids
 - After touching a client/patient
 - During delivery of the treatment/procedure as required
 - After completing a treatment/procedure
 - After using the telephone, or dealing with 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
- 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 protective equipment (PPE)

Taught content

- 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
- Client/patient responsibilities in relation to the use of PPE
- Types of PPE
 - 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 organisational/national regulations 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 regulations of the country therein, for example
 - 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
- Personal protective equipment for the client/patient as appropriate to the treatment/procedure, organisational requirements and guidance of the country therein, for example:
 - Disposable/single-use or appropriately laundered robe/gown provided for treatment/procedure as appropriate
 - Clients/patients must not be barefoot
 - Advise the client/patient on the correct PPE removal procedures
- Risks associated with incorrect use of PPE, for example, spread of infection

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 (the sequence of steps may differ dependent on procedure):
 - 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
 - Client/patient PPE – advise the client/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. 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

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)

Decontamination of the clinic environment

Taught content

- 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
 - 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
 - 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 – chemical composition, dilution rates, contact times, effectiveness, 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

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, bio-hazardous, clinical, sharps, mixed municipal, general and confidential, recyclable
 - 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 of the country therein
 - Use of lined, enclosed, foot-pedal controlled waste bins, sharps containers
 - Colour-coding/labelling
 - Professional removal/destruction as appropriate
 - The risks associated with waste management, for example, accidental exposure to clinical waste, the spread of infection due to inadequate staff training on environmentally safe waste disposal

Assessment requirements

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

1. Assignment – SAR
2. Theory examination

1. Assignment – Short Answer Response (SAR)

Learners must produce a summative assignment for Learning Outcome 1 within this unit (as detailed below), which forms part of the learner's internal assessment. This on demand summative assignment will be used to measure the learner's knowledge and understanding of the supporting theory linked to advanced aesthetic therapies. The short answer response assignment will target indicative content from within the mandatory unit specifications.

The assignment is externally set and internally marked by the centre using guidance and amplifications set by (iTEC) VTCT. This assignment should be completed before the learner is entered for the qualification's individual unit practical and written examinations, at the end of the period of learning. The assignment must contain proficient evidence that the learners has conducted independent research to have met all the assessment criteria below.

Learning Outcome	Assessment Criteria
LO1 Analyse the developments of advanced aesthetic therapies	1.1 Development of advanced aesthetic therapies

2. Theory examination

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

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

Learning Outcome	Assessment Criteria
LO2 Determine the benefits and limitations of commonly available advanced aesthetic therapies	2.1 Benefits and limitations of commonly available advanced aesthetic therapies

Learning Outcome	Assessment Criteria
LO3 Identify the importance of professional conduct in advanced aesthetic therapies	3.1 Importance of working in line with organisational procedures
	3.2 Personal qualities which contribute to professional practice
	3.3 Evidence based practice
	3.4 Accountability and clinical governance requirements

Learning Outcome	Assessment Criteria
LO4 Interpret the key regulations, legislative influences and responsibilities relating to advanced aesthetic therapies	4.1 Legal, insurance requirements and government guidelines for working as an advanced aesthetic practitioner
	4.2 Key responsibilities of legislative requirements
	4.3 Licensing regulations for the advanced aesthetic practitioner and premises
	4.4 Purpose of risk assessments
	4.5 Difference between hazards and risks within a workplace
	4.6 Procedures for completing risk assessments
	4.7 Areas of risk to consider
	4.8 Environmental and sustainable working practices in relation to advanced aesthetic therapies

Learning Outcome	Assessment Criteria
LO5 Comprehend hygiene issues and infection prevention and control, for advanced aesthetic therapies	5.1 Histology of micro-organisms and their form of contamination
	5.2 Methods of infection prevention and control
	5.3 Types of blood-borne pathogens and how to prevent contamination
	5.4 How to prevent and deal with needle stick injuries
	5.5 Hand hygiene
	5.6 Personal Protective Equipment (PPE)
	5.7 The use of personal protective equipment (PPE)
	5.8 Management of clinic linen
	5.9 Decontamination of the clinic environment
	5.10 Waste management procedures

Document History

Version	Issue Date	Changes	Role
v1	12/02/2024	First published	Product and Regulation Manager