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# Unit Specification

## UBT467 – Provide skin peeling treatments

Unit reference number: M/651/0173

**Level: 4**

**Credits: 7**

**Guided Learning Hours (GLH): 52**

### Overview

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

### Learning outcomes

On completion of this unit, learners will:

LO1 Interpret safety considerations when providing skin peel treatments

LO2 Comprehend how to provide skin peel treatments

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

LO4 Demonstrate how to consult, plan and prepare for treatment

LO5 Demonstrate how to provide skin peel treatments

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# Unit content

## LO1 Interpret safety considerations when providing skin peel treatments

### Safety of product sourcing

#### Taught content

- Ensure skin peels used are those approved by local or UK Cosmetic Product Regulations for cosmetic products used by practitioners and conform to guidelines of the Cosmetic Practice Standards Authority (CPSA) or legislation relevant to the country therein
- The safety and legal reasons for using products that meet the standards of the relevant legislation for the country therein and the outcome of using products which are not properly tested or may contain poor quality or banned substances
- Understand how to gain verification of legality
- The use of manufacturer Material Safety Data Sheet (MSDS) and instructions in relation to skin peeling products as there may be limited consistency between brands, and the importance of checking supplier/manufacturer for guidelines

### Insurance guidelines

#### Taught content

- Insurance policy requirements to be met to ensure professional indemnity/insurance is valid
- Requirements for skin testing prior to treatment
- Acquiring informed client consent and signature before every treatment
- Acquiring client consent to photographs (visual media) before and after every treatment
- Providing written pre and post-care information
- Ensuring practitioner is working within scope of practice with regards to percentage strength of skin peel used, penetration level and conditions to be treated

### Hygiene considerations

#### Taught content

- Setting up and working within a clinically clean field. Use of suitable sterilisation and sanitisation for equipment, accessories and surfaces
- Appropriate Personal Protective Equipment (PPE)
- Use of suitable sterilisation and sanitisation for equipment and surfaces. Single use items where appropriate such as disposable gloves (latex free), disposable hair protectors, applicators, cotton wool, couch roll, clean laundered towels
- General hygiene – i.e. washing of hands before and after treatment, sanitising hand gel, clean/disposable towels, use of disposables where possible
- Disinfectant or sterilisation – use of heat or chemical methods, bactericides, fungicides, UV cabinet for storage
- Equipment and products – only used for intended purpose, safe usage/safe handling/storage/visual checks, correct disposal of COSHH/contaminated waste products
- Use spatulas to remove products, replace lids on containers or use pump dispensers
- Waste disposal – general and contaminated treatment waste and used electrode probes/sharps in accordance with current legislation and local authority requirements
- Knowledge of infection prevention and control, bacteria, virus, fungi, parasites, prevention of cross-contamination and disease transmission procedures, levels of infection control – for example, standard and universal precautions, personal immunisation (Hepatitis B), and Methicillin-resistant Staphylococcus aureus (MRSA), Herpes Simplex

## Hazards and risks

### Taught content

- The potential hazards of skin peeling products
- Identification of hazards and risks through risk assessment
- The principles of risk assessment and management
- Putting procedures in place to ensure they are minimised:
  - Proper training for all staff
  - Protocols to follow during consultation
  - Written and verbal pre and post-care for client
  - Adherence to manufacturers' guidelines
- Consequences of incorrect selection/application/timing/removal for skin type and classification, treatment area/zone and condition being treated, working outside the agreed treatment area and the possibility of excessive overlap
- Risk of contra-actions or adverse reactions such as tingling, stinging, redness, dry skin, dehydration, flaking, irritation, pain, discomfort, prolonged erythema, burns, blistering, frosting, blanching, hyperpigmentation, hypopigmentation, post inflammatory pigmentation, swelling, infection including acne and activation of herpetic infection, allergic reactions/urticaria, papules and anaphylaxis, overtreatment (deeper than intended), scarring, changes in skin texture
- Risks of Post Inflammatory Hyperpigmentation (PIH) with Fitzpatrick skin types 3-6 and all Fitzpatrick skin types with existing hyper pigmentations concerns
- Erythematous/vascular conditions for example rosacea, telangiectasia, poikiloderma of civatte

## Suppliers' and manufacturers' instructions for safe use

### Taught content

- Understand and know reasons for supplier and manufacturer products and protocols for skin peeling treatments including sensitivity and skin test patch and skin preparation recommendations, expiry date for products
- Products appropriate for use pre-treatment, skin peeling preparation during treatment, follow manufacturer's instructions regarding application, post care and aftercare, for example cleanser, pre-treatment products, pre-peel products, barrier products, skin peel products, post-peel products, sun protection factor SPF
- Correct storage, selection, handling, application, removal and neutralising of skin peeling products
- Follow supplier/manufacturer protocols for safety, hygiene and treatment application – working methodically and systematically over the small zones of the face/body in a specified order, using the correct pressure, techniques and timings, adapting treatment to all areas
- Observation and correction of desirable and undesirable clinical end points, cooling and skin recovery products used in the salon. Frequency of treatment, courses of treatments
- 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
- Feedback regarding treatment sensation, client comfort, tolerance and wellbeing to be checked with client throughout treatment using the 1-10 pain threshold scale
- Frequency of treatments and associated time frames, process of healing and expected outcomes with associated time frames, number of treatments likely to achieve desired optimal results including any additional treatments required and associated time frames, areas, conditions and skin types suitable and unsuitable for skin peeling treatments

## Treatment of minors

### Taught content

- The age at which an individual is classed as a minor and how this may differ nationally and internationally
- Why treatment should only be provided for clients over the age of 18

## Contra-indications that would prevent or restrict treatment

### Taught content

- Prevent (absolute contra-indications)
  - 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 exposure in the treated area, atopic dermatitis, solar keratosis, basal cell/squamous cell carcinoma, client non-compliance with recommended pre-treatment programme, body dysmorphia, unrealistic expectations, current use of steroidal topical medication, drugs with photosensitising potential, excessive deep skin folds, fake tan applied to the area within 14 days, impaired healing/immunosuppression, keloids/hypertrophic scarring, lactation/breastfeeding, melanoma or suspected melanoma, open wounds, pregnancy/trying to conceive, recent radiation treatment, uncooperative client, underage clients, use of isotretinoin (Accutane/Roaccutane), retinoic acid/Retin A products
- Restrict (relative contra-indications)
  - Anxiety, bruises, deep chemical peel, diabetes, epilation, epilepsy, history of herpetic infection, history of hypertrophic scarring, Intense Pulsed Light (IPL) or laser, poor mental and emotional state, prior to surgery, recent neuromodulation injections or dermal fillers, recent skin peels, recent microdermabrasion, skin type, for example, hypersensitive skin, vascular skin conditions

## Contra-indications requiring medical referral

### Taught content

- Contra-indications to skin peeling treatments requiring medical referral such as certain medications including anti-coagulants, diabetes, evidence of medical conditions such as cardiac, hepatic or renal disease, recent surgery and undiagnosed swellings in treatment area
- 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 General Practitioner as a precaution
- Knowledge of organisation protocol for not naming or diagnosing specific suspected contra-indications when encouraging client to seek medical advice due to professional status, acknowledging the need for medical training to be able to diagnose without causing undue alarm. Refer in a discrete and empathetic manner

## When to consult with other aesthetic professionals

### Taught content

- Recognise when additional information is needed from other clinicians involved with the client and how this can be obtained in compliance with confidentiality and consent guidance and in line with current data protection legislation
- Demonstrate an understanding of when and how to request additional advice from other clinicians treating the client when applicable in line with current data protection legislation
- Recognise when and what other aesthetic treatments may be of benefit to be used in preparation or in conjunction with skin peeling treatments for example, enzymatic peels, microdermabrasion, skin needling, LED
- Alternative treatment options when skin peeling treatment is not appropriate or contra-indicated

## LO2 Comprehend how to provide skin peel treatments

### Factors to consider when treatment planning

#### Taught content

- Identify client needs, expectations, anticipated costs, and treatment objectives. Agree realistic outcomes against client expectations, discuss expected sensations and relevant potential risks
- Results from skin tests and skin analysis classification and characteristics, identification and discussion of skin type and skin density including Fitzpatrick skin type, Glogau photo damage, Lancer scale, phenotype and genotype, skin conditions and/or lesions present, specific areas of concern to assist in choice of the appropriate skin peeling products and to identify realistic and achievable treatment outcomes
- Identify client's medical history, emotional and physical condition, previous treatments to improve skin appearance, previous treatments on the skin in the area to be treated, sun exposure/tanning history, fake tan application, skin classification and skin condition to assist in choice of the appropriate treatment and to identify realistic and achievable treatment outcomes
- Identify 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 importance of acknowledging and understanding when underlying factors will affect the success of the treatment and of selecting peel treatment products 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 skin peeling treatment 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 Legal aspects of responsibility of practitioner in providing skin peeling treatments and the importance of working within the remit of qualification boundaries and competence
- Factors that may positively or negatively influence 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 wound healing such as diet, lifestyle, stress, smoking, alcohol, medications, illness, environmental stress, hormonal influences, photo damage
- Recognise when and what other aesthetic products/skin rejuvenation treatments can be used in conjunction with skin peeling treatments to maximise results, for example, treatment masks, serums, microdermabrasion, skin needling, PRP, Mesotherapy, neuromodulation injections and LED
- The number of treatments required for optimal results are dependent on the size and extent of the area and condition to be treated, aftercare, home care and client compliance
- 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 time frames
- Treatment plan should be clearly agreed between client and practitioner and recorded on the consultation documentation with client signing to indicate informed client consent prior to treatment

## Assessing skin characteristics

### Taught content

- Assessed through questioning at consultation, skin health checks and observation of skin, importance of using skin diagnostic equipment, for example, light magnifier, Wood's lamp, skin scanner/diagnosis technology
- How to assess and recognise skin health characteristics – Fitzpatrick scale 1-6, Glogau photo-damage, Lancer scale, hereditary and ethnic influences, level of sensitivity, thickness of skin, epidermal thickness, quality of dermal tissues, healing capacity, surface hydration levels, pigmentation, photo/sun damage, vascular lesions, primary and secondary lesions, irregularities, chronological skin ageing, congestion/excessive oil, skin texture/pore size and static and dynamic wrinkles
- Understand the consequences of inaccurate identification of client's skin type, classifications and the different side effect profiles for each skin type, skin density, and appropriate skin peel treatments to use
- Importance of and how to match skin peel treatments appropriately to various skin characteristics, skin classifications, indications, individual's treatment area(s), treatment aims and objectives
- Reasons for choosing different skin peel treatment applications and protocols, adapting techniques to suit the variations in all skin classifications, skin sensitivity, thickness of epidermis and dermis, area being treated, desired effects and agreed treatment objectives
- Scars and scar tissue – characteristics, age and reasons for scarring, type of scar, mature scar, immature scar. Type of scar, for example, superficial macular scars – burns, surgery, accidents, insect bites, acne, chicken pox, stretchmarks
- How to adapt follow-on treatments taking into consideration results from previous treatments – healing, client behaviour and adherence to aftercare

## Pre and post treatment advice to provide to the client

### Taught content

- Provide consultation and sensitivity test following manufacturer instructions 2 weeks – 48 hours prior to actual treatment to discuss outcomes and pre-treatment preparation
- A period of up to 2 weeks is required for unhealthy skins to rebalance prior to treatment. Active skin care of a high/professional strength concentration such as prescription retinoid or high level vitamin A, may need to be avoided for 2 weeks before treatment refer to manufacturer protocols for specific peel product. Low strength should be avoided for 48 hours post treatment. The positive effects of performing skin peeling treatments on a healthy skin in comparison to compromised skin conditions
- Identify products to use 2-4 weeks prior to skin peeling treatments as part of a skin priming programme at home, appropriate to skin health to improve penetration, healing capacity and tolerance and additional benefits such as strengthening the skin barrier, improve hydration, skin cell health, increase desquamation, encourage cellular renewal and improves general texture/condition of the skin and effectiveness of the peeling procedure pre-treatment, clients should also be advised to avoid UV exposure and heat immediately prior to treatment, wear SPF minimum 30+ and UVA UVB broad spectrum protection daily. Avoid direct sunlight. The use of a tyrosinase inhibitor 30 days before treatment may reduce the risk of post-inflammatory hyperpigmentation (PIH)
- Artificial tanning lotions should be avoided at least 10 days prior to skin peel as certain acids will carry pigment deeper into the skin layers for example glycolic acid

- Clients with inactive herpes simplex should be advised to take prophylactic antiviral medication or apply topical antiviral cream up to 2 days before treatment and up to 3 days after treatment
- Explain the physical sensation – during treatment a tingling, prickly or stinging sensation is possible (depends on Fitzpatrick skin type, peel type, depth and strength, skin may show erythema)
- Explain the post-treatment physical sensation – skin may feel tight, sensitive or dry, discomfort is rare depends on Fitzpatrick skin type, skin health, type, peel type, depth and strength
- Explain the post-treatment appearance – normally very little ‘down time’, few breakouts may occur (particularly when treating oily/acne skin). Mild erythema or flaking and mild peeling of the skin may occur
- Possible treatment occurrences and adverse reactions which may occur; excessive prolonged erythema, hyperaemia, frosting, burns, irritation, flaking, infections, papules, pustules, pain, inflammation, swelling, excessive oedema, prophylaxis herpetic infection, wounds, atrophic scarring, keloid scarring, pigmentary changes, trans-dermal water loss, compromised healing process, nausea, dizziness, fainting
- Provide verbal and written post treatment aftercare advice, to include using cool packs/cool compress (not ice packs) post treatment to minimise redness, swelling and to reduce client discomfort. Avoid make-up, perfume, deodorants and face or body creams on the area. Hot baths/showers/heat treatment/perfumed products must be avoided for 24-48 hours post treatment – treatment area should be patted dry. If flaking occurs skin must be left in place and not picked/exfoliated off
- Darker skins are more prone to post-inflammatory hyperpigmentation (PIH) alternative treatments, the use of a tyrosinase inhibitor daily after treatment may reduce the risk of hyperpigmentation
- 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
- Advise how to care for the area post treatment 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 skin peel treatments are 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



## **Pain threshold, sensitivity testing and sensitivity variations**

### **Taught content**

- Understand 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 topical anaesthetic/numbing agents (if appropriate) and the possible effect they may have on treatment and the healing process
- Recognising skin types and areas of the face that are more sensitive, fragile and reactive to topical applications. Those that have more prominent and dilated dermal blood vessels which may contribute to an exaggerated inflammatory response or hyperpigmentation (Fitzpatrick 3-6 or highly pigmented Fitzpatrick 1-2) plus a more intense physical sensation when the treatment is applied. Importance of using a pain threshold scale, for example, the 1-10 scale (1 being very little sensation, 10 being extremely painful)
- Tactile and thermal tests to record if the client is able to correctly identify different sensations in the treatment area, a full description of responses should be recorded
- Skin peeling treatment to be performed when the client is able to correctly identify different thermal and tactile sensations
- Testing for potential allergic reaction or adverse response (inflammatory response) to peel products. Clients with history of allergies or sensitivities have an increased risk of allergic reaction. Skin test site is located discreetly near the treatment area – behind the ear or inner side of forearm. Skin is prepared as usual for peel treatment. Desired peel to be applied, timed and neutralised as appropriate (following supplier instructions). Evaluation of the skin test is made following timing recommended by supplier instructions. Recording of results to include whether positive or negative. Record date, location of test, and products used, description of results, if positive full description of response and product used. Skin peel to be performed when skin test results are negative
- Any change of skin peeling product or strength to be tested prior to further application. Follow manufacturer protocols for each skin type, classification, condition and recommended interval between testing and treatment as they may vary
- Cooling methods to assist making treatment more tolerable

## **Pre-treatment preparatory skin care programmes**

### **Taught content**

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

## Classifications of peel types

### Taught content

- Peel levels
  - Very superficial – removes only cells of stratum corneum intensity dependent on peel type used
  - Superficial – penetrates to any depth within the epidermis down to the basal layer
  - Medium – performed by advanced practitioners potentially to the papillary dermis
  - Deep – performed by medical practitioners only, peels down to reticular dermis level for cases of extreme sun damage and wrinkling
- Chemical structure, variants of each group of Hydroxy Acids, source, molecular structure, action, effects, indications for treatment
- Alpha Hydroxy Acids (AHAs)
- Beta Hydroxy Acids (BHAs)
- Pre-formulated combined peeling agents

## Actions of acids and alkaline and their concentrations on the skin

### Taught content

- pH scale – pH an abbreviation for potential hydrogen, relative degree of acidity and alkalinity of a substance. pH identifies the quantity of hydrogen ions
- Acid – pH 0 (strong acidic), pH 5-6 (less acidic), pH 7 is neutral
  - pH of skin 4.5-5.5 (acid mantle), distilled water pH 7, lemon juice pH 2, orange juice pH 3, hydrogen peroxide pH 4, shampoos and conditioners are approximately pH 5-6
  - Mildly acidic products (pH 4-5.5) soothe skin, help retain moisture and strengthen barrier function. Concentration/percentage of the skin peeling product formulation is crucial to its effects, duration of application and pH
- Alkaline – pH 7.4 (slightly alkaline) to pH 14 (strongly alkaline) on pH scale; soap pH 6-10, sea water pH 7.4-8.4 household bleach pH 13, hair depilatories approximately pH 1
  - Alkaline disrupts the barrier function, causes dryness, dehydration and reduced antibacterial defence and disorders may occur, for example dermatitis
  - Both very strong alkaline and acidic products can cause chemical burns on the skin
- Understand importance of pH and the relation to percentage of acid used
  - Effects vary depending on concentration and duration/application technique of treatment, for example, exfoliation assists desquamation, promotes cell renewal helps rejuvenate skin
  - If used in the wrong concentration skin peels can cause contra-actions and adverse reactions for example skin irritation, photosensitisation, hyperpigmentation and post inflammatory hyperpigmentation (PIH)
- Understand the overall depth of penetration of the skin peel is increased by a higher concentration/percentage and lower pH, also length of application time, pressure of application, layering of peel and use of pre-products or/and treatments
- Importance of pH to peel formulation – altering acidity (strength) and penetration of the peel depending on the pH of the peel product
- pH of peel products and relevance to skin sensitivity and photo sensitivity
- Use of buffering agents in skin peel formulations

## pKa scale

### Taught content

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

## Types of skin peeling agents and the use of peels

### Taught content

- Alpha Hydroxy Acids (AHAs):
  - Citric acids (fruit)
  - Tartaric acid (fruit)
  - Malic acid (apples and cherries)
  - Lactic acid (milk)
  - Glycolic acid (sugar cane)
  - AHA peels are available in 20%, 30%, 50% and 70% strengths with pH levels range from 1.7 to 1.9
  - Water soluble organic carboxylic acids and naturally occurring products present in sugar cane juice, sour milk, tomato juice, grapes, and apples. Exfoliates by penetrating the stratum corneum and cause desquamation by breaking down adhesive protein bonds between the cells, controlled injury caused by disrupting the acid mantle. Helps restore a radiant healthy glow, soften appearance of fine lines and wrinkles, appears to improve hydration by enhanced moisture uptake, induce changes in the epidermis and dermis causing up to approximately 25% increase in skin thickness and produced significant reversal of epidermal and dermal markers of photo ageing
- Lactic Acid – produced both synthetically and naturally derived from milk, fruit, vegetables and other plants
  - Found in many skin care products such as cleansers, exfoliators and serums used for anti-aging, acne, pigmentation and dehydrated skin. Less irritating than glycolic acid, hydrating, increases natural barrier lipids, lightens and brightens skin with discoloration. Recommended for PM use as may cause skin to be photosensitive if applied during the day
- Glycolic acid – an AHA available in 30%, 50% and 70% with pH levels ranging from 1.1 to 1.8
  - Soluble in alcohol, derived from fruit and milk sugars, sugar cane. The smallest alpha-hydroxy acid penetrate the skin well. Causes a rapid Stratum Corneum cascade or epidermolysis and exfoliates by weakening binding properties of lipids that hold dead cells together. Keratolytic action and fibroblast stimulating action induces epidermal and dermal remodelling by increasing epidermal and dermal thickness and improves collagen fibre and GAG production. Anti-inflammatory effects and anti-oxidant action. Suited to most skin types. Very effective but can be photosensitising and overuse can cause dehydration
- Mandelic acid – derived from almonds. Can be used alone or in combination with azelaic acid, is considered a light peeling acid. Rare side effects include erythema, exfoliation, burning and are mild in severity

- Ellagic acid – a polyphenol present in pomegranates and berry fruits, has demonstrated improvements in signs of photo-ageing in vitro and significant reductions in pigmentation in patients with melasma
- Ferulic acid – found in seeds of coffee, apple, artichoke, peanut and orange and both seeds and cell walls of commelinid plants such as rice, wheat, oats and pineapple, and can be extracted from wheat bran and maize bran using concentrated alkali. Easily absorbed by the skin, neutralises free radicals, improves the stability of Vitamins C and E and enhances photo protection
- Gluconic acid – derived from oxidation of an organic carboxylic acid naturally occurring in fruit, honey and wine. Keratolytic properties can be used to treat wrinkles
- Kojic acids range from 2% to 4% – a fungal derivative derived from mushrooms which inactivates tyrosinase and is a natural skin lightening agent
- Azelaic (dicarboxylic acid) – saturated dicarboxylic acid found naturally in wheat, rye and barley. Antibacterial and anti-inflammatory properties decreases inflammation and redness, treats hyperpigmentation
- Beta Hydroxy Acids (BHAs):
  - Salicylic acid
  - Tropic acid
  - Trethocanic acid
  - BHAs are lipid based allowing them to penetrate deeper into the pores making them stronger than AHAs, usually less irritating as penetration is slower due to the size of the molecules. Can dissolve and control sebum, commonly used for problematic/acne skin and removing superficial dead skin cells
- Salicylic acid (hydroxybenzoic acid) available in 10%, 20%, and 30% with pH from 2.1 to 2.3
  - Derived from aspirin, unclogs pores, increases cell turnover, neutralises bacteria and clears infection within pores to both treat and prevent acne, anti-inflammatory and keratolytic properties useful for sensitive conditions such as acne rosacea. As an over the counter active ingredient used in concentrations of 0.5 to 2% as an effective superficial peeling agent, oil reducer and pore cleanser Skin peeling with salicylic acid can alter the underlying dermal tissue without directly wounding tissues or causing inflammation. Signs of salicylic toxicity include nausea, disorientation and tinnitus – never apply to more than 25% of a body area, for example, whole back – only treat 25% at one time
- Pre-formulated combined peeling agents such as:
  - Poly Hydroxy Acids (PHAs) effects similar to AHAs and are generally less irritating to the skin, for example, gluconolactone. Humectant properties, increase hydration
  - Beta Lipo-hydroxy Acid (LHA) derivative of salicylic acid; anti-bacterial, anti-inflammatory, less irritating due to lower penetration levels and more lipophilic than salicylic acid. Useful for sensitive skins, oilier skin types
- Chemical peels agents only suitable for medical use and reasons why these products are for medical use only;
  - Trichloroacetic acid, Phenol peels, Tretinoin/all Trans Retinoic acid (Vitamin A peels), pure retinol formulations at 1% or above
  - Chemical peel agents in different types of peels and their potential for harm
  - Higher alkaline bases that increase the pH in combined/blended peels

## Equipment and products for treatment

### Taught content

- Understanding how to prepare equipment on clean trolley in an ergonomic manner to prevent strain to the practitioner and to assist in the smooth application of treatment, for example, safety, time management, hygiene, organisation, professionalism
- Why it is necessary to select appropriate products before start of each treatment and place on trolley, checking correct products are being used for treatment
- Selection of peel type, strength and concentration in line with consultation outcomes including skin health, type, Fitzpatrick skin type, skin conditions and agreed realistic treatment outcomes
- Understand the effects of the different AHA, BHA and combined peels and understand how to choose the appropriate skin peel for its known effects on the treatment objectives
- Understand the possible complications if selection is not correct for all Fitzpatrick skin type classifications – post inflammatory hyperpigmentation, acne eruptions Importance of having correct containers and applicators available as recommended by supplier/manufacture
- Importance of accurate decanting and measuring of peel products for each peel
- Understanding why appropriate Personal Protective Equipment (PPE) is prepared and used

## Skin preparation prior to the procedure

### Taught content

- Why it is necessary to begin with skin cleansing and de-greasing and preparation including application of barrier product
- AHA cleansers, preparatory skin products which may contain AHA/BHAs and astringent agents
- Cleanse the skin prior to the procedure – remove all make-up, creams/lotions, surface oils and debris, degrease the skin reducing lipid barrier to ensure even application and enhance peel penetration
- Typical products used – cleansers, toners, preparatory skin products, skin antiseptic, ensure area is dried thoroughly
- Reasons for the necessity of applying appropriate barrier product to protect areas such as the eyes, nostrils, nasolabial folds, deeper wrinkles/lines and lips with suitable barrier products
- Barrier creams appropriate/specific to the system used Petroleum based products
- Effects of acids if skin is not protected against over treatment in areas of soft folds where peel products can 'pool' (collect) and will be concentrated Petroleum based products and barrier creams appropriate/specific to the system used

## Method of application

### Taught content

- Working systematically and methodically in line with manufacturers' protocols with the appropriate applicator dependant on manufacturer protocols such as woven gauze, large cotton bud, fan brush, cotton bud, fan brush, cotton pad, gloved fingers/hands
- Treatment area is divided into sections as recommended by manufacturer's application protocol
- Ensures skin peel product is applied evenly and consistently to all areas using even pressure adapting appropriately to all areas avoiding excess treatment or overlap across the treatment area
- Apply to the least reactive area first (normally the forehead) and to the most sensitive last
- Feather the skin peeling product at the outer edges of the treatment area to ensure a gradual reduction of product between treated and untreated skin
- Circumstances in which re-application may be necessary and how this should be performed and always in line with manufacturer protocols
- Increasing the intensity of a peel by increasing the number of layers as recommended for certain peels, such as blended peels, for subsequent treatments in line with manufacturer protocols
- Additional layers increase the depth of the peel penetration but must remain at a superficial depth at this qualification level
- Understand procedures for re-application appropriate to the skin peel in use, taking into account sensations and comfort of the client, number of prior treatments and when desirable clinical endpoints are achieved
- Reasons for prompt application, timing and removal/neutralising of all skin peel products (as required) and the importance of speed of application and neutralising/removal (as required) and accurate treatment timing from commencement of application
- Risks of over treating if peel product is left on too long for skin type and condition
- Neutralisation terminates the activity of the peel to prevent the acid from continuing to be active in the epidermis and restores the pH level of the skin by raising it and making the acid ineffective. The neutralisation process is determined by individual product formulations and acid concentration such as glycolic acid and lactic acid at high concentration
- Some skin peels are self-neutralising and eventually stop working, always refer to manufacturer's recommendations for skin peel neutralisation
- Neutralising products should be available at all times to enable the practitioner to deactivate the peel instantly
- Neutralisation methods; water can be used to dilute the acid or sodium bicarbonate can be used to neutralise a skin peel, this is dependent on the peel formulation (water would reactivate salicylic acid)
- Actions to take to avoid pooling
- Potential side effects on the skin for the skin peel being used

## **Adaptations to treatment**

### **Taught content**

- How to adapt the treatment to take into account pre-existing conditions
- Why it is necessary to adapt pressure, duration and the number of peel layers for different areas of the skin and client sensitivity
- Different skin health, sensitivity, different treatment objectives and client expectations, treating different skin characteristics of varying structure and depth, different healing capacity, different Fitzpatrick skin types
- Areas to avoid – treatment inside the periorbital bone area and all over the lips (the edge of the lips can be treated in some cases – refer to manufacturers' recommendations) nostrils
- Treatment progression and additional/complementary treatments

## **Uses limitations, benefits and effects of skin peeling products and treatments**

### **Taught content**

- Used to rejuvenate skin, improve skin health including; superficial blemishes, variations in pigmentation, skin texture and skin hydration
- Limitations of products and equipment used for AHA, BHA and pre-formulated combination skin peels
- Cannot remove deep wrinkles, may only fade hyperpigmentation. Cannot remove vascular lesions such as telangiectasia. Skincare programme can help prolong treatment effects, use of SPF required to protect from further hyperpigmentation. Cannot treat keloid scars
- The need for a course of treatment for optimal benefit
- The need for a multi-modality approach
- Benefits – refined pores, softening of fine lines, improvement of photo damaged skin, lightening/fading of hyperpigmentation, reduction of comedones, papules and pustules, regulation of oil production
- Effects – brighter skin, smoother skin, improved skin texture, more even skin colour, improvement of acne conditions
- Understand how benefits and effects can be enhanced with a skincare programme followed at home and with a course of treatments

## **Contra-actions which may occur**

### **Taught content**

- Contra-actions which may occur, how to deal with them, what advice to give to clients and when to refer to medical practitioner – blanching, frosting, erythema, dry skin, dehydration, flaking, pigmentary changes, discomfort and breakouts
- Non-compliance with safety and hygiene practices will result in undesirable effects being achieved. If the area is treated for too long or by using an inappropriate peel, damage to the tissues will occur. Follow manufacturers' guidelines on practical application
- Visible signs of incorrect application may include extreme erythema, erythema resulting from overlapping peel application, blanching, discomfort, post inflammatory hyperpigmentation

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

### SPF and UVA specific sun protector

#### Taught content

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

### Preventing infection and promote healing

#### Taught content

- Use of PPE and single use items, preparation/degreasing products, neutralising/recovery products
- Understand the products necessary to prevent infection and promote healing, how they should be used before, during and after skin peeling procedures, appropriate cooling methods to assist client comfort and tolerance, soothing products to be applied post treatment to cool, calm and encourage skin recovery
- To prevent infection – ensure skin is clinically clean, use of antiviral suppressant to reduce the incident of post procedural herpes simplex outbreak, post-procedural client hygiene
- To promote healing – calming products/treatments post treatment – anti-inflammatory effects – LED, serum, mask, cool compress
- Knowledge of all appropriate products and use in line with supplier/manufacture protocols



## Treatment progression and additional/complementary treatments

### Taught content

- Recommendations for frequency of treatment depending on condition treated and treatment objectives, homecare
- Knowledge of complementary products to be used/avoided in conjunction with skin peeling procedures as appropriate for the skin health/condition/type to reinforce treatment effects, promote healing and give protection – topical trans-epidermal products, skin care, body products following manufacturer recommendations
- Fitzpatrick skin classification and knowledge of how the skin benefits and responds to progressive peeling
- Knowledge of progressive peeling by increasing peel type/intensity over time as appropriate for the skin type, use of booster under 1% (non-medical) – retinol booster/additives or combination of retinoid derivatives for post peel homecare
- Knowledge of maintenance treatment timings, use of skin care programmes at home including lifestyle factors and changes that may be required to improve effectiveness of treatment such as healthy eating, exercise and sun protection to reinforce treatment effects always follow supplier/manufacturer recommendations
- Progression of treatments as part of a course and the treatments that could be given in conjunction with or after skin peeling, a 'multi-modality' approach. Understand frequency of treatments to enhance effects and achieve treatment objectives for each client
- Combining skin peels with microdermabrasion, enzymatic peels, LED, radio frequency, skin needling, ultra-sound devices, laser/Intense Pulsed Light (IPL) for the treatment of photo rejuvenation (hyperpigmentation and facial erythema) Lifestyle factors and changes that may be required to improve effectiveness of treatment – skin care routine, healthy eating, exercise and sun protection

## LO3 Comprehend the relevant anatomy, physiology and pathologies for skin peeling

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

#### Taught content

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

## Principles of controlled wound healing in relation to skin peeling treatments

### Taught content

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

## Common diseases and disorders and relevant terminology of the skin

### Taught content

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

## LO4 Demonstrate how to consult, plan and prepare for skin peeling treatment

### Use consultation techniques to determine the client's treatment plan

#### Taught content

- Consult with client face to face, implementing a range of appropriate communications skills to identify client's treatment objectives, expectations and desired outcomes with associated timescales to ensure a realistic and achievable treatment plan is agreed
- Use illustrative diagrams and images (where necessary) to assist client understanding of the outcomes expected from skin peeling treatments and give clear and appropriate advice and recommendations to the client to determine and agree the final treatment plan including associated timeframes and possible number of treatments to see best possible results
- All information from the consultation to be documented in the presence of the client – electronically/digitally/paper-based at the beginning of every treatment
- 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

### Consult with the client

#### Taught content

- General information
- Relevant medical history – discuss all areas on consultation documentation including any recent herpes simplex, certain medications including anti-coagulants
- Lifestyle information – smoking, diet, water intake, current skin care routine that may need to be considered, sun exposure, hobbies
- Skin classification – assess Fitzpatrick scale, Lancer Scale, phenotype and genotype and Glogau photo damage, hereditary and ethnic influences
- Explain the skin peeling treatment process in line with supplier/manufacture recommendations, the physical sensation of the treatment and the appearance of the skin post-treatment. Discuss associated time frames and changes associated with healing and explain any downtime requirements and activities to avoid post treatment
- Explain potential risks/side effects/adverse reactions and contra-actions or adverse reactions such as tingling, stinging, redness, dry skin, dehydration, flaking, irritation, pain, discomfort, prolonged erythema, burns, blistering, hyperpigmentation, hypopigmentation, post inflammatory pigmentation, swelling, infection including acne and activation of herpetic infection, allergic reactions/urticaria, papules and anaphylaxis, overtreatment (deeper than intended), scarring, changes in skin texture
- 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 and equipment/delivery method and confirm agreement to aftercare adherence, decline treatment where applicable

### **Explain the cooling off period**

#### **Taught content**

- Provide information to the client regarding the 'cooling off' period of at least 48 hours between initial consultation and first treatment. Book first treatment in line with given directives on cooling off periods. Give client written information regarding the associated risks, aftereffects, possible contra or adverse reactions including any downtime, pre and post care commitments, homecare/additional routines or modifications to current routines required, proposed outcomes and agreed treatment plans with appropriate time scales recommended to achieve the proposed desired outcome

### **Establish the condition of the skin**

#### **Taught content**

- Use Woods lamp, magnifying lamp, skin diagnostic equipment and perform a visual assessment of the condition of the skin and surrounding area documenting all findings
- Skin characteristics – Fitzpatrick scale 1-6, Glogau photo damage, Lancer Scale, phenotype and genotype, thickness of skin, epidermal thickness, healing capacity, genetic and ethnic influences
- Skin types, skin conditions, surface hydration, pigmentation irregularities including post inflammatory (PIH), melasma, chloasma, lentigo, vascular lesions and irregularities, Poikiloderma of Civatte, primary and secondary lesions, skin texture (pore size), open and closed comedones, milia, papules, pustules, acne, nodules, cysts, skin laxity, static and dynamic wrinkles, congestion/excessive oil, moles, birthmarks
- Level of skin sensitivity (vascular) – facial erythema, acne rosacea, telangiectasia, spider naevi
- Skin healing history – keloid formation, scars
- Identify contra-indications that may restrict, prevent or require medical referral. Make note of the contra-indications on the client's record card

## Explain the treatment procedures

### Taught content

- Selection of skin peeling treatment and preparation to match treatment objectives and agreed treatment plan in line with findings from detailed advanced skin analysis
- Positioning required for treatment, ensuring client comfort and full access to treatment area(s)
- Skin peeling products, accessories, application, removal and neutralisation methods to match treatment objectives and agreed treatment plan
- Tests required, thermal, tactile and skin sensitivity test where applicable
- Treatment area will be cleansed thoroughly
- Skin cleanser/wipes/skin antiseptic, ensure area is dried thoroughly
- Pre-treatment visual media records to be taken from all appropriate angles
- Use of peel preparation products where appropriate in line with manufacturer's protocols
- Barrier protection applied to sensitive areas where there is a risk of product 'pooling'
- Appropriate PPE and protective mask to be worn by practitioner throughout treatment
- Once set up, inform the client where the treatment will begin
- The area will be treated following manufacturer instructions in a methodical and systematic manner within the agreed treatment area
- Explain the skin peeling protocol and adaptations as required – application techniques, physical sensation, appropriate cooling methods to be used to enhance client comfort and tolerance
- Accurate timing of peel processing time, duration to start on application
- Client verbal feedback used in conjunction with practitioner's visual assessment of the treatment area throughout checking for desirable and undesirable end points such as erythema, hot spots, redness, white spots to decide if product should be removed immediately
- Removal and neutralisation process as appropriate to the skin peel products used
- After treatment a cool compress/cooling products will be applied to the area in accordance with supplier/manufacturer recommendations, such as serum/treatment mask
- Post treatment visual media records to be taken from all appropriate angles
- Broad spectrum sun protection UVB and UVA applied to protect the skin, explain the use of physical sun protection and the benefits of using a tyrosinase inhibitor to prevent post inflammatory hyperpigmentation (PIH)
- Explain potential risks/side effects/adverse effects hyperaemia, histamine reaction, anaphylaxis, bruising, burns, irritation, infections, papules, pustules, pain, inflammation, swelling, excessive oedema, prophylaxis herpetic infection, wounds, atrophic scarring, keloid scarring, pigmentary changes, trans-dermal water loss, compromised healing process, nausea, dizziness, fainting
- Aftercare and home care advice including the revision of skincare regime for the area between appointments if applicable and advice regarding lifestyle changes needed to support and promote healing
- The importance of client compliance with adhering to advice given
- Access to a 24/7 emergency contact number, ideally the practitioner, if practitioner is unavailable access should be given to a deputising practitioner

### Take pre-treatment visual media records

#### Taught content

- Following organisation procedures, industry guidelines and current data protection legislation, ensuring protocols are followed for taking 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, zoom in on areas of concern, for example, pigmentations.
- Personal devices should not be used to take images of clients
- Gain written/signed client consent photography and for storage of visual media records and specific use of photographs (visual media) for treatment evaluation, marketing and teaching purposes

### Carry out skin sensitivity tests

#### Taught content

- Carry out sensitivity tests in accordance with manufacturers' guidelines and organisational requirements, thermal and tactile immediately prior to treatment in the treatment area
- Thermal and tactile tests, test patch if required
- Client must sign skin sensitivity/thermal/tactile/test patch forms if separate to main consent form

### Select suitable products and equipment

#### Taught content

- Select suitable products and equipment according to treatment objectives. Choose the correct skin peel and associated products suitable to treat conditions/skin type identified in the agreed treatment plan
- Select accessories as appropriate to the skin peel treatment protocol in line with manufacturer's guidelines

## LO5 Demonstrate how to provide chemical peel treatments

### Maintain own responsibilities for health and safety through the treatment

#### Taught content

- Ensure working area is set up and a safe working environment created in line with health and safety protocols and legislation.
- Ensure all surfaces are clean and hygienic, trolley is tidy, equipment and accessories are sanitised and products set out ergonomically
- Ensure use of sterilisation and disinfectants for surfaces as required for treatment are in accordance with supplier/manufacturer guidelines
- Ensure use of sanitisation and sterilisation for equipment and accessories are in accordance with supplier/manufacturer guidelines
- Clinically clean field to be prepared and appropriate PPE to be worn and given to the client as required
- Work in an environmentally sustainable manner
- Ensure appropriate extraction, ventilation, temperature, ambience, lighting, wall and floor coverings are fit for purpose
- Ensure all equipment and accessories are in sealed sterile packs where appropriate or sanitised and in safe working order and products are available, in date and ergonomically placed
- Ensure risks and hazards have been checked, for example slip and trip hazards in the working area
- Ensure treatment area is magnified and well lit

### Prepare, position and protect the client and self

#### Taught content

- Ensure preparation complies with legal and organisational requirements.
- Prepare and protect client to avoid cross-infection and preserve modesty. Protect client's eyes, hair when appropriate, clothing and surrounding areas depending on area of treatment
- Apply appropriate Personal Protective Equipment (PPE)
- Ensure skin is cleansed, free of make-up, oils, lotions, deodorants and debris using appropriate products in line with manufacturer protocols and guidance
- Position the client to meet the needs of the treatment without causing them discomfort. Clearly instruct the client and if needed use supports or pillows to ensure the position fits the needs of the treatment, does not compromise the treatment application and does not cause the client any discomfort
- Ensure effective, ergonomic positioning of couch, trolley, stool, equipment and products to avoid injury to self, client and others
- Ensure own posture and working methods minimise fatigue and the risk of injury to self, the client and others
- Ensure the working environment is private and secure. Depending on area to be treated provide modesty towels/disposable tissue to protect clothing and provide modesty so the client does not feel exposed and vulnerable



## **Safely use products, equipment and accessories**

### **Taught content**

- Follow protocols for safe use including correct selection, handling, use, application and removal techniques and timings. Selection of peel type and appropriate application techniques for different treatment objectives in line with supplier/manufacture protocols
- Products to be selected in line with the finalised treatment objectives considering required depth of penetration, percentage and pH of skin peel and appropriate for the skin condition(s), skin type and Fitzpatrick classification so as not to cause undesirable end points or complications
- Keep tops on bottles, make sure all products are labelled clearly in line with COSHH, decant products into sterile pots prior to treatment to ensure correct amount is used
- Select method for application and applicator type for skin peel used. Choice of applicator is dependent on supplier/manufacture recommendations – woven gauze, large cotton bud, fan brush, cotton pad, gloved fingers/hands
- Products – skin cleansers, skin antiseptic, peel prep, skin peel, neutraliser, cooling methods/products, aftercare products, sun protection SPF 30+
- Follow protocols for safe disposal of chemical peel and treatment waste in line with manufacturer protocols, organisational treatments and local authority guidelines
- Ensure appropriate neutralising product and waste receptacle is ergonomically placed for use throughout the treatment

## **Provide skin peeling treatments**

### **Taught content**

- Provide skin peeling treatments using the correct techniques and in accordance with supplier/manufacture procedures and protocols at all times
- Illuminate the area to be treated if required to ensure maximum visibility
- Ensure the client's skin is clean and prepared for skin peeling treatment
- Apply preparatory skin products thoroughly and evenly in line with manufacturer protocols as appropriate
- Ensure sensitive skin areas such as eyes, nostrils, lips and sensitive areas or skin folds where product may 'pool' are protected with a suitable barrier product
- Refer to consultation form for patch/sensitivity tests results or previous skin peel used at last treatment (if applicable)
- Position the client comfortably preserving client modesty where appropriate
- Work methodically and systematically to ensure even coverage of skin peel products to the agreed areas following manufacturer's application protocols ensuring that peel product is applied consistently in an even layer to all areas adapting pressure appropriately to each area. Apply to the least reactive area first (normally the forehead) and to the most sensitive last. Where skin is stretched to open deep lines to prevent 'pooling' of product the stretch must be maintained for the duration of the peel
- Areas must not be overlapped and where the outer edge of the treatment is the product should be feathered to ensure there is a gradual reduction and lessening of product between treated and untreated skin
- Soaked applicators, open bottles or containers of peel product must not be passed over the eyes

- Adjust the duration and intensity of the skin peel treatment to suit the client's skin health/type, Fitzpatrick skin classification and skin condition
- Demonstrate an understanding of complications that may occur due to incorrect application such as post inflammatory pigmentation changes if a skin peel is too aggressive for the skin and how timing and intensity can control these complications. Knowledge of ethnic skin structure such as thicker stratum corneum, prominent dermal blood vessels, melanin distribution, structure of dermis, susceptibility to PIH and hyperpigmentation
- Observation of skin conditions, for example, 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
- Calculate the intensity and duration of treatment application and processing time for the peel as specified by supplier/manufacturer as required. Follow protocols for monitoring client discomfort and skin reaction, use methods to help skin tolerate sensation of the skin peel where appropriate or recommended such as the use of a cool fan
- Observe the skin reaction and look for desirable and undesirable clinical end points to ensure they are in line with recommendations, assess all areas to ensure even and effective treatment
- Reassure the client and communicate positioning instructions clearly throughout treatment
- Continually discuss and assess the client's wellbeing and levels of discomfort throughout using the 1-10 pain threshold scale, 5 out of 10 is generally acceptable client may experience prickling/itching/burning sensation which may vary from area to area, for example, cheeks and neck may be more reactive than forehead and chin
- Feedback of 6 or above or reaction that appears to be excessive or at times of client discomfort or skin reaction that appears excessive, the peel may be neutralised if applicable and removed before the recommended duration time is reached. Always follow supplier/manufacturer recommendations
- Following supplier/manufacturer instructions, demonstrate effective and efficient removal of the peel product followed by neutralising product where required. Ensure timings are precise and application is thorough following supplier/manufacturer protocols
- Ensure treatment is completed in a commercial time frame
- Monitor the client's skin reaction and client response visually and observe desirable and undesirable clinical end points required throughout procedure, desirable may include mild erythema, slight whitening of areas at times, undesirable may include excess erythema, frosting/whitening of the skin, blanching. Desirable and undesirable end points will vary depending on type of skin peel, acid penetration and application technique
- Ensure skin reaction (end-point) is in line with supplier/manufacturer guidelines, check sensitive areas such as cheeks and neck. Skin reaction that appears to be excessive neutralise if applicable and remove the skin peel before the recommended duration time is reached. Always follow supplier/manufacturer recommendations
- Complete the treatment, apply appropriate post treatment products such as soothing, calming, anti-inflammatory, anti-oxidant, hydrating products under 1% active ingredient (non-medical) applied as homecare in line with manufacturer's protocols
- Apply appropriate aftercare products in line with supplier/manufacturer protocols – calming serum/mask, cool compress, cooling agent, serum SPF 30+
- Ensure treatment is completed in a commercial timeframe
- Record all treatment details on consultation form – preparation, peel, strength, application techniques, adaptations, duration, cooling methods, neutralisation process, aftercare products applied
- Collate, analyse, summarise and record evaluation feedback in a clear and concise way

## Take post-treatment visual media records

### Taught content

- Following organisational procedures, take post-treatment visual media records to ensure clarity and consistency
- Take visual media records in the same position as pre-treatment visual media records and where possible the same light
- Position area treated so visual media records are taken straight on and from both sides where applicable
- Zoom in on any areas of concern such as pigmentation. Images used to record treatment progress and as a visual record of the skin response immediately after treatment
- Personal devices should not be used to take images of clients
- Gain clients' consent for storage of visual media records and specific use of photographs (visual media) for treatment evaluation, marketing and teaching purposes

## Provide post care advice and home care

### Taught content

- Communicate with the client regarding post-treatment care, normal/expected and adverse treatment reactions
- Assess and record immediate skin response. Give client advice on post treatment sensations and expectations – erythema, mild oedema, sensitivity
- Post-treatment physical sensation and skin healing process including expected and adverse reactions and how to respond
- Post-treatment – skin may feel tight, sensitive, dry, it may appear slightly pink/red – degree of which will depend on skin type and strength/type/penetration of skin peel, always refer to supplier/manufacture recommendations for each strength/type skin peel
- Provide advice on suitable post-treatment products
- Homecare – to reduce discomfort a cool compress may be applied – cotton wool or small – towel (not ice packs) for up to 2 hours, renew every 15-20 minutes as required to reduce heat and erythema
- Any peeling/flaking skin should be allowed to peel naturally, do not pick or scrub/exfoliate as this could irritate and contribute to post inflammatory hyperpigmentation (PIH)
- Use post procedure skincare as recommended to soothe and hydrate the skin
- Avoid irritating skincare ingredients such as AHAs, or retinoids
- Avoid direct sun exposure and sun tanning; for at least 4 weeks post skin peel
- Apply a physical and broad band spectrum sun screen (UVA and UVB) with SPF 30+ minimum daily
- Avoid make-up for 24-48 hours, mineral make-up is preferable
- Avoid heat treatments, hot tubs, swimming, saunas, vigorous exercise for 1-2 weeks
- Avoid epilation, waxing or use of depilatories on the treated area for up to 2 weeks
- Inform the client how to manage complications/adverse reactions at home and when to refer to a medical practitioner
- Document post-treatment complications and adverse reactions with advice given in line with legislative, insurance and organisational guidelines
- Evaluation of the skin peeling treatment to inform future procedures
- Follow manufacturers' protocols and guidelines for treatment intervals

### **Dispose of waste materials to meet legal requirements**

#### **Taught content**

- Waste – disposed on in an enclosed foot pedal controlled waste bin fitted with disposable, durable bin liner
- Dispose of any swabs/cotton pads or waste from treatment application with all PPE into clinical biohazard waste bag and in line with local council regulations and procedures of the country therein
- Hazardous waste – correct disposal of hazardous waste following COSHH procedures and in line with local council regulations and procedures of the country therein

### **Update client records**

#### **Taught content**

- Accurate completion of treatment details, recording information on skin peel products used – strength, percentage and pH, skin preparation, application techniques and duration of treatment, client skin sensation and skin response, observation of skin after treatment
- Reflective practice used to evaluate the skin peeling treatment and inform future treatments
- Every client must be given the opportunity to feedback outcomes at the end of every treatment collate analyse summarise and record evaluation feedback in a clear and concise way
- Signature from client to be obtained accepting treatment results and skin response and agreement to follow aftercare and 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
- Annual review of compliments and complaints procedures

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# Assessment requirements

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

1. Case studies
2. Theory examination
3. Practical examination

## 1. 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 visual media images and a full description of the conditions/characteristics to be treated, along with a detailed description of products used, application technique, equipment used and the duration of treatment. Each case study must also include an evaluation of the treatment and its outcomes, pre and post skincare and lifestyle advice provided.

Range to be included in case studies:

- Met the needs of a variety of clients
  - New
  - Existing
- Carry out all consultation techniques
  - Questioning – verbal
  - Listening – non-verbal
  - Visual – non-verbal
  - Manual
  - Written
  - Pre-treatment photographs (visual media) taken
- Carried out skin sensitivity test
- Carried out an advanced skin health check and assessment
- Met all treatment objectives
  - General skin rejuvenation
  - Improvement of superficial blemishes
  - Improvement of pigmentation variations
  - Improvement of skin texture
  - Improvement of skin hydration

- Treated a minimum of 3 areas
  - Face
  - Neck
  - Chest
  - Back
  - Hand
- Considered all factors of skin characteristics
  - Fitzpatrick scale
  - Level of sensitivity
  - Thickness of skin
  - Epidermal thickness
  - Healing capacity
- Used all types of peel treatments
  - Alpha Hydroxy Acids AHAs
  - Beta Hydroxy Acids BHAs
  - Pre-formulated combined peeling agents
- Applied peels to all types of skin
  - Oily
  - Dry
  - Combination
- Skin classification
  - Fitzpatrick scale 1-3
  - Glogau photo-damage
- Skin characteristics
  - Oily
  - Dry
  - Combination
  - Sensitive
  - Mature
  - Dehydrated
  - Congested
  - Acne
  - Uneven pigmentation
- Taken all courses of necessary action
  - Explaining why treatment cannot be carried out
  - Encouraging the client to seek medical advice if applicable
  - Modification of treatment
- Collected pre and post treatment photographs (visual media)

- Recorded all types of information
  - Peel type
  - Peel strength
  - Treatment areas
  - Method of application
  - Peel duration
  - Areas of modification
  - Neutralisation process (where applicable)
  - Observations and reaction levels
  - Client tolerance and feedback
- Given all advice and recommendations
  - Suitable pre and post care products and their uses
  - Avoidance of activities which may cause contra-actions
  - Modifications to lifestyle patterns
  - Recovery and skin healing process
  - Post-treatment contra-actions and how to deal with them
  - Frequency and benefits of courses of treatments
  - Timing and benefits of future maintenance treatments
  - Treatments which could be given in conjunction with/after skin peeling treatment
  - Present and future products and treatments recommended
  - Use of SPF products
  - Issuing of written post care advice
  - Recording before and after photographs (visual media)

## 2. Theory examination

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

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

Learning Outcome	Assessment Criteria
LO1 Interpret safety considerations when providing skin peeling treatments	1.1 Safety of product sourcing
	1.2 Insurance guidelines
	1.3 Hygiene considerations
	1.4 Hazards and Risks
	1.5 Suppliers' and manufacturers' instructions for safe use
	1.6 Treatment of minors
	1.7 Contra-indications that would prevent or restrict treatment
	1.8 Contra-indications requiring medical referral
	1.9 When to consult with other aesthetic professionals

<b>Learning Outcome</b>	<b>Assessment Criteria</b>
LO2 Comprehend how to provide skin peeling treatments	2.1 Factors to consider when treatment planning
	2.2 Assessing skin characteristics
	2.3 Pre and post treatment advice to provide to the client
	2.4 Pain threshold, sensitivity testing and sensitivity variations
	2.5 Pre-treatment preparatory skin care programmes
	2.6 Classifications of peel types
	2.7 Actions of acids and alkaline and their concentrations on the skin
	2.8 pKa scale
	2.9 Types of skin peeling agents and the use of peels
	2.10 Equipment and products for treatment
	2.11 Skin preparation prior to the procedure
	2.12 Method of application
	2.13 Adaptations to treatment
	2.14 Uses limitations, benefits and effects of skin peeling products and treatments
	2.15 Contra-actions which may occur
	2.16 Benefits and use of inhibitors
	2.17 SPF and UVA specific sun protector
	2.18 Preventing infection and promote healing
	2.19 Treatment progression and additional/complementary treatments

<b>Learning Outcome</b>	<b>Assessment Criteria</b>
LO3 Comprehend the relevant anatomy, physiology and pathologies for skin peeling	3.1 Structure and functions of the skin in relation to skin peeling treatments
	3.2 Principles of controlled wound healing in relation to skin peeling treatments
	3.3 Common diseases and disorders and relevant terminology of the skin

### 3. Practical examination

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



### Document History

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