



VTCT



ITEC

Unit Specification

UBT471 – Enhance appearance using plasma pen techniques

Unit reference number: D/650/9919

Level: 4

Credits: 3

Guided Learning Hours (GLH): 21

Overview

The aim of this unit is to develop learners' underpinning knowledge, understanding and practical skills when performing professional skin rejuvenation treatments using plasma devices. The unit covers the skills involved in providing a thorough consultation to establish client suitability for treatment alongside the knowledge of how to devise a specific treatment plan tailored to suit individual client's needs and requirements. Learners will also develop the knowledge required to provide pre and post-treatment advice and aftercare, including any further treatments needed to ensure the client receives the full benefit of the treatment and maximise results.

Learning outcomes

On completion of this unit, learners will:

LO1 Interpret the environmental and safety considerations when providing skin rejuvenation using plasma treatment

LO2 Comprehend protocols and guidelines when providing skin rejuvenation using plasma treatment

LO3 Comprehend the relevant anatomy, physiology and pathologies for skin rejuvenation using plasma treatment

LO4 Demonstrate how to consult, plan and prepare for skin rejuvenation using plasma treatment

LO5 Demonstrate how to provide skin rejuvenation using plasma treatment

Unit content

LO1 Interpret the environmental and safety considerations when providing skin rejuvenation using plasma treatment

Promoting environmental and sustainable working practices

Taught content

- Environmental working practices, to be effective and energy efficient; lighting, heating and ventilation to meet the workplace (Health, Safety and Welfare) Regulations 1992 (or local regulation requirements of the country therein) for client and employees
- Sustainable working practices – products with ingredients from sustainable sources and using sustainable packaging, efficient storage and waste disposal, record product usage and disposal where applicable

Licensing regulations for aesthetic practitioner and premises

Taught content

- Local government licensing where applicable
- Responsibilities under local authority licensing regulations for both practitioners and premises where applicable
- Responsibilities of employers and employees
- Responsibilities of the self-employed
- Responsibilities of suppliers, manufacturers
- Responsibilities in performing non-surgical cosmetic treatments and the importance of the practitioner ensuring they are working within the scope of their own practice and competence
- Reasons why it is essential to comply with ethical practice and work within legislative requirements
- Complications, management systems, protocols and records

Insurance guidelines

Taught content

- Insurance policy requirements to be met to ensure professional indemnity/insurance cover is appropriate to plasma treatments and valid for working at this level
- Legal responsibilities of the practitioner for checking current insurance guidelines for the delivery of skin rejuvenation using plasma techniques
- Requirements for skin sensitivity testing prior to treatment where necessary or advised in line with supplier/manufacturer protocols
- Understand why specific specialised training and certification/accreditation may be required by some suppliers/manufacturers for certain equipment, as protocols may vary
- Requirements for reporting adverse incidents/accidents (for example: RIDDOR) in line with local legislation or local authority of the country therein
- Legislative and indemnity requirements of gaining informed client consent and signature before every treatment
- Legislative and insurance requirements for obtaining medical or informed consent where required
- Acquiring client consent to visual media records before, during and after every treatment
- Providing verbal and written post-care information and gaining signed acceptance of results and commitment of compliance with aftercare advice given
- Ensuring the practitioner is working within scope of practice with regard to selection of equipment settings – intensity and mode/power and frequency levels, application techniques and how these differ according to areas/zones treated and specific desired treatment outcomes

Safety of product and equipment sourcing

Taught content

- Ensure plasma equipment, accessories and associated products used are approved by the Cosmetics Products Regulations for cosmetic use by practitioners and conforms to guidelines of the Cosmetic Practice Standards Authority (CPSA) or the relevant legislation for the country therein
- Ensure equipment and technology conforms to Electrical Equipment Safety Regulations applicable for the country therein
- The safety and legal reasons for using equipment, accessories and products that are licensed and meet the standards of the relevant legislation for the country therein and the outcome of using equipment, accessories and products which are not properly tested or may contain poor quality components or banned substances
- Understand how to gain verification of legality of equipment, accessories, products and sourcing
- Know the options for pain management and the legal requirements and restrictions for sourcing, storing and using topical anaesthetic/numbing agents (if appropriate), licenced in the UK/EU or relevant to the country therein
- The use of manufacturer Material Safety Data Sheet (MSDS) and equipment instructions in relation to plasma equipment as there may be limited consistency between brands, and the importance of checking supplier/manufacturer for guidelines

Suppliers' and manufacturers' instructions for safe use

Taught content

- Understand the features and benefits and know reasons for supplier and manufacturer product and equipment protocols for plasma treatments including skin sensitivity and patch test recommendations where appropriate and why this can vary
- Follow supplier/manufacturer and organisational protocols for plasma equipment safety; only used for intended purpose, correct storage, moving, handling, maintenance advice/requirements, record keeping, risk assessments, checks/visual checks, cleaning, use and methods of use, skin sensitivity and patch test recommendations
- Understand the products appropriate for use during plasma treatment preparation, post care and aftercare according to supplier/manufacturer instructions, for example, cleansing, topical anaesthetic/numbing agents (if appropriate), alcohol free skin antiseptic, white cosmetic pencil and sharpener, healing balm/treatment mask/serum as appropriate in line with manufacturer guidelines, sun protection factor (SPF)
- Correct storage, selection, handling, loading of plasma equipment and sterile/non sterile single use electrode probe
- Follow supplier/manufacturers guidelines to select appropriate plasma equipment settings – intensity and mode/power and frequency levels considering treatment area and desired outcome and adhering with compliance
- Appropriate preparation for area(s) to be treated and how this can vary in accordance with the treatment protocol and supplier/manufacturer guidance
- Prepare, open, load and dispose of sterile/non sterile single use electrode probe following supplier and manufacturer protocols and adhering to compliance for hygiene and treatment application
- Methods of treatment application in line with supplier/manufacturer protocols working in a systematic manner, stabilising the treatment area and manipulating the skin and keeping the electrode probe at the correct distance and angle to the skin to ensure effective micro ablation, spacing and distribution of ablative points ensuring appropriate coverage as required using appropriate techniques, adapting treatment application to all areas/zones worked to achieve the desired effects and outcomes in line with agreed treatment plan

- Feedback regarding treatment sensation, client comfort, tolerance and wellbeing to be checked with client throughout treatment using the 1-10 pain threshold scale
- Observation and correction of desirable and undesirable micro ablation and skin reaction, use of topical anaesthetic/numbing agent (if appropriate) and skin recovery products used in the salon
- Complications management – knowing how to deal with and manage incidents of; unexpected results and adverse reactions including; 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
- 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 plasma treatments

Working in line with organisational procedures

Taught content

- Adhere to all supplier/manufacturer recommendations and protocols
- Adhere to responsible marketing guidelines
- The individual responsibilities of working within a multidiscipline team
- Lines of communication within a multidiscipline team
- Conflict resolution
- The potential disadvantages of working in isolation
- Responsibility of working within remit of qualification boundaries
- The role of clinical governance within the aesthetic industry
- The importance of Continuing Professional Development (CPD), revalidation, training, up-to-date information policies, treatments and best practice guidance, education and career opportunities

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)
- Single use items as appropriate, such as disposable hair protectors, cotton wool, gauze, cotton buds, couch roll
- Disposable single use covers/towels/barrier sheets, sterile/non sterile single use electrode probe renewed for each client
- Hygienic preparation and storage of multi-use items, such as clean laundered towels, pillowcases or use wipeable pillows/supports, white cosmetic pencil and sharpener, mirror
- Standard Infection Control Precautions (SICPs), general hygiene – such as washing of hands before and after treatment, alcohol-free sanitising hand gel
- Disinfectant or sterilisation – use of heat or chemical methods, bactericides, fungicides, UV cabinet for storage, use of sterile dressing packs, medical grade sanitising wipes
- Equipment – only used for intended purpose, safe usage/safe handling/storage/visual checks, correct disposal of used electrode probes/sharps, contaminated equipment and 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

Contra-indications that would prevent or restrict treatment

Taught content

- Prevent (absolute contra-indications) – certain photosensitive medication and herbal remedies for example St John's Wort, birthmarks, permanent or semi-permanent make-up in the area, history of or present use of melatonin, history of skin cancer – malignant melanoma, haemophilia, HIV, AIDS, Hepatitis B or C, inappropriate skin colour, keloid scarring, autoimmune diseases, lupus, lymphatic system disorders, oral and topical retinoids, oral and topical medication for Photo-Dynamic Therapy, oral and topical steroids, angina, pacemaker/defibrillator, vascular diseases, bleeding or clotting disorders, pigmentary disturbance (for example vitiligo, pigmented naevi), poorly controlled diabetes, porphyria, pregnancy, breast feeding, semi-permanent and permanent injectable filler products in the treatment area, suntanned skin, any conditions not covered by insurance policy
- Restrict (relative contra-indications) – abrasions, active inflammatory dermatoses (for example psoriasis), anxiety, bruises, current medications, diabetes, cuts, compromised wound healing, epilation, epilepsy, herpes simplex, history of scarring, Intense Pulsed Light (IPL) or laser in the treatment area (2 weeks before and 2 weeks after the treatment), large moles, long term anti-inflammatory use, non-steroidal anti-inflammatory drugs (NSAIDs), piercings, poor mental and emotional state, prior cosmetic surgery, recent botulinum toxin injections or dermal fillers, recent cosmetic skin peels, sensitive or excessively reactive skin types, supplements and herbal remedies, recent UV exposure, active suntan, artificial tan, blood donation, varicose veins

Contra-indications requiring medical referral and referral processes

Taught content

- Contra-indications to plasma techniques requiring medical referral such as active acne, inflammatory conditions such as acute rheumatism, arthritis, any condition already being treated by General Practitioner (GP)/dermatologist, asthma, Bell's palsy, inflamed/trapped/pinched nerve, medical oedema, nervous/psychotic conditions, osteoporosis, recent operations, epilepsy
- Actions to take in relation to specific contra-indications when referring clients
- Knowledge of organisation protocol for not naming specific suspected contra-indications when encouraging client to seek medical advice, encourage clients to seek medical advice without alarm or concern
- Reasons for not diagnosing suspected contra-indications due to professional status, acknowledging the need for medical training to be able to diagnose
- Skin cancer is an ever-prevalent issue. Areas of skin or moles that have uneven asymmetry, irregular, ragged or blurred borders, uneven patchy colour or an altered diameter from that previously noted, need to be identified and the client encouraged to go to their GP as a precaution. Knowledge of organisation protocol for not naming or diagnosing specific suspected contra-indications when encouraging client to seek medical advice, acknowledging the need for medical training to be able to diagnose without causing undue alarm. Refer in a discreet and empathetic manner. Knowledge of the ABCDE guide – Asymmetry, Border, Colour, Diameter, Evolving size

When to consult with other aesthetic professionals

Taught content

- Recognise the importance of collaboration with competent professionals when additional information is needed from other clinicians/medical professionals involved with the client to support effective and safe working practices, 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 to and how to request additional advice from other clinicians/medical professionals treating the client when applicable in line with current data protection legislation

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

Hazards and risks

Taught content

- The potential hazards of plasma equipment and aesthetic energy-based devices
- The principles of risk assessment and management
- Hazard and risk identification through risk assessment
- Putting procedures in place to ensure risks are minimised
- Proper training for all staff
- Protocols to follow during consultation
- Written and verbal post-care for client
- Adherence to supplier/manufacture guidelines
- Written and verbal post-care for client
- Avoidance of sharps injuries, implications of blood borne diseases, redness, swelling, weeping skin, milia, hyper-treatment, cold sores, acne outbreak, viral infection, bacterial infection and scarring
- Potential associated risks with the options for pain management using topical anaesthetic/numbing agents (if appropriate)
- Adherence to supplier/manufacture guidelines regarding moving, storage, maintenance and servicing, sanitising, operation
- Implications of not conducting safety checks, testing, quality assurance testing and preventative maintenance
- Avoidance of contra-actions and adverse reactions – 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
- Risks associated with compromised tactile response in the treatment area post-surgery/trauma
- Hazards of performing plasma techniques in areas that are pigmented or contain pigmented lesions and how to respond
- Implications of not applying the plasma electrode probe at the correct angle and/or distance or using an electrode which is not inserted correctly
- Consequences of working outside the agreed treatment area and the possibility of excessive overlap, incorrect placement/spacing/distribution of ablative points
- Consequences of incorrect settings – intensity and mode/power and frequency levels for skin type and classification, treatment area/zone and condition being treated
- Pigmentation changes in skin due to poor selection of settings – intensity and mode/power and frequency levels for skin colour and skin classification, not adhering to pre and post care instructions
- Scarring due to incorrect application – distance, spacing, duration of application, for skin classification, poor assessment of skin condition and suitability for treatment, incorrect post treatment care and/or infection of the skin, poor client compliance post treatment
- Hazards of performing plasma treatments in areas that are pigmented or contain pigmented lesions and how to respond
- Risks associated with performing plasma procedures over atrophy, hypertrophic and keloid scarring

LO2 Comprehend protocols and guidelines when providing plasma treatments

Factors to consider and treatment planning
Taught content
<ul style="list-style-type: none">• Identify client's 'wants', needs, concerns, expectations, anticipated costs, aims and treatment objectives to agree realistic outcomes against client expectations, discuss pain and pain management, expected treatment sensations, pain tolerance, and potential risks relevant to plasma treatments to be performed, expected outcome, healing process, and likely number and frequency of treatments required with associated time frames and the importance of considering the physical and psychological wellbeing of the client to receive plasma treatments• 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 treatment and equipment settings 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 treatment specifications and variables to suit different skin classifications and skin types• Previous skin/body salon treatments – details of type of treatment, frequency and dates the treatments were received to ensure enough time has passed for plasma techniques to be appropriate and to gain an insight into the client's approach to aesthetic treatments• The importance of planning treatment times after previous skin rejuvenation treatments to ensure sufficient time has passed for plasma treatments to be appropriate• Satisfaction and results. Dissatisfaction could indicate body dysmorphia or client with unrealistic expectations. Protocols for how this should be managed• Legal aspects of the responsibilities of the practitioner in providing plasma treatments and the importance of working within the remit of qualification boundaries and competence• Pre and post treatment advice, healing process including likely or expected reaction, contra-actions or adverse reactions, recommended skin care/post care, diet and lifestyle advice/choices or restrictions that could positively or negatively impact on the effects of treatment including current skin/body care regime and any revisions required and to ensure client is suitable for treatment• 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 plasma treatments to maximise results, for example, treatment masks, serums, microdermabrasion, 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 the client and practitioner and recorded on the consultation documentation with client signing to indicate informed client consent

Assessing skin and characteristics

Taught content

- Assessed through questioning during a face-to-face consultation and observation of skin, importance of using skin diagnostic equipment, such as Woods Lamp, light magnifier/glasses, 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/damage, 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 plasma treatments to use
- Importance of and how to match plasma treatments appropriately to various skin characteristics, skin classifications, indications, individual's treatment area(s), treatment aims and objectives
- Reasons for choosing different plasma treatment applications and protocols, adapting and combining different 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
- Treatment area and size including adjacent/surrounding skin tissue, skin integrity, skin type, skin condition, specific skin conditions present, individual/localised lesions, vascular lesions, primary and secondary lesions, irregularities
- 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 tests, following supplier/manufacturer instructions at least 48 hours prior to actual treatment to discuss outcomes and pre-treatment preparation.
- Pre-treatment advice should include a 2-4 weeks skin care preparation, the benefits of implementing a skin care routine to prepare the skin for treatment and maximise results, preparation programme to be used at home to increase desquamation and general texture/condition of the skin and improve healing capacity and tolerance to plasma treatments. 30 days prior to treatment – importance of not sunbathing/using sunbeds, 2 weeks prior to treatment avoid the use of self-tanning products and wear a minimum SPF30+ broad spectrum UVA protection daily. The use of a tyrosinase inhibitor 30 days before treatment may reduce the risk of post-inflammatory hyperpigmentation (PIH). The positive effects of performing plasma treatments on a healthy skin in comparison to compromised skin conditions
- Explain and agree achievable outcomes based on the assessment of the skin type, condition and area to be treated and underlying factors affecting skin health
- Explain the effects of plasma on the skin and how this works to improve the condition treated and the physical structure of the skin
- Explain the physical sensation created by the treatment to the client; likened to a mild sting, this can be more painful on more sensitive areas, soft tissues, upper lip, or close to bone, during menstruation or ovulation

- Typical skin reaction immediately during or after treatment; erythema, darkening and micro crusting of ablative points after treatment
- Post treatment physical sensation and appearance; all physical sensations and effects post treatment depend on type of device used, technique and area treated. Appearance of skin on day 1 – erythema and redness, ablative points may appear red/reddish brown/dark brown depending on skin classification, day 2 – possible slight erythema and darkening of ablative points. Localised redness and swelling may also be seen, minor swelling is rare but can occur, micro crusts on ablative points must be allowed to slough off naturally and will take anywhere between 7-14 days depending on the area treated
- Possible treatment occurrences (typically 2 to 4 hours post treatment) and adverse reactions which may occur; excessive prolonged erythema, hyperaemia, histamine reaction from topical products application, 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
- Post treatment hypo/hyper-pigmentation. Sun avoidance is essential, prevent exposure with minimum SPF 30+ and UVA protection used daily. Pigmentation changes generally resolve within 12 months but can be permanent. Darker skin types are more vulnerable to pigmentation changes within the skin a few days after treatment
- 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. Avoid tight clothes. If blistering or crusting occurs, the crusts must be left in place and not picked 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 plasma techniques are found unsuitable for example; prescription products, tyrosinase inhibitors, dermaplaning, microdermabrasion, skin peels, Mesotherapy, LED, IPL, micro-needling, HIFU, radiofrequency, ultrasound, electroporation, depending on the condition being treated

Timing and intervals of treatments

Taught content

- Identify and understand commercial timings for and intervals between plasma treatments, treatments to the same area should be spaced 7-8 weeks apart to allow for full natural cell regeneration to occur
- Recognise variations in timings depending on type and size of area to be treated, treatment to be performed, plasma techniques used and depending on client sensitivity/tolerance including health/type and condition of area to be treated, plus other contributory factors including client compliance and adherence to aftercare
- Identify and understand post treatment expectations and associated time frames including desired final outcome and longevity of results
- Identify and understand the possible need for further treatments to ensure results are maximised and associated expected intervals and time frames
- Approximate skin rejuvenation treatment times (follow manufacturer guidelines):
 - Face: 30-60 minutes
 - Blepharoplasty: 20 minutes
 - Neck: 30-40 minutes
 - Décolleté: 45 minutes
 - Back of the hands: 20 minutes

Pain threshold, sensitivity variations and testing

Taught content

- Understanding the inflammatory response of the skin and the effects and associated risks of using over the counter (OTC) pain relief, such as non-steroidal anti-inflammatory drugs (NSAIDs), and topical anaesthetic/numbing agents (if appropriate) and the possible effect they may have on treatment and the healing process
- Recognising skin health/types and areas 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 (Fitzpatrick 1-4 +), plus a more intense physical sensation when plasma treatment is applied and may be dependent on hereditary influences
- Understanding that treatments for clients may be more uncomfortable during menstruation or ovulation and how this may compromise healing
- Understand why the majority of fine tactile sensation is lost after surgery or over scarring and how this affects the ability to perform plasma treatments and where adaptations may be appropriate

Sensitivity Testing:

- Testing to ensure the client has unimpaired sensitivity to stimuli – heat and pressure. Clients with history of lack of sensitivity have an increased risk of overtreatment. Perform test on treatment area, prepared as usual for plasma. Tactile sensitivity test using the soft and sharp ends of a cut cotton bud, thermal sensitivity test using two test tubes/bottles; one filled with hot and one filled with cold water to be applied to the skin, evaluation of the skin test to be confirmed verbally with the client. Records of results to include whether the client can tell the difference in sensations, date, location of test, methods used and description of results, if positive a full description of responses given
- 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
- Plasma treatment to be performed when the client is able to correctly identify different thermal and tactile sensations
- Any change of plasma treatment settings and changes in intensity and mode/power and frequency or intensity to be tested prior to further application. Follow supplier/manufacturer protocols for plasma treatment application for each skin type, classification and condition as they may vary

Types and purpose of plasma equipment and accessories

Taught content

- Plasma is the 4th fundamental state of matter characterised by the presence of a significant amount of ionised particles. Cosmetic devices use low temperature, high energy discharge to make a small wound in the skin initiating an inflammatory response which encourages fibroblasts to repair the skin and help maintain or regain firmness
- How plasma is produced and delivery techniques used in aesthetic practice
- Treatment products – cleansers, alcohol-free skin antiseptic
- Treatment area mapping equipment – white cosmetic pencil and sharpener, mirror
- Electrode probe – sterile/non-sterile single use for each client, benefits of high-alloy steel over cheaper alloys containing copper/iron/lead
- Specifications, variables of plasma technology in relation to treatment practice, intensity and mode, power and frequency,
- Terminology – intensity and mode, power and frequency, air gap and potential difference, plasma arc, point of influence, micro ablation, ablative points
- Principles of maximum permissible exposure (in line with supplier/manufacturer protocols usually 0.25-0.5 second to less than 1 second) and optimum distance (1-2mm)
- Understand the effects of plasma on skin and other tissue
- Different types of skin classifications, scales and influences and the effect on treatment response, conditions that can and cannot be treated and why
- Suitable after care products to calm, cool and soothe the area, in line with supplier/manufacturer protocols, healing serum/mask, topical anti-inflammatories, antioxidants, broad spectrum sunscreen SPF30+

Preparation and selection of equipment and products for treatment

Taught content

- Reasons for, appropriate selection, preparation and use of PPE – disposable non-latex gloves, apron/gown, hair covering, practitioner to wear suitable protective mask to prevent inhalation of treatment plumes (N95/N99/FFP23 or equivalent)
- Understanding how to set up and work within a clinically clean field for plasma treatment to be performed, 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
- Why and how it is necessary to select and prepare all appropriate products, equipment and accessories before start of each treatment checking appropriate products and equipment are being used for treatment including plasma device and electrode probe, treatment preparation products, cleansers, alcohol-free skin antiseptic, topical anaesthetic/numbing (if appropriate), white cosmetic pencil and sharpener, mirror, swabs and disposables and appropriate waste bag, biohazard waste sharps box for disposal
- Understand why it is necessary to identify the client's primary concerns and treatment objectives to select the correct placement of ablative points
- Understand why and when it may be necessary to mark treatment area to ensure accuracy of treatment precision depending on application techniques used and desired results

Preparing the area prior to treatment

Taught content

- Cleanse the skin prior to treatment – to remove all make-up, creams/lotions, surface oils and debris
- Typical products used – Cleansers, toners, alcohol-free cleanser/wipes/skin antiseptic, ensure area is dried thoroughly
- Mark out treatment area with a sharpened white makeup pencil where necessary to ensure treatment precision

Method of application

Taught content

- Follow specific supplier/manufacturer protocols for plasma treatment
- Mark out the treatment area where appropriate to ensure treatment precision where appropriate
- Plan treatment start and end point
- Magnify and illuminate the treatment area
- Ensure settings of the plasma device are of the correct intensity and mode/power and frequency levels in line with skin classification, area and condition treated and treatment objectives
- Work systematically and methodically ensuring correct electrode probe is maintained at the correct angle (90°) and distance (1-2mm), ensuring ablative points are evenly and correctly spaced in line with treatment objectives
- Reasons for working within the agreed treatment area and avoiding contra-indicated areas
- Maintain adequate skin support in all treatment areas, manipulating the skin and adapting as appropriate to ensure electrode probe remains at correct distance and angle, avoiding discomfort or causing injury
- On completion of treatment return machine to standby/safe mode
- Apply cooling compress/products/aftercare lotion where appropriate to soothe treatment areas in line with supplier/manufacturer protocols such as serum/mask, apply SPF factor 30+ to exposed areas
- Problems associated with uneven treatments, working outside the marked area or over contra-indicated areas, overlapping and possible adverse reaction or injury

Adaptations to treatment

Taught content

- Adapt the treatment, taking into consideration pre-existing conditions
- Omit treatment to pre-existing lesions such as moles, papules, pustules
- Give clear instruction and guide the client to change expression/position to ensure all treatment areas are fully accessible
- Treatment progression
- Areas to avoid or needing special consideration – keloid scarring, pustular lesions, moles/pigmented lesions requiring medical consent pigmented birthmarks, palms of hands and soles of feet, tattoos, semi-permanent makeup, mucosal surfaces

Uses, limitations, benefits and effects of plasma equipment and accessories

Taught content

- The outcomes expected from skin rejuvenation using plasma energy-based devices
- The types of skin which are unsuitable or less likely to respond well to treatment, darker Fitzpatrick skin types in accordance with supplier/manufacturer guidelines
- Where topical applications of products or treatments require a certain time lapse prior to plasma techniques in the same area
- Benefits – stimulates collagen production, minimises the signs of ageing, tightens and firms skin, also removal of skin tags, removal of pigmented lesions, such as dermatosis papulosa nigra (DPN), following medical consent
- Effects – improved appearance, improvement of photo aged skin, improved appearance of blemished skin, improved skin texture, more even skin tone, reduction in wrinkles, lifted appearance to eyelids with blepharoplasty treatment

Contra-actions, adverse reactions and complications management

Taught content

- Effects and risks of using excess pressure, incorrect angle, distance or direction of the plasma electrode probe, distribution and/or spacing of ablative points, uneven application or non-compliance with safety and hygiene practices
- Contra-actions and adverse reactions – erythema, 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
- How to avoid and manage contra-actions/adverse reactions/complications at home, if concerned contact therapist in the first instance; when to refer to a medical practitioner
- Clients should be given access to a 24/7 emergency contact number, ideally the practitioner, if practitioner is unavailable access should be given to a deputising practitioner
- Complications management – recording consultation processes and treatment outcomes, managing client expectations vs results, prevention of sharps injuries, first aid training, first aid and emergency treatment kits, basic life support, access to life support equipment and awareness of anaphylaxis training
- Complications management systems and protocols – Practitioners should keep individual contemporaneous records of activity in either digital or paper format, information to be included: date, time, non-identifiable client ID number, practitioner name, indication, product/technique used, anatomical location, complications/adverse events actions taken
- Importance of knowing how to deal with and manage incidents of client dissatisfaction with results, unexpected results, adverse reactions including; 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
- The need to have a first aider available who holds an up-to date First Aid at Work qualification or equivalent and is able to carry out basic life support, and have access to life support equipment
- Every client must be given the opportunity to feedback outcomes at the end of every treatment
- Review of compliments and complaints must have a local quarterly review of outcomes and an audited annual appraisal on performance activities where outcomes are discussed

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 protection

Taught content

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

Prevent infection and promote healing

Taught content

- Understand the products necessary to prevent infection and promote healing, how they should be used before and after plasma treatments, soothing products to be applied post treatment to cool, calm, hydrate and encourage skin recovery
- To prevent infection – use of PPE and single use items, preparation, ensure skin is clinically clean, alcohol-free skin antiseptic, skin recovery products. Use of antiviral suppressant to reduce the incident of post procedural herpes simplex outbreak. Knowledge of all appropriate products and use in line with supplier/manufacture protocols
- To promote healing – calming products/post treatment serums/mask to promote healing, lifestyle factors and changes that may be required to promote healing and activities which might inhibit or compromise healing, correct aftercare, skin hygiene and behaviour of client, calming products/treatments post treatment, anti-inflammatory effects cooling products, cool compress

Treatment progression and additional/complementary treatments recommendations

Taught content

- Advice regarding post treatment expectations and associated time frames with regard to healing and how the healing process affects treatment products used
- Recommendations for appropriate intervals between treatments depending on area treated and treatment objectives, home care to be followed
- Complementary products to be used in conjunction – calming, hydrating
- Knowledge of progressive remedial treatments and products as appropriate for the skin health/condition/type to promote healing and give protection
- Fitzpatrick skin classification and Glogau photo damage and knowledge of how the skin benefits and responds to plasma treatments. Knowledge of post treatment expectations and associated time frames, maintenance treatment timings and use of appropriate skin care programmes at home to encourage healing and prolong treatment effects
- Lifestyle factors and changes that may be required to improve effectiveness of treatment – skin/body care routine, healthy eating, exercise and sun protection

LO3 Comprehend the relevant anatomy, physiology and pathologies for plasma treatments

Structure and functions of the skin and relevance to plasma treatments
Taught content
<ul style="list-style-type: none">• 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 melanin synthesis• The defensive role of the epidermis and the importance of the natural barrier function (NBF) and implications of compromised NBF• The role of melanocytes, keratinocytes and fibroblasts in promoting and rejuvenating healthy skin• Melanogenesis to include post inflammatory hyperpigmentation (PIH) plus causes and recognition of hypo and hyperpigmentation, pigmented lesions, recognition and causes, 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• Sensory nerve endings (Meissner’s corpuscles, Pacinian corpuscles, Merkel’s discs, Ruffini corpuscles)• Hypodermis – subcutaneous layer, adipose tissue, adipocytes• Functions of the skin – secretion, heat regulation, absorption, protection, elimination, sensation, vitamin D production, melanin production, understand the process of keratinisation• Basic skin types: Balanced, oily, dry, combination<ul style="list-style-type: none">- Balanced – 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 Post Inflammatory Hyperpigmentation (PIH)• The impact of compromised healing process and how to recognise and respond to it• Types of collagens 1, 3 and 7• Vascular lesions and common skin disorders for example acne rosacea, telangiectasia, cherry angioma, Campbell de Morgan spots, spider naevus, sebaceous hyperplasia and keratosis pilaris

Associated pathologies 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, seborrhoea, boils, carbuncles, folliculitis, impetigo, herpes simplex, herpes zoster, warts, verrucae, candida, tinea corporis, albinism, chloasma, dermatitis, dermatosis papulosa nigra, ephelides, lentigo, leucoderma, naevae, papilloma, port wine stain (capillary naevus), vitiligo, scabies, sebaceous cysts (steatoma), skin tags (fibroma, verrucae filiformis), spider naevi, styes, xanthomas, prickly heat (miliaria rubra), Basal Cell Carcinoma (BCC), Squamous Cell Carcinoma (SCC), melanoma – benign/malignant

Principles of controlled wound healing

Taught content

- The uses and implications of controlled wound healing to the practitioner
- Principles of inflammation and healing devices of the skin. 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. Characteristics of collagen type 1
- Phases of skin wound healing – haemostasis instant phase, inflammatory phase (occurs immediately following injury and lasts approximately 6 days), proliferation phase (occurs at the termination of the inflammatory phase and can last up to 4 weeks), remodelling phase (begins at the 4th week and can last for years as the scar matures)
- 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 medication
- The relevance of the lymphatic and circulatory techniques to plasma treatments

LO4 Demonstrate how to consult, plan and prepare for skin rejuvenation using plasma treatments

Use consultation techniques to determine the client's treatment plan

Taught content

- Consult with client face-to-face, implementing a range of appropriate communication 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 using plasma techniques and give clear and appropriate advice and recommendations to the client to determine and agree the final treatment plan, including associated time frames 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 plasma treatment process in line with supplier/manufacturer recommendations, the physical sensation of the treatment and the appearance of the skin posttreatment. 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 – 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
- 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 and offer this facility between initial consultation and first treatment. Book first treatment in line with given directives on cooling off periods. Give client verbal and written information regarding the associated risks, after effects, possible contra or adverse reactions including any downtime, home care/additional routines or modifications to current routines required, proposed outcomes and agreed treatment plans with appropriate timescales needed to achieve proposed desired outcome

Establish the condition of the skin

Taught content

- Use Woods lamp, magnifying lamp/glasses or skin diagnostic equipment and perform a visual assessment of the condition and health of the skin and surrounding area, colour swatches/wheel for skin tone and undertone clarification documenting all findings
- Skin characteristics – Fitzpatrick scale 1-6, Glogau photo damage, level of sensitivity, thickness of skin, epidermal thickness, healing capacity, genetic and ethnic influences
- Skin types, skin conditions, surface hydration, photo/sun damage, vascular lesions, primary and secondary lesions, irregularities, skin texture (pore size), skin laxity, static and dynamic wrinkles, congestion/excessive oil
- Identify localised contra-indications that may restrict, prevent or require medical referral and note on the client's record card

Explain the treatment procedures to the client

Taught content

- Selection of plasma 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)
- Plasma device, sterile/non sterile single use electrode probe and setting of intensity and mode/power and frequency to match treatment objectives and agreed treatment plan
- Tests required, thermal, tactile and skin test where applicable
- Treatment area will be cleansed thoroughly
- Alcohol-free cleanser/wipes/skin antiseptic, ensure area is dried thoroughly
- Pre-treatment visual media records to be taken from all appropriate angles
- Mapping of treatment area to ensure treatment precision with white cosmetic pencil
- 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 supplier/manufacture protocols in a methodical and systematic manner within the mapped out area
- Explain the method of plasma procedures and adaptations as required – equipment settings - intensity and mode/power and frequency levels, placement, spacing and distribution of ablative points, duration of discharge, direction, physical sensation, smell, sound and adaptations as appropriate
- After treatment a cool compress/cooling products will be applied to the area in accordance with supplier/manufacture 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 treatment area(s) if required
- Personal devices should not be used to take images of clients
- Gain written/signed client consent for photography and storage of visual media records and specific use of visual media records for treatment evaluation, marketing and teaching purposes

Carry out skin sensitivity tests

Taught content

- Carry out sensitivity tests in accordance with supplier/manufacturer 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 equipment and settings

Taught content

- Select suitable clean, sanitised equipment and prepare in accordance with supplier/manufacturer instructions
- Select sterile/non-sterile single use electrode probe as appropriate to the device, check packaging, record date and batch number if applicable and load securely
- Adjust equipment settings ensuring intensity and mode/power and frequency levels are appropriate to the objectives and skin classification identified in the agreed treatment plan

Select appropriate Personal Protective Equipment (PPE)

Content to include

- Use of PPE (disposable gloves non-latex, disposable masks) that fit the individual correctly so as not to interfere with work, worn correctly each time and disposed of after each use
- Practitioner to wear suitable protective mask to prevent inhalation of treatment plumes (N95/N99/FFP23 or equivalent)
- All PPE stored correctly, checked and maintained fit for purpose

LO5 Demonstrate how to provide skin rejuvenation using plasma treatments

Maintain own responsibilities for health and safety throughout the treatment
Taught content
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• Ensure preparation complies with legal and organisational requirements.• Prepare and protect client to preserve modesty. Protect client's eyes, hair where appropriate, protect and/or cover clothing, request removal of clothing as appropriate• Ensure skin is cleansed, free of make-up, oils, lotions, deodorants and debris using an alcohol free skin sanitiser• Apply anaesthetic/numbing agent (if appropriate) prior to plasma treatment• Mark out the treatment area with white cosmetic pencil as appropriate to ensure treatment precision• Apply appropriate Personal Protective Equipment (PPE)• Position the client to meet the needs of the plasma treatment, clearly instruct the client and, if required, 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, accessories, 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. 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 equipment, accessories, materials and products

Taught content

- Follow protocols for safe use including correct use of plasma equipment and accessories, selection, handling, loading, unloading/changing electrode probe, settings - intensity and mode/power and frequency levels, angle, distance, placement and spacing of ablation points and application techniques
- Products – skin cleansers, topical numbing agent if appropriate, alcohol free skin antiseptic, cooling products, aftercare products, sun protection SPF 30+
- Ensure equipment is turned off and unplugged after treatment
- Follow protocols for safe disposal of sharps/electrode probes in line with manufacturer protocols, organisational treatments and local authority guidelines
- Ensure a waste receptacle is ergonomically placed for use throughout the treatment

Provide plasma treatments

Taught content

- Provide plasma treatments using the correct techniques and in accordance with supplier/manufacturer procedures and protocols at all times
- Illuminate the area to be treated if required to ensure maximum visibility
- Refer to consultation form for previous settings – intensity and mode/power and frequency levels used at last treatment (if applicable)
- Check preparation of treatment area; clean, sanitised and dry prior to treatment
- Select the appropriate equipment settings – intensity and mode/power and frequency levels and electrode probe for treatment objectives and all characteristics
- Perform visual check of the machine to ensure it is in full working order and ensure the electrode probe is loaded and inserted correctly
- Enable and set equipment variables; intensity and mode/power and frequency in line with supplier/manufacturer instructions and treatment aims and objectives
- Position the client comfortably preserving client modesty where appropriate
- Carry out a test to establish response and suitability to treatment, observe and evaluate end points required for effective treatment
- Work in a methodical and systematic manner to ensure correct and even coverage of the agreed treatment area, ensuring correct distance is maintained (1-2mm) and duration of contact does not exceed recommended time (0.25-0.5 – less than 1 second in line with supplier/manufacturer protocols), keeping uniform distance and spacing of ablative points (2-4mm in line with supplier/manufacturer guidelines and instructions as they may vary) within the mapped area to avoid uneven treatment/excessive overlap or overworking the area. Avoid areas/lesions as contra-indicated and/or agreed in the treatment plan
- Reassure the client and communicate positioning instructions clearly throughout treatment
- Continually discuss sensation and check client level of comfort and wellbeing throughout treatment using the 1-10 pain threshold scale, adjust equipment settings – intensity and mode/power and frequency levels as appropriate to each area to ensure client comfort and effective treatment
- Visually monitor the area throughout treatment to observe and evaluate end points including size and colour of ablative points, degree of erythema and observation of desirable and undesirable end points (erythema, mild swelling, burning, blistering) required for effective treatment, adjust equipment settings – intensity and mode/power and frequency levels as appropriate to each area, to ensure appropriate and even coverage and effective treatment
- Observe skin reaction and implement the correct course of action in the event of an adverse reaction including knowing when to adjust treatment parameters or stop treatment due to excessive pain/discomfort, erythema or adverse reaction

- Know when to stop/adapt or adjust treatment settings – intensity and mode/power and frequency levels as appropriate to suit the client’s physical and psychological needs
- Conclude treatment and turn off device
- 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 time frame
- Record treatment settings – intensity and mode/power and frequency levels and all treatment details on consultation form
- Collate, analyse, summarise and record evaluation feedback in a clear and concise way

Take post-treatment visual media records

Taught content

- Follow protocols for taking of visual media records to ensure clarity and consistency
- Take visual media records in same position as pre-treatment visual media records and where possible in 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 eyes/marionette lines. 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 or store images of clients
- Confirm clients’ consent for storage of visual media records and specific use of visual media records for treatment evaluation, marketing and teaching purposes

Provide post care advice and additional homecare

Taught content

- Treatment area should be cooled post treatment to minimise redness and to reduce any client discomfort, soothe and protect where necessary in line with manufacturer protocols
- Gain client signature accepting treatment results, receipt of aftercare advice and agreement to comply with aftercare
- Aftercare advice to be given:
 - Skin may feel tight, sensitive, dry, erythema may be present, degree of erythema will depend on skin type and number/distribution of ablative points
 - Calming products may be applied to reduce discomfort following supplier/manufacturer recommendations
 - Any micro scabs/crusts that form on the skin should be allowed to fall off naturally, do not pick or scrub/exfoliate the skin as this could irritate and contribute to post inflammatory hyperpigmentation (PIH)
 - Use post treatment skincare as recommended to soothe and hydrate the skin
 - Avoid irritating skincare ingredients such as AHAs, or retinoids
 - Avoid direct sun exposure and sun tanning; for at least 4-6 weeks post treatment
 - Apply a physical and broad band spectrum sunscreen (UVA and UVB) with SPF 30+ minimum daily
 - Make-up should be avoided for 48 hours – mineral make-up is preferable, applicators, sponges and brushes must be clean
 - Avoid 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

- Provide aftercare advice on application of any professional products to soothe the area for example cooling area with cool compress, soothing aftercare lotion, treatment serum/mask
- Burn – apply cold running water if practical or cool compresses. Do not use iced water or ice
- Should a blister form in the area after a treatment leave intact. If followed by a scab or thin crust, keep clean and dry and allow to heal naturally. Any scabs or crust forms should not be removed
- Skin may develop temporary lightening (hypo-pigmentation) or darkening (hyper-pigmentation) after plasma treatment, both may be made worse by sun exposure. Pigment changes may be permanent, but will usually resolve within 12 months
- Advise client of how to manage any contra-actions or adverse reactions at home and when to seek medical advice
- Provide client with access to a 24/7 emergency contact number, ideally the practitioner, if practitioner is unavailable access should be given to a deputising practitioner
- Document post-treatment complications and adverse reactions with advice given in line with legislative, insurance and organisational guidelines
- Use reflective practice to evaluate the treatment and inform and provide advice for ongoing future plasma treatments and other treatments which may be used in conjunction to optimise results
- Evaluation of the plasma procedure to inform future procedures, collate, analyse, summarise and record information gained from client feedback, client records and own observations
- Follow manufacturers' guidelines in respect of treatment intervals
- Agree any alterations for future treatment with the client and record the outcome for further evaluation

Dispose of waste materials to meet legal requirements

Taught content

- Dispose of ALL waste from the treatment into biohazard clinical waste bags in line with local authority regulations/legislation and dispose of following COSHH procedures
- Ensure compliance with protocols to avoid cross-infection when handling post-treatment equipment and dispose of electrode probes safely and correctly
- Turn off and unplug after use, remove protective film/covers if used and dispose of in clinical biohazard waste
- Clean plasma device and reusable accessories following supplier/manufacturer instructions and licensing requirements and store correctly
- 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
- Dispose of electrode probes/sharps in a sharps box and in line with local council regulations and procedures of the country therein

Update client records

Taught content

- Accurate completion of treatment details including equipment, sterile/non sterile single use electrode probe used, expiration date, batch number where applicable, date, time, practitioner name, anatomical site, condition treated, skin preparation, skin quality, techniques used, all settings – intensity and mode/power and frequency levels, map of treatment area, map of positioning of ablative points, client skin sensation and skin response, observations of skin during and after treatment, after care and home care advice given
- Reflective practice used to evaluate the plasma 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 comply with aftercare and follow all aftercare/post treatment advice
- Logbook – Practitioners should keep individual contemporaneous records of activity in either digital or paper format, information to be included: date, time, non-identifiable client ID number, practitioner name, indication, product/technique used, anatomical location, complications/adverse events
- 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

Provide and manage post-treatment communications and outcomes

Taught content

- Advise client of expected reactions; mild erythema, slight itching, discolouration of ablative points, healing process and associated time frames, scabbing
- Communicate with client regarding post-treatment care and concerns
- Clients should be given access to a 24/7 emergency contact number, ideally the practitioner, if practitioner is unavailable access should be given to a deputising practitioner
- Inform client how to manage complications/adverse reactions at home and when to refer to a medical practitioner
- Provide and inform the client of protocol for formal complaints
- Document post-treatment complications and adverse reactions in line with organisation guidelines
- Protocol for escalating a formal complaint to management prior to a medical practitioner
- Logbook – Practitioners should keep individual contemporaneous records of activity in either digital or paper format, information to be included: date, time, non-identifiable client ID number, practitioner name, indication, product/technique used, anatomical location, complications/adverse events
- Every client must be given the opportunity to feedback outcomes at the end of every treatment

Assessment requirements

Learners must 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 case study practice demonstrating 5 treatments (which may be combined) to cover the range. Each practice needs to include a full medical history of the client, advanced skin assessment, before and after photographs (visual media) and a full description of the area to be treated. A detailed description of the treatment performed including equipment, electrode probe used, expiration date and batch number where applicable, date, time, anatomical site, condition treated, techniques used, all settings - intensity and mode/power and frequency levels, map of treatment area, map of positioning of ablative points, duration of application, client skin sensation and skin response, observations of skin during and after treatment. Each application must also include an evaluation of the treatment and its outcomes, pre and post treatment skincare product recommendations and post treatment advice and reflective practice of the treatment.

Range to be included in applications:

- Met the needs of a variety of clients on 5 separate occasions each on at least 4 different areas to show how to provide the correct treatment for:
- All treatment objectives
 - Reduction of fine lines
 - Blepharoplasty – eyelid lift (upper and lower)
 - Improvement of stretchmarks
 - Improvement of pigmentation variations
 - Improvement of skin texture
 - Skin tag removal (with GP permission)
 - Removal of Dermatitis papulosa nigra (with GP permission)
- All treatment areas
 - Face
 - Neck
 - Décolleté
 - Body – areas may include and are not restricted to: chest/abdomen/back/hands
- Carry out all consultation techniques
 - Questioning – verbal
 - Listening – non-verbal
 - Visual – non-verbal
 - Use of illustrative images/diagrams
 - Manual
 - Written
 - Pre-treatment visual media records taken

- Carried out skin sensitivity tests
 - Thermal Test
 - Tactile test
 - Test patch
- Considered all factors of influencing characteristics
 - Level of sensitivity
 - Fitzpatrick scale
 - Condition of skin
 - Skin type
 - Hydration levels
 - Healing capacity
 - Causes of skin condition
 - Site of skin condition
- Skin classification
 - Glogau photo-damage
 - Fitzpatrick scale
 - Lancer Scale
 - Phenotype and Genotype
- 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
- Recorded all types of information
 - Name of the person treated
 - The date and time of treatment
 - Name and signature of practitioner
 - Plasma equipment, accessories and techniques, used
 - Map of treatment plan
 - Equipment settings - intensity and mode/power and frequency levels
 - Spacing and distribution of ablative points
 - Duration of application
 - Cooling devices
 - Reaction levels
 - Any adverse reactions
 - Gained signed acceptance of results, skin response and commitment to comply with aftercare/post treatment advice given

- Given all advice and recommendations
 - Immediate aftercare
 - Suitable post care products and their uses
 - Suitable post care personal/skin hygiene procedures
 - Pre-treatment skincare products and lifestyle recommendations
 - Avoidance of activities which may cause contra-actions
 - Modifications to lifestyle patterns
 - Recovery and skin healing process and expectations
 - Post-treatment contra-actions/adverse reactions and how to deal with them
 - Future treatment recommendations with appropriate intervals between treatments
 - Treatments which could be given or avoided in conjunction with/after plasma treatments
 - Present and future products and treatments recommended
 - Use of SPF products
 - Use of tyrosinase inhibitors
 - Issuing of verbal and written post care advice
 - Taking and storing before and after visual media records
- Reflective practice
 - Evaluation to agree and inform future outcomes
 - CPD

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 the environmental and safety considerations when providing skin rejuvenation using plasma techniques	1.1 Promoting environmental and sustainable working practices
	1.2 Licensing regulations for aesthetic practitioners and premises
	1.3 Insurance guidelines
	1.4 Safety of product and equipment sourcing
	1.5 Suppliers' and manufacturers' instructions for safe use
	1.6 Working in line with organisational procedures
	1.7 Hygiene considerations
	1.8 Contra-indications that would prevent or restrict treatment
	1.9 Contra-indications requiring medical referral and referral processes
	1.10 When to consult with other aesthetic professionals
	1.11 Treatment of minors
	1.12 Hazards and risks

Learning Outcome	Assessment Criteria
LO2 Comprehend protocols and guidelines when providing skin rejuvenation using plasma techniques	2.1 Factors to consider and treatment planning
	2.2 Assessing skin characteristics
	2.3 Pre and post advice to provide to the client
	2.4 Timing and intervals of treatments
	2.5 Pain threshold, sensitivity variations and testing
	2.6 Types and purpose of plasma equipment and accessories
	2.7 Preparation and selection of equipment and products for treatment
	2.8 Preparing the area prior to treatment
	2.9 Method of application
	2.10 Adaptations to treatment
	2.11 Uses, limitations, benefits and effects of plasma equipment and accessories
	2.12 Contra-actions, adverse reactions and complications management
	2.13 Benefits and use of inhibitors
	2.14 SPF and UVA specific sun protection
	2.15 Prevent infection and promote healing
	2.16 Treatment progression and additional/complementary treatments recommendations

Learning Outcome	Assessment Criteria
LO3 Comprehend the relevant anatomy, physiology and pathologies for plasma techniques	3.1 Structure and functions of the skin and relevance to plasma treatments
	3.2 Associated pathologies and relevant terminology of the skin
	3.3 Principles of controlled wound healing

3. Practical examination

The practical examination will be conducted by an external examiner through direct observation at the centre.

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

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

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

Document History

Version	Issue Date	Changes	Role
v1.0	12/02/2024	First published	Product and Regulation Manager