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# Unit Specification

## UBT504 – Provide Advanced Chemical Skin Peeling L/651/6121

Level: 6  
Guided Learning Hours (GLH): 80

### Overview

The aim of this unit is to develop the learners' knowledge, understanding and practical skills when using a range of advanced chemical skin peeling procedures to enhance appearance to face and body. The unit covers the required knowledge of the relevant anatomy, physiology and pathologies needed to provide safe and effective skin peeling procedures.

Learners will be able to carry out a concise and comprehensive consultation face to face with the client and maintain responsibilities for health and safety during pre and post skin peeling procedure.

Learners will also develop skills on how to conduct skin health checks to establish the client's suitability and to formulate a specific plan tailored to suit individual client needs and requirements.

Learners will deepen their understanding of a range of chemical peels by understanding the common acids and basic chemistry of peeling products whilst developing the ability to perform a range of skin peels advanced chemical peels on all skin types giving consideration to all skin conditions.

## **Learning outcomes**

On completion of this unit, learners will:

LO1 Know the relevant anatomy, physiology and pathologies for advanced chemical skin peeling

LO2 Understand the safety considerations when providing advanced chemical skin peeling treatments

LO3 Understand how to provide advanced chemical skin peeling treatments

LO4 Be able to analyse the uses, limitations, benefits and effects of a range of advanced chemical skin peeling products

LO5 Be able to consult, plan and prepare for advanced chemical skin peeling treatments

LO6 Be able to provide advanced chemical skin peeling procedures

LO7 Be able to reflect on advanced chemical skin peeling treatments

## Supplementary Information and Guidance

This table is intended for guidance purposes only. Practitioners should always follow the specific instructions and recommendations provided by the manufacturers of the chemical peels they use. Individual skin types and conditions may vary, and it is essential to conduct a thorough assessment and consultation with each client before proceeding with any treatment. Always adhere to professional standards and regulatory guidelines to ensure safe and effective practice.

### \*Guidance for Phenol Peels

The Joint Council for Cosmetic Practitioners (JCCP) recommends that phenol peels should only be performed by medical practitioners due to their potential risks and complications. For non-medics, phenol derivatives such as modified phenol peels can be used, which are less aggressive and have a reduced risk of side effects.

Level	Type of Peel	% Peel Strength	Molecular Size	pH Level	Skin Type	Key Characteristics	Recovery Time
<b>Very Superficial Peels</b>							
4	Alpha Hydroxy Acids (AHAs): Lactic acid, Glycolic acid	10-30%	Small to medium-sized molecules	pH 3-4	Sensitive, mild acne, uneven texture, dry skin	Light exfoliation, targets outermost layer (stratum corneum)	1-7 days
	Beta Hydroxy Acids (BHAs): Salicylic acid	10-30%	Small molecule size	pH 3-4	Oily skin, mild acne	Deep penetration of oily skin	1-7 days
<b>Superficial Peels</b>							
5	Glycolic Acid (Higher concentration)	30-50%	Larger molecules than very superficial peels	pH 2-3	Mature skin, slight wrinkles, hyperpigmentation, acne	Deeper exfoliation, targets epidermis	7-14 days
	Jessner's Peel (Combination of lactic acid, salicylic acid, and resorcinol)	14% lactic acid, 14% salicylic acid, 14% resorcinol	Medium-sized molecules	pH 2-3	Uneven pigmentation, acne, fine lines	Enhanced exfoliation	7-14 days
	TCA (Trichloroacetic Acid)	15%	Medium to large molecule size	pH 1.5-2.5	Hyperpigmentation, acne, uneven skin tone, fine lines	Effective exfoliation	7-14 days
<b>Superficial to Grenz Zone Peels</b>							
6	TCA (Trichloroacetic Acid)	20-35%	Medium to large molecule size	pH 1-2	Deep wrinkles, acne scars, photo-ageing, uneven pigmentation	Deep penetration, affects epidermis and upper dermis	14-28 days
	Modified Phenol Peels*	Varies depending on formulation	Larger molecules	pH 1-2	Severe pigmentation, deep wrinkles	Deep skin resurfacing with reduced risk of side effects	14-28 days
	Jessner's Peel (Higher strength)	25-35%	Medium-sized molecules	pH 1-2	Severe pigmentation, deep wrinkles	Enhanced exfoliation	14-28 days

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# Unit content

LO1 Know the relevant anatomy, physiology and pathologies for advanced chemical skin peeling

## The structure and functions of the skin and relevance 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 lipidity 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)
- Extracellular matrix (ECM) 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
- Compromised healing process recognition and respond to it
- Types of collagen I, III, IV & VII
- The process of and the requirements for collagen synthesis including vitamin A, vitamin C, vitamin E, antioxidants, 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, hemangiomas, sebaceous hyperplasia and keratosis pilaris

## The 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 – 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 four principles and processes of wound healing – haemostasis, inflammation, proliferation, remodelling; actions of arachidonic acid cascade, Merkel and Langerhan 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 extracellular matrix and early collagen; formation characteristics of type III collagen, collagen remodelling and the conversion of collagen from type III to type I. Characteristic of collagen type I
- 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

## The structure and functions of the circulatory and lymphatic systems and relevance to skin peeling treatments

### Taught content

- Circulatory system
  - Functions of blood – transport, regulation, protection, clotting
  - The structure of veins, venules and capillaries
  - The structure of arteries, arterioles and capillaries
  - Main arteries of the face and head
- Common carotid, external carotid, occipital, facial, maxillary, lingual, superficial temporal, thyroid
  - Main veins of the face and head
- External jugular, internal jugular, common facial, anterior facial, maxillary, superficial temporal
- Arteries – internal and external carotid, occipital, temporal, facial
- Veins – internal and external jugular, occipital, temporal, subclavian
  - Blood composition – erythrocytes, leucocytes, thrombocytes, plasma
  - Circulation – heart, pulmonary circulation, capillaries, systemic circulation
  - The process of blood clotting – platelets, thromboplastin, prothrombin, thrombin, fibrinogen, fibrin, calcium
- Lymphatic system
  - Functions of the lymphatic system – fluid distribution, fighting infection, transport of fat and nutrition
  - Functions of lymph nodes – filter toxins, clean lymphatic fluid, produce antibodies and antitoxins, produce lymphocytes
  - Position of lymph nodes – occipital, mastoid, superficial cervical, deep cervical, parotid, buccal, submental, submandibular
- The relevance of the lymphatic and circulatory systems to skin peeling treatments

## The principles and functions of the endocrine system and relevance to skin peeling treatments

### Taught content

- The endocrine system and its effect on the skin/body conditions which may affect the client skin peeling treatment
- Pituitary – Oxytocin, Antidiuretic Hormone (ADH) (Vasopressin), Prolactin, Human Growth Hormone (HGH), Thyroid Stimulating Hormone (TSH), Adrenocorticotrophic Hormone (ACTH), Luteinising Hormone (LH), Follicle Stimulating Hormone (FSH), Melanin Stimulating Hormone (MSH)
- Thyroid gland – Thyroxin, Triiodothyronine, Calcitonin, Parathyroid glands, Parathormone, Thymus, T lymphocytes
- Pineal - Regulates the pituitary and releases serotonin
- Islets of Langerhans – Insulin
- Adrenal glands
- Adrenal medulla – Adrenalin, Noradrenalin
- Adrenal cortex – Corticosteroids, Mineralcorticoids – Aldosterone, Glucocorticoids
- Ovaries – Oestrogen, Progesterone
- Testes – Testosterone
- Cortisol levels on stress, puberty, pregnancy, menopause
- Effects of hormones on the skin – Melanin Stimulating Hormone (MSH), Testosterone, Oestrogen, Thyroxin

## 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, lateral canthal rhytidest, 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)
- The impact of common diseases and disorders on advanced chemical skin peeling treatment outcomes

## Pathologies of the circulatory system

### Taught content

- Anaemia, aneurism, arteriosclerosis, AIDS/HIV, coronary thrombosis, haemophilia, hypertension, hypotension, high cholesterol, hepatitis A, B and C, leukaemia, phlebitis, septicaemia, stress, thrombosis, varicose veins, cardiac failure, epistaxis (nosebleeds), heart disease, hole in the heart, myocardial infarction, palpitations, pulmonary embolism, Raynaud's disease, sickle cell anaemia, thalassaemia, varicose ulcers

## Pathologies of the lymphatic system

### Taught content

- Hodgkin's disease, non-Hodgkin's lymphoma, Hashimoto's thyroiditis and lymphoma, Lymphedema, Lymphoid hyperplasia Immunodeficiencies affecting the lymphatic system

## Pathologies of the endocrine system

### Taught content

- Thyrotoxicosis, myxoedema, goitre, Addison's syndrome, Cushing's syndrome, diabetes mellitus, diabetes insipidus, Hypothyroidism, hyperthyroidism, Polycystic Ovary Syndrome, Menopause, Hashimoto's Thyroiditis, Thyroid nodules, Andropause, Graves disease and Thyroid cancer

## LO2 Understand the safety considerations when providing advanced chemical skin peeling treatments

### Suppliers' and manufacturers' instructions for safe use

#### Taught content

- Skin peels approved by EU Cosmetics Regulations for cosmetic use by practitioners and conform to guidelines from the Cosmetic Practice Standards Authority (CPSA)
- The features, benefits and reasons for supplier and manufacturer equipment and product protocols and specific training for advanced chemical skin peeling procedures including skin sensitivity and patch test recommendations
- The use of Safety Data Sheet (SDS) in relation to skin peeling treatments
- Understand the products appropriate for use during advanced chemical skin peeling procedure preparation, for very superficial to superficial to the Grenz zone depth advanced chemical skin peeling in all skin types, post-care, aftercare and homecare application according to supplier/manufacturer instructions, for example, cleansing, pre and post peel products, peel preparation, advanced chemical skin peeling products/agents, neutralisers where appropriate to the system, sun protections (SPF) and aftercare products.
- Use of adjunctive topicals to increase efficacy including retinoids, tyrosinase inhibitors, antioxidants. Follow guidelines to check expiration/use by dates. Recognise there is limited consistency between manufacturers and why instructions must be assessed, or further training may be needed. Liaising and working under the oversight of the named prescriber were applicable to prescription products
- Supplier/manufacturers guidelines to select and prepare appropriate advanced chemical skin peeling products/agents considering the skin type, condition(s), characteristics, lesions, relevant classifications, area to be treated and desired outcome
- Supplier/manufacturer protocols for product safety, hygiene, sterilisation and treatment application methods, working methodically and systematically over small zones of the face/body in a specified order, using the correct application techniques for very superficial to superficial to the Grenz zone depth advanced chemical peels in all skin types, correct pressure, and timings, adapting the procedure to ensure even coverage of the area. Observation of desirable and undesirable clinical endpoints. Neutralising, where appropriate, and removal of products, application of recovery products where appropriate to the system. Frequency of procedures, course of procedures, in line with supplier's/manufacturer's recommendations skin types/conditions/classifications and areas suitable and unsuitable for procedures
- Correct storage, selection, preparation, use and disposal of advanced chemical peeling products/agents and associated products. Advanced chemical peels must be clearly labelled and stored according to manufacturer's instructions, away from light and heat, expiry dates checked, out-of-date peels should be disposed of in line with supplier's/manufacturer's instructions and in accordance with local legislative requirements. Glass container disposal in accordance with local legislative requirements. Feedback regarding treatment sensation, client comfort, tolerance and wellbeing to be checked with client throughout treatment. Observation and correction of desirable and undesirable clinical endpoints, skin recovery products used in the clinic. Frequency of treatment and associated timeframes, process of healing and the expected outcome with associated timeframes, maintenance treatments required and associated time frames and conditions/skin classifications suitable and not suitable for advanced chemical skin peel procedures

## Insurance guidelines

### Taught content

- Insurance policy requirements to be met to ensure insurance is valid
- Requirements for skin testing prior to treatment
- Acquiring informed client consent and signature before every treatment
- Providing written pre and post-care information
- Ensuring therapist is working within scope of practice

## Contra-indications that would prevent or restrict advanced chemical skin peeling procedures

### Taught content

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

## Contra-indications requiring medical referral and referral processes

### Taught content

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

## When to consult with other aesthetic professionals

### Taught content

- Clinical governance and procedures in compliance with clinical oversight of named prescriber in prescription peels or adjunctive products, as well as emergency prescription medication in the event of complications or adverse reactions
- Situations requiring additional information from other professionals involved with the client and methods to obtain this information in compliance with confidentiality and consent guidance, in line with current data protection legislation
- Awareness of when and how to request additional advice from other clinicians treating the client, in line with current data protection legislation
- Alternative procedure options when advanced chemical peeling is not appropriate or contra-indicated, such as tyrosinase inhibitors, dermaplaning, microdermabrasion, mesotherapy, IPL, micro-needling, HIFU, radiofrequency, ultrasound, and electroporation, depending on the condition being treated

## Hazards and risks

### Taught content

- Implications of not conducting patch tests
- Hazards to eye and skin from accidental exposure to chemicals used. First aid procedures
- Risks associated with compromised tactile response in the procedure area post-surgery/trauma
- Implications of not applying the skin peel correctly, excessive overlap, incorrect duration
- Consequences of working outside the agreed procedure area
- Pigmentation changes or scarring due to incorrect classification, poor assessment of skin condition and suitability for procedure, poor selection of advanced chemical peel products/agents for skin classification, incorrect application methods used for skin classification/condition treated, incorrect post procedure care and/or infection of the skin, poor/incorrect client compliance post procedure not adhering to pre and post-care instructions
- 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. Keep to manufacturers' guidelines on practical application
- Contra-actions and adverse reactions; pain, discomfort, prolonged erythema, hyperpigmentation, hypopigmentation, post inflammatory pigmentation (PIH), swelling, blistering, infection including acne and activation of herpes simplex, allergic reactions including urticaria, papules and anaphylaxis, overtreatment (deeper resurfacing than intended), scarring, changes in skin texture
- Potential risks; hyperpigmentation, post inflammatory hyperpigmentation (PIH), hypopigmentation, infection, scarring, blistering, allergy and excessive inflammation
- Risks associated with performing advanced chemical skin peeling procedures over atrophy, hypertrophic and keloid scarring
- Risks associated with advanced chemical peels and anaphylaxis, resuscitation equipment should be within the premises and checked daily. Practitioners must know where the nearest automated external defibrillator (AED) is located

## Treatment of minors

### Taught content

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

## LO3 Understand how to provide advanced chemical skin peeling treatments

### Factors to consider and treatment planning

#### Taught content

- Client's 'wants', needs, concerns, expectations, anticipated costs, treatment objectives, and indications. Realistic outcomes against client expectations, expected treatment sensations, healing process, and potential risks relevant to the depth of advanced chemical skin peeling procedures, considering the physical and psychological wellbeing of the client
- Results from skin tests and skin analysis classification and characteristics, including skin type and skin density (Fitzpatrick skin type, Glogau photo damage, Lancer scale, phenotype and genotype, chronological skin ageing process, intrinsic and extrinsic factors), skin conditions or lesions present, and specific areas of concern to assist in choosing the appropriate procedure and identifying realistic and achievable outcomes
- Client's medical history, emotional and physical condition, previous treatments to improve skin appearance, previous treatments in the area to be treated, sun exposure and tanning history, fake tan application, skin classification, and skin condition to assist in choosing the appropriate procedure and identifying realistic and achievable treatment outcomes
- The importance of acknowledging when underlying factors will affect the success of the procedure and selecting 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 advanced chemical skin peeling to be appropriate and to gain insight into the client's approach to aesthetic treatments
- Satisfaction and results. Indicators for body dysmorphia disorder (BDD) and clients with unrealistic expectations. Protocols for managing these situations.
- The importance of planning treatment times after previous skin rejuvenation treatments to ensure sufficient time has passed for intense advanced chemical skin peeling procedures to be appropriate
- Pre and post-treatment advice, healing process including likely or expected reactions, contra-actions or adverse reactions, recommended skincare/post-care, diet and lifestyle advice/choices or restrictions that could positively or negatively impact the effects of treatment, including current skin/body care regime and any required revisions to ensure client suitability for treatment
- Medical history to determine any absolute or relative contraindications that prevent or restrict treatment to ensure client is safe for treatment or if medical/other professional referral is required
- Indications and aims of treatment – in line with client's needs and treatment objectives
- The factors influencing treatment results for example general health, previous skin rejuvenation methods, age, rate of cell regeneration, and consideration of other factors that may inhibit response to treatment and collagen production such as intrinsic and extrinsic factors, diet, lifestyle, stress, smoking, alcohol, medications, illness, environmental stress, hormonal influences, photo damage

- Number of treatments required depend on the size and extent of the area and condition treated, results from the procedure and compliance with aftercare regimes. Consult with recommended guidelines and recommendations from manufacturer training
- Potential cost of treatments including fee structures and treatment options, frequency, duration and potential number of treatments recommended to achieve desired treatment outcomes including likely associated timeframes
- Finalise and agree the treatment plan, addressing client needs, expectations (both realistic and unrealistic) and treatment objectives using information from the initial consultation and visual skin assessment, decline treatment where applicable
- Treatment plan should be clearly agreed between the client and practitioner and recorded on the consultation documentation with client signing to indicate informed client consent before each advanced chemical skin peeling procedure
- Cooling off period to ensure the client has the correct preprocedural skincare and has time to digest the information as well as treatment outcomes matching with expectations

## Assess skin characteristics

### Taught content

- Assessment and observation of skin during consultation, importance of using skin diagnostic equipment, such as Woods Lamp, light magnifier/glasses, skin scanner/diagnosis technology
- Skin health characteristics including Fitzpatrick scale, Glogau photo damage, Lancer scale, phenotype and genotype, level of sensitivity, thickness/density of skin, epidermal thickness, healing capacity, hereditary and ethnic influences, surface hydration levels, pigmentation, photo/sun damage, vascular lesions, primary and secondary lesions, irregularities, chronological skin ageing process, intrinsic and extrinsic factors such as lifestyle, hormones during pregnancy, breastfeeding and menopause, diet, smoking, skincare routine, skin texture (pore size), skin laxity, static and dynamic wrinkles, congestion/excessive oil, sensitivity
- Consequences of inaccurate identification of client's skin type, classifications and the different side effect profiles for each skin type, skin density, colour and appropriate advanced chemical peels/agents to use
- Matching procedures to appropriate skin characteristics, skin classifications, indications, individual's treatment area(s), treatment aims and objectives
- Skin rejuvenation, improvement of superficial blemishes, pigmentation issue, skin texture and tone, skin hydration, improvement of acne, improvement of scarring
- Reasons for choosing advanced chemical skin peeling procedures and protocols to suit the variations in, skin sensitivity, all skin classifications, and treatment objectives

## Pre and post-treatment advice to the client

### Taught content

- Provide a face-to-face consultation 2 weeks – 48 hours prior to actual treatment to discuss outcomes and pre-treatment preparation. A period of 2 weeks or more may be required for rebalance unhealthy skins prior to treatment. Active skincare of a high/professional strength concentration (prescription retinoid/high-level vitamin A) may need to be avoided for 3-5 days pre and post advanced chemical skin peeling procedures, low strength avoided for 48 hours post-treatment or as recommend by supplier/manufacturer for specific peel product/agent
- Understand the types of pre and post-treatment products available and why they are necessary – typical products used may include; sunscreen (minimum SPF 30), tyrosinase inhibitors anti-oxidants, growth factors, vitamin A (non-prescription), retinol, vitamin C, vitamin B3, humectants such as hyaluronic acid, peptides, matrix metalloproteinase (MMP) inhibitors, topical cosmetic formulations recommended in conjunction with skin peeling to enhance effects and improve health and condition of skin, AHA/BHA based cleansers and moisturisers to enhance effects of advanced chemical skin peeling procedure
- The types of prescription topicals prescribed by a healthcare professional and how it impacts and/or supports the skin priming programme and can enhance skin healing
- Pre-treatment advice and preparatory topical skincare preparation programme 2-6 weeks prior to the procedure why this needs to be relevant to their skin health, skin type, Fitzpatrick type and all characteristics. The benefits of implementing a skincare routine to be used at home prepare the skin for treatment and optimise results, enhance advanced chemical skin peel effects, facilitate post healing, reduce risk of complications including post inflammatory hyperpigmentation (PIH). The positive effects of performing advanced chemical skin peeling on a healthy skin in comparison to compromised skin conditions
- Fitzpatrick 3-6 and hyper-pigmented 1-2 are prone to post-inflammatory pigmentation (PIH) after skin peels and must use tyrosinase inhibitor pre-treatment products to reduce the risk of PIH, preparatory products may be used longer than Fitzpatrick 1-3 skin types
- 30 days prior to treatment – importance of not sunbathing/using sunbeds, 10 days – 2 weeks prior to advanced chemical skin peeling procedure avoid the use of self-tanning products as certain acids (glycolic) will carry pigment deeper into skin layers. Wear a minimum SPF30+ broad spectrum UVA protection daily.
- Active herpes simplex is contra-indicated however clients with inactive herpes simplex should be advised to take prescribed or over the counter (OTC) prophylactic antiviral medication or apply topical antiviral cream up to 2 days before treatment and up to 3 days after procedure
- 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 to the client effect and potential risks according to the Fitzpatrick scale and cell type, keratinocytes, Langerhans cells, melanocytes, fibroblasts. With reference to inflammatory response and free radical activity/oxidative stress
- Identify and avoid additional risks through application of CPSA standards to specific areas of treatment examples, orbital rim, extremities, keratosis pilaris

- Explain how the procedure improves the skin, the physical structure of the skin, the cellular rejuvenation process and the physiological effects of advanced chemical skin peeling on the indication to be treated
- The importance of using visual aides to inform the client of the physiological effects of advanced chemical skin peeling procedures
- The physical sensation created by the procedure to the client; mild tingling, prickly or stinging sensation is possible, this can be more painful on more sensitive areas, soft tissues, upper lip, or close to bone, during menstruation or ovulation and depends on Fitzpatrick skin type, peel type, depth and strength, skin may show erythema
- Post-treatment physical sensation – skin may feel tight, sensitive or dry, discomfort may be felt depending on skin health, type, classifications, advanced chemical peel agents, depth and strength
- Post-treatment appearance – associated down time, breakouts may occur (particularly with oily/acne skin). Erythema, flaking, mild to moderate peeling of the skin may occur
- Possible contra-actions – what they are, why they appear and how long they may last – blanching, discomfort, excessive erythema, excessive flaking, frosting, pigmentary changes
- Possible post-procedure occurrences or adverse reactions may occur; excessive prolonged erythema, blistering of the skin, excessive swelling inflammation and itching, sensitivity, hyperpigmentation, hypopigmentation, infection, sepsis
- Clients should be given access to a 24/7 emergency contact number, ideally the practitioner, if practitioner is unavailable access should be given to a deputising practitioner
- Post-treatment hypo/hyperpigmentation. Sun avoidance is essential, prevent exposure with minimum SPF 30+ and UVA broad spectrum protection
- Provide verbal and written post-treatment aftercare advice gaining signed agreement from the client accepting results and agreement to adhere to aftercare advice given
- Post-treatment skincare products to be used post-treatment – physical SPF minimum 30 and UVA broad spectrum protection daily
- Activities to avoid that might cause contra-actions or adverse reactions, extremes of temperature and heat, contact with water, activities which cause sweating, exposure to UV light, allow flakes of skin to fall off naturally, avoid excessive touching, picking or exfoliating the area
- Advise how care for the area between procedures 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 to address ageing at a cellular level such as inflammation, glycation, oxidation for example, prescription products, tyrosinase inhibitors, dermaplaning, microdermabrasion, mesotherapy, LED, IPL, micro-needling, HIFU, radiofrequency, ultrasound, electroporation, depending on the condition being treated

## Timing and intervals of treatments

### Taught content

- Recognise variations in timings depending on skin reaction time and recognised influencing factors, peel products, layering, skin type and condition to be treated plus other contributory factors
- How timings vary when other electrical modalities may be added such as microcurrent, LED, iontophoresis
- Refer to supplier/manufacturer guidelines for recommendations regarding future procedures and appropriate timescales, generally
  - Very superficial chemical peel 2-4 weeks
  - Superficial chemical peel 2-5 weeks
  - Superficial to the Grenz zone chemical peel 4-6 months
  - Deep chemical peels by a medical/qualified practitioner as per medical guidance

## Pain threshold and sensitivity variations

### Taught content

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

## Preparation and selection of equipment and products for treatment

### Taught content

- How to set up a controlled environment and prepare equipment, products and accessories
- selecting and checking appropriate advanced chemical skin peeling products/agents, equipment and accessories and the need to use correct containers and applicators as recommended by supplier/manufacture
- Equipment – disposable dressing packs, sterile gauze pack, cotton wool, cotton buds, couch roll, peel specific non-corrosive container, fan brush/applicator or disposable applicator as appropriate to the system, saline eye wash, mineral oil or petroleum jelly as appropriate to the system and in line with MSDS material safety data sheet
- Selection and preparation for Personal Protective Equipment (PPE)
- Differentiate between advanced chemical skin peeling products/agents, necessity of accurate decanting and measuring for each peel procedure
- Selection and preparation of advanced chemical skin peel products/agents; type, strength and concentration in line with consultation outcomes, checking dates and batch numbers where applicable
- Understand the possible complications if selection is not correct for Fitzpatrick skin type and all skin classifications
- How to work systematically, applying even pressure and consistent amount of advanced chemical skin peel product/agent
- Modify application to suit supplier/manufacture protocols and desired peel intensity, application of layers and duration of contact time
- Effects of different advanced chemical peel agents alone, when combined and how to select appropriate skin peel products/agents for known effects on treatment objectives
- Additional products/equipment to meet treatment aims and objectives and additional products to calm and protect the skin post-treatment

## Function and principles of skin sensitivity and patch testing prior to treatment

### Taught content

- Basic testing for potential allergic reactions to be performed on all clients according to manufacturer advice and recommendations as well as client sensitivity to ingredients (this may not be applicable to some prepacked peel regimes so follow manufacturers guidance in relation to this as patch test maybe performed pre peel or one layer and wait)
- Supplier/manufacturer instructions. Test result to achieve a negative response
- Any change of advanced chemical skin peeling products to be tested prior to full application. Follow supplier/manufacturer instructions for advanced chemical skin peeling product/agent for each skin type, classification and condition as they may vary
- Follow supplier/manufacturer instructions and organisational protocols for recommended time between required patch/sensitivity tests and advanced chemical skin peeling skin procedure for each skin type as they may vary
- Advanced chemical skin peeling procedure to be performed when advanced chemical skin peeling products skin test results are negative
- Skin sensitivity test performed prior to procedure after client has agreed and signed informed consent. Client must sign thermal/tactile test form if separate to main consultation form
- Testing to ensure the client has unimpaired sensitivity to stimuli – heat and pressure.
- Records of results to include whether the client can tell the difference in sensations, date, location of test, and methods used, description of results, if positive a full description of responses given
- Advanced chemical skin peeling procedure to be performed when the client can correctly identify different thermal and tactile sensations

## Adaptations to the procedure

### Taught content

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

## Contra-actions associated with the treatment

### Taught content

- Effects and risks of using excess pressure, incorrect application procedures uneven application, pooling, extreme erythema, erythema resulting from overlapping peel application, blanching, discomfort, post inflammatory hyperpigmentation or non-compliance to safety and hygiene practices
- Contra-actions which may occur, how to deal with them, what advice to give to clients and when to refer to prescriber or medical practitioner – blanching, frosting, erythema, flaking, pigmentary changes, discomfort and breakouts
- How to avoid and manage contra-actions/adverse reactions/complications at home, and when to refer to a medical practitioner
- 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
- Report incidences in line with organisational procedures and local legislation

## Benefits and use of inhibitors

### Taught content

- Understand melanogenesis and the enzyme tyrosinase, where it is located and its function
- Understand how tyrosinase inhibitors can reduce the production of melanin and how this can protect against post-inflammatory hyperpigmentation
- Knowledge of tyrosinase inhibitors and melanin suppressors, for example, azelaic acid, bearberry, liquorice root extract, ascorbic acid, kojic acid, niacinamide, L-arbutin and hydroquinone

## Purpose of SPF and UVA specific sun protection

### Taught content

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

## Treatment progression and additional/complementary treatments

### Taught content

- Knowledge of progressive peeling by increasing peel type/intensity over time as appropriate for the skin type, use of booster under 1% (non-medical) – retinol booster/additives or combination of retinoid derivatives for post peel homecare
- Knowledge of how the skin benefits and responds to progressive peeling.
- Knowledge of maintenance treatment timings and use of skincare programmes at home to reinforce and optimise effects of the procedure
- Progression as part of a course and the treatments that could be given in conjunction with or after advanced chemical skin peeling, a ‘multi-modality’ approach. Understand frequency of procedures to enhance effects and achieve treatment objectives for each client
- Understand a variety of treatments that can be offered with or between peels treatments:
  - Microdermabrasion can be used to assist with removal of stratum corneum barrier
  - Light Emitting Diode (LED) to assist with collagen synthesis and cell repair
  - Combining skin peels with radio frequency, skin needling, ultra-sound devices, laser/Intense Pulsed Light (IPL) for the treatment of photo rejuvenation (hyperpigmentation and facial erythema)
  - Injectable treatments such as dermal fillers to restore volume loss, and static wrinkles that skin peels may not improve sufficiently or neuromodulator injections/Botulinum toxin for dynamic lines
- Timings on treatment combinations must always follow supplier/manufacturer recommendations

## LO4 Be able to analyse the uses, limitations, benefits and effects of a range of advanced chemical skin peeling products

### Types and purpose of advanced chemical skin peeling equipment and products

#### Taught content

- Equipment – disposable dressing packs, sterile gauze pack, cotton wool, cotton buds, couch roll, peel specific non-corrosive container, fan brush/applicator or disposable applicator as appropriate to the system, Personal Protective Equipment (PPE); disposable headbands, disposable gloves (non-latex), disposable apron, mask, eye protection for practitioner, saline eye wash, mineral oil or petroleum jelly as appropriate to the system and in line with MSDS
- Skin cleansing products to remove all make-up/skin preparations, surface oils and debris in the area
- Understand the classes of skin peeling categorisation and the different types of skin peeling equipment to treat different indications, skin classifications and skin conditions for providing different depths of peels ranging from very superficial to superficial peels to the Grenz zone
- Understand the difference in strengths of preparation and the depth and level of penetration, intensity dependent on peel agent(s) used and duration of contact. Superficial penetrates to any depth within the epidermis down to the basal layer. Superficial to the Grenz zone to the papillary dermis and Grenz zone (a narrow area of the papillary dermis uninvolved by underlying pathology). Deep performed by medical practitioners only, controlled peels down to reticular dermis
- Chemical structure, variants of each group of Hydroxy Acids, source, molecular structure, action, effects and indications for treatment
- Alpha Hydroxy Acids (AHAs)
- Beta Hydroxy Acids (BHAs)
- Polyhydroxy Acids (PHAs)
- Beta lipohydroxy acid (LHA)
- Carboxylic and Dicarboxylic acids
- Trichloroacetic acid (TCA)
- Phenol
- Pyruvic
- Alpha Hydroxy Acids (AHAs) – organic carboxylic acids, including Citric acids, Tartaric acid, Malic acid, Lactic acid and Glycolic acid. Available in 20%, 30%, 50% and 70% strength, pH levels range from 1.7 to 1.9. Penetrate stratum corneum to cause desquamation by breaking down corneocyte desmosomal bonds, controlled injury caused by disrupting the acid mantle. Exfoliates stratum corneum, restores a radiant healthy glow, softens appearance of fine lines and wrinkles, improves hydration by enhanced moisture uptake. Induces changes in the epidermis and dermis. Dermal effects of treatment with AHAs causes an approximate 25% increase in skin thickness and produced significant reversal of epidermal and dermal markers of photo ageing
  - Lactic Acid – natural acid derived from milk, fruit, vegetables and plants, water-soluble, produced both naturally and synthetically. Causes corneocyte detachment and desquamation of the stratum corneum. Assists in reducing acne breakouts, appearance of wrinkles and signs of ageing. Gentler and less irritating than glycolic acid, hydrating, increases natural barrier lipids, lightening and brightening appearance of discolouration, recommended for PM use, may cause skin to be sun sensitive if applied during the day

- Glycolic acid – available in 30%, 50% and 70% with pH levels ranging from 1.1 to 1.8, derived from fruit, sugarcane, soluble in alcohol. The smallest alpha-hydroxy acids penetrate skin to weaken binding properties of lipids that hold dead cells together and exfoliate superficial layers of the stratum corneum. Increases epidermal and dermal thickness, improves collagen fibre and glycosaminoglycan (GAG) production, may cause dehydration when used daily. Keratolytic, germinative layer and fibroblast-stimulating, anti-inflammatory effects and antioxidant action, suited to most skin types. Causes a rapid stratum corneum cascade or epidermolysis, can be photosensitising
- Mandelic acid – derived from almonds, used alone or in combination with azelaic acid, a light peeling acid, side effects such as erythema and burning are rare and mild in severity
- Ellagic acid – polyphenol present in pomegranates and berry fruits, improved signs of photo-ageing in vitro, significant reductions in pigmentation in patients with melasma
- Ferulic acid – present in seeds of coffee, apple, artichoke, peanut and orange, also seeds and cell walls of commelinid plants (such as rice, wheat, oats and pineapple), extracted from wheat bran and maize bran using concentrated alkali, neutralises free radicals, easily absorbed, improves stability of Vitamin C and E, enhances photo protection
- Gluconic acid – from the oxidation of carboxylic acid, an organic acid which naturally occurs in fruit, honey and wine, keratolytic properties can be used to treat wrinkles
- Kojic acid, concentrations range from 2% to 4%, from mushrooms is a fungal derivative which inactivates tyrosinase a natural skin lightening agent or de-pigmenting agent
- Azelaic (dicarboxylic acid) naturally occurring in wheat, rye and barley, decreases inflammation and redness, anti-bacterial and treats hyperpigmentation
- BHAs are stronger than AHAs including Salicylic acid, Tropic acid, Trethocanic acid, usually less irritating as penetration of the molecule is slower due to its size, commonly used for problematic/acne prone skin
  - Salicylic acid (ortho-hydroxy-benzoic acid) – derived from aspirin. Available in 10%, 20%, and 30% with pH levels ranging from 2.1 to 2.3. Lipophilic compound which removes intercellular lipids covalently linked to the cornified envelope surrounding cornified epithelioid cells, can alter underlying dermal tissue without directly wounding tissue or causing inflammation. Anti-inflammatory, useful for sensitive conditions such as acne and acne rosacea, lipophilic, penetrates and dissolves oil and sebaceous secretions, neutralises bacteria, clears infection within pores, unclogs pores, keratolytic, increases cell turnover. Over the counter (OTC) acne treatment as an active ingredient in concentrations of 0.5 to 2%. Salicylic toxicity – signs are nausea, disorientation and tinnitus – never apply to more than 25% of a body area, for example, whole back – only treat 25% at one time
- Poly Hydroxy Acids (PHAs) – similar effects to AHAs, generally less irritating to skin, for example gluconolactone, humectant properties increase hydration

- Beta lipohydroxy 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 and oilier skin types
- Jessner's Solution – a mixture of resorcinol, lactic and salicylic acid in an alcohol base however ingredients can vary, some formulas also contain phenol, used for over 100 years to treat hyper-keratotic epidermal lesions and induces wounding to papillary dermis level. Each component of Jessner's solution has specific effects; Salicylic acid enhances penetration of other agents. Resorcinol (m-dihydroxy benzene) is similar chemical composition and structure to phenol, disrupts the weak hydrogen bonds of keratin, in concentrations greater than 50% can be associated with toxicity such as myxoedema due to anti-thyroid activity, also associated with contact dermatitis. Combination/blended peels i.e. salicylic, resorcinol and lactic – combining acids allows the acids to be used at a lower percentage enhancing benefits and minimising side effects
- Vitamin A peels – superficial to superficial to the Grenz zone depth peel, improves skin health, restores a healthy glow, acne (papules, pustules and hormonal breakouts), blocked pores and congested skin, sun damage, lightens pigmentation, activates cell turnover, skin rejuvenation, reduce fine lines and wrinkles. May contain ingredients such as: retinoic acid, retinaldehyde, retinol, retinyl palmitate and AHAs. Antioxidant protects from free radicals. Usually pain-free, widely tolerated except in cases of sensitivity. Contra-indicated for clients with reactions to vitamin A or glycolic peels, pregnancy or breastfeeding. Skin usually peels 2-5 days following procedure and require post-treatment care. Avoid active skincare products up to a week after treatment
- Vitamin C peels – very superficial to superficial depth peels, pure ascorbic acid is often the main ingredient. Increases microcirculation and collagen production, antioxidant, protects from free radicals, assists in delivery of nourishing, natural ingredients into skin without excessive peeling, ideal for hypersensitivity, ageing and acne, strengthens capillaries by assisting angiogenesis
- Enzyme peels – usually very superficial. Organic substances, proteins that act as a catalyst or accelerator. Typical include papain from papaya, bromelain from pineapple, pumpkin pulp, or mucor miehei extract from Japanese mushrooms, pomegranate and blueberries. Exfoliating, promotes younger cells, diminish scars, stretch marks, age spots, fine lines and discolouration, penetrate skin to help cleanse pores, improve skin tone and texture. Safe for all skin types, do not wound the skin, little to no down time, antioxidant, protect from free radicals
- Deep Sea Peels/Herbal Peels – usually superficial to the Grenz zone depth peels. Non-acid/metabolic peels that improve fine lines and wrinkles, photo damage, pigmentation and mild skin scarring. Chemical reaction occurs when products are massaged into the skin, depth is increased by pressure and duration and create natural chemical responses that initiate a cascade of cellular processes. Simultaneously release deep delivery of minerals and vitamins from ingredients condition and improve skin health, antioxidant properties protect from free radical activity. May require 5-7 days of specific post-care, peeling effects can be mild to significant shedding
- Peptide Peels – formulated with peptides and alpha hydroxy acids. Peptides combined with alpha hydroxy acids makes skin more acidic and simultaneously infuses peptides. Powerful anti-ageing treatments, stimulate Collagen type I & III, supports healing and repair response, aids in increasing skin thickness, refines appearance of wrinkles, evens skin tone, lightens pigmentation, improves barrier function

- Trichloroacetic Acid (TCA) peels – available in 10%, 20% and 30% strengths, pH 0.7 to 0.9. Generally the most aggressive type of peel offering deep penetration for more significant skin issues such as deep wrinkles, stubborn hyperpigmentation, sun damage, and acne scarring. Mild to significant downtime depends on strength of peel used, dramatic results visible after each treatment. Application to skin causes top layers of cells to dry up and peel off over several days exposing a new layer of undamaged skin which has smoother texture and more even colour. Deeper than AHA chemical peels in skin resurfacing and are generally referred to as superficial to the Grenz zone depth chemical peel, typically used in concentrations ranging from 10-35%. Solution is dependent on several factors, including strength of TCA used, skin preparation, indication and anatomic site, strengths of 10–20% result in a very light superficial peel not penetrating below the stratum granulosum, strength of 25–35% results in a superficial peel with penetration encompassing the full thickness of the epidermis
- Chemical peel agents only suitable for medical use and reasons why these products are for medical use only; Trichloroacetic acid, Phenol peels, Tretinoin/all Trans Retinoic acid (Vitamin A peels), pure retinol formulations at 1% or above. Chemical peel agents in different types of peels and their potential for harm. Higher alkaline bases that increase the pH in combined/blended peels
- Phenol peels – deep peels for use by experienced medical practitioners only, most aggressive type of skin peel, effective remedy for severely sun damaged skin, coarse wrinkles, scars, and even precancerous growths. Uses carbolic acid to treat the skin, procedure is not suitable for treating selected areas and must be used on the full face. Only one treatment is necessary to achieve dramatic results that last for years. Procedure typically results in pronounced swelling, bleeding or weeping, anaesthetic will be administered prior to treatment
- Actions of acids and alkaline and their concentrations on the skin and the reasons and importance of restoring the natural pH following the chemical skin peeling procedure
- pH scale – 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 properties), pH5-6 (less acidic), pH7 is neutral, pH of skin 4.5-5.5 (acid mantle), distilled water pH7, lemon juice pH2, orange juice pH 3, hydrogen peroxide pH4, shampoos/conditioners approximately pH 5-6. Mildly acidic products (4-5.5 pH) soothe the skin, help retain moisture, strengthen barrier function. The concentration/percentage of chemical peel product in the peel formulation is key to effects on the skin together with duration of application and pH
- Alkaline – pH7.4 (slightly alkaline) to pH14 (strongly alkaline) on pka s, soap pH 6-10, sea water pH 7.4-8.4 household bleach pH13, hair depilatories approx. pH11. Disrupts barrier function causing dryness, dehydration, reduced antibacterial defence, may cause dermatitis
- Understand importance of pH and the relation to percentage of acid used, very strong alkaline and acidic products can cause chemical burns on the skin
- How effects vary depending on concentration, duration and application technique of the procedure performed. Incorrect concentration chemical skin peels may also cause reactions such as skin irritation, photosensitisation, hyperpigmentation and post inflammatory hyperpigmentation (PIH)

- Understand overall depth of penetration of chemical skin peel is increased by a higher concentration (percentage) and lower pH. Other factors that may affect this such as longer application time, pressure of application, layering of peel, use of pre-products or procedures
- Importance of pH to peel formulation – altering acidity (strength) and penetration of the peel depending on the pH of the peel
- pH of peel products and relevance to skin sensitivity and photo sensitivity
- Understand the molecular size of chemical peel agents to ensure optimal skin penetration and efficacy. Agents with smaller molecules should demonstrate deeper skin absorption and enhanced exfoliation effects, while larger molecules should provide more superficial action and reduced irritation potential.
- Use of buffering agents in chemical skin peel formulations, why and when they are used
- Knowledge of pKa and values when associated with skin peel products – the lower the pKa the stronger the acid. The difference between pH and pKa
- The specifications, variables and terminology of chemical skin peeling in relation to procedure practice
- Understand the effects of exposure to eyes, skin and other tissue. The effects of chemical skin peeling on the eyes and skin and awareness of the hazards to eye and skin from accidental exposure and splash incidents
- Different types of skin classifications, scales and influences and the effect on treatment response. Ethnic variations of skin type such as Caucasian, Asian, African. Skin colours that can and cannot be treated and why
- Suitable after care products to cool and soothe the area, topical anti-inflammatories, antioxidants, broad spectrum physical SPF minimum 30 sunscreen
- Post-care is essential to avoid infection and increase the healing responses

## Methods of application

### Taught content

- Reasons for selecting the appropriate method for application and applicator type for a range of peels including very superficial, superficial and superficial to the Grenz zone. Choice of applicator is dependent on supplier/manufacturer recommendations – woven gauze, large cotton bud, fan brush, cotton pad, gloved fingers/hands
  - Reasons for planning the advanced chemical skin peel procedure start and end point and applying the advanced chemical skin peel working systematically and methodically; forehead, cheeks, chin, nose, upper lip (periphery and then central), ensuring even and full coverage in line with supplier/manufacturer protocols avoiding excess treatment overlap across the treatment area, feathering technique used to blend with surrounding area
- Reasons for working within the agreed treatment area and avoiding contra-indicated areas
  - Following supplier/manufacturer protocols, use the correct combination of peels if layering is suitable or required
  - How to increase intensity of peels by increasing the number of layers is recommended for certain peels (often blended peels) for subsequent treatments by supplier/manufacturer protocols
- Circumstances in which re-application may be necessary and how this should be carried out and how additional layers increase the depth of the peel penetration
- Understand procedure for re-application appropriate to peel in use, taking into account sensations or discomfort of the client, number of prior treatments and when desirable clinical endpoints are achieved
- Maintain adequate skin support in all treatment areas, manipulating the skin and adapting as appropriate to ensure even coverage and prevent pooling
- Reasons for prompt application, timing and removal of all skin peel products (if required), importance of speed of application and removal (if required) and accurate treatment timing, risks of over treating and potential side effects for peel being used
- Understand complications that may occur due to incorrect application, incorrect selection of advanced chemical skin peel and how timing and intensity can control these complications
- Adjust the duration of the advanced chemical skin peel treatment to suit the client's skin health/type considering Fitzpatrick skin classification, skin condition and other influencing factors
- Understanding of ethnic skin structure, for example, thicker stratum corneum, prominent dermal blood vessels, melanin distribution, structure of dermis, susceptibility to PIH and hyperpigmentation and how these may affect timing
- Necessity of observing skin conditions, 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
- Necessity of observing skin reaction to look and evaluate desirable and undesirable clinical endpoints to ensure they are in line with recommendations

- Understand why the recommended treatment times for the advanced chemical skin peel (single layer or multiple) use set by supplier/manufacturer is required. The importance of following protocols for monitoring client wellbeing and skin reaction, which methods may help skin tolerate sensation of the skin peel where appropriate or recommended, for example, use of a cool fan
  - If client discomfort or skin reaction appears to be excessive, the advanced chemical peel may be neutralised, if applicable, and removed before the recommended duration time is reached. Always follow supplier/manufacturer recommendations
- Follow supplier/manufacturer recommendations regarding neutralisation process, where required, to restore the pH level of the skin as determined by individual product formulations and acid concentration by appropriate methods
- Necessity for neutralising products to be available at all times to enable the practitioner to deactivate the peel instantly, for self-neutralising advanced chemical skin peels always follow supplier/manufacturer recommendations
  - Apply cooling products/aftercare where appropriate to soothe treatment areas, follow supplier/manufacturer recommendations regarding the application of topical preparations and physical SPF factor 30+ to exposed areas
- Problems associated with uneven treatments, working outside the marked area or over contra-indicated areas, overlapping and possible adverse reaction or injury

## Uses, limitations, benefits and effects of advanced chemical skin peeling products and equipment

### Taught content

- The clinical outcomes expected from using advanced chemical skin peeling products
- The types of skin which are unsuitable for very superficial peels, superficial peels and superficial peels to the Grenz zone, in darker Fitzpatrick skin types in accordance with supplier/manufacture guidelines
- Where topical applications of products or treatments require a certain time lapse prior to advanced chemical skin peeling skin procedures in the same area
- Benefits – refined pores, softening of fine lines, improvement of photo damaged skin, lightening/fading of hyperpigmentation, reduction of comedones, pustules and oil production minimises the signs of ageing, rejuvenate skin, improve skin health and superficial blemishes, improve skin texture, improve skin hydration
- Effects dependant on peel chosen – brighter skin, improved appearance, improvement of photo aged skin, improved appearance blemished skin, smoother skin, improved skin texture, more even skin tone, more even skin colour, reduction in wrinkles
- Limitations – cannot remove deep wrinkles, may only fade hyperpigmentation. Cannot remove vascular lesions, for example, telangiectasia. Skincare programme can help prolong treatment effects; ongoing use of SPF is required to protect from further hyperpigmentation. Cannot treat clients with keloid scars
- Recommend a course of treatments for optimal benefits with appropriate timescales, using reflective practice to evaluate the advanced chemical skin peel procedure to inform future procedures
- The need for a multi-modality approach and how benefits and effects can be enhanced with a skincare programme followed at home and with a course of treatments
- Equipment – disposable dressing packs, sterile gauze pack, cotton wool, cotton buds, couch roll, peel specific non-corrosive container, fan brush/applicator or disposable applicator as appropriate to the system, Personal Protective Equipment (PPE); disposable headbands, disposable gloves (non-latex), disposable apron, mask, eye protection for practitioner, saline eye wash, mineral oil or petroleum jelly as appropriate to the system and in line with MSDS

## LO5 Be able to consult, plan and prepare for advanced chemical skin peeling treatments

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

#### Taught content

- Determine that the person requesting treatment understands you and does not appear to be under the influence of alcohol, drugs or other illicit substances
- Consult with client, face-to-face, implementing a range of appropriate communication skills to identify indications and client's treatment objectives, expectations and desired outcomes with associated timescales to ensure a realistic and achievable treatment plan is agreed
- Use visual aids, illustrative diagrams and images to assist client understanding of the clinical outcomes expected from very superficial to superficial to the Grenz zone depth advanced chemical peels procedures/intraepidermal peels and give clear and appropriate advice and recommendations to the client to determine and agree the final treatment plan including associated timeframes to see best possible results
- Explain rationale for chosen treatment with reference to skin assessment, desired outcomes, peel strength and actions
- All information from the consultation to be documented in the presence of the client – electronically/digitally/paper-based, at the beginning of every procedure
- Obtain the client's agreement and signed informed consent to treatment and all required visual media records prior to all procedures
- 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 skincare 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, visible skin lesions; open and closed comedones, milia, papules, pustules, acne, nodules, cysts, melasma, hyper and hypopigmentation, post inflammatory hyperpigmentation (PIH), Poikiloderma of Civatte, skin sensitivity, vascularity, facial erythema, acne rosacea, telangiectasia, spider naevi, skin healing ability, scars, stretchmarks, hypertrophic or keloid formation deficiencies, psychosocial disorders, adverse effects of medications

## 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, aftereffects, possible contra or adverse reactions including any downtime, homecare/additional routines or modifications to current routines required, proposed outcomes and agreed treatment plans with appropriate time scales needed to achieve proposed desired outcome

## Analyse the condition of the skin

### Taught content

- Perform advanced skin analysis and visual assessment of the condition and health of the skin, documenting all findings
- Skin characteristics – Skin types, Fitzpatrick scale 1-6, density/thickness of skin, epidermal thickness, healing capacity, hereditary/ethnic influences
- Skin type, skin conditions, surface hydration, hyper/hypopigmentation, photo/sun damage, vascular lesions, primary and secondary lesions, textural irregularities or keloid scarring, skin texture (pore size), skin laxity, static and dynamic wrinkles, congestion/excessive oil, overall skin health and suitability for treatment
- Identify contra-indications that may restrict, prevent or require medical referral
- Recognise common lesions requiring further assessment and know when and how to refer, using supervisor as required

## Explain the treatment procedures to the client

### Taught content

- Selection of advanced chemical skin peeling products/agents, preparation and procedures to match indications, treatment objectives and agreed treatment plan to provide very superficial to superficial to the Grenz zone depth advanced chemical peels/intraepidermal peels in line with findings from detailed advanced skin analysis
- Positioning required for treatment, ensuring client comfort and full access to treatment area(s)
- Tests required, patch tests, thermal and tactile tests
- The area will be cleansed thoroughly with appropriate cleansing products until all make-up, lotions, debris and surface oils are removed
- Pre-treatment visual media records to be taken from all appropriate angles
- Preparation products as appropriate to prepare and degrease the skin
- Check all areas to be treated – isolate areas that cannot be treated such as open lesions and barrier protection applied to sensitive areas or where there is a risk of advanced chemical skin peeling product/agent pooling/collecting and concentrating the advanced chemical peel
- Protective eyewear to be worn by the practitioner and client's eyes protected throughout the duration of the treatment as appropriate

- Once set up, inform the client where the treatment will begin (depends on area being treated)
- The area will be treated following supplier/manufacturer protocols in a methodical and systematic manner within the treatment area in line with supplier/manufacturer protocols avoiding excess treatment overlap across the treatment area, feathering technique used to blend with surrounding area
- The need for the client to keep eyes and mouth closed and refrain from talking for the duration of the procedure, client to raise a hand if treatment sensation becomes too intense
- The sensations of the procedure that are considered appropriate and the need to maintain verbal feedback with the client to check tolerance levels using the pain threshold scale of 1-10
- Explain risk if sensation is classed at 6 or above the peel could be too aggressive. Feedback will be used in conjunction with visual assessments, looking for hot spots, redness, white spots, etc. to decide if the product needs to be removed immediately
- Explain the duration of treatment and how the treatment will conclude and what cooling methods will be used (where appropriate)
- Explain undesirable endpoints possible and how the skin is expected to look immediately after procedure, excess erythema – for example, frosting or whitening of the skin, blistering
- Post-treatment visual media records to be taken from all appropriate angles
- Explain the need to use a broad-spectrum sun protection UVB and UVA to protect the skin, physical sun protection and the benefits of using a tyrosinase inhibitor to prevent post inflammatory hyperpigmentation (PIH)
- Explain potential risks/side effects/adverse effects including likely duration, excessive dryness/flaking, shedding, mild to moderate erythema, mild oedema, blistering, wetting, oozing, crusting, tenderness, possibility of herpes simplex breakout allergy to skin peel ingredients can result in Urticaria and very rarely anaphylaxis, hyperpigmentation
- Inform the client about the effects and potential risks based on their Fitzpatrick skin type and cell types, including keratinocytes, Langerhans cells, melanocytes, and fibroblasts. Discuss how these factors relate to the inflammatory response and the role of free radicals and oxidative stress in skin health
- 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
- Supervision arrangements to manage adverse incidents
- Access to a 24/7 emergency contact number, ideally the practitioner, if practitioner is unavailable access should be given to a deputising practitioner

## Select a preparatory skincare programme

### Taught content

- Avoid Sun Exposure: Use broad-spectrum sunscreen (SPF 30+) daily for at least two weeks prior
- Discontinue Retinoids and Exfoliants: Stop using retinoids and strong exfoliants 7-10 days before the peel
- Avoid Hair Removal: No waxing or threading in the treatment area 7-10 days before the peel
- Stop Topical Medications: Discontinue hydroquinone, benzoyl peroxide, and other irritating products before the peel
- Very Superficial Peels:
  - Duration: 1-2 weeks prior
  - Hydration: Use non-comedogenic moisturisers and mild cleansers
  - SPF Protection: Broad-spectrum sunscreen (SPF 30+)
- Superficial Peels:
  - Duration: 2 weeks prior
  - Hydration: Regular use of gentle moisturisers
  - Gentle Exfoliants: Use mild exfoliating products, stopping a few days before the peel
  - SPF Protection: Broad-spectrum sunscreen (SPF 30+)
- Superficial to the Grenz zone Peels:
  - Duration: 3-4 weeks prior
  - Pre-Treatment Products: Use gentle retinoids or glycolic/lactic acid products, stopping 7 days before the peel
  - Avoid Strong Exfoliants: Discontinue strong acids and topical medications 2 weeks before
  - Increase Hydration: Use heavier moisturisers in the week leading up to the peel
  - Sun Protection: High SPF sunscreen daily, avoid sun exposure 2-3 weeks prior
  - Avoid Hair Removal: No waxing or threading 1-2 weeks before the treatment
  - Client Education: Inform clients about longer recovery time and post-treatment care
- Determine a topical skincare programme to prepare the skin as applicable in line with supplier/manufacturer recommendations depending on the type and strength of advanced chemical skin peel used and depth
- Outline frequency and how products are used, quantity and order of application. Explain reasons for use and how regimes enhance the application and overall effects of the procedure
- Explain key ingredients used and their claimed effects for example, antioxidants, peptides, AHAs, vitamin A, B, C and E
- Always follow supplier/manufacturer recommendations in line with advanced chemical peel to be used

## Take pre-treatment visual media records

### Taught content

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

## Carry out skin sensitivity tests

### Taught content

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

## Select appropriate advanced chemical skin peel formulation and method of application

### Taught content

- Select suitable equipment and products according to treatment objectives identified in the treatment plan considering required depth of penetration, percentage and pH of skin peel to provide very superficial to superficial to the Grenz zone depth advanced chemical peels
- Advanced chemical skin peel products/agents selected should be suitable to meet the treatment objectives agreed at consultation. The depth of penetration, percentage and pH should also be suitable for the skin condition(s), skin type and Fitzpatrick classification so as not to cause undesirable endpoints or complications
- Select method for application and applicator type for advanced chemical skin peeling procedure to be performed. Choice of application technique is dependent on supplier/manufacturer recommendations and may include woven gauze, large cotton bud, fan brush, cotton pad, gloved fingers/hands

## Select appropriate Personal Protective Equipment (PPE)

### Taught content

- Use of PPE; disposable gloves non-latex, that fit the individual correctly so as not to interfere with work, worn correctly each time, used and disposed of after each use, disposable apron and mask where appropriate, disposable head bands
- Suitable protective eyewear
- All PPE stored correctly, checked and maintained so fit for purpose

## LO6 Be able to provide advanced chemical skin peeling procedures

### 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.
- Personal Protective Equipment (PPE) to be worn by both practitioner and client as appropriate
- Working in an environmentally sustainable manner

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

#### Taught content

- Ensure preparation complies with legal and organisational requirements.
- Prepare and protect client to prevent cross infection. 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, debris and ensure the skin is dry prior to treatment
- Apply appropriate Personal Protective Equipment (PPE) – disposable headband, disposable apron, disposable (non-latex) gloves, mask as appropriate, suitable eye protection for practitioner and client
- Position the client to meet the needs of the 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 or 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

### Ensure environmental conditions are suitable for treatment

#### Taught content

- Ensure extraction, ventilation, temperature, ambience, lighting, wall and floor coverings are fit for purpose
- Ensure all tools and equipment and accessories are ergonomically placed and in safe working order
- Ensure appropriate PPE for both client and practitioner are in line with treatment protocols
- Ensure risks and hazards have been checked, for example slip and trip hazards in the working area

## Ensure the use of clean equipment and materials

### Taught content

- Ensure all surfaces are clean and hygienic, trolley is tidy, equipment and accessories are sanitised and products set out ergonomically
- Equipment – disposable dressing packs, sterile gauze pack, cotton wool, cotton buds, couch roll, peel specific non-corrosive container, fan brush/applicator or disposable applicator as appropriate to the system, saline eye wash, mineral oil or petroleum jelly as appropriate to the system and in line with MSDS
- Ensure that PPE is available and fit for purpose - clean, disposable non-latex gloves, mask as appropriate, disposable apron, disposable headband, suitable eye protection
- Ensure use of sterilisation and disinfectants for surfaces as required for treatment are in accordance with supplier/manufacturer guidelines
- Ensure use of sterilisation and disinfectants for equipment and accessories are in accordance with supplier/manufacturer guidelines

## Safely use equipment, materials and products

### Taught content

- Follow protocols for safe use including correct use of advanced chemical skin peeling products/agents, equipment and accessories, selection of type and application techniques for different treatment objectives, storage, handling, preparation, application, removal and disposal are in line with manufacturer protocols, organisational procedures and local authority guidelines
- Keep tops on bottles, make sure all products are labelled clearly in line with Control of Substances Hazardous to Health (COSHH), decant products into appropriate, non-corrosive sterile receptacles prior to treatment to ensure correct amount is used and minimise wastage
- Equipment – disposable dressing packs, sterile gauze pack, cotton wool, cotton buds, couch roll, peel specific non-corrosive container, fan brush/applicator or disposable applicator as appropriate to the system, saline eye wash, mineral oil or petroleum jelly as appropriate to the system and in line with MSDS

## Prepare the area for treatment

### Taught content

- Ensure the client's skin is clean, sanitised, dry and prepared for the advanced chemical peeling procedure. Cleanse with an appropriate cleanser/wipes/skin antiseptic/ toner/degreaser to ensure all make-up, surface oils, lotions and debris are removed thoroughly.
- Ensure sensitive skin areas such as eyes, nostrils and lips are protected with a suitable barrier product applied to sensitive areas, where skin folds and product may pool/collect for example, nasolabial folds, outer corners of the eyes, nostrils, marionette lines, lips
- Apply appropriate Personal Protective Equipment (PPE) – disposable headband, disposable apron, mask as appropriate, disposable non-latex gloves, suitable protective eyewear, protect client's eyes
- Use preparatory skin products thoroughly and evenly following supplier/manufacturer protocols/recommendations as appropriate

## Provide advanced chemical skin peeling procedure

### Taught content

- Provide a range of advanced chemical peel treatments which must include very superficial, superficial and superficial peels to the Grenz zone using the correct techniques and in accordance with suppliers/manufacturers procedures and protocols at all times
- Illuminate the area to be treated if required to ensure maximum visibility
- Check consultation form for previous timings for last treatment (if applicable)
- Work systematically to ensure even coverage of skin peel products in the areas to be treated following application protocols. Divide the face into sections as recommended by supplier and follow supplier/manufacturer protocol for application. A systematic application ensures that the peel product is applied consistently in an even layer. The peel should be applied to all areas ensuring pressure is adapted to each area. Apply to the least reactive area first (normally the forehead) and to the most sensitive last. Client's eyes to be covered with cotton wool. Lips and orbital areas are not treated. Stretch the skin open where deep lines are present to prevent pooling/collecting of product/agent
- Areas must not be overlapped, ensure advanced chemical peel product is feathered to ensure there is a gradual reduction and lessening of product between treated and untreated skin
- Never pass soaked applicators, open bottles or containers of peel product over the client
- 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 application techniques as appropriate to each area to ensure client comfort and effective, even treatment, use methods to help skin tolerate sensation of the skin peel where appropriate or recommended for example the use of a cool fan
- Adjust the duration and intensity of the skin peel treatment to suit the client's skin health/type, Fitzpatrick skin classification and skin condition and aims of the procedure
- 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, for example, 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
- Ensure accurate and precise timing of the advanced chemical skin peel is left for the recommended procedure time (single layer or multiple) as set by supplier/manufacturer. Follow protocols for monitoring client wellbeing and skin reaction
- Visually monitor the area throughout treatment to observe and evaluate clinical endpoints required for effective treatment. Follow protocols for monitoring client discomfort and skin reaction, use methods to help skin tolerate sensation of the skin peel where appropriate or recommended, for example, use of a cool fan. Observe the skin reaction and look for desirable and undesirable clinical endpoints to ensure they are in line with recommendations

- Always follow supplier/manufacturer recommendations
- Know when to stop/adapt or adjust the procedure as appropriate. During times of excessive client discomfort or skin reaction, the peel may be neutralised if applicable and removed before the recommended duration time is reached
- Demonstrate effective and efficient removal of the peel product followed by neutralising product where required ensuring timings are precise and application is thorough following supplier/manufacturer protocols
- Ensure treatment is completed in a commercial time frame
- Record all procedure details on consultation form; expiration date, batch number where applicable, date, time, practitioner name, anatomical site, condition treated, skin preparation, skin quality, products/agents used, strength, percentage and pH, application techniques and duration of treatment, depth of peel, client skin sensation and skin response, observations
- Collate, analyse summarise and record evaluation feedback in a clear and concise way
- Use reflective practice to evaluate the procedure and to inform on future procedures

### Monitor the skin reaction and client response

#### Taught content

- Communicate with the client regarding comfort, monitoring health, wellbeing and the sensations of treatment throughout:
- Continually check the client response and levels of discomfort gaining client feedback using the 1-10 pain threshold scale, 5 out of 10 is generally acceptable
- Visually monitor the skin's reaction and client skin response and comfort levels including degree of erythema and observation of desirable and undesirable clinical endpoints: hot spots, redness, erythema, white spots, frosting, whitening of the skin, blistering mild swelling
- Implement the correct course of action in the event of an adverse reaction knowing when to amend procedure protocols or interrupt the procedure due to excessive pain/discomfort or observed undesirable endpoints. Desirable may include mild erythema, slight whitening (powdery) of areas at times, Undesirable may include excess erythema, frosting/whitening of the skin, blanching, both desirable and undesirable endpoints will vary depending on type of skin peel, acid penetration and application technique
- Ensure skin reaction endpoint is in line within supplier/manufacturer guidelines, check sensitive areas such as cheeks and neck. If reaction appears excessive neutralise if applicable and remove the skin peel before the recommended duration time is reached. Always follow supplier/manufacturer recommendations

### Apply post-procedure products

#### Taught content

- Apply post-treatment products to calm, soothe and protect the treated area following supplier's/manufacturer's protocols recommendations
- Post-treatment products could include boosters/additives such as soothing, calming, anti-inflammatory, antioxidant, hydrating products under 1% active ingredient (non-medical) applied as homecare
- Follow supplier/manufacturer instructions in applying a broad-spectrum UVA and UVB sun protection with SPF minimum of 30

## Take post-treatment visual media records

### Taught content

- Follow protocols for taking of clinical 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, for example, 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 or store images of clients
- Confirm clients' consent for storage of clinical visual media records and specific use of visual media records for treatment evaluation, marketing and teaching purposes

## Provide post procedure and homecare advice

### Taught content

- Procedure area should be calmed post-treatment to minimise redness and reduce client discomfort, to cool, soothe and protect where necessary in line with manufacturer protocols
- Aftercare advice to be given:
  - Skin may feel tight, sensitive, dry, erythema may be present, degree of erythema will depend on skin type and strength/type/penetration of advanced chemical skin peel
  - Cool compresses may be applied to reduce discomfort, use clean cotton wool or small clean flannel (not ice packs) for up to 2 hours, renew as required every 15-20 minutes to reduce the heat and redness of the skin
  - Peeling/flaking skin should be allowed to peel naturally, do not pick or scrub/exfoliate the skin as this could irritate and contribute to post inflammatory hyperpigmentation (PIH)
  - Use post 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 4-6 weeks post skin peel
  - Apply a physical and broad band spectrum sunscreen (UVA and UVB) with SPF 30 minimum daily
  - Make-up should be avoided for 48 hours – mineral make-up is preferable, applicators, sponges and brushes must be clean
  - Avoid 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
- The degree of reaction will vary depending on peel strength and skin type, skin classification and skin condition – always refer to supplier/manufacturer recommendations for each strength/type advanced chemical skin peel

- Provide advice on suitable post-treatment products in line with supplier/manufacture recommendations
- Use reflective practice to evaluate the procedure and inform and provide advice for ongoing future advanced chemical skin peeling procedures and other treatments which may be used in conjunction to optimise results
- Follow manufacturers' guidelines in respect of treatment intervals
- Recognise complications/adverse reaction and actions to take including who to contact:
  - Importance of seeking urgent care
  - Required follow up and monitoring process
- Access to a 24/7 emergency contact number, ideally the practitioner, if practitioner is unavailable access should be given to a deputising practitioner

### Dispose of waste materials to meet legal requirements

#### Taught content

- Waste – disposed of in an enclosed foot pedal-controlled waste bin fitted with disposable, durable bin liner
- Dispose of waste from the treatment (for example swabs/cotton wool pads) into clinical waste bags, in line with local council regulations and procedures of the country therein
- Dispose of contaminated treatment waste and sharps in line with local council regulations and procedures of the country therein

### Update client records

#### Taught content

- Accurate completion of treatment details and treatment log recording all information on advanced chemical peel used; product name, expiration date, batch number where applicable, date, time, practitioner name, anatomical site, condition treated, skin preparation, skin quality, product used, strength, percentage and pH, application techniques and duration of treatment, depth of peel, 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 advanced chemical skin peeling procedure and inform future procedures
- Every client must be given the opportunity to feedback outcomes at the end of every procedure and formal quantitative and qualitative Patient Reported Outcome Measures (PROMs) are recommended
- Signature from client to be obtained accepting treatment results and skin response and agreement to 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 patient/client ID number, practitioner name, practitioner ID if applicable, indication, product/technique used, anatomical location, complications/adverse events
- Any prescribing documents and signatures to be held with records and appropriately cross referenced
- Practitioner signature to take responsibility for treatment and records completed
- Records filed and stored securely in line with current data protection legislation
- 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

## Provide and manage post-treatment communications and outcomes

### Taught content

- 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 patient/client ID number, practitioner name, practitioner ID if applicable, indication, product/technique used, anatomical location, complications/adverse events
- Every client must be given the opportunity to feedback outcomes at the end of every procedure and formal quantitative and qualitative Patient Reported Outcome Measures (PROMs) are recommended
- 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

## LO7 Be able to reflect on advanced chemical skin peeling treatments

### Evaluate effectiveness of treatments provided

#### Taught content

- Review patient needs and effectiveness of treatment provided using current standards and guidelines for practice
- Collect patient reported outcome measures (PROM) for treatments provided and use as a tool to improve practice
- Regularly review your procedures and outcomes to identify any safety concerns and address them promptly.
- Evaluate effectiveness of treatments provided – audit of overall treatment quality and aftercare provided for a defined number of patients as per CPSA guidelines
- Use patient feedback to refine your approach and enhance patient satisfaction
- Identify issues for continuous quality improvement

### Evaluate and address future personal and professional development needs

#### Taught content

- Evaluate personal strengths and limitations in relation to education, training and CPD
- The importance of staying professionally updated with ongoing education and adaptation to new techniques and technologies
- Incorporate new knowledge and techniques into practice and reflect on their effectiveness
- Reflect on ethical dilemmas and how you handle them to ensure you adhere to CPSA guidelines
- Evaluate the ethical implications of delivering, marketing and advertising aesthetic treatments
- Reflect on professional behaviour and interactions with patients to maintain high standards of care

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# Assessment requirements

Learners must complete all assessment requirements related to this unit:

1. Clinical case studies
2. Theory examination
3. Practical examination

## 1. Clinical 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 clinical case studies must be completed and marked prior to the learner completing the practical examination.

Learners must complete a **minimum of 12 clinical case studies**; there is a requirement for even distribution of case studies across levels 4, 5, and 6, with 4 case studies allocated to each level. Each case study needs to include a full medical history of the client, advanced skin health assessment, before and after pictures and a full description of the conditions/characteristics to be treated, along with a detailed description of products used, application technique, equipment used and the duration of treatment. Each case study must also include reflection, review and evaluation of the treatment and its outcomes, pre and post skincare and lifestyle advice provided.

Learning Outcome	Assessment Criteria
LO4 Be able to analyse the uses, limitations, benefits and effects of a range of advanced chemical skin peeling products	4.1 Analyse the types and purpose of advanced chemical skin peeling equipment and products
	4.2 Analyse a variety of methods of application
	4.3 Analyse the uses, limitations, benefits and effects of advanced chemical skin peeling products and equipment

Learning Outcome	Assessment Criteria
LO7 Be able to reflect on advanced chemical skin peeling treatments	7.1 Evaluate effectiveness of treatments provided
	7.2 Evaluate and address future personal and professional development needs

### Range to be included in clinical case studies:

- Met the needs of **all** clients:
  - New
  - Existing
- Carried out **all** consultation techniques:
  - Questioning – verbal
  - Listening – non-verbal
  - Visual – non-verbal
  - Manual
  - Written
  - Pre-treatment photographs taken
- Carried out **all** skin sensitivity tests:
  - Patch test
  - Thermal test
  - Tactile test
- Carried out an advanced skin health check and assessment:
  - Advanced skin health check and assessment
- Considered **all** skin conditions:
  - Impaired Skin Barrier Function (Sensitive Skin)
  - Cutaneous Ageing (Mature Skin)
  - Loss of Skin Elasticity and Firmness (Skin Laxity)
  - Epidermal Dehydration
  - Pigmentation Disorders
  - Hyperkeratosis
  - Acne & Acne scarring
  - Photodamage
- Considered **all** characteristics
  - Fitzpatrick scale
  - Glogau photo damage
  - Lancer scale
  - Level of sensitivity
  - Thickness of skin
  - Epidermal thickness
  - Healing capacity
  - Visible lesions

- Treated **a minimum of three** areas:
  - Face
  - Neck
  - Chest
  - Back
  - Hand
  
- Met **all** treatment objectives:
  - Progressive skin rejuvenation
  - Progressive improvement of superficial blemishes
  - Progressive improvement of pigmentation variations
  - Progressive improvement of skin texture
  - Progressive improvement of skin hydration
  - Progressive improvement of acne
  - Progressive improvement of scarring
  
- Used **a minimum of four** types of peel treatments:
  - Alpha Hydroxy Acids (AHAs)
  - Beta Hydroxy Acids (BHAs)
  - Poly Hydroxy Acids (PHAs)
  - Carboxylic and Dicarboxylic acids
  - Acetic Acids
  - Trichloroacetic acid (TCA)
  - Phenol derivatives
  - Modified Jessner Solutions
  
- Performed procedures to **all** types of skin:
  - Oily
  - Dry
  - Combination
  
- 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 **all** necessary pre and post-treatment media images:
  - Pre and post-treatment media images

- Recorded **all** types of information:
  - Peel type
  - pH Concentration
  - Peel strength
  - Peel application areas
  - Peel duration
  - Areas of modification
  - Peel depth
  - Observations
  
- Given **all** advice and recommendations:
  - Suitable pre and post-care products and their uses
  - Avoidance of activities which may cause contra-actions
  - Modifications to lifestyle patterns
  - Recovery and skin healing process
  - Post-treatment contra-actions and how to deal with them
  - Frequency and benefits of courses of treatments
  - Timing and benefits of future maintenance treatments
  - Treatments which could be given in conjunction with/after advanced chemical peeling procedure
  - Present and future products and treatments recommended
  - Use of SPF products
  - Issuing of written post-care advice
  - Recording before and after media images
  - Verbal and written consent for treatment
  
- Conducted reflection, review and evaluation of **all** treatment outcomes

## 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 LO1, LO2 and LO3. 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 Know the relevant anatomy, physiology and pathologies for advanced chemical skin peeling	1.1 The structure and functions of the skin and relevance to skin peeling treatments
	1.2 The principles of controlled wound healing
	1.3 The structure and functions of the circulatory and lymphatic systems and relevance to skin peeling treatments
	1.4 The principles and functions of the endocrine system and relevance to skin peeling treatments
	1.5 Pathologies and relevant terminology of the skin
	1.6 Pathologies of the circulatory system
	1.7 Pathologies of the lymphatic system
	1.8 Pathologies of the endocrine system

Learning Outcome	Assessment Criteria
LO2 Understand the safety considerations when providing advanced chemical skin peeling treatments	2.1 Suppliers' and manufacturers' instructions for safe use
	2.2 Insurance guidelines
	2.3 Contra-indications that would prevent or restrict advanced chemical skin peeling procedures
	2.4 Contra-indications requiring medical referral and referral processes
	2.5 When to consult with other aesthetic professionals
	2.6 Hazards and risks
	2.7 Treatment of minors

Learning Outcome	Assessment Criteria
LO3 Understand how to provide advanced chemical skin peeling treatments	3.1 Factors to consider and treatment planning
	3.2 Assess skin characteristics
	3.3 Pre and post-treatment advice to the client
	3.4 Timing and intervals of treatments
	3.5 Pain threshold and sensitivity variations
	3.6 Preparation and selection of equipment and products for treatment
	3.7 Function and principles of skin sensitivity and patch testing prior to treatment
	3.8 Adaptations to the procedure
	3.9 Contra-actions associated with the treatment
	3.10 Benefits and use of inhibitors
	3.11 Purpose of SPF and UVA specific sun protection
	3.12 Treatment progression and additional/complementary treatments

### 3. Practical examination

Learners must complete a practical examination for this unit which will be externally set by VTCT Skills and examined and marked by an external examiner. The practical examination will take place at the end of the period of learning.

The content of LO5 and LO6 are assessed by a practical examination.

The practical examination will be conducted by an external examiner.

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

It is essential centres use the practical examination criteria document in order to prepare learners for the practical examination. This can be found on the VTCT Skills 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.

Learning Outcome	Assessment Criteria
LO5 Be able to consult, plan and prepare for advanced chemical skin peeling treatments	5.1 Use consultation techniques to determine the client's treatment plan
	5.2 Consult with the client
	5.3 Explain the cooling off period
	5.4 Analyse the condition of the skin
	5.5 Explain the treatment procedures to the client
	5.6 Select a preparatory skincare programme
	5.7 Take pre-treatment visual media records
	5.8 Carry out skin sensitivity tests
	5.9 Select appropriate advanced chemical skin peel formulation and method of application
	5.10 Select appropriate Personal Protective Equipment (PPE)

Learning Outcome	Assessment Criteria
LO6 Be able to provide advanced chemical skin peeling procedures	6.1 Maintain own responsibilities for health and safety through the treatment
	6.2 Prepare, position and protect the client and self
	6.3 Ensure environmental conditions are suitable for treatment
	6.4 Ensure the use of clean equipment and materials
	6.5 Safely use equipment, materials and products
	6.6 Prepare the area for treatment
	6.7 Provide advanced chemical skin peeling procedure
	6.8 Monitor the skin reaction and client response
	6.9 Apply post-procedure products
	6.10 Take post-treatment visual media records
	6.11 Provide post procedure and homecare advice
	6.12 Dispose of waste materials to meet legal requirements
	6.13 Update client records
	6.14 Provide and manage post-treatment communications and outcomes

## Document History

Version	Issue Date	Changes	Role
v1	13/05/2025	First published	Qualification Development Manager