COSMETIC PRACTICE STANDARDS AUTHORITY

Skin Rejuvenation Standards

Box 1. Identified risk level and cooling off	
Defining risks to patient **Peels**	**Risk according to anatomical site** • Do not routinely apply chemical peels peripheral to the face, neck and décolleté. • Level 7 training is recommended for medium depth chemical peels can be considered for wide spread actinic damage, particularly of the hands and lower legs. • Level 7 training is recommended for peels performed inside the orbital rim, usually for xanthelasma or deep rhytides. • Any eye injury/splash/burns should follow caustic substances exposure protocol and suitable equipment for eye exposure should be present in clinics and hospitals where chemical peels are being performed. **Risk according to skin type** • A detailed skin assessment must be performed in defining risk • Level 5 training is recommended for the treatment of Keratosis Pilaris • Level 6/7 training is recommended for peels on Fitzpatrick skin type 3+ or darker **Risk according to product** • Practitioners should be aware that there is limited consistency between brands, and the manufacturers' instructions should be assessed. • Consider Pka level (free acid level) as an indicator of strength, as well as TCA concentration or pH • Follow manufacturers' instructions regarding recommended frequency and length of application • Level 7 training is recommended for the use of phenol peels, including the use of composite peels containing phenol or topical use as an anaesthetic agent **Risk according to depth of peel** • A stepwise progression from more superficial to deeper

	peel treatments is recommended. • Converting to phenol peels (Level 7) after 35% TCA peels (Level 6) is recommended
Defining risks to patient **Micro needling**	**Risk according to anatomical site** • Micro needling is not recommended within the orbital rim **Risk according to skin quality** • Caution is advised with psoriasis or skin disease • Caution is advised, and skin preparation may be necessary with darker skin types (Fitzpatrick skin type 3 or higher) **Risk according to depth of needling** • Level 4 training is recommended for up to 0.5mm • Level 5 training is recommended for up to 1mm • Level 6 training is recommended for up to 1.5mm on the face, 2mm on the body • Practitioners should be caution in the aging patient, where skin may be thinner, affecting the depth of penetration **Risk according to coagulation status** • Consider stopping self-medicated anticoagulant medication (aspirin) and supplements (garlic tablets, omega-3 capsules) 5-7 days or 7-10 days prior to needling • Discuss holding any prescribed medication with the prescribing practitioner or GP • Only consider micro needling despite aspirin medication, if patient accepts increased bleeding risk (must document counselling and consent of patient in patient record) **Risk according to patient age** • Micro needling should be performed on patients over the age of 18 only **Other considerations in patient risk** • Blood borne viruses – practitioners should be immunised as per overarching principles. • A needlestick injury policy must be in pace to safeguard patient and practitioner • The use of topical mesotherapy actives cannot currently be recommended • Products designed for topical use only should not be used prior to/during micro needling (e.g as a glide medium)

	without first being removed. • If products are selected for use prior to/during microneedling, with a view to enhanced penetration, they must be licensed for injectable use e.g. mesotherapy.
Risks to practitioner	• All practitioners require adequate practitioner indemnity as recommended by their training body • The use of combination products may require specific insurance **Risks to practitioner: Peels** • Personal protective equipment, including eye protection, is advised **Risks to practitioner: Micro needling** • Personal protective equipment must be provided free of charge and used • Immunisation history as per overarching principles • Up to date Hepatitis B vaccination is recommended for practitioners • Needlestick injuries - Blood borne virus risk. • Needlestick injuries should be managed according to national guidelines [1] • Needlestick injury policy must be in pace to safeguard patient and practitioner **<u>References</u>** 1. Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. http://www.hse.gov.uk/pubns/hsis7.htm
Consent	• During consent, the risks and benefits of a procedure should be discussed and documented with a patient according to GMC and Department of Health guidance [1][2] • Before and after photographs (AP/PA and lateral as minimum views) with individual consent for photography are recommended. This consent should be confirmed with each photography session • Written information is recommended after each treatment to outline patient responsibilities and recommended aftercare **Consenting for peels – specific risks** • Permanent scarring or chemical burns • Photosensitivity, particularly if SPF application is not

	observed • Post inflammatory hyper-pigmentation (PIH) • Infection (e.g. herpetic risk), particularly in immunosuppressed or diabetic patients • Epidermal peeling/focal dermal peeling • Allergic reactions and toxicity: Allergies to nuts and aspirin are particularly relevant depending on the type of the peel • A clear policy must be in place regarding manufacturer guidelines to be followed for pre peel prep or allergy testing • Damage to the eye causing corneal ulceration or blindness • Dissatisfaction/inadequate result • Existing skin lesions may be irritated. Any patients with concerning lesions should have a formal dermatoscopic skin check before undergoing peel treatment. **Consenting for peels – patient-related cautions** • Existing medical conditions such as Asthma may be exacerbated • The use of peels is not recommended during pregnancy • Caution is advised when using peels during breast feeding, with avoidance of the breast/nipple area • Caution is advised for patients with anticipated wound healing problems, including: Diabetes types 1 and 2, steroids, smoking, immunosuppression/immune modulating medications • Caution is advised for patients taking photosensitising medications **Consenting for micro-needling – specific risks** • Bleeding, increased with anti-coagulant medication or supplementation • The formation of granulomas and fibrous tissue with deeper needling • Keloid scarring • Post inflammatory hyper-pigmentation (PIH) • Infection, particularly in immunosuppressed or diabetic patients • Allergic reactions and toxicity to local anaesthetic • Dissatisfaction/inadequate result **Consenting for micro-needling – patient-related cautions** • The use of micro-needling is not recommended during pregnancy or breastfeeding • Caution is advised for patients with anticipated wound healing problems, including: Diabetes types 1 and 2, steroids, smoking, immunosuppression/immune modulators

	References 1. GMC Consent Guidance. http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_other_sources_of_information.asp 2. Department of Health Consent for Examination or Treatment https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition
Cooling off	As per overarching principles. **Peels** • Preparatory interventions such as skin preparation, patch testing or dermatoscopy of lesions should be performed during the cooling off period • For known patients, superficial peels may be performed at the discretion of the practitioner without a further cooling off period **References** 1. Considering cosmetic surgery? http://www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery

Box 2. Premises requirements	
Premises **Procedure room**	**Premises** As per overarching principles **Procedure room** As per overarching principles and additionally: • Patient privacy and dignity must be respected at all times • There must be a clinical couch available with a reclining, multi-positioning back rest and access on three sides (right, left and head end) • The lighting available must be sufficient, including the availability of a magnifying lamp • An accessible wall or hand-held mirror must be available • A height adjustable stool or seat must be available if necessary for the practitioner • A stainless steel trolley must be available for micro

	needling • A wall clock or timer must be visible • There must be sufficient ventilation (mechanical or natural). For pyruvic peels, smoke evacuation • The clinic couch, trolley and surfaces must be cleaned between patients and ensure free of all potential product contamination. • Practitioners must use alcohol gel between patient consultations and wash hands between every procedure and/or examining a patient. • Change pillowcases between every patient or just have wipeable pillows • Dedicated handwashing facilities must be present in each room • Where a power-assisted skin-needling device is being used, the manufacturer's guidelines must be followed for appropriately cleaning the device and hand piece after each treatment • Sharps and clinical waste disposal must be provided
Equipment	As per overarching principles and additionally: **Equipment for peels** • Disposable headbands • Disposable dressing packs • Disposable gloves • Sterile gauze pack • Skin preparation cleansing pads • Peel specific, non-corrosive container • Peel • Disposable brush/gauze applicator • Eye protection for clinician and patient • SPF physical only (not chemical) • Saline eye wash in case patient eye irrigation is required • Mineral oil for phenol • Vaseline and cotton buds **Topical anaesthetic use for micro needling** • Medicines must be managed as per overarching principles. • If stocking medications these must be appropriately audited, managed, prescribed and dispensed as per the overarching principles. • There must be a named person accountable for the management of medications. • A prescription is required when exceeding 'over the counter' doses.

	• Maximum dose must not be exceeded exceeding maximum dose and according to the Standards for Medicines Management [1] and Prescribing Competency Framework [2] • Topical anaesthetics must be used as per manufacturers' instructions • Once opened, use within the time specified by the manufacturer • Anaesthetic must be dispensed onto sterile surface, otherwise disposed of after single use • Local anaesthetic must be wiped from the skin before using microneedle device **Equipment for micro needling** • Disposable headbands • Disposable dressing packs • Disposable gloves • Sterile gauze pack • Antiseptic skin preparation, e.g. chlorhexidine solution • Sterile micro needling device (single use manual roller or needle cartridge for power-assisted device) • Where a power-assisted skin-needling device is being used, the needle cartridge must contain a backflow mechanism to prevent fluid being passed into the hand piece • Eye protection for clinician • Gauze **Resuscitation equipment** • As per the overarching principles and additionally: • Resuscitation equipment should be within the premises and checked daily • Resuscitation trolley should contain Epipen x 2, oxygen • Practitioners must know where the nearest AED is located. **References** 1. Standards for Medicines Management. NMC. https://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/ 2. Prescribing Competency Framework. Royal Pharmaceutical Society. https://www.rpharms.com/resources/frameworks/prescribers-competency-framework
Clinical waste and	As per overarching principles and additionally:

sharps requirements	**Disposal of peels and sharps** • A sharps bin should be available for peel glass bottles and microneedles • Peels and blood soaked gauze should be disposed of in orange bags [1] • Extra peel should be soaked up before disposal • Sharps and waste should be collected by licensed practitioners • Needle stick injuries should be managed as per national guidance [2] **<u>References</u>** 1. Classify different types of waste. https://www.gov.uk/how-to-classify-different-types-of-waste/healthcare-and-related-wastes 2. Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. http://www.hse.gov.uk/pubns/hsis7.htm
Peels management	**Peel storage** • Peels should be stored according to manufacturers' instructions, away from light • Peels should be labelled, and disposed of if out of date • Prescribed peels should be appropriately disposed of • Peels supplied in glass containers should be disposed of in sharps containers which comply with British Standards BS7320 and UN3291 and collected by licensed practitioners with transfer documents • Prescribed peels should only be used for the specific patient prescribed for **Microneedle management:** • Microneedles should be disposed of in appropriate sharps containers and collected by licensed practitioners with transfer documents • Microneedles are single patient use and should be disposed of after each treatment • Prescribed medicines should be appropriately disposed of
Conference demonstrations	As per overarching principles • The clinical environment, waste disposal and hygiene standards must be the same for demonstrations as clinical practice • It is more appropriate to record in clinical environment and then view in a teaching environment than perform a live demonstration if these conditions cannot be met

Box 3. Education and Training requirements	
Some practitioners do not understand the difference in strengths of preparation and the depth of penetration. An understanding of the level of penetration of superficial i.e epidermis only; medium depth – papillary dermis and; deep – reticular dermis should be taught and understood prior to performing chemical peels.	
Degree requirements and qualifications	As per the overarching principles and additionally: Entry levels as recommended in the HEE framework must be met [1] to ensure a basic level of understanding of products (e.g. TCA and phenol), skin types (level 4), specific dermatology conditions (level 5) and deeper peels (levels 6-7). **References** 1. HEE Report on implementation of qualification requirements for cosmetic procedures: Non-surgical cosmetic interventions and hair restoration surgery. https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Cosmetic%20publication%20part%20two%20update%20v1%20final%20version_0.pdf
Accredited courses	As per overarching principles and additionally: • Content of the course should be in line with the CPSA standards and HEE framework • Should include teaching in the assessment of Body Dysmorphia Disorder and mental health assessment • Reflective practice should be included in teaching
Resuscitation	As per overarching principles
Logbook and case numbers	**Prerequisite numbers of procedures for initial validation in peels** • Practitioners must perform each of: alpha, beta, TCA, superficial peels in a breadth of skin types with an on site supervisor. **Prerequisite numbers of procedures for initial validation in micro needling** • Practitioners must perform microneedling with a range of skin types under observation

	Annual appraisal • 10 single agent peels and 10 combination peels per year • 12 micro needling cases per year • For practitioners only using one agent, they can isolate their certification and performance to this area • Those performing specific procedures/addressing specific conditions, e.g. Level 7 for xanthelasma, must demonstrate these
Continual professional development (CPD)	As per overarching principles and additionally: • Practitioners must demonstrate 50 hours per year of CPD. This can be divided into internal/external (see Box 10). • Teaching, research, management and leadership can be included as part of CPD.

Box 4. Supervision - *See Supervision Matrix*	
Assessment of patient	• The pre-procedure patient assessment must be performed by the prescriber or the person delivering the treatment, not by a third party • Remote consultation is not recommended for the first consultation OR there must be understanding that on face-to-face assessment the plan may change • Remote consultation is not recommended for follow up • It is appropriate to patients to self-assess using a general health form
Selection of treatment	• Prescription of a treatment can only occur after face-to-face assessment of patient, not after a remote/skype consultation
Administration of treatment	See Supervision Matrix • This depends on HEE level and professional background of practitioner

Box 5. Administration	
Patient positioning	• Patients should be encouraged to recline on the couch (unless medical contraindication)
Peels handling **Micro needling handling**	**Peels** • As per manufacturer's guidelines • A policy must be in place to follow the manufacturer protocol within clinical parameters • Peels must be handled using personal protective equipment and in non-corrosive bowls. • Peels must not be disposed of in the general waste or down the sink, rather in an orange bag, sealed per patient **Micro needles** • As per manufacturer's guidelines • A policy must be in place to follow the manufacturer protocol within clinical parameters • Should be handled by the handle • When using the manual roller, support the skin to control it, and to reduce the risk of needlestick

	• Sharps management as per National Guidance [1]. **<u>References</u>** 1. Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. http://www.hse.gov.uk/pubns/hsis7.htm
Skin preparation	• A cleanser should be used before peel use • Eye protection must be provided for patients before the use of peel, e.g. A cotton pad sealed with Vaseline • An antiseptic licensed for skin preparation should be used before needling, e.g. chlorhexidine. Aqueous betadine, if used, must be cleaned off before needling
Anaesthesia	As per overarching principles – see *'Medicines'* and additionally • As previous
Administration	• Need to know clear signs of what to look for with depth • No chemical burn is self-limiting – continue to progress, even with a relatively small percentage of something – needs to be neutralised unless self-neutralising (TCA and phenol) • Systematic order of application: forehead, cheeks, chin, nose, upper lip (periphery and then central) • Feathering – blend with body part not being treated • Avoid skip lesions • Time the application according to manufacturer's instructions but also with clinical observation • Have neutraliser ready to use
Gloves	Clean gloves. Sterile gloves not required
Micro needling records **Peels handling records**	As per overarching principles and additionally: The following should be recorded in **peels handling records:** • Operating practitioner • Patient details • Date • Time • Skin preparation • Product name • Batch number • Strength • Skin quality

	• Length of time skin contact • Depth of peel • Anatomical site • Adverse effects/reaction • Post-op instructions The following should be recorded in **micro needling records:** • Operating practitioner • Patient details • Date • Time • Skin preparation • Local anaesthetic quantity and product • Product • Technique • Depth • Skin quality • Absence of local infection/inflammation/skin condition • Anatomical site • Adverse effects/reaction • Trauma/tearing/complications/bleeding • Post-op cleansing/irrigation • Post-op instructions

Box 6. Record of procedure	
Records	As per overarching principles
Photographs	As per overarching principles and additionally: • Pre and post photographs must be taken pre intervention, and at all stages of treatment • The minimum views are Anterior-Posterior(AP)/lateral • Consent attained at first treatment and then verified at each stage • Images/videos should be stored as per national guidance [1] **<u>References</u>** 1. Information for Health Organisations. https://ico.org.uk/for-organisations/health/
Storage	As per overarching principles

Box 7 Patient follow–up	
Appropriate follow up	• All patients must be offered a follow up appointment
Patient given contact telephone number	• All patients given 24/7 emergency contact number • Ideally the practitioner should be available for 24 hour consultation • If practitioner is unavailable, there should be access to a deputising practitioner
Supply written information	• Both pre-procedure and aftercare instructions should be provided in an understandable, written format
Informed of complications to look for	• Written aftercare instructions must contain descriptions of complications to look out for, and what to do if they develop
What to do in an emergency	• Written aftercare instructions should contain information describing what to do in an emergency
Patient given opportunity to feedback, complain or compliment	As per overarching principles

Box 8. Logbook and Case Numbers	

Logbook	• Practitioners should keep individual records of activity. Must be contemporaneous
	• Either digital or paper
	• Additional information to be included:
	  ○ Date
	  ○ Time
	  ○ Non-identifiable patient ID Number
	  ○ Practitioner name
	  ○ Practitioner ID
	  ○ Indication
	  ○ Product /technique used
	  ○ Anatomical location
	  ○ Complications/adverse events

Box 9. CPD and appraisal	
Related annual conference, teaching or leadership role	Practitioners must perform 50 hours of CPD per year, of which 20 hours need to be external: • Internal: e.g. reading journals, e-learning, internal training, internal management or leadership • External: courses, conferences, external teaching, management or leadership • No number of CPD points is specified
Logbook	See Box 9
Annual audit	As per overarching principles and additionally: • Annual audit by clinic or individual must be produced of activity and complications • Audits should be discussed at regular morbidity and mortality meetings • We would recommend practitioners working in a group/supported environment rather than as lone practitioners
Patient reported outcome measures	• Every patient must be given the opportunity to feedback their outcomes at the end of every patient episode and formal quantitative and qualitative PROMs are

(PROMs)	recommended
Review of complaints and compliments	As per overarching principles and additionally: • Must have a local quarterly review of outcomes • Must have an annual appraisal where outcomes are discussed
Annual appraisal including this scope of work	As per overarching principles and additionally: • There must be an annual appraisal of performance activity and audit
For PSRB professionals: **Five yearly revalidation including this scope of work**	• Nurses must revalidate every 3 years, in line with their professional body [1] • Doctors must revalidate every 5 years, in line with their professional body [2] • Revalidation in keeping with your training body, otherwise every 3 years (JCCP) **References** 1. http://revalidation.nmc.org.uk/what-you-need-to-do 2. http://www.gmc-uk.org/doctors/revalidation.asp