



OTHM LEVEL 3 CERTIFICATE IN FACIAL TREATMENTS

Qualification Number: 610/2876/9

Specification | 2023

TABLE OF CONTENTS

| | |
|--|----|
| QUALIFICATION OBJECTIVES | 3 |
| QUALITY, STANDARDS AND RECOGNITIONS..... | 3 |
| REGULATORY INFORMATION | 3 |
| EQUIVALENCES..... | 3 |
| QUALIFICATION STRUCTURE..... | 4 |
| DEFINITIONS | 4 |
| ENTRY REQUIREMENTS..... | 4 |
| PROGRESSIONS..... | 5 |
| DELIVERING THE QUALIFICATIONS..... | 5 |
| DELIVERY METHOD..... | 7 |
| CENTRE REQUIREMENTS | 7 |
| ASSESSMENT AND VERIFICATION..... | 8 |
| PORTFOLIO OF EVIDENCE..... | 10 |
| OPPORTUNITIES FOR LEARNERS TO PASS | 11 |
| RECOGNITION OF PRIOR LEARNING AND ACHIEVEMENT..... | 11 |
| EQUALITY AND DIVERSITY | 11 |
| UNIT SPECIFICATIONS..... | 12 |
| Health and Safety Practice in the Salon | 13 |
| Client Care and Communication | 20 |
| Anatomy and Physiology for Facial Treatments | 27 |
| Provide Facial Treatments..... | 31 |
| IMPORTANT NOTE | 48 |

QUALIFICATION OBJECTIVES

The OTHM Level 3 Certificate in Facial Treatments has been developed to provide learners with a range of knowledge and understanding about the requirements for providing facial treatments.

Successful completion of this qualification will equip learners with the underpinning knowledge and skills required to succeed in employment or further studies.

QUALITY, STANDARDS AND RECOGNITIONS

OTHM Qualifications are approved and regulated by Ofqual (Office of Qualifications and Examinations Regulation). Visit the [Register of Regulated Qualifications](#).

OTHM has progression arrangements with several UK universities that acknowledges the ability of learners after studying level 7 qualifications to be considered for advanced entry into corresponding Master's programmes.

REGULATORY INFORMATION

| | |
|--------------------------------|---|
| Qualification Title | OTHM Level 3 Certificate in Facial Treatments |
| Qualification Ref. Number | 610/2876/9 |
| Regulation Start Date | 22/06/2023 |
| Operational Start Date | 26/06/2023 |
| Total Credit Value | 26 |
| Total Qualification Time (TQT) | 270 |
| Guided Learning Hours (GLH) | 180 |
| Sector Subject Area (SSA) | 7.3 - Service enterprises |
| Overall Grading Type | Pass / Fail |
| Assessment Methods | Coursework |
| Language of Assessment | English |

EQUIVALENCES

OTHM qualifications at Level 3 represent practical knowledge, skills, capabilities and competences that are assessed in academic terms as being equivalent to GCE AS/A Levels.

QUALIFICATION STRUCTURE

The OTHM Level 3 Certificate in Facial Treatments consists of 4 mandatory units for a combined total of 26 credits, 270 hours Total Qualification Time (TQT) and 180 Guided Learning Hours (GLH) for the completed qualification.

| Unit Ref. | Mandatory units | Credits | GLH | TQT |
|------------|--|---------|-----|-----|
| F/650/7533 | Health and Safety Practice in the Salon | 8 | 60 | 80 |
| H/650/7534 | Client Care and Communication | 6 | 40 | 60 |
| K/650/7563 | Anatomy and Physiology for Facial Treatments | 4 | 30 | 50 |
| L/650/7564 | Provide Facial Treatments | 8 | 50 | 80 |

DEFINITIONS

Total Qualification Time (TQT) is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected to be required in order for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Total Qualification Time is comprised of the following two elements –

- a) *the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and*
- b) *an estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.*

(Ofqual 15/5775 September 2015)

Guided Learning Hours (GLH) is defined as the hours that a teacher, lecturer or other member of staff is available to provide immediate teaching support or supervision to a student working towards a qualification.

Credit value is defined as being the number of credits that may be awarded to a Learner for the successful achievement of the learning outcomes of a unit. One credit is equal to 10 hours of TQT.

ENTRY REQUIREMENTS

The OTHM Level 3 Diploma in Beauty Therapy qualification can be offered to learners from age 16. It is recommended that learners hold a Level 2 Diploma in Beauty Therapy or equivalent qualification.

OTHM centres must ensure learners are recruited with integrity onto appropriate qualifications and that they possess the required knowledge, understanding and skills to enrol and successfully achieve this qualification. The qualification is offered in English.

English requirements: If a learner is not from a majority English-speaking country must

provide evidence of English language competency. For more information visit the [OTHM English Language Expectations](#) page.

PROGRESSIONS

Successful completion of the OTHM Level 3 Certificates and Diplomas in Beauty provides learners with the opportunity for workplace and academic progressions. Including further OTHM Beauty and complimentary therapy qualifications.

DELIVERING THE QUALIFICATIONS

Teaching staff

This includes those who develop and/or deliver the course content.

This may be undertaken by a team who must demonstrate that within the team, provision is made for subject-specific knowledge.

OTHM recommend it is standard best practice for the qualification to be delivery by qualified teachers. Additionally, in the interest of best practice, teachers should themselves have an accredited academic qualification relating to the core and modality specific knowledge/competence.

Centres must demonstrate that the teaching team possess the required subject knowledge and have achieved academic qualifications of the relevant level to inform, develop and deliver high quality program content in the specific subject, at the required level.

The currency of their practice should also be verified in the application, through explanation of how teachers/educators maintain and update their knowledge skills and competence, through for revalidation, peer review, appraisal or application for recognition from a relevant authority.

In order to deliver this qualification, it is standard best practice teaching staff:

- hold a postgraduate teaching qualification, e.g. Post Graduate Certificate in Education (PGCE) or equivalent
- be occupational experts and have qualifications, knowledge and understanding in the area relevant to the qualification content. This knowledge must be at the same level as or higher than the training being delivered.
- understand the qualification's structure and content, and the learning outcomes they are delivering.
- have recent and relevant industry experience in the specific area they are delivering.
- undertake activities which contribute to their Continuing Professional Development (CPD)

All those delivering units and/or observing and assessing practice for the OHTM Level 3 Diploma in Beauty Therapy must have all of the following:

- access to appropriate guidance and support; and
- on-going participation in related programme quality assurance processes.

Centre staffing will be checked as part of the centre approval process, in which we will ask for copies of CV's and teaching certificates. Centres are required as part of their signed centre

agreement to inform OTHM if there are any changes. The external quality assurer will also review and confirm this at the time of EQA.

Centre staff may undertake more than one role, e.g., tutor and assessor or internal quality assurer but cannot internally verify their own assessments.

Assessors and Internal Quality Assurers

Assessor/Internal Quality Assurer TAQA qualifications are valued as qualifications for centre staff, but they are not currently a requirement for the qualification.

Assessors

To be approved as an assessor, the individual must provide evidence to show they meet the occupational competence criteria specified for the qualification(s) they will be assessing.

Internal assessment includes the synoptic assignment and clinical case studies.

To assess learners working towards this qualification, it is standard best practice assessors:

- hold a suitable, relevant assessor qualification or be working towards one.
- be occupational experts and have qualifications, knowledge and understanding in the area relevant to the qualification content. This knowledge must be at the same level as or higher than the training being delivered.
- understanding of the assessment process
- undertake activities which contribute to their Continuing Professional Development (CPD)
- have recent and relevant industry experience in the specific area they are assessing.
- have credible experience of assessment within a teaching and/or training environment.
- Assessors must assess learners' work in accordance with the assessment and grading requirements set out in this specification.

Internal Quality Assurers (IQA)

Centres must have a rigorous internal quality assurance system in place.

Centres must have an IQA to ensure assessment decisions are consistently applied between assessors, and that learner's work meets the required standard. Each assessor's work must be checked and confirmed by the IQA. Assessment decisions must be standardised to ensure that all learners' work has been assessed to the same standard and is fair, valid and reliable.

The IQA must observe assessors carrying out assessments, review assessment decisions from the evidence provided and hold standardisation meetings with the assessment team to ensure consistency in the use of documentation and interpretation of the qualification requirements. Evidence of internal quality assurance must be recorded, retained and made available for the External Quality Assurer (EQA)

Continuing Professional Development (CPD)

Centres must support their staff to ensure that they have current knowledge of the occupational area, that delivery, mentoring, training, assessment and verification is in line with best practice, and that it takes account of any national or legislative developments. CPD records of all staff members must be available for external quality assurance.

Record Keeping

Centres must produce and retain records that include:

- learners on programme, including learner name, date of birth, contact details, assessor's name, IQA's name, and registration date with

- assessment plans and IQA sampling plans
- learner assessment records detailing who assessed what and when, the assessment methods used, the location of the supporting evidence, and the assessment decision/grade awarded with supporting evidence
- records of internal quality assurance activity detailing who internally quality assured what and when, the sample selected and its rationale, records of IQA standardisation meetings, assessor and IQA competence records, monitoring records of assessor/IQA progress towards achievement of the relevant assessor/internal quality assurance qualifications and requirements for the retention of learner evidence.

DELIVERY METHOD

Before learners are permitted to undertake **ANY** salon practice, they must complete Unit 1 Health and Safety Practice.

The knowledge gained in Unit 1 Health and Safety Practice and Unit 2 Client Care and Communication underpin the whole qualification and should be referred to throughout the delivery of the whole qualification.

The remaining units can be delivered according to the delivery mode of the delivery centre.

Units should be delivered in a Realistic Learning Environment (RLE). The word 'client' can be related to friends and peers and does not mean that treatments need to be carried out on paying clients or within commercial timescales.

OTHM Centres should consider the learners' complete learning experience when designing the delivery of the qualification.

OTHM Centres must ensure that the chosen mode of delivery does not unlawfully or unfairly discriminate, whether directly or indirectly, and that equality of opportunity is promoted. Where it is reasonable and practicable to do so, it will take steps to address identified inequalities or barriers that may arise.

Guided Learning Hours (GLH) which are listed in each unit gives the centres the number of hours of teacher-supervised or direct study time likely to be required to teach that unit.

CENTRE REQUIREMENTS

Staff delivering programmes and conducting the assessments must be familiar with current practice and standards in the sector.

Physical resources

Centres must have access to the range of services, professional products, tools, materials and equipment in the centre or workplace to needed to support the delivery of the programme. The range of services, professional products, tools, materials, and equipment must be up to date and available for use. They must enable learners to meet the requirements of the relevant preparation for work qualification.

- All tasks must be undertaken in a safe place of work with adequate space, heating, lighting and ventilation and access to both washing and first aid facilities.
- The professional products, tools, materials, and equipment must meet industry standards and be capable of being used under normal working conditions.
- The space per working area must conform to health and safety legislation and commercial practice.
- Personal Protective Equipment (PPE) must be provided. Examples include gloves, aprons and uniforms.
- Standardised data collection sheets, consent and consultation forms should be made available to record all treatments.

General Resource Requirements

- Centres must have appropriate physical resources (for example equipment, IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification.
- Staff involved in the delivery and assessment process must have relevant expertise and occupational experience.
- There must be systems in place to make sure that there is continuing professional development for staff delivering the qualification.
- Centres must have appropriate health and safety policies in place relating to the use of equipment by learners.
- Centres must deliver the qualifications in accordance with current equality legislation.
- Centres must have a sufficiently rigorous internal quality assurance system in place.

OTHM Centres must ensure that the chosen mode of delivery does not unlawfully or unfairly discriminate, whether direct or indirect, and that equality of opportunity is promoted. Where it is reasonable and practical to do so, it will take steps to address identified inequalities or barriers that may arise.

Health and Safety

The requirement to follow safe working practices is an integral part of all OTHM assessments, and it is the responsibility of centres to ensure that all relevant health and safety requirements are in place before learners start practical assessments and meet national requirements.

Risk Assessment

You should carefully consider if a learner is at a stage where they can complete assessment safely. You should use and apply your centre's risk assessment policy prior to allowing learners to carry out summative assessment from the workplace or educational site.

ASSESSMENT AND VERIFICATION

OTHM will include a clear outline of the assessment method required for each unit within the qualification specification. Where a particular assessment method can be delivered across a range of units this will be highlighted.

The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes and assessment criteria. Quality assured assessment material are made available to centres by OTHM.

Delivery of this qualification should be a combination of practical and theory activities. Tutors are advised to use a variety of different delivery methods to engage and motivate learners.

Centres are required to undertake standardisation activities between assessors, internal quality assurance staff and evidence made available to OTHM at the time of external quality assurance or upon request.

To achieve a 'pass' for this qualification a learner must have successfully achieved **all** the assessment criteria for each unit of the qualification.

Award will be confirmed following confirmation by OTHM that all assessment has been undertaken appropriately and internal quality assurance has confirmed application of all required reliability and validity of quality procedures.

At this point, OTHM will undertake external quality assurance to confirm that award can be recommended in accordance with the published [OTHM Quality Assurance Policy](#).

Specific assessment guidance and relevant marking criteria for each unit are made available in the Assignment Brief document. These are made available to centres immediately after registration of one or more learners.

Assessment will be both formative and summative and will be recorded in a learner logbook to provide a dynamic learning account.

Formative Assessment

A range of skills must be assessed formatively and summatively. The purpose of formative assessment is to provide opportunities for learners to practice their skills to a level where they are deemed 'ready' to be assessed summatively. This is crucially important to minimise the risk of poor practice on real people that will also form part of the learner's summative assessment.

Centres must provide clear evidence that each learner has practiced **all** required skills in a suitable environment.

The centre will use an internal assessor to observe the learner's performance and to sign off learners' performance.

Learners will receive feedback at each formative opportunity to provide learning opportunities in keeping with the principles of formative assessment.

Formative assessment will also be recorded in a learner logbook to provide a dynamic learning account.

Summative Assessment

Summative assessment is used to evaluate learner competence and progression at the end of a unit or component. Summative assessment should take place when the assessor deems that the learner is at a stage where competence can be demonstrated.

The purpose of summative assessment is to evaluate learners' competencies and capabilities at the end of a course of study.

This can be achieved using a variety of assessment methods, as follows:

- **Observation of Skills** – learners will demonstrate their competencies and capabilities across a range of units bringing together their knowledge and skills in order to provide safe and effective consultations, treatments and post-treatment follow up.

- **Learner Logbook** – learners will record all aspects of consultations, treatments and post-treatment follow up which are observed and supervised. The logbook will also provide a reflective element on practice to demonstrate development and learning. The learner logbook should include learner reflections using images, forms, contemporaneous notes etc. The logbook is mapped to the qualification assessment criteria and will be assessed by centre assessors against these. Feedback will be provided to learners following each activity to provide dynamic and on-going learning from which the learner can benefit.
- **Written assignments** – these will be used to measure the learner’s knowledge and understanding of the supporting theory and include tasks on health and safety, risk management, client consultations, beauty treatment knowledge and evaluation of performance.
- **A&P Pack/Unit Packs** – these are questions set to assess knowledge components in the units.
 The completion of the packs are a compulsory assessment task to be set under centre-controlled conditions. The Packs are internally marked and verified by the centre assessor and internal verifier and externally quality assured by OTHM. Learners will be allowed a maximum of three attempts to meet these requirements. Centres have overall responsibility for the administration of the A&P controlled assessment tasks and must follow the guidance in the OTHM [Assessment Policy](#).

PORTFOLIO OF EVIDENCE

As part of this qualification, learners are required to produce a portfolio of evidence. The portfolio will confirm the knowledge, understanding and skills that they have learnt. It may be in electronic or paper format. The assessor will provide guidance on how to prepare the portfolio of evidence and how to show practical achievement and understanding of the knowledge required to successfully complete this qualification. It is this logbook along with the portfolio of evidence that will serve as the prime source of evidence for this qualification.

Evidence in the portfolio may take the following forms:

- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Q&A Packs
- Oral questions
- Assignments
- Case studies

All evidence should be documented in the portfolio and cross referenced to unit outcomes and knowledge. Constructing the portfolio of evidence should not be left to the end of the course.

OPPORTUNITIES FOR LEARNERS TO PASS

Centres are responsible for managing learners who have not achieved a Pass for the qualification having completed the assessment. However, OTHM expects at a minimum, that centres must have in place a clear feedback mechanism to learners by which they can effectively retrain the learner in all the areas required before re-assessing the learner.

RECOGNITION OF PRIOR LEARNING AND ACHIEVEMENT

Recognition of Prior Learning (RPL) is a method of assessment that considers whether learners can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning.

RPL policies and procedures have been developed over time, which has led to the use of a number of terms to describe the process. Among the most common are:

- Accreditation of Prior Learning (APL)
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Achievement (APA)
- Accreditation of Prior Learning and Achievement (APLA)

All evidence must be evaluated with reference to the stipulated learning outcomes and assessment criteria against the respective unit(s). The assessor must be satisfied that the evidence produced by the learner meets the assessment standard established by the learning outcome and its related assessment criteria at that level.

Most often RPL will be used for units. It is not acceptable to claim for an entire qualification through RPL. Where evidence is assessed to be only sufficient to cover one or more learning outcomes, or to partly meet the need of a learning outcome, then additional assessment methods should be used to generate sufficient evidence to be able to award the learning outcome(s) for the whole unit. This may include a combination of units where applicable.

Centres will find that learners may require the need to RPL the Health and Safety Practice in the Salon and Client Care and Communication units when wanting to expand their portfolio of qualifications. These under pinning Level 3 units will appear in most of the level 3 beauty qualifications. Learners will only need to complete them once.

EQUALITY AND DIVERSITY

OTHM provides equality and diversity training to staff and consultants. This makes clear that staff and consultants must comply with the requirements of the Equality Act 2010, and all other related equality and diversity legislation, in relation to our qualifications.

We develop and revise our qualifications to avoid, where possible, any feature that might disadvantage learners because of their age, disability, gender, pregnancy or maternity, race, religion or belief, and sexual orientation.

If a specific qualification requires a feature that might disadvantage a particular group (e.g. a legal requirement regarding health and safety in the workplace), we will clarify this explicitly in

the qualification specification.

UNIT SPECIFICATIONS

Health and Safety Practice in the Salon

| | |
|--------------------------------|---|
| Unit Reference Number | F/650/7533 |
| Unit Title | Health and Safety Practice in the Salon |
| Unit Level | 3 |
| Number of Credits | 8 |
| Total Qualification Time (TQT) | 80 |
| Guided Learning Hours (GLH) | 60 |
| Mandatory / Optional | Mandatory |
| Sector Subject Area (SSA) | 7.3 - Service enterprises |
| Unit Grading type | Pass / Fail |

Unit Aims

This is a preparation for work unit which is based on capability and knowledge.

This unit provides learners with the knowledge and understanding in relation to their own responsibilities and those of others by monitoring workplace health and safety and making sure that procedures and workplace instructions are carried out.

Learners will be able to recognise and demonstrate ways of reducing or avoiding the incidence of occupational hazards and learn how to complete a risk assessment.

The knowledge gained in this unit underpins the entire qualification. Before learners are permitted to undertake ANY salon practice, they must complete this unit.

Essential Requirements

Learners will need access to a salon environment that meets the requirements of a Realistic Learning Environment. Tasks must be undertaken in a safe workplace with adequate heating, lighting, ventilation, and access to both washing and first aid facilities.

Delivery Guidance

This unit should be delivered in a Realistic Learning Environment (RLE). The word 'client' can be related to friends and peers and does not mean that treatments need to be carried out on paying clients or within commercial timescales. Delivery should focus on the development of safe practice in all aspects of working in the salon. Learners should understand the purpose of associated legislation and be able to identify the hazards and potential risks to everyone in the salon.

Learning Outcomes, Assessment Criteria, and Indicative Content

| Learning Outcomes – the learner will: | Assessment Criteria – the learner can: | Indicative content |
|--|--|---|
| 1. Know the principles of health and safety. | 1.1 Define the main health and safety legislation, policies, and procedures for working in a salon. 1.2 Follow health and safety regulations and workplace instructions. 1.3 Explain ways of complying with health, safety and security practices and salon policy. 1.4 Demonstrate how to monitor health and safety in the salon or workplace. | <ul style="list-style-type: none"> • Legislation and responsibilities, codes of practice and workplace policies. • Current regulations relating to the hair and beauty industry e.g. Health and Safety at Work Act 1974; Control of Substances Hazardous to Health (COSHH) Regulations 2002, Electricity at Work Regulations 1989, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, Workplace (Health, Safety and Welfare) Regulations 1992, Manual Handling Operations 1992, Provision and Use of Work Equipment Regulations 1998, Personal Protective Equipment (PPE) at Work Regulations 1992, Health and Safety (First Aid) Regulations 1981, Cosmetic Products (Safety) Regulations 1989, Coronavirus Act 2020 (legislation.gov.uk) • Compliance: |

| | | |
|--|--|---|
| | | <ul style="list-style-type: none"> • Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) • Awareness of Coronavirus disease 2019 (COVID-19) legislation and responsibility. • Employer’s and employees’ responsibilities: i.e., insurance, staff training and development, provision of Personal Protective Equipment (PPE) • Carrying out safe working practices with good standards of hygiene and maintenance • Effective Risk assessment, management, and evaluation strategies • Awareness of electrical safety, emergency and fire procedures, and health and safety policies and procedures. • Implementing an effective health and safety policy that sets standards and is well managed. • Positive attitudes towards health and safety from all members of staff • Well informed and trained managers and staff who communicate with each other. • Positive attitudes towards health and safety from all members of staff • Efficient reporting system for accidents, ill health, and safety defects • Continuous professional development is maintained to keep up to date with changes or new product usage information. • Employee welfare: misuse of Alcohol/Drugs, stress management. |
|--|--|---|

| | | |
|---|---|---|
| <p>2.Be able to demonstrate safe working practices in a beauty environment.</p> | <p>2.1 Define the difference between hazards and risks within a salon.</p> <p>2.2 Explain and report the existence of hazards in line with health and safety guidelines promptly and accurately.</p> <p>2.3 Identify precautions that have been taken to control risks and hazards in accordance with health and safety legislations.</p> <p>2.4 Maintain accurate and comprehensive records of any workplace risks identified or reported.</p> <p>2.5 Describe the steps to produce risk assessments.</p> <p>2.6 Carry out a health and safety risk assessment in a beauty environment.</p> <p>2.7 Outline necessary actions to take following a risk assessment.</p> <p>2.8 Be able to follow emergency procedures.</p> | <ul style="list-style-type: none"> ● Hazards and risks in a salon: Hazard refer to a source of potential harm or danger. <ul style="list-style-type: none"> ○ Chemical hazards are hazardous substances that can cause harm. These hazards can result in both health and physical impacts, such as skin irritation, respiratory system irritation, blindness, corrosion and explosions. ○ Physical hazards are environmental factors that can harm an employee without necessarily touching them, including heights, noise, radiation, and pressure. ○ Safety hazards. These are hazards that create unsafe working conditions. For example, exposed wires or a damaged carpet might result in a tripping hazard. These are sometimes included under the category of physical hazards. ○ Ergonomic hazards are a result of physical factors that can result in musculoskeletal injuries. For example, a poor workstation setup in an office, poor posture, and manual handling. ○ Psychosocial hazards include those that can have an adverse effect on an employee’s mental health or wellbeing. For example, sexual harassment, victimisation, stress, and workplace violence. |
|---|---|---|

| | | |
|--|--|--|
| | | <ul style="list-style-type: none"> • Risk refers to the possibility that harm or injury might occur when exposed to a hazard. • Salon procedure for risk assessments: Identify hazard, judgement of salon hazards, nominated risk assessment person/team, who/what, determine the level of risk, preventative measures, reduce a potentially harmful situation, notify staff, interpret results, conclusions, record findings, regular reviews. • Potential salon hazards requiring regular risk assessment: Space – utilisation, working area, heating, lighting, ventilation, layout, and design of the salon. Chemicals – procedures, storage, handling, safe usage, safe disposal, records. Equipment – selection, safe usage, handling, lifting, repairs, maintenance. Security (stock) – control systems, procedures, ordering, handling, storage. • Reasons for risk assessment: Legal requirement, provide a safe environment for staff/visitor/clients, identification of hazards, minimising hazards and risks, emergency procedures, staff training, implication of more than five members of staff, new staff in the workplace, new equipment and products, review systems, amendments and modifications to existing assessments, update records. • Salon health and safety legislation and |
|--|--|--|

| | | |
|---|--|--|
| | | <p>regulations: Health and safety at work, control of substances hazardous to health, reporting of injuries diseases and dangerous occurrences, personal protective equipment, electricity at work, manual handling, supply of goods and services, trade description, data protection, employers' liability (compulsory insurance), occupiers' liability, local by-laws (set by council), salon rules, code of conduct, observance by all staff.</p> <ul style="list-style-type: none"> • Training requirements – Health and Safety, Hazards, Safety, Salon policies |
| <p>3.Be able to ensure compliance of health and safety regulations.</p> | <p>3.1 Explain how to monitor and support the work of others to ensure compliance with health and safety requirements.</p> <p>3.2 Identify any further support or training needed to comply with Health and Safety regulations.</p> <p>3.3 Evaluate and review Health and Safety procedures and processes.</p> | <ul style="list-style-type: none"> • Providing support for staff: Up-to-date leaflets and posters, ongoing training, open door policy, suggestion box, current roles and responsibilities for staff. Security breaches: Inform - salon owner, management, head of school. • Review records - stock levels/control, monitor takings, inventory of equipment, manual and computerised records. • Actions - take statements, eyewitness accounts, review findings, call in police, notify data protection registry/clients of breach, maintain confidentiality, could result in loss of employment. Importance of insurance: Accidents, emergencies, legal claim, protect business, prevent fraudulent claim. • Training requirements |

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment criteria to be covered | Type of assessment | Word count (approx. length) |
|-----------------------------|-----------------------------------|--|--|
| All 1 to 3 | All AC under LO 1 to LO 3 | <p>Practical Activity –</p> <p>Your assessor will observe your performance on at least 2 occasions, each involving a different client.</p> <p>Essay/Report</p> | <p>Assessor observation record: A formal record of an assessor's observation to test the learner's knowledge and understanding of Health and Safety practices.</p> <p>Learner Logbook: References all Health and Safety tasks carried out by the learner.</p> <p>Health and Safety and Legal Requirements Assignment How to work safely and effectively when providing treatments Assignment</p> |

Client Care and Communication

| | |
|--------------------------------|-------------------------------|
| Unit Reference Number | H/650/7534 |
| Unit Title | Client Care and Communication |
| Unit Level | 3 |
| Number of Credits | 6 |
| Total Qualification Time (TQT) | 60 |
| Guided Learning Hours (GLH) | 40 |
| Mandatory / Optional | Mandatory |
| Sector Subject Area (SSA) | 7.3 - Service enterprises |
| Unit Grading type | Pass / Fail |

Unit Aims

This unit provides learners with the knowledge and understanding in client care and communication. You will develop your ability to adapt the provision of client care and your communication skills to the needs of different clients, as well as learn how to manage client expectations. In this unit learners will develop essential skills and knowledge that will enable them to progress to other units which involve dealing with clients. It is recommended that this unit is delivered early in the course.

The knowledge gained in this unit underpins the entire qualification and should be referred to throughout the delivery of the whole qualification.

Learning Outcomes, Assessment Criteria, and Indicative Content

| Learning Outcomes – the learner will: | Assessment Criteria – the learner can: | Indicative content |
|--|---|--|
| 1. Be able to communicate and behave in a professional manner when dealing with clients. | 1.1 Demonstrate how to behave in a professional manner within the workplace. 1.2 Describe how to use effective communication techniques when dealing with clients. | <ul style="list-style-type: none"> Verbal communication: (speaking) manner and tone, professional, supportive, respectful, sensitive to client, open questioning related to treatment. Advantages – quick, instant response, client body language. Disadvantages – no written |

| | | |
|--|--|---|
| | <p>1.3 Describe how to use effective consultation techniques to identify treatment objectives.</p> <p>1.4 Provide clear recommendations to the client.</p> | <p>record, no time to consider, no paper trail. Non-verbal communication: eye contact, body language, listening. Advantages – written communication, detailed, recorded, clear, specific, opportunity to consider, paper trail. Body language – expression of feelings, easily identify anger, happiness, confusion. Disadvantages – written communication, cannot see reaction, cannot change mind, no opportunity for discussion. Body language – cannot hide feelings, can be a barrier.</p> <ul style="list-style-type: none"> • Professional manner: Use positive body language, abide by salon regulations and codes of conduct, encourage clients to ask questions, be supportive and respectful, be sensitive to client's privacy and personal details, professional appearance, avoid inappropriate conversations. • Professional appearance: Clean, professional uniform, discreet jewellery or piercings, hair neatly tied back (fringe secured), closed-in footwear, personal hygiene, and cleanliness (shower/bath, cover cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained, short, no nail varnish, no nail extensions). • Professional ethical conduct: Polite, cheerful and friendly manner; friendly facial expressions, positive attitude, eye contact, open body language, client relations (not |
|--|--|---|

| | | |
|--|--|--|
| | | <p>argumentative, confidentiality), respect for colleagues and competitors, avoid gossip, pride in work, honesty, integrity, punctuality, employer and client loyalty.</p> <ul style="list-style-type: none"> • Consultation communications: Establish client requirements and therapist recommendations, give appropriate advice if client is contra-indicated, client satisfaction, client expectations, suitability and aftercare, prevent contra-actions, courteous, eye contact, verbal communication, non-verbal communication, signatures of client and therapist (legal document; insurance claims, acknowledgement of recommendations), avoid conflict between a client and therapist, visual, manual, question, listen, client card reference, use a range of related terminology linked to treatment being performed. • Client requirements: Age, cultural background, special needs, satisfied clients, dealing with dissatisfied clients, all clients treated equally, clear, direct, action taken where necessary, written record. Client treatment needs: Assess client needs and suitability, client agreement, realistic outcome, cost, duration and frequency of treatments, additional services. • Recommendations to client: Explain treatment (the process, expected sensations, skin reaction, outcomes), advise client of most suitable treatment, further treatments, aftercare advice, lifestyle |
|--|--|--|

| | | |
|---|---|---|
| | | <p>changes, seek agreement from client, retail recommendations, prevent contra-actions, improve results, maintain treatment longer, client care, client satisfaction, client expectations, profits (link sales, insurance reasons, completion of consultation process, returning/repeat clients, new business). Personal space: Space between client and therapist, positioning of client, covering of client, suitable location for consultation, client comfort, client privacy, unobtrusive.</p> |
| <p>2.Be able to manage client expectations.</p> | <p>2.1 Identify ways to improve the client service experience. 2.2 Discuss how to maintain client confidentiality in line with legislation. 2.3 Explain the requirements for record keeping. 2.4 Explain how to deal with customer complaints. 2.5 Demonstrate retail sales techniques to meet client requirements.</p> | <ul style="list-style-type: none"> • Client experience: establish an effective communication system, always deliver on your commitment, offer complimentary services, keep up with your client's details, promote services and clients on social media, ensure staff are trained correctly, professional behaviour. • Client confidentiality: Data protection - GDPR, professional, use of sensitive information, type of information, client access to their own records, maintain client's confidence, storage of client's personal details, record cards, method of destroying sensitive data, access available to authorised persons, time limit of storage of data, secured storage facility. Client care feedback: Client consultation form, comments box, verbal, and non-verbal methods, professional, target setting, relate to feedback constructively, professional manner, polite, courteous, personal development, improves client satisfaction, |

| | | |
|--|--|--|
| | | <p>client care, salon profits, career development, teamwork, employee training, reputation, repeat business, additional treatments.</p> <ul style="list-style-type: none"> • Client complaints: Professional manner, polite, courteous, good client care, senior therapist, senior receptionist or manager, dealt with appropriately, resolve situation, effective communication techniques, good client care, good eye contact, good facial expressions, good body language, deal with situation calmly, methods of recording complaints, prompt response verbally/ written. • Client records are an effective resource within a salon and provide accurate information. <ul style="list-style-type: none"> regarding client treatments and services, history of clients, the products used, the dates of treatments and services and any tests carried out. ○ importance of making records available prior to the treatment or service ○ complete client records in accordance with the organisation ○ importance of gaining client consent ○ importance of accurate completion of records ○ importance of secure storage and security of client records • Retail opportunities: Completion of |
|--|--|--|

| | | |
|--|--|--|
| | | <p>consultation, record on record card, profit, linking of retail/sales, selling products and other services, promotional offers, samples, retail displays, repeat business, course of treatments, demonstrations, open events, existing client offers.</p> <ul style="list-style-type: none"> • Sales techniques: Body language, verbal, non-verbal, testers, samples, linked to treatment, product knowledge, benefits, listen to client's needs, record card, lifestyle factors. • Improve working practices: SWOT analysis (strengths, weaknesses, opportunities, and threats to business), sales, productivity, analysis, questionnaires, feedback from clients (verbal/non-verbal), repeat business, monitor trends, peer assessment, observation, mystery shopper, appraisal. |
|--|--|--|

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment criteria to be covered | Type of assessment | Word count (approx. length) |
|-----------------------------|-----------------------------------|---|---|
| All 1 to 2 | All AC under LO 1 to LO 2 | <p>Practical Activity –</p> <p>Your assessor will observe your performance on at least 2 occasions, each involving a different client.</p> <p>Essay/Report</p> | <p>Assessor observation record: A formal record of an assessor's observation to test the learner's communication skills.</p> <p>Learner Logbook: Records all tasks carried out by the learner.</p> <p>Health and Safety and Legal Requirements Assignment</p> <p>After care Assignment</p> <p>Client Consultation Assignment</p> |

Anatomy and Physiology for Facial Treatments

| | |
|--------------------------------|---------------------------|
| Unit Reference Number | K/650/7563 |
| Unit Title | Anatomy and Physiology |
| Unit Level | 3 |
| Number of Credits | 4 |
| Total Qualification Time (TQT) | 50 |
| Guided Learning Hours (GLH) | 30 |
| Mandatory / Optional | Mandatory |
| Sector Subject Area (SSA) | 7.3 - Service enterprises |
| Unit Grading type | Pass / Fail |

Unit Aims

This unit will allow you to gain knowledge of the anatomical structure and the physiological function of the body systems in relation to facials. Skin and the functions, blood and lymph supply along with muscles and bone of the limbs of the body.

Learning Outcomes, Assessment Criteria, and Indicative Content

| Learning Outcomes – the learner will: | Assessment Criteria – the learner can: | Indicative content |
|--|--|---|
| 1. Understand the anatomy and physiology that relates to facial services | 1.1 Describe the bones face, neck and shoulder girdle. 1.2 Describe the structure and function of the muscles of the face, neck and shoulder girdle 1.3 Describe the blood circulation to the face, neck and shoulder girdle 1.4 Describe the structure and function of the skin. | Identifying the bones: Describe the bones of the head, neck, shoulder girdle and chest (including for the skull - occipital, frontal, parietal, temporal, sphenoid, ethmoid, zygomatic, mandible, maxillae, nasal, vomer, turbinate, lacrimal and palatine bones; for the neck – cervical vertebrae; for the shoulder girdle |

| | | |
|--|--|--|
| | <p>1.5 Describe the skin characteristics and skin types of different ethnic client groups.</p> | <p>- clavicle, scapula, and humerus; for the chest - sternum)</p> <p>Identify the muscles. Describe the actions of the facial, neck and shoulder muscles to include, Obicularis Oculi, Corrugator, Procerus, Nasilis, Obicularis Oris, Levator Labi, Zygomaticus, Buccinator, Risorius, Mentalis, Platysma.</p> <p>Veins and arteries, veins carry deoxygenated blood to the heart, Arteries are vessels that carry blood away from the heart.</p> <p>Skin function:</p> <ul style="list-style-type: none"> • Consists of 3 layers, epidermis, dermis, subcutaneous layer. Each layer has a function. • Sensation, heat regulation, absorption, protection, excretion, secretion. <p>Ethnic groups:</p> <ul style="list-style-type: none"> • White/Caucasian- The skin of blonde or red hair tend to have fine hair growth and hair colour light or fair-not usually noticeable . Tends to be fine in texture and thinner than any other skin type • Black-Sebaceous glands are larger and denser, giving good lubrication and moisture: less prone to premature wrinkles. Aging process is usually slower with less cell deterioration. BL skin |
|--|--|--|

| | | |
|--|--|---|
| | | <p>flakes and shed more quickly and cell renewal tends to be faster.</p> <ul style="list-style-type: none"> • Asian-Skin has more sweat glands which are larger to keep their body temp at a manageable level in the heat. Less likely to suffer from acne. Skin is often smooth and line free, strong and adaptable, with underlying fibres being supportive well into middle age • Mixed- These vary considerably. • Mediterranean/Latino-Skin tends to be oilier due to sebaceous producing more sebum to keep the skin lubricated in the heat. Therefore it tends to not dry out too much, and is slow to form wrinkles. As hair colour is darker, facial and body hair is more noticeable and often grows thicker and is coarse in texture. Skin is robust and less prone to damage: it can withstand higher levels of UV without burning and tends to tan more easily. |
|--|--|---|

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment criteria to be covered | Type of assessment | Word count (approx. length) |
|-----------------------------|-----------------------------------|--------------------|---|
| LO1 | All AC under LO1 | Knowledge | Learner Logbook: References all A&P tasks carried out by the learner. A&P Pack |

Provide Facial Treatments

| | |
|--------------------------------|---------------------------|
| Unit Reference Number | L/650/7564 |
| Unit Title | Provide Facial Treatments |
| Unit Level | 3 |
| Number of Credits | 8 |
| Total Qualification Time (TQT) | 80 |
| Guided Learning Hours (GLH) | 50 |
| Mandatory / Optional | Mandatory |
| Sector Subject Area (SSA) | 7.3 - Service enterprises |
| Unit Grading type | Pass / Fail |

Unit Aims

The aim of this unit to gain understanding on improving and maintaining facial skin condition using a variety of treatments. These treatments include skin exfoliation, skin warming, extraction, facial massage, mask treatments and the use of facial products. Such treatments must be successfully provided to a range of clients with a variety of skin types and conditions.

Delivery Guidance

This unit should be delivered in a Realistic Learning Environment (RLE). The word 'client' can be related to friends and peers and does not mean that treatments need to be carried out on paying clients or within commercial timescales. Delivery should focus on the development of safe practice in all aspects of working in the salon. Learners should understand the purpose of associated legislation and be able to identify the hazards and potential risks to everyone in the salon.

Learning Outcomes, Assessment Criteria, and Indicative Content

| Learning Outcomes – the learner will: | Assessment Criteria – the learner can: | Indicative content |
|--|--|--|
| <p>1. Be able to use safe and effective methods of working when providing facial services.</p> | <p>1.1 Demonstrate how to set up a treatment area that meets legal, hygiene and service requirements organisational requirements.</p> <p>1.2 Explain the importance of maintaining personal hygiene, protection, and appearance.</p> <p>1.3 Adhere and follow workplace and manufacturers' instructions for the safe use of equipment, materials, and products.</p> <p>1.4 Demonstrate the correct positioning of tools and equipment needed for the treatment.</p> <p>1.5 Demonstrate how to position the client and yourself to minimise fatigue.</p> <p>1.6 Examine the client's wellbeing at regular intervals.</p> <p>1.7 Demonstrate and perform the treatment within a commercially viable time.</p> <p>1.8 Demonstrate that the treatment area is clean and tidy and ready for future treatments.</p> <p>1.9 Explain the importance of completing treatment records.</p> | <p>Preparation of working area</p> <ul style="list-style-type: none"> • Equipment • Products • Work wear • Hygiene e.g., sterilising/sanitising tools and equipment • Client for treatment • Client care and modesty • Code of practice/ethics • • Insurance and professional association membership • Record keeping • Record and store in line with current data protection legislation and professional codes of conduct <p>Personal hygiene:</p> <ul style="list-style-type: none"> • Protection (PPE) <p>Professional appearance:</p> <p>Clean professional uniform, closed in footwear, no jewellery, no piercings, hair (neatly tied back, fringe secured), light day make-up, personal hygiene, and cleanliness (shower/ bath, cover</p> |

| | | |
|--|--|---|
| | | <p>cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained).</p> <p>Professional ethical conduct: Polite, cheerful and friendly manner (friendly facial expressions, positive attitude, eye contact, open body language), client relations, confidentiality, respect for colleagues and competitors, avoid gossip, take pride in work, punctuality, employer and client loyalty.</p> <p>Preparation of working area:</p> <ul style="list-style-type: none"> • Equipment • Products • Work wear • Hygiene e.g., sterilising/sanitising tools and equipment • Client for treatment • Client care and modesty • Code of practice/ethics • • Insurance and professional association membership • Record keeping • Record and store in line with current data protection legislation and professional codes of conduct <p>Environmental conditions: Lighting, Heating, Ventilation, Noise levels, Available space, Music, General hygiene. Waste disposal, Décor, Equipment, Privacy, Reception areas, General</p> |
|--|--|---|

| | | |
|--|--|---|
| | | <p>use/treatment areas, Safety aspects</p> <p>Management of health and safety at work: Clean up spillages, report slippery surfaces, remove/report obstacles, ensure good all-round access to trolleys and equipment, sterilise/disinfect tools, equipment, and work surfaces, wear personal protective equipment.</p> <p>Electricity at work: Checking/visual check of equipment, no trailing wires portable appliance testing (PAT).</p> <p>Manual handling: Moving stock, lifting, working heights, unpacking, posture, deportment, balance weight, preserve back, prevent slouching. Towels: Clean for every client, place dirty towels in covered bin.</p> <p>Liability insurance: Employers, public, professional indemnity.</p> <p>Reporting of injuries, diseases, and dangerous occurrences regulations: Accident book, reporting diseases, local byelaws, code of conduct, risk assessment.</p> <p>Control of substances hazardous to health: Replace lids, ensure ventilation for vapour and dust, avoid overexposure to chemicals, use chemicals correctly, follow storage handling use and disposal, correctly dispose of contaminated waste/ products (in a closed top bin), check end date on packaging, store away from heat, damp, and direct sunlight, follow relevant manufacturer's instructions, no smoking, eating or drinking.</p> <p>Health and safety legislation: Data protection, electricity at work, employers' liability</p> |
|--|--|---|

| | | |
|--|--|--|
| | | <p>(compulsory insurance), fire precautions, first aid at work, health and safety at work, local government miscellaneous provisions, occupiers' liability legislation, local byelaws.</p> <p>Regulations: Control of substances hazardous to health regulations, management of health and safety at work regulations, manual handling, personal protective equipment, reporting of injuries, diseases and dangerous occurrences regulations, workplace (health and welfare) regulations.</p> <p>Hazards and risks: A hazard is something that has the potential to cause harm. A risk is the likelihood of a hazard happening.</p> <p>Employer responsibility: Current and valid liability insurance, display health and safety rules (covering staff, employees, clients, fire evacuation, provide regular training, accurate record keeping, monitoring).</p> <p>Hazards: Something with potential to cause harm, requiring immediate attention, level of responsibility, report, nominated personnel, duty to recognise/deal with hazards.</p> <p>Equipment: Only used for intended purpose, safe usage, handling, storage, cleaning, lifting, visual checks, worn, faulty, repairs, maintenance, portable appliance testing, correct disposal of contaminated waste, records.</p> <p>Security (cash): Staff training, point of sale, regular banking, in transit.</p> <p>Security (people): Staff, clients, visitors, children, personal belongings, systems (security, emergency evacuation, storage, client records,</p> |
|--|--|--|

| | | |
|--|--|--|
| | | <p>business information).</p> <p>Risk: Likelihood of a hazard happening, risk assessment, determine the level of risk, preventative measures, reduce a potentially harmful situation, judgement of salon hazards, who/what is at risk, level of risk, interpret results, conclusions, record findings, regular reviews.</p> <p>Reasons for risk assessment: Staff, visitors, client health and safety, safe environment, minimise hazards and risks, requirement of legislation.</p> <p>Hygiene: General – sterilise and sanitise tools, disinfect work surfaces, cover cuts and abrasions, sanitise therapist’s hands before and after treatments, sanitise with sprays and gels, clean towels between clients, place dirty towels in covered bin, use disposable towels, dispense products with a spatula, pump or spray, use disposables wherever possible, no smoking, personal hygiene, replace loose lids, uncapped bottles and pots. Disinfection – heat or chemical methods, bactericides, fungicides, viricides, UV cabinet for storage only. Disposal of waste – single use items, pedal bin with a liner, spillages and unused chemicals, contaminated waste, hazardous waste, environmental protection.</p> <p>Therapist posture and deportment: Correct posture when sitting, lifting and carrying, working methods to avoid Repetitive Strain Injury (RSI), hand exercises, standing posture, even weight distribution, client comfort, maintain modesty, client correctly positioned to get maximum benefit from treatment, ensure technician</p> |
|--|--|--|

| | | |
|--|---|---|
| | | <p>positioning delivers appropriate techniques, appropriate space between client and technician, prevent injury, optimum results, allow for visual checks.</p> <p>Client preparation: Protect client clothing, ensure client positioned correctly and comfortable, respect privacy and modesty.</p> <p>Communication: Verbal – speaking manner and tone, professional, supportive, respectful, sensitive to client, open questioning related to treatment. Non-verbal – eye contact, body language, listening.</p> <p>Record keeping: Accurate appointment systems, stationery, loyalty, rewards, acknowledgement of occasions, consultation record keeping, contra-indications, signatures, refer to existing records, information clear, accurate and in logical order (name, address, contact numbers, age range, reason for treatment, occupation, sport/hobbies, medical history, allergies/hypersensitivity, contact lenses, contra-actions, contra-indications, skin sensitivity tests, adaptations and modifications, recommendations, requirements, treatment plan), update record at the end of the treatment, update at each visit, maintained electronically, paper records.</p> |
| <p>2.Be able to consult, plan and prepare for the service with clients</p> | <p>2.1 Use consultation techniques to determine and record the service plan.</p> <p>2.2 Obtain signed, written, and informed consent prior to any service from the client or parent/guardian if the client is a minor*</p> <p>2.3 Consult with the client to identify any</p> | <ul style="list-style-type: none"> • Consultation is the process for gaining information about the client to assist the therapist in recommending the most suitable treatment for the client. • Analysis helps identify the general and specifics for example skin conditions, along |

| | | |
|--|--|--|
| | <p>contra-indications, recording the client responses.</p> <p>2.4 Position the client and yourself to minimise fatigue, and risk of injury to yourself and the client.</p> <p>2.5 Perform an assessment of the nails and skin, recording the results and taking any necessary action in response to identified contra-indications.</p> <p>2.6 Provide client advice without reference to a specific medical condition and without causing undue alarm and concern*</p> <p>2.7 Recommend suitable treatments and products for the client's skin type and nail condition and agree the service and outcomes that are acceptable to the client and meets their needs.</p> | <p>with the correct products to use and treatment to perform.</p> <ul style="list-style-type: none"> • Legal requirement and failure to consult properly with clients prior to treatment could invalidate insurance. • Consultation techniques: questioning: listening, visual, manual, written. • Agree Treatment plan. • Advise prior to treatment: cost, duration, frequency, and types of treatment needs. • Seek clarification of the client's understanding • Providing feedback and aftercare advice such as possible contra-actions and home care products • Providing opportunities for clients to ask questions. • Signed consent. • Medical History, Lifestyle, contra-indications – take necessary action: modification of the treatment, explaining why the treatment cannot be carried out, encouraging the client to seek medical advice. <p>Examples of contra-indications that may restrict treatment: Bruising, cuts, abrasions, sunburn, mild psoriasis, mild eczema and or recent surgery to the area botox/ fillers.</p> <p>Prevent: thin and or fragile skin, severe psoriasis, severe eczema, swelling, diabetes seeks GP approval, allergies to products, recent scar tissue (6 months), hypersensitive skin.</p> <p>Examples of skin diseases and disorders:</p> |
|--|--|--|

| | | |
|--|--|--|
| | | <p>eczema, conjunctivitis/ stye/ Any fungal viral and bacterial infections scabies, ringworm.</p> <p>Adaptations: can modify if client has certain contraindications that restrict, if they have any that are contagious, we refer to the GP.</p> <p>Lifestyle factors that affect skin: Occupation, diet and fluid intake, sleep patterns, smoking, exercise, hobbies, home situation, stress levels, medication, illness, premature ageing, poor skin condition, loss of muscle tone, dehydration, poor circulation, excess fatty tissue, increased cellulite, slow metabolism, cell regeneration and growth.</p> <ul style="list-style-type: none"> • Environmental factors that affect skin: UV light, weather, central heating, drugs, alcohol, serious illness, medication, occupation, dry, dehydrated, premature ageing, wrinkles and loss of elasticity, slower metabolism. • Skin analysis: Visual, this is carried out once questioning has taken place to visually inspect the client's skin. Manual is to be carried out once questioning and visual techniques have been carried out with client. This is to ensure the client hasn't got any contraindications that you can feel on the skin. • Encouraging your client to seek medical advice Explaining why the service cannot be carried out modifying the service carried out • Check all areas of the hand, skin conditions and characteristics, record results on record card, client skin type, conditions and |
|--|--|--|

| | | |
|---|---|---|
| | | <p>characteristics, treatment plan, most suitable treatment, suitable products, prevent worsening of conditions, accurate aftercare advice, future treatment needs.</p> <ul style="list-style-type: none"> • Equipment maintenance: Checked for damage, dials, leads and plugs checked, no trailing wires. • Environmental conditions: Heating (warm), lighting (soft), noise level and music selection (relaxing), ventilation sufficient, pleasant aroma, privacy of work area, client comfort, health, safety, and hygiene requirements maintained throughout treatment. |
| <p>3.Be able to carry out Facial services</p> | <p>3.1 Undertake a client consultation to determine the client’s treatment needs in line with legal requirements and informed consent.</p> <p>3.2 Adhere and follow health and safety working practices.</p> <p>3.3 Discuss and explain the treatment procedures to the client.</p> <p>3.4 Demonstrate how to use and adapt the equipment, tools and treatment duration to suit the client's skin type, skin condition and treatment objectives.</p> <p>3.5 Describe the contra-indications and contra-actions that affect or restrict treatments.</p> <p>3.6 Identify and take prompt action if the client experiences any discomfort or contra-action.</p> <p>3.7 Discuss and propose suitable post-treatment products with the client.</p> | <ul style="list-style-type: none"> • Communication: checking consultation notes and contra-indications, explaining the treatment to the client, benefits, limitations and co-operation required • helping the client onto the couch prior to and off the couch after the treatment, positioning the client correctly, Sanitising client’s and own hands as appropriate throughout treatment, protecting the client’s modesty at all times,, ensuring that the client is comfortable , adapt the manicure treatments to suit the needs of the client, correct posture, hygiene and a professional approach to the client throughout treatment. • Health and Safety : Fire Precautions Act, Health and Safety at Work Act, Health and Safety (First Aid) Regulations, The |

| | | |
|--|---|--|
| | <p>3.8 Evaluate the results with the client to meet the agreed treatment objectives.</p> <p>3.9 Discuss and provide the client with suitable aftercare advice.</p> <p>3.10 Manage and ensure client records are completed and signed by you and the client.</p> | <p>Management of Health & Safety at Work Regulations, The Workplace (Health, Safety & Welfare) Regulations, The Manual Handling Operations Regulations, The Personal Protective Equipment at Work Regulations (PPE), The Provision and Use of Work Equipment Regulations, The Control of Substances Hazardous to Health Regulations (COSHH), The Electricity at Work Regulations, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Disability Discrimination Act, Data Protection Act/General Data Protection Regulations (GDPR), adhere to all safety precautions and manufacturers' instructions.</p> <p>Explain and discuss the treatment procedures to the client:</p> <ul style="list-style-type: none"> • Steritane your hands. • Remove client's makeup from eyes and skin including decollate. • Cleanse the skin, eyes and lips using cleanser. <p>Skin analysis: Protect client's eyes using damp cotton pads.</p> <p>Bring mag lamp closer to clients face and look through, try to determine skin type – Oily, dry,</p> |
|--|---|--|

| | | |
|--|--|---|
| | | <p>combination or normal and skin condition – Dehydrated, mature, problematic, or sensitive.</p> <p>Exfoliate:</p> <ul style="list-style-type: none">• Exfoliate the skin including the decollate and avoiding the eye area.• Remove using damp sponges. <p>Extractions:</p> <ul style="list-style-type: none">• Apply 2- 4 HOT MITTS or steam to the face opening the pores.• Extract comedones using the push and wiggle motion covering fingers with tissue. <p>Cleanse:</p> <ul style="list-style-type: none">• Cleanse the skin using sponges. <p>Toner:</p> <ul style="list-style-type: none">• Apply toner using 2 sponges. <p>Massage:</p> <ul style="list-style-type: none">• Grape seed oil in a pump bottle, applied to the face and decollate. |
|--|--|---|

| | | |
|--|--|--|
| | | <ul style="list-style-type: none">• Please use the facial routine given to you during lesson spend 15-20 minutes depending on time. <p>Massage routine:</p> <ul style="list-style-type: none">• This must last at least 15 minutes and use all massage techniques in a logical sequence. A suitable massage medium must also be used. (Cream or oil – Grapeseed)• Effleurage chest area finishing at hollow x3• Effleurage down arms finishing at hollow x3• Tilt the head – Stroking down the sternocleidomastoid (side of neck) x3 <p>REPEAT ON OTHER SIDE</p> <ul style="list-style-type: none">• Prayer movement to the temples• Circles at the temples – pull up between eyebrows.• Pressures – middle of eyebrows – forehead• Pressures – middle of eyebrows – temples• Pressures under the eyes and drain.• Pressures at cheekbone – drain• Tapotement at jawline• Prayer movement (jawline – over forehead) |
|--|--|--|

| | | |
|--|--|--|
| | | <ul style="list-style-type: none">• Full effleurage vibration to finish. <p>Mask:</p> <ul style="list-style-type: none">• Do not remove massage product.• Choose mask best suited for client and leave on for 10 minutes.• Perform hand and arm, scalp or foot massage depending on what the client would like as spoken about in the consultation.• Final stage• Apply eye gel.• Apply moisturiser.• Apply SPF. <p>Products:</p> <ul style="list-style-type: none">• Trolley• Couch roll• Magnifying lamp• Bin• A selection of facial products: Masks/ exfoliator/ cleanser/ toner/ moisturiser/ SPF/ eye cream/ eye makeup remover• A small bowl of pre-cut damp cotton wool squares• A bowl of warm water• Facial sponges• A box of tissues• A mask bowl• A clean spatula |
|--|--|--|

| | | |
|--|--|--|
| | | <ul style="list-style-type: none"> • Mask brush • Massage medium- cream or lotion • Pump bottle • Mitts • Headband • 2 large towels (cover client) • 2 small towels (1 for hands and other for turban to cover hair) • Steritane <p>Steamer (optional) hand mitts can be heated and used to steam the skin to open pores.</p> <p>Concluding the treatment in appropriate manner to meet client's needs.</p> <p>Evaluation and client satisfaction: Agree result verbally and written through client feedback on record card, client objective, results of treatment, before and after photos, future treatments, record adjustments for next treatment, record, and store in line with current data protection regulations and professional codes of conduct</p> <p>Aftercare advice and recommendations: additional services, additional products, the benefits of a course of treatment, the lifestyle factors and changes that may be required to improve the effectiveness of the treatment, post-treatment restrictions and future treatment needs, products for home use that will benefit and protect the client and those to avoid and</p> |
|--|--|--|

| | | |
|--|--|--|
| | | <p>why how skin care routines can affect and improve the effectiveness of treatment.</p> <p>Aftercare advice should be provided based upon consultation, skin analysis and relevant test i.e., recommendations for ongoing or further treatments and, frequency, home care and aftercare advice, Healthy eating, Fluid/water intake, Smoking habits, Hobbies, Interests, Rest, Relaxation, Stress levels, Sleep and Avoidance of activities that could cause contra-actions.</p> |
|--|--|--|

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment criteria to be covered | Type of assessment | Word count (approx. length) |
|-----------------------------|-----------------------------------|--|---|
| LO1 LO2 LO3 | All All All | Practical Activity – Perform Manicure treatments. Your assessor will observe your performance on at least 3 occasions , each involving a different client. Essay/Report | <p>Assessor observation record: A formal record of an assessor’s observation of a learners practice and technique.</p> <p>Learner Logbook: References all Manicure treatments carried out by the learner which are observed and supervised.</p> <p>Health and Safety and Legal Requirements Assignment</p> <p>After care Assignment</p> |

| | | | |
|--|--|--|--|
| | | | <p>Contra Indications Assignment</p> <p>How to work safely and effectively when providing treatments Assignment</p> <p>Client Consultation Assignment</p> |
|--|--|--|--|

Indicative Reading List

- Anatomy and Physiology for Therapists by Jeanine Connor, Kathy Morgan, et al.
- Anatomy and physiology for Holistic Therapists by Francesca Gould
- Anatomy, Physiology and Pathology for Therapists and Healthcare Professionals by Ruth Hull
- Anatomy, Physiology and Pathology for Complementary Therapists Level 2 and 3 by Francesca Gould
- The Essential Guide to Holistic and Complementary Therapy by Helen Beckmann and Suzanne Le Quesne
- Professional Beauty Therapy Level 3 by Lorraine Nordmann
- Pocket Guide to Key Terms for Beauty Therapy by Lorraine Nordmann, Marian Newman
- Beauty Therapy Fact File 5th Edition by Susan Cressy
- Beauty Therapist's Guide to Professional Practice and Client Care by Andrea Barham
- Anatomy and Physiology for Therapists by Jeanine Connor, Kathy Morgan, et al.
- The Foundations Beauty Therapy 2 (VRQ) including nails by Lorraine Nordmann and Marian Newman

IMPORTANT NOTE

Whilst we make every effort to keep the information contained in programme specification up to date, some changes to procedures, regulations, fees matter, timetables, etc may occur during the course of your studies. You should, therefore, recognise that this booklet serves only as a useful guide to your learning experience.

For updated information please visit our website www.othm.org.uk