



OTHM LEVEL 3 DIPLOMA IN BEAUTY THERAPY

Qualification Number: 610/2870/8

Specification | 2023

TABLE OF CONTENTS

QUALIFICATION OBJECTIVES.....	3
QUALITY, STANDARDS AND RECOGNITIONS.....	3
EQUIVALENCES	3
REGULATORY INFORMATION.....	4
QUALIFICATION STRUCTURE.....	4
DEFINITIONS	5
ENTRY REQUIREMENTS	5
PROGRESSIONS	5
DELIVERING THE QUALIFICATIONS.....	6
DELIVERY METHOD.....	8
CENTRE REQUIREMENTS.....	8
ASSESSMENT AND VERIFICATION	9
PORTFOLIO OF EVIDENCE	11
OPPORTUNITIES FOR LEARNERS TO PASS.....	11
RECOGNITION OF PRIOR LEARNING AND ACHIEVEMENT	11
EQUALITY AND DIVERSITY	12
UNIT SPECIFICATIONS	13
UNIT 1: HEALTH AND SAFETY PRACTICE IN THE SALON.....	14
UNIT 2: CLIENT CARE AND COMMUNICATION	20
UNIT 3: FACIAL ELECTRICAL TREATMENTS.....	26
UNIT 4: BODY ELECTRICAL TREATMENTS	45
UNIT 5: BODY MASSAGE	64
UNIT 6: HOT STONE THERAPY.....	87
UNIT 7. DERMAPLANING TREATMENTS	107
UNIT 8. INDIAN HEAD MASSAGE.....	114
UNIT 9. AROMATHERAPY MASSAGE.....	121
UNIT 10. EYELASH EXTENSION TREATMENTS.....	128
UNIT 11. SELF-TANNING SERVICES	134
IMPORTANT NOTE	141

QUALIFICATION OBJECTIVES

The objective of the OTHM Level 3 Diploma in Beauty Therapy qualification is to develop your skills as a beauty therapist to a high level of occupational ability to enable you to provide beauty therapy treatments.

This is a technical level qualification designed to extend your knowledge and develop your practical beauty therapy skills to learn the most up-to-date treatment procedures in the beauty industry. Learners will acquire the knowledge, skills, and competence to administer treatments safely and appropriately.

The mandatory units cover a range of advanced treatments and essential skills, which include:

- Health and safety practice in the salon
- Client care and communication
- Facial Electrical Treatments
- Body Electrical Treatments
- Body Massage

The selection of the optional units cover a range of different areas you will require to work in the Beauty Therapy industry. These include specialist areas such as:

- Hot Stone Therapy
- Dermaplaning Treatments
- Indian Head Massage
- Aromatherapy Massage
- Eyelash Extension Treatments
- Self- Tanning services

This qualification has been mapped to the relevant NOS. This qualification is approved and supported by the Hairdressing and Beauty Industry Authority (HABIA), the standard setting body for hair, beauty, nails and spa qualifications.

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 relevant Level 3-7 qualifications to be considered for advanced entry into corresponding degree year/top up and master/top-up programmes.

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.

REGULATORY INFORMATION

Qualification Title	OTHM Level 3 Diploma in Beauty Therapy
Ofqual Reference Number	610/2870/8
Regulation Start Date	21/06/2023
Operational Start Date	26/06/2023
Total Credit Value	60
Total Qualification Time (TQT)	600
Guided Learning Hours (GLH)	460
Sector Subject Area (SSA)	7.3 - Service enterprises
Overall Grading Type	Pass / Fail
Assessment Methods	Portfolio of Evidence
Language of Assessment	English

QUALIFICATION STRUCTURE

The OTHM Level 3 Diploma in Beauty Therapy consists of 7 units for a combined total of 60 credits including 600 hours Total Qualification Time (TQT) and 460 Guided Learning Hours (GLH) for the completed qualification.

When combining units for this qualification, it is the centre's responsibility to ensure that the following rules of combination are adhered to:

Learners must complete all 5 mandatory units, a total of 44 credits and choose a minimum of 2 optional units totalling a minimum 16 credits.

Mandatory Units: Learners must complete all 4 units from this group – 44 credits				
Unit Ref No.	Unit Title	Credit	GLH	TQT
F/650/7533	1. Health and Safety Practice in the Salon	8	60	80
H/650/7534	2. Client Care and Communication	6	40	60
J/650/7535	3. Facial Electrical Treatments	10	80	100
K/650/7536	4. Body Electrical Treatments	10	80	100
L/650/7537	5. Body Massage	10	80	100
Optional Units: Learners must complete a minimum 2 Units from this group – 16 credits				
Unit Ref No.	Unit Title	Credit	GLH	TQT
M/650/7538	6. Hot Stone Therapy	8	60	80
R/650/7539	7. Dermaplaning Treatments	8	60	80
A/650/7540	8. Indian Head Massage	8	60	80
D/650/7541	9. Aromatherapy Massage	8	60	80
F/650/7542	10. Eyelash Extension Treatments	8	40	60
H/650/7543	11. Self- Tanning services	6	40	60

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 Diploma in Beauty Therapy 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 delivered 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.

Optional Unit 5 Hot Stone Therapy: learners should undertake this unit after having completed the Body Massage unit.

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



UNIT 1: 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 hours
Guided Learning Hours (GLH)	60 hours
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 Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative content
<p>1. Know the principles of health and safety.</p>	<p>1.1 Define the main health and safety legislation, policies, and procedures for working in a salon.</p> <p>1.2 Follow to health and safety regulations and workplace instructions.</p> <p>1.3 Explain ways of complying with health, safety and security practices and salon policy.</p> <p>1.4 Demonstrate how to monitor health and safety in the salon or workplace.</p>	<ul style="list-style-type: none"> • Legislation and responsibilities, codes of practice and workplace policies. • Current regulations relating to the hair and beauty industry eg 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: • Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) • Awareness of Coronavirus disease 2019 (COVID-19) legislation and responsibility.

		<ul style="list-style-type: none"> • Employer’s and employees’ responsibilities: ie 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>	<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.

	<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"> ○ 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. ● 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,
--	---	--

		<p>lifting, repairs, maintenance. Security (stock) – control systems, procedures, ordering, handling, storage.</p> <ul style="list-style-type: none"> • 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 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. • 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 Identity 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.

		<ul style="list-style-type: none"> • 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	Assessment parameters
All 1 to 3	All AC under LO 1 to LO 3	Practical Activity – Your assessor will observe your performance on at least 2 occasions , each involving a different client. Essay/Report	<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>

UNIT 2: 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 hours
Guided Learning Hours (GLH)	40 hours
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 Outcome – 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. 1.3 Describe how to use effective consultation techniques to identify treatment objectives. 1.4 Provide clear recommendations to the client.	<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 record, no time to consider, no paper trail. Non-verbal communication: eye

		<p>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 argumentative, confidentiality), respect for colleagues and competitors, avoid gossip, pride in work, honesty, integrity, punctuality, employer and client loyalty. • Consultation communications: Establish client requirements and therapist recommendations,
--	--	---

		<p>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.</p> <ul style="list-style-type: none"> • 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 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>2. Be able to manage client expectations.</p>	<p>2.1 Identify ways to improve the client service experience.</p> <p>2.2 Discuss how to maintain client confidentiality in line with legislation.</p> <p>2.3 Explain the requirements for record keeping.</p> <p>2.4 Explain how to deal with customer complaints.</p> <p>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, client care, salon profits, career development, teamwork, employee training, reputation, repeat business, additional treatments. • 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.
--	---	--

		<p>regarding client treatments and services, history of clients, the products used, the dates of treatments and services and any tests carried out.</p> <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ● Retail opportunities: Completion of 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. ● 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	Suggested evidence
All 1 to 2	All AC under LO 1 to LO 2	Practical Activity – Your assessor will observe your performance on at least 2 occasions , each involving a different client. Essay/Report	<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 After care Assignment Client Consultation Assignment</p>

UNIT 3: FACIAL ELECTRICAL TREATMENTS

Unit Reference Number	J/650/7535
Unit Title	Facial Electrical Treatments
Unit Level	3
Number of Credits	10
Total Qualification Time (TQT)	100 hours
Guided Learning Hours (GLH)	80 hours
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 includes preparing and providing facial electrotherapy treatments.

This unit provides learners with the knowledge and understanding of improving the face and skin conditions by practically demonstrating the use of direct high frequency, galvanic, EMS, microcurrent, Microlance, lymphatic drainage and microdermabrasion equipment in line with industry standards. You will learn to maintain effective health, safety, and hygiene throughout your work and how to maintain your personal appearance and demonstrate effective communication and consultation skills.

Essential Requirements

Learners will need access to a salon environment that meets the requirements of a Realistic Learning Environment. Learners will also require access to products, tools and equipment suitable for providing facial electrical treatments.

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 of this unit 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.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative content
<p>1. Understand the structure and function of the skin and its appendages in relation to carrying out facial electrical treatments.</p>	<p>1.1 Describe the structure, growth, and repair of the skin in relation to carrying out facial electrical treatments.</p> <p>1.2 Describe skin types, conditions, diseases, and disorders in relation to carrying out facial electrical treatments.</p> <p>1.3 Describe the structure, function, position and action of the head, neck, and shoulder muscles.</p> <p>1.4 Describe the location, function, and structure of the bones of the head, neck, and shoulder.</p> <p>1.5 Describe the structure and function of the nervous, circulatory, and lymphatic systems for the head, neck and shoulders.</p>	<ul style="list-style-type: none"> • Structure, growth, and repair of skin. • Skin diseases and disorders. • Structure, function, • Position and action of head, neck, and shoulder muscles. • Location, function, and structure of the bones of the head, neck and shoulder. • Structure and function of nervous, • Circulatory and lymphatic systems for head, neck, and shoulders; effect of ageing process, • Lifestyle and environmental factors on skin and underlying structures. • Effects and benefits of electrotherapy on underlying structures eg softer, hydrated skin, increased circulation and improved skin colour, reduced congestion and fine lines, desquamation of dead skin cells, more effective removal of waste via lymphatic system
<p>2. Be able to maintain a safe and effective working environment when providing Facial Electrical Treatments.</p>	<p>2.1 Demonstrate how to set up a treatment area that meets legal, hygiene and service requirements.</p> <p>2.2 Explain the importance of a maintaining personal hygiene, protection, and appearance.</p> <p>2.3 Adhere and follow workplace and manufacturers' instructions for the safe use of equipment, materials, and products.</p> <p>2.4 Demonstrate the correct positioning of tools and equipment needed for the treatment.</p>	<ul style="list-style-type: none"> • Preparation of working area <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

	<p>2.5 Demonstrate how to position the client and yourself to minimise fatigue.</p> <p>2.6 Demonstrate and perform the treatment within a commercially viable time.</p> <p>2.7 Demonstrate that the treatment area is clean and tidy and ready for future treatments.</p> <p>2.8 Explain the importance of completing treatment records.</p>	<ul style="list-style-type: none"> membership <ul style="list-style-type: none"> ○ Record keeping ○ Record and store in line with current data protection legislation and professional codes of conduct ● Personal hygiene ● Protection (PPE) ● Professional appearance: Clean professional uniform, minimal jewellery, minimal piercings, hair neatly tied back, fringe secured, closed in footwear, make-up (light day make-up), personal hygiene and cleanliness (shower/bath, cover cuts and abrasions, deodorant, or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained). 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. ● Environmental conditions Lighting, Heating, Ventilation, Noise levels, Available space, Music, General hygiene. Waste disposal, Décor, Equipment, Privacy, Reception areas, Typical use/treatment areas, Safety aspects ● 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. ● Electricity at work: Checking/visual check of
--	--	--

		<p>equipment, no trailing wires, portable appliance testing (PAT). Manual handling: Moving stock, lifting, working heights, unpacking, posture, deportment, balance weight, preserve back, prevent slouching.</p> <ul style="list-style-type: none"> • Towels: Wash regularly, clean for every client, dirty towels in covered bin. Liability insurance: Employers, public, professional indemnity. • Reporting of injuries, diseases, and dangerous occurrences regulations: Accident book, reporting diseases, local byelaws, code of conduct, risk assessment. • 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 manufacturers' instructions, no smoking, eating or drinking. Health and safety legislation: • Data protection, electricity at work, employers' liability (compulsory insurance), fire precautions, first aid at work, health and safety at work, local government miscellaneous provisions, occupiers' liability, local byelaws. • 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. Hazards and risks: A hazard are something that has the potential to
--	--	--

		<p>cause harm. A risk is the likelihood of a hazard happening.</p> <ul style="list-style-type: none"> • Employer responsibility: Current and valid liability insurance, display health and safety rules (covering staff, employees, clients, and fire evacuation), provide regular training, accurate record keeping, monitoring. Hazards: Something with potential to cause harm, requiring immediate attention, level of responsibility, report, nominated personnel, duty to recognise and deal with hazards. • 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. Security (cash): Staff training, point of sale, regular banking, in transit. • 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.
--	--	---

		<ul style="list-style-type: none"> • 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 positioning delivers appropriate techniques, appropriate space between client and technician, prevent injury, optimum results, allow for visual checks. • Work area: Clean and hygienic, height adjustable chair, correct posture, correct couch height, lighting, ventilation, noise, music, temperature, ambience, no trailing wires, no obstructions, tools and equipment in a safe working position for therapist. • Client preparation: Protect client clothing, client comfort, privacy, modesty, client positioned correctly. 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>3. Be able to conduct a consultation, plan and prepare for treatments.</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 Consult with client for medical history, lifestyle pattern, contra-indications, and record responses.</p> <p>3.3 Produce accurate and meaningful written treatment records by explaining and discussing the treatment stages and procedures to the client.</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 with the correct products to use and treatment to perform. • Legal requirement and failure to consult properly with clients prior to treatment could invalidate insurance.

	<p>3.4 Discuss and agree the clients need, expectations and treatment objective.</p> <p>3.5 Discuss and explain cost, duration, frequency, and types of treatment needs.</p> <p>3.6 Demonstrate how to carry out a pre-treatment test(s) to determine skin sensitivity.</p> <p>3.7 Identify and record the client's skin type and skin condition.</p> <p>3.8 Demonstrate how to clean and prepare the skin to suit the type of equipment used.</p> <p>3.9 Identify and select tools, equipment, and products to suit the treatment objectives and client's skin types and skin condition.</p>	<ul style="list-style-type: none"> • Consultation techniques: questioning: listening, visual, manual, written. • Agree Treatment plan. • Diverse needs: cultural religious age disability gender • Advise prior to treatment: cost, duration, frequency and types of treatment needs • Seeking 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 • Contra-indications: Prevent treatment: fungal infection, bacterial infection, viral infection, infestations, severe eczema, severe psoriasis, severe skin conditions, eye infections, during chemotherapy, during radiotherapy. Restrict treatment: broken bones, recent fractures and sprains, cuts and abrasions, recent scar tissue, skin disorders, skin allergies, product allergies, epilepsy, diabetes, high/low blood pressure, undiagnosed lumps and swellings, metal pins/plates. • Provide clear recommendations to the client taking into account the following: - outcome of
--	---	---

		<p>the skin analysis - diet - smoking - alcohol - central heating - air conditioning - stress - sleep - exercise - fresh air - occupation - lifestyle - current regime.</p> <ul style="list-style-type: none"> • Ageing process: Loss of elasticity, dryness of skin, cell regeneration slows, thinning of skin, broken capillaries, slack muscle tone, poor circulation, waste product removal slows, less fatty tissue, irregular pigmentation. • 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. • 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. • Needs, expectations and treatment objectives: Improved skin condition, improved contour and muscle tone, lymphatic drainage, relaxation, client needs and suitability, client agreement, realistic outcome, cost, duration and frequency of treatments, further treatments. • Skin analysis: Carried out using magnifying lamp, protect eyes with damp cotton wool pads, check all areas of the face and neck for skin type, skin conditions and characteristics, record results on record card, client skin type, conditions and characteristics, treatment plan, most suitable treatment, suitable products,
--	--	--

		<p>prevent worsening of conditions, accurate aftercare advice, future treatment needs. Skin types: Normal, oily, dry</p> <ul style="list-style-type: none"> • Skin conditions: Mature, sensitive, dehydrated, congested. Examples of skin imperfections: Broken capillaries, pustules, papules, milia, comedones, open pores, fine lines, and wrinkles. • Skin characteristics: Sensitive – often pale skin, dry, colour easily, redness, react to products. Dehydrated – normal sebaceous secretions but still flaky, tight. Mature – loss of elasticity, lose muscle tone, wrinkles. Normal – fine texture, no visible pores, smooth, supple, flexible. Oily – shiny, slight thickening, sallow, coarse texture, enlarged pores, congestion, comedones. Combination – combination of two or more skin types, usually oily T-zone, normal or dry on cheeks. Dry – lacks moisture, dry to touch, flakiness, fine texture, thin, tight, small pores, broken capillaries, ageing. • Skin sensitivity tests: Tactile test for sharp and blunt, thermal test for hot and cold. Tactile – use a sharp (orange stick) and smooth (cotton pad) object, stroke over the skin in area to be treated. Client should be able to differentiate between the different sensations. Thermal – fill test tube with cold water and one with hot water, place on skin in area to be treated. Ask client to differentiate between the sensations. Skin sensitivity test – record results. • Skin sensitivity test (interpret results) – client should be able to identify the difference between sharp/blunt and hot/ cold. If the client can, treatment can go ahead, but if client is
--	--	--

		<p>unresponsive to tactile and thermal tests, treatment should not be carried out (client would not be able to feel if electrical current was too high, risk of skin damage). Explain the treatment to the client: Treatment process, expected sensations, skin reaction, outcomes, further treatments. Equipment maintenance: Checked for damage, dials, leads and plugs checked, no trailing wires, dials at zero before starting, test before use on client, only turn up current during treatment, check with client throughout for comfort and sensitivity, stay with client, always follow manufacturer’s instructions for each machine.</p> <ul style="list-style-type: none"> • 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. • Products (galvanic unit): Cleanser, toner, moisturiser, exfoliant, ampoules (if required) desincrustation gel, iontophoresis gel, masks. Products (EMS unit): Moisturiser, exfoliant, conducting solution (using manufacturer’s instructions), masks. Products (lymphatic drainage unit): Cleanser, toner, moisturiser, exfoliant, lubricant (oil/cream), masks. Products (high frequency unit): Cleanser, toner, moisturiser, exfoliant, massage cream, oxygenating cream or talc, masks. Products (microcurrent treatment): Cleanser, toner, moisturiser, exfoliant, non-surgical face lifting gel masks (using manufacturer’s instructions), paper cotton buds (if required). Tools: Spatula,
--	--	--

		<p>facial sponges, mask brush. Equipment: Headband, large towel/ blanket to protect client, couch, stool or chair, trolley, bin with liner, cotton wool, bowl, mirror, magnifying lamp, tissues, machines (EMS, lymphatic drainage unit, high-frequency, galvanic, microcurrent) and all relevant leads, electrodes, pads and ventouse. Selection process: Choice based on skin type, condition, fatty tissue, muscle tone, client needs, target areas of treatment. Treatment techniques: Electro Muscle</p> <ul style="list-style-type: none"> • Stimulator (EMS) – damp, solution applied (dependant on manufacturer’s instructions), flat to skin surface, apply to motor point of muscle, (intensity, frequency, timing, contraction and relaxation as per client comfort), area being worked, manufacturer’s instructions. • Maintain electrodes – electrodes should be cleaned with damp cotton wool and surgical spirit at end of each treatment and should not be immersed in water. Ventouse – size/type appropriate to area being worked, no more than 20% skin suction, upward towards lymph node, remove suction at end of stroke with finger under cup or finger released from hole. • Maintenance of ventouse – cleaned in warm soapy water, immersed in sterilising fluid, or wiped with surgical spirit. Galvanic – application of desincrustation/ iontophoresis gel/solution. • Galvanic electrode preparation – client holds indifferent electrode, wrapped in a damp sponge envelope, use roller, ball, or tweezer electrodes dependant on area, keep electrode moving, do not break contact with client’s skin, follow timings and intensity identified by
--	--	--

		<p>manufacturer. Maintenance of galvanic electrodes: Clean with damp cotton wool to remove any product, wipe over with surgical spirit, do not immerse in water, sponge cover can be rinsed in water.</p> <ul style="list-style-type: none"> • Direct high-frequency – application of cream or talc, electrode should be in contact with skin, keep electrode moving, treatment timing relevant to skin type. Indirect high-frequency – application of massage cream/oil, client holds saturator electrode, apply generally, massage, remove product with damp sponges. • Maintenance of high frequency electrodes: Remove excess product, cleanse with surgical spirit or suitable disinfectant, do not immerse in water. • Microcurrent – used with appropriate lubricant, follow manufacturer’s instructions, electrodes used following manufacturer’s diagrams, intensity and frequency. • Maintenance of microcurrent electrodes: Remove excess product, cleanse with surgical spirit or suitable disinfectant, do not immerse in water. Electrical current: Alternating current – interrupted current, changing direction of flow, direct current – uses effects of polarity, constant flow in one direction, chemical action, anode (+) and cathode. (-) frequency and electrons, bi-phasic and mono-phasic. Treatment adaptations: Adjust treatment to suit skin sensitivity, visual erythema, intensity turned down, timing shortened, frequency of treatment, combination of electrical equipment, products applied to the skin, adjust intensity over specific areas.
--	--	--

		<ul style="list-style-type: none"> • EMS treatment technique: Possible effects – improved firmness of facial muscles, improved circulation, increased metabolism of stimulated muscles, waste products more readily removed from muscles. Possible benefits – improved skin condition for mature clients/clients who lack muscle tone. Possible contra actions – muscle fatigue (over stimulation of muscles, gentle massage over area), erythema (apply cold compress). • Galvanic treatment technique: Possible effects – increased blood and lymphatic circulation, improved function of skin, improved appearance of skin, improved texture (through desquamation), skin types and conditions treated through application of specific gels/ampoules, dispersal of waste products and fluid from area. Possible benefits – clients with specific skin condition, improved skin appearance, deep cleansing. Possible contra-actions – burn (sterile cold water), excessive erythema (apply cooling/soothing mask). • High frequency (direct) treatment technique: Possible effects – warm skin, increased circulation, lymphatic circulation and metabolism to the area, stimulation of nerve endings, germicidal effect, drying effect. Possible benefits – improved skin condition for oily skin conditions, mild acne, sluggish skins. Possible contra-actions – excessive erythema (cold compress, apply cooling/ soothing mask), tissue destruction (caused by sparking). High frequency (indirect) treatment technique: Possible effects – increased sebaceous activity, improved circulation, lymphatic circulation, and
--	--	--

		<p>drainage. Possible benefits – dry/dehydrated skins, improved skin appearance, soften/plump fine lines and wrinkles. Possible contra-actions – excessive erythema (cold compress, apply cooling/ soothing mask), tissue destruction (caused by sparking).</p> <ul style="list-style-type: none"> • Lymphatic drainage treatment technique: Possible effects – improved blood and lymphatic circulation, stimulation of sluggish skin, reduced oedema, desquamation, and fine lines. Possible benefits – mature clients, dry skin conditions, improved skin appearance. Possible contra-actions – bruising (caused by high pressure, pulling cup off skin, over treatment, stationary cup for too long, apply cold compress), over-stretching of skin (caused by over treatment, high pressure over loose skin). • Microcurrent treatment technique: Possible effects – improved blood circulation, improved lymphatic circulation, improved muscle, and skin tone, stimulates cellular function, treatment of fine lines and wrinkles. Possible benefits – mature clients, improved skin appearance, improved facial contours, fine lines, and wrinkles. Possible contra-actions – muscle fatigue (caused by incorrect intensity or frequency, apply gentle massage). • Tools / Products couch or chair, trolley, stool, towels, blanket, additional support if appropriate, headband, bedroll, robe disposable slippers, disinfecting fluid, magnifying lamp, tissues, cotton wool sponges, gloves, spatulas, bowls, mask brushes, gauze,
--	--	---

		<p>mirror sterilising solution, uv cabinet, autoclave, chemical immersion equipment, waste disposal</p> <ul style="list-style-type: none"> • Electrical equipment as follows: - electro muscle stimulator (ems) (faradic) - galvanic - microcurrent - vacuum suction (lymphatic drainage) - high frequency.
<p>4. Be able to carry out Facial Electrical Treatments.</p>	<p>4.1 Undertake a client consultation to determine the client’s treatment needs in line with legal requirements and informed consent.</p> <p>4.2 Adhere and follow health and safety working practices.</p> <p>4.3 Produce accurate and meaningful written treatment records by explaining and discussing the treatment stages and procedures to the client.</p> <p>4.4 Demonstrate and manage the correct treatment setting in accordance with manufacturer’s instructions.</p> <p>4.5 Identify and adjust the intensity and duration to suit the client skin condition.</p> <p>4.6 Describe the contra-indications and contra-actions that affect or restrict facial electrical treatments.</p> <p>4.7 Identify and take prompt action if the client experiences any discomfort or contra-action.</p> <p>4.8 Describe the methods of evaluating the effectiveness of the treatment.</p> <p>4.9 Discuss and provide the client with suitable aftercare advice.</p> <p>4.10 Manage and ensure client records are completed and signed by you and 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 body electrotherapy 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 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

		<p>Discrimination Act, Data Protection Act/General Data Protection Regulations (GDPR), adhere to all safety precautions and manufacturers' instructions.</p> <ul style="list-style-type: none"> • Treatment process: equipment sensation and noise, electrical currents produced by the equipment being used and their effects on the face, techniques used to carry out milia extraction that cause minimal damage to the skin, types of treatments that could be given in conjunction with, or after, facial electrical treatments. • Adaptations to treatment: Adjust treatment to suit skin sensitivity, visual erythema, intensity turned down, timing shortened, frequency of treatment, combination of electrical equipment, products applied to the skin, adjust intensity over areas of sensitivity, use of heat to warm tissues. Client preferences and commitment, Product availability, Time scales, Costs, Microcurrent • High frequency • Electro muscle stimulator (EMS) (Faradic) • Galvanic • Vacuum suction (lymphatic drainage) • Differentiate between those contra-indications to facial electrotherapy treatments requiring referral or the client to sign an informed consent form prior to the treatment, and those contra-indications that restrict treatment. • With medical, GP or specialist permission – In circumstances where written medical permission cannot be obtained the client must sign an informed consent stating that the treatment and its effects has been fully explained to them and confirm that they are
--	--	---

		<p>willing to proceed without permission from their G.P. or specialist.</p> <ul style="list-style-type: none"> • Examples of contra-indications that may prevent treatment: Contagious skin diseases and disorders, dysfunction of the nervous system, heart disease/disorder, undergoing medical treatment, pacemaker, any cancer related treatments, recent scar tissue, undiagnosed lumps or swellings, inflammation, medication causing thinning or inflammation of the skin (e.g., steroids, accutane, retinol), diagnosed scleroderma. • Examples of contra-indications that may restrict treatment: Micropigmentation, botox, dermal fillers, diabetes, epilepsy, high/low blood pressure, history of thrombosis or embolism, metal pins or plates, medication, pregnancy, piercing, anxiety, varicose veins, cuts, abrasions, bruises, recent dermabrasion, recent chemical peels, IPL, laser, or epilation. • Examples of skin diseases and disorders: Congenital – eczema, psoriasis. Bacterial – acne vulgaris, acne rosacea, folliculitis, boils (furuncles), impetigo. Viral – warts, verruca, herpes simplex (HSV), herpes zoster. Fungal – tinea (pedis, corporis, unguium). Infestations – scabies, pediculosis (capitis, pubis). Pigmentation – vitiligo, albinism, chloasma, ephelides, lentigo, papilloma, naevae, port wine stains. Others – basal cell carcinoma, squamous cell carcinoma, malignant melanomas. Cells and tissue (structure): Cell membrane, nucleus, cytoplasm, mitochondria, ribosomes, golgi apparatus, rough and smooth endoplasmic reticulum
--	--	---

		<ul style="list-style-type: none"> • Risks associated with facial electrical treatments. • Concluding the treatment in appropriate manner to meet client's needs, concluding the electrical treatment in an appropriate and safe manner to meet the client's needs. • 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 • 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 why how skin care routines can affect and improve the effectiveness of treatment. • Aftercare advice should be provided based upon consultation, skin analysis and relevant test ie 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 • Avoidance of activities that could cause contra-actions
--	--	--

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	Assessment parameters
LO1 LO2 LO3 LO4	All	Essay/Report	<p>Health and Safety and Legal Requirements Assignment After care Assignment Client Consultation Assignment Contra Indications Assignment How to work safely and effectively when providing treatments Assignment A&P Pack</p>
	All	<p>Practical Activity – Perform Facial Electrical Treatments Your assessor will observe your performance on at least 4 occasions, each involving a different client.</p>	<p>Assessor observation record: A formal record of an assessor's observation of a learners practice and technique.</p> <p>Learner Logbook: References all facial electrical treatments carried out by the learner which are observed and supervised. Marked and authenticated by the assessor. Learner logbook to include learner reflections using images, forms, reports, including consultation and treatment outcome records, contemporaneous notes etc. Include reflective account of what was done, why and when, include what went well, not so well, what you would do differently in similar future circumstances.</p>

UNIT 4: BODY ELECTRICAL TREATMENTS

Unit Reference Number	K/650/7536
Unit Title	Body Electrical Treatments
Unit Level	3
Number of Credits	10
Total Qualification Time (TQT)	100 hours
Guided Learning Hours (GLH)	80 hours
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 about providing particular skills for body electrotherapy treatments to include EMS, lymphatic drainage, Galvanic, G5 and Micro current. It covers the skills involved in providing a thorough consultation with the client to formulate and deliver a specific course of treatment tailored to suit individual client's needs. The ability to provide relevant aftercare advice is also required.

You will learn to maintain effective health, safety, and hygiene throughout your work and how to maintain your personal appearance and demonstrate effective communication and consultation skills.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative contents
1. Understand the structure and function of the skin and its appendages in relation to carrying out body electrical treatments.	1.1 Describe the structure, growth, and repair of the skin. 1.2 Describe body types, conditions, diseases, and disorders. 1.3 Describe the structure, function, position, and action of the muscles of the body.	<ul style="list-style-type: none"> Anatomy and physiology: structure, growth, and repair of skin; structure, Function, position, and action of the muscles of the body; location, Function and structure of bones of body. Structure and function of circulatory and lymphatic systems.

	<p>1.4 Describe the structure and the main functions of the following body systems in relation to massage:</p> <ul style="list-style-type: none"> • skin • skeletal • muscular • cardio-vascular • lymphatic • nervous • digestive • endocrine <p>1.5 Assess the effects of body electrotherapy treatments on the skin, muscular, skeletal, circulatory, and lymphatic systems for the head, neck and shoulders.</p>	<ul style="list-style-type: none"> • Structure and function of the digestive system; structure and function of endocrine system; structure and function of nervous system. • Effect of ageing process, lifestyle, and environmental factors on skin, • Body conditions and underlying structures. • Effects and benefits of electrotherapy on skin and underlying structures eg softer and hydrated skin, increased circulation and improved skin colour, reduced congestion and fine lines, desquamation of dead skin cells, more effective removal of waste via lymphatic system, figure correction • Functions of the skin: Secretion, heat regulation, absorption, protection, elimination, sensation, vitamin D production, melanin production, understand the process of keratinisation. • Cells and tissue: Structure – cell membrane, nucleus, cytoplasm, mitochondria, ribosomes, golgi apparatus, rough and smooth endoplasmic reticulum. Functions – metabolism, respiration, growth, excretion, movement, irritability, reproduction. • Muscles of the anterior trunk: Iliopsoas (iliacus and psoas), internal and external intercostals, internal and external obliques, pectoralis major/minor, rectus abdominus, serratus anterior, transversalis abdominus. • Muscles of the posterior trunk: Deltoid, erector spinae, gluteal group (maximus, medius, minimus), infraspinatus, latissimus dorsi, quadratus lumborum, rhomboids, splenius capitus,
--	--	--

		<p>subscapularis, supraspinatus, teres major, teres minor, trapezius.</p> <ul style="list-style-type: none"> • Muscles of the upper limb: Biceps, brachialis, brachioradialis, coracobrachialis, deltoid, extensor carpi digitorum, extensor carpi radialis, extensor carpi ulnaris, flexor carpi digitorum, flexor carpi radialis, flexor carpi ulnaris, pronator teres, supinator radii brevis, triceps. • Muscles of the lower limb: Adductors (longus, magnus, brevis), extensor digitorum longus, fibularis (peroneus) longus, flexor digitorum longus, flexor digitorum longus, flexor hallucis longus, gastrocnemius, gracilis, hamstrings (biceps femoris, semitendinosus, semimembranosus), piriformis, quadriceps (rectus femoris, vastus lateralis, vastus medialis, vastus intermedius), sartorius, soleus, tensor fascia latae, tibialis anterior, tibialis posterior. • Function of muscles: Movement, maintain posture, produce heat. • Muscle types: Skeletal/voluntary muscle, cardiac, smooth/involuntary. • Bones of the body (appendicular skeleton): Shoulder girdle – clavicle, scapula. Upper limb – humerus, radius, ulna, carpals (scaphoid, lunate, triquetral, pisiform, trapezium, trapezoid, capitate, hamate), metacarpals, phalanges. Pelvic girdle – ilium, ischium, pubis (innominate bones). Lower limb – femur, patella, tibia, fibula, tarsals (talus, calcaneus, navicular, medial, intermediate, and lateral cuneiform, cuboid), metatarsals, phalanges.
--	--	---

		<ul style="list-style-type: none"> • Axial skeleton: Thoracic – ribs, sternum. Vertebral column – cervical, thoracic, lumbar, sacrum, coccyx, intervertebral disc. • Functions of bones: Support, protection, shape, attachments for muscles, formation of blood, movement, mineral reservoir. • Structure of bone: Compact (dense), cancellous (spongy) types of bone – long bones, short bones, flat bones, irregular bones, sesamoid bones. • Circulatory system: Functions – transport, regulation, protection. Structure – arteries (internal and external carotid – occipital, temporal, facial), veins (internal and external jugular – occipital, temporal, subclavian), capillaries, heart, blood composition (erythrocytes, leucocytes, thrombocytes, plasma), pulmonary circulation, general/systemic circulation. • Lymphatic system: Functions – fluid distribution, fighting infection, transport of fat. Lymph node (filters toxins, clean lymphatic fluid, antibodies, and antitoxins, produces lymphocytes). Structure – popliteal, axillary, inguinal, abdominal, or iliac clavicular, cubital, supratrochlear. • Digestive system: Functions – ingestion of food, digestion (mechanical/chemical) absorption, elimination. Structure – oesophagus, stomach, small intestine, large intestines, colon, chemical breakdown of food. • Endocrine system: Function – secretion of hormones to target organs. Structure – pituitary, thyroid, adrenal, ovaries, testes.
--	--	--

		<ul style="list-style-type: none"> • Nervous system: Functions – respond to stimuli, process sensory information, sense change (internal/external). Structure – central nervous system, peripheral nervous system (somatic/autonomic).
<p>2. Be able to prepare and maintain a safe and effective working environment when providing body electrical treatments.</p>	<p>2.1 Demonstrate how to set up a treatment area that meets legal, hygiene and service requirements.</p> <p>2.2 Explain the importance of maintaining personal hygiene, protection, and appearance.</p> <p>2.3 Adhere and follow workplace and manufacturers' instructions for the safe use of equipment, materials, and products.</p> <p>2.4 Demonstrate the correct positioning of tools and equipment needed for the treatment.</p> <p>2.5 Demonstrate how to position the client and yourself to minimise fatigue.</p> <p>2.6 Examine the client's wellbeing at regular intervals.</p> <p>2.7 Demonstrate and perform the treatment within a commercially viable time.</p> <p>2.8 Demonstrate that the treatment area is clean and tidy and ready for future treatments.</p> <p>2.9 Explain the importance of completing treatment records.</p>	<ul style="list-style-type: none"> • Preparation of working area <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 • Personal hygiene • Protection (PPE) • Professional appearance: 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 cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained). • Professional ethical conduct: Polite, cheerful and friendly manner (friendly facial expressions, positive

		<p>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> <ul style="list-style-type: none"> • Environmental conditions lighting, Heating, Ventilation, Noise levels, Available space, Music, General hygiene. Waste disposal, Décor, Equipment, Privacy, Reception areas, General use/treatment areas, Safety aspects • 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. • Electricity at work: Checking/visual check of equipment, no trailing wires portable appliance testing (PAT). • 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. • Liability insurance: Employers, public, professional indemnity. • Reporting of injuries, diseases, and dangerous occurrences regulations: Accident book, reporting diseases, local byelaws, code of conduct, risk assessment. • 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,
--	--	--

		<p>store away from heat, damp, and direct sunlight, follow relevant manufacturer’s instructions, no smoking, eating, or drinking.</p> <ul style="list-style-type: none"> • Health and safety legislation: Data protection, electricity at work, employers’ liability (compulsory insurance), fire precautions, first aid at work, health and safety at work, local government miscellaneous provisions, occupiers’ liability legislation, local byelaws. • 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. • Hazards and risks: A hazard is something that has the potential to cause harm. A risk is the likelihood of a hazard happening. • 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). • Hazards: Something with potential to cause harm, requiring immediate attention, level of responsibility, report, nominated personnel, duty to recognise/deal with hazards. • 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. • Security (cash): Staff training, point of sale, regular banking, in transit. • Security (people): Staff, clients, visitors, children,
--	--	---

		<p>personal belongings, systems (security, emergency evacuation, storage, client records, business information).</p> <ul style="list-style-type: none"> • 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. • Reasons for risk assessment: Staff, visitors, client health and safety, safe environment, minimise hazards and risks, requirement of legislation. 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. • 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 positioning delivers appropriate techniques, appropriate space between
--	--	--

		<p>client and technician, prevent injury, optimum results, allow for visual checks.</p> <ul style="list-style-type: none"> • Client preparation: Protect client clothing, ensure client positioned correctly and comfortable, respect privacy and modesty. • Communication: Verbal – speaking manner and tone, professional, supportive, respectful, sensitive to client, open questioning related to treatment. Non-verbal – eye contact, body language, listening. • 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>3. Be able to conduct a consultation, plan and prepare for treatments.</p>	<p>3.1 Undertake client consultation to determine the client’s treatment needs in line with legal requirements and informed consent.</p> <p>3.2 Consult with client for medical history, lifestyle pattern, contra-indications, and record responses.</p> <p>3.3 Produce accurate and meaningful written treatment records by explaining and discussing the treatment stages and procedures to the client.</p> <p>3.4 Discuss and agree the clients need, expectations and treatment objective.</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 with the correct products to use and treatment to perform. • Legal requirement and failure to consult properly with clients prior to treatment could invalidate insurance. • Consultation techniques: questioning: listening, visual, manual, written.

	<p>3.5 Discuss and explain cost, duration, frequency, and types of treatment needs.</p> <p>3.6 Perform a pre-treatment test(s) to determine skin sensitivity.</p> <p>3.7 Identify the client's skin type and skin condition.</p> <p>3.8 Demonstrate how to clean and prepare the skin to suit the type of equipment used.</p> <p>3.9 Identify and select tools, equipment, and products to suit the treatment objectives and client's skin types and skin condition.</p>	<ul style="list-style-type: none"> • 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. • Examples of contra-indications that may prevent treatment: Contagious skin diseases and disorders, dysfunction of the nervous system, heart disease/disorder, undergoing medical treatment, pacemaker, any cancer related treatments, recent scar tissue, undiagnosed lumps or swellings, inflammation, medication causing thinning or inflammation of the skin (e.g., steroids, Accutane, retinol), diagnosed scleroderma. • Examples of contra-indications that may restrict treatment: Micropigmentation, Botox, dermal fillers, diabetes, epilepsy, high/low blood pressure, history of thrombosis or embolism, metal pins or plates, medication, pregnancy, piercing, anxiety, varicose veins, cuts, abrasions, bruises, recent dermabrasion, recent chemical peels, IPL, laser, or epilation. • Examples of skin diseases and disorders: Congenital – eczema, psoriasis. Bacterial – acne vulgaris, acne rosacea, folliculitis, boils (furuncles), impetigo. Viral – warts, verruca, herpes simplex
--	--	--

		<p>(HSV), herpes zoster. Fungal – tinea (pedis, corporis, unguium). Infestations – scabies, pediculosis (capitis, pubis). Pigmentation – vitiligo, albinism, chloasma, ephelides, lentigo, papilloma, naevae, port wine stains. Others – basal cell carcinoma, squamous cell carcinoma, malignant melanomas. Cells and tissue (structure): Cell membrane, nucleus, cytoplasm, mitochondria, ribosomes, Golgi apparatus, rough and smooth endoplasmic reticulum.</p> <ul style="list-style-type: none"> • Ageing process: Loss of elasticity, dryness of skin, cell regeneration slows, thinning of skin, broken capillaries, slack muscle tone, poor circulation, waste product removal slows, less fatty tissue, irregular pigmentation. • 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. • 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: Carried out using magnifying lamp, protect eyes with damp cotton wool pads, check all areas of the face and neck for skin type, skin conditions and characteristics, record results on record card, client skin type, conditions and characteristics, treatment plan, most suitable treatment, suitable products, prevent worsening of conditions, accurate aftercare advice, future
--	--	--

		<p>treatment needs. Skin types: Normal, oily, dry</p> <ul style="list-style-type: none"> • Skin conditions: Mature, sensitive, dehydrated, congested. Examples of skin imperfections: Broken capillaries, pustules, papules, milia, comedones, open pores, fine lines, and wrinkles. • Skin characteristics: Sensitive – often pale skin, dry, colour easily, redness, react to products. Dehydrated – normal sebaceous secretions but still flaky, tight. Mature – loss of elasticity, lose muscle tone, wrinkles. Normal – fine texture, no visible pores, smooth, supple, flexible. Oily – shiny, slight thickening, sallow, coarse texture, enlarged pores, congestion, comedones. Combination – combination of two or more skin types, usually oily T-zone, normal or dry on cheeks. Dry – lacks moisture, dry to touch, flakiness, fine texture, thin, tight, small pores, broken capillaries, ageing. • Skin sensitivity tests: Tactile test for sharp and blunt, thermal test for hot and cold. Tactile – use a sharp (orange stick) and smooth (cotton pad) object, stroke over the skin in area to be treated. Client should be able to differentiate between the different sensations. Thermal – fill test tube with cold water and one with hot water, place on skin in area to be treated. Ask client to differentiate between the sensations. Skin sensitivity test – record results. • Skin sensitivity test (interpret results) – client should be able to identify the difference between sharp/blunt and hot/ cold. If the client can, treatment can go ahead, but if client is unresponsive to tactile and thermal tests, treatment should not be carried out (client would not be able to feel if electrical current was too high, risk of skin damage). Explain the treatment to the client: Treatment process,
--	--	--

		<p>expected sensations, skin reaction, outcomes, further treatments. Equipment maintenance: Checked for damage, dials, leads and plugs checked, no trailing wires, dials at zero before starting, test before use on client, only turn up current during treatment, check with client throughout for comfort and sensitivity, stay with client, always follow manufacturer’s instructions for each machine.</p> <ul style="list-style-type: none"> • 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. • Electrical equipment: - Faradic/Electro Muscle Stimulator (EMS) - Galvanic - Microcurrent - Vacuum suction (lymphatic drainage) - Infrared - Mechanical/gyratory massager
<p>4. Be able to carry out Body Electrical Treatments.</p>	<p>4.1 Undertake a client consultation to determine the client’s treatment needs in line with legal requirements and informed consent.</p> <p>4.2 Adhere and follow health and safety working practices.</p> <p>4.3 Discuss and explain the treatment procedures to the client.</p> <p>4.4 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>4.5 Describe the contra-indications and contra-actions that affect or restrict body electrical treatments.</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 body electrotherapy 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

	<p>4.6 Identify and take prompt action if the client experiences any discomfort or contra-action.</p> <p>4.7 Discuss and propose suitable post-treatment products with the client.</p> <p>4.8 Evaluate the results with the client to meet the agreed treatment objectives.</p> <p>4.9 Discuss and provide the client with suitable aftercare advice.</p> <p>4.10 Manage and ensure client records are completed and signed by you and the client.</p>	<p>Aid) Regulations, The 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> <ul style="list-style-type: none"> • Explain and discuss the treatment procedures to the client: noise and sensation. • Adaptations to treatment: Adjust treatment to suit skin sensitivity, visual erythema, intensity turned down, timing shortened, frequency of treatment, combination of electrical equipment, products applied to the skin, adjust intensity over areas of sensitivity, use of heat to warm tissues. • Products: Electro Muscle Stimulator (EMS) (Faradism) - Galvanism - Microcurrent - Vacuum suction (lymphatic drainage) - Infrared - Mechanical/gyratory massager • Electrical current: Alternating current – interrupted current, changing direction of flow. Direct current – uses effects of polarity, constant flow in one direction. Chemical action – anode (+) and cathode (-) frequency and electrons, bi-phasic and mono-phasic.
--	--	---

		<ul style="list-style-type: none"> • Adaptations to treatment: Adjust treatment to suit skin sensitivity, visual erythema, intensity turned down, timing shortened, frequency of treatment, combination of electrical equipment, products applied to the skin, adjust intensity over areas of sensitivity, use of heat to warm tissues. • Faradic pads treatment technique (EMS): Damp, solution applied (dependant on manufacturer's instructions), flat to skin surface, secured with straps, origin and insertion of muscle, intensity, frequency, timing, contraction and relaxation as per client comfort, area being worked, manufacturer's instructions. Benefits and effects – improved firmness and contour of muscles, improved circulation, increased metabolism of stimulated muscles, increased fluid and waste elimination, improved posture. Suitable for mature clients, clients who lack muscle tone and clients unable to undertake strenuous exercise. Possible contractions – muscle fatigue (overstimulation of muscles, gentle massage over area), erythema (apply cold compress). • Galvanic pads treatment technique: Damp, applied to areas of cellulite, anti-cellulite gel applied, follow manufacturer's instructions, flat to skin, secured with straps, no metal touching the skin, intensity and timing as per manufacturer's instructions. Benefits and effects – increased blood and lymphatic circulation, improved function of skin, used as a slimming treatment, improved appearance of cellulite, improved body shape.
--	--	---

		<p>Possible contra-actions – burn (sterile cold water), excessive erythema (apply cooling/soothing mask).</p> <ul style="list-style-type: none"> • G5 treatment technique: Protective cover used, applicator chosen dependant on effect and area, upward strokes. Benefits and effects – increased circulation, increased lymph circulation, softening of fatty tissue, stimulation of sensory nerve endings, stimulation of skin function, desquamation, improved areas of cellulite, improved dry skin. Possible contra-actions (gyratory mechanical massage) – bruising (caused by incorrect applicator, too long treatment), skin scratching and irritation (incorrect choice of applicator), excessive erythema (allergic reaction, too long treatment, incorrect choice of applicator, cold compress can be applied to soothe). • Microcurrent treatment technique: Used with appropriate lubricant, follow manufacturer’s instructions, electrodes used following manufacturer’s diagrams, intensity and frequency. Benefits and effects – improved blood circulation, lymphatic circulation, muscle contour/tone and skin tone, improved appearance of cellulite, stretch marks and scar tissue. Possible contra-actions – muscle fatigue (caused by incorrect intensity or frequency, apply gentle massage). • Ventouse pads treatment technique: Size/type appropriate to area being worked, no more than 20% skin suction, upward towards lymph node, remove suction at end of stroke with finger under cup or finger released from hole.
--	--	---

		<ul style="list-style-type: none"> • Skin warming treatment technique: Infrared used to warm tissues and muscles prior to treatment, dependant on client skin and muscle condition. Possible contra-actions – burn (sterile cold water), excessive erythema (apply cooling/soothing mask). • Vacuum suction/lymphatic drainage unit: Benefits and effects – improved blood and lymphatic circulation, stimulation of sluggish skin, reduced oedema, desquamation, improved appearance of cellulite. Possible contra-actions – bruising (caused by high pressure, pulling cup off skin, over treatment, stationary cup for too long, apply cold compress), overstretching of skin (caused by over treatment, high pressure over loose skin). • Skin: Epidermis – stratum germinativum, stratum spinosum, stratum granulosum, stratum lucidum, stratum corneum. Dermis – blood/lymph supply, papillary layer, reticular layer, collagen, elastin, macrophages, adipocytes, mast cells, fibroblasts, hair, dermal papilla, sebaceous glands and sebum, arrector pili muscle, sweat glands (eccrine and apocrine), sensory nerve endings. Hypodermis – subcutaneous layer, adipose tissue, adipocytes. • Ageing process: Loss of elasticity, dryness of skin, cell regeneration slows, thinning of skin, broken capillaries, slack muscle tone, poor circulation, waste product removal slows, less fatty tissue, irregular pigmentation. • Concluding the treatment in appropriate manner to meet client’s needs, concluding the electrical treatment in an appropriate and safe manner to meet the client’s needs
--	--	--

		<ul style="list-style-type: none"> • 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 • 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 why how skin care routines can affect and improve the effectiveness of treatment. • Aftercare advice should be provided based upon consultation, skin analysis and relevant test ie 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 Avoidance of activities that could cause contra- actions.
--	--	---

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	Assessment parameters
LO1 LO2 LO3	All All All	<p>Practical Activity – Perform Body Electrical Treatments.</p> <p>Your assessor will observe your performance on at least 4 occasions, each involving a different client.</p> <p>Essay/Report</p>	<p>Assessor observation record: A formal record of an assessor's observation of a learners practice and technique.</p> <p>Learner Logbook: References all body electrical treatments carried out by the learner which are observed and supervised.</p> <p>Learner logbook to include learner reflections using images, forms, contemporaneous notes etc.</p> <p>Include reflective account of what was done, why and when, include what went well, not so well, what you would do differently in similar future circumstances.</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> <p>A&P Pack</p>

UNIT 5: BODY MASSAGE

Unit Reference Number	K/650/7536
Unit Title	Body Massage
Unit Level	3
Number of Credits	10
Total Qualification Time (TQT)	100 hours
Guided Learning Hours (GLH)	80 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	7.3 - Service enterprises
Unit Grading Type	Pass / Fail

Unit Aims

Learners will gain knowledge about the skills involved in providing head and body massage treatments. It covers manual massage body and mechanical body massage techniques.

You will learn to maintain effective health, safety, and hygiene throughout your work and how to maintain your personal appearance and demonstrate effective communication and consultation skills.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative content
1. Understand the structure and function of body systems in relation to carrying out body massage treatments.	1.1 Describe the structure and the main functions of the following body systems in relation to body massage: <ul style="list-style-type: none"> • skin • skeletal • muscular • cardio-vascular • lymphatic • nervous 	<ul style="list-style-type: none"> • Structure and function of body systems (skin, skeletal system, muscular system, cardio-vascular system, lymphatic system, nervous system, digestive system, urinary system, endocrine system). • Diseases and disorders of body systems eg skin diseases, cancer, osteoporosis, arthritis, sprain, fibrositis, lumbago, repetitive strain injury (RSI), hypertension, allergy, diabetes, epilepsy;

	<ul style="list-style-type: none"> • digestive • urinary • endocrine <p>1.2 Describe the main diseases and disorders of body systems.</p> <p>1.3 Describe the effects of massage on the body.</p>	<ul style="list-style-type: none"> • Effects of massage on body (increase circulation and so improve nutrition, remove waste more effectively, increase cell regeneration, improved skin condition, soothed nervous system, increase metabolism and absorption of adipose tissue, ease muscular tension, stretch tight/contracted muscles
<p>2 Be able to maintain safe and effective methods of working when providing Body Massage treatments.</p>	<p>2.1 Demonstrate how to set up a treatment area that meets legal, hygiene and service requirements.</p> <p>2.2 Explain the importance of maintaining personal hygiene, protection, and appearance.</p> <p>2.3 Demonstrate the correct positioning of massage mediums and equipment for safety and ease of use.</p> <p>2.4 Adhere and follow industry hygiene and safety practices to minimise the risk of cross-infection.</p> <p>2.5 Demonstrate and perform the treatment(s) within a commercially viable time.</p> <p>2.6 Demonstrate that the treatment area is clean and tidy and ready for future treatments.</p> <p>2.7 Explain the importance of completing treatment records.</p>	<ul style="list-style-type: none"> • Preparation of working area <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 • Personal hygiene • Protection (PPE) • Professional appearance • Personal appearance and behaviour: 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 cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh

		<p>breath), nails (good condition and maintained).</p> <ul style="list-style-type: none"> • 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. • Environmental conditions Lighting, Heating, Ventilation, Noise levels, Available space, Music, General hygiene. Waste disposal, Décor, Equipment, Privacy, Reception areas, General use/treatment areas, Safety aspects • 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. • Electricity at work: Checking/visual check of equipment, no trailing wires portable appliance testing (PAT). • 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. • Liability insurance: Employers, public, professional indemnity. • Reporting of injuries, diseases, and dangerous occurrences regulations: Accident book, reporting diseases, local byelaws, code of conduct, risk assessment. • Control of substances hazardous to health:
--	--	---

		<p>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> <ul style="list-style-type: none"> • Health and safety legislation: Data protection, electricity at work, employers' liability (compulsory insurance), fire precautions, first aid at work, health and safety at work, local government miscellaneous provisions, occupiers' liability legislation, local byelaws. • 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. • Hazards and risks: A hazard are something that has the potential to cause harm. A risk is the likelihood of a hazard happening. • 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). • Hazards: Something with potential to cause harm, requiring immediate attention, level of responsibility, report, nominated personnel, duty to recognise/deal with hazards. • Equipment: Only used for intended purpose,
--	--	---

		<p>safe usage, handling, storage, cleaning, lifting, visual checks, worn, faulty, repairs, maintenance, portable appliance testing, correct disposal of contaminated waste, records.</p> <ul style="list-style-type: none"> • Security (cash): Staff training, point of sale, regular banking, in transit. • Security (people): Staff, clients, visitors, children, personal belongings, systems (security, emergency evacuation, storage, client records, business information). • 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. • Reasons for risk assessment: Staff, visitors, client health and safety, safe environment, minimise hazards and risks, requirement of legislation. 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,
--	--	---

		<p>spillages and unused chemicals, contaminated waste, hazardous waste, environmental protection.</p> <ul style="list-style-type: none"> • 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 positioning delivers appropriate techniques, appropriate space between client and technician, prevent injury, optimum results, allow for visual checks. • Perform the treatment(s) within a commercially viable time. • Ensure treatment area is clean and tidy and ready for future treatments.
<p>3 Be able to consult, plan and prepare to provide body massage.</p>	<p>3.1 Carry out client consultation to determine the client's treatment needs in line with legal requirements and informed consent.</p> <p>3.2 Consult with client for medical history, lifestyle pattern, contra-indications, and record responses.</p> <p>3.3 Produce accurate and meaningful written treatment records by explaining and discussing the treatment stages and procedures to the client.</p> <p>3.4 Discuss and agree the clients need, expectations and treatment objective.</p> <p>3.5 Identify the client's skin type and skin condition.</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 with the correct products to use and treatment to perform. • 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.

	<p>3.6 Perform pre-treatment test(s) to determine skin sensitivity.</p> <p>3.7 Demonstrate how to clean and prepare the skin to suit the type of equipment used.</p> <p>3.8 Identify and select tools, equipment, and products to suit the treatment objectives and client's skin types and skin condition.</p>	<ul style="list-style-type: none"> • Treatment objectives: Relaxation, stress and tension relief, lymphatic drainage, postural improvement, sense of wellbeing, health management. • Recommendations to client: Treatment process, expected sensations, contra-actions, outcomes, further treatments, treatment options, aftercare advice, lifestyle changes. • Massage mediums: Cream, oil, powder, gel, wax. • Seek clarification of the client's understanding • Provide 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. • Contra-actions: lethargy, headache, muscle ache, nausea, emotional, frequent urination, bruising, allergy to massage medium. • Contra-indications: Prevent treatment: fungal infection, bacterial infection, viral infection, infestations, severe eczema, severe psoriasis, severe skin conditions, dysfunction of the muscular system, dysfunction of the nervous system, eye infections, deep vein thrombosis, during chemotherapy, during radiotherapy. Restrict treatment: broken bones, recent fractures and sprains, cuts and abrasions, recent scar tissue, skin disorders, skin allergies, product allergies, epilepsy, diabetes, high/low blood pressure, undiagnosed lumps
--	---	--

		<p>and swelling.</p> <ul style="list-style-type: none"> • Client preparation: Protect client clothing, client comfort, privacy, modesty, client positioned correctly. • Professional appearance: Clean professional uniform, discreet jewellery, no piercings, hair neatly tied back (fringe secured), closed in footwear, make-up (light day make-up), personal hygiene and cleanliness (shower/bath, cover cuts and abrasions, deodorant, or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained). • 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, pride in work, punctuality, employer and client loyalty. • Body analysis: Muscle tone, overweight/normal weight, height, cellulite, oedema, postural analysis, excessive hair. Body shapes – ectomorph, mesomorph, endomorph. • Difference related to gender: hairiness, muscle bulk, fat distribution Difference related to age: thinness of skin, elasticity, poor muscle tone, brittle bones. • Distinction between non-medical treatable skin conditions and those which should be referred. • Record keeping: Accurate appointment systems, stationery, loyalty, rewards, acknowledgement of occasions, consultation record keeping, contra-indications, signatures, refer to existing records, information clear,
--	--	---

		<p>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>4 Be able to perform manual massage treatments.</p>	<p>4.1 Demonstrate how to communicate and behave in a professional manner. 4.2 Adhere and follow health and safety working practices. 4.3 Demonstrate massage techniques, sequence, and massage mediums to meet the client's physical characteristics and treatment areas. 4.4 Demonstrate and manage how to vary the depth, rhythm, and pressure of massage techniques to meet treatment objectives and the client's physical characteristics and preferences. 4.5 Identify and take prompt action if the client experiences any discomfort or contra-action. 4.6 Discuss and propose suitable post-treatment products with the client. 4.7 Evaluate the results with the client to meet the agreed treatment objectives. 4.8 Discuss and provide the client with suitable aftercare advice. 4.9 Manage and ensure client records are completed and signed by you and 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 body electrotherapy 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 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

		<p>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> <ul style="list-style-type: none"> • Areas to work on: face, head, chest and shoulders, Arms and hands, abdomen, back, gluteals, legs and feet. • Possible benefits of massage: Physiological – improved circulation and lymph drainage, improved skin tone/ elasticity, improved muscle tone, reduced muscle fatigue, balance nervous system, improved sleep, aids digestion, boosts immunity. • Psychological – relaxation, stress relief, improved sense of wellbeing, increased energy. • Examples of skin diseases and disorders: Congenital – eczema, psoriasis. • Bacterial – acne vulgaris, acne rosacea, folliculitis, boils (furuncles), impetigo. Viral – warts, verruca, herpes simplex (HSV), herpes zoster. Fungal – tinea (pedis, corporis, unguium). Infestations – scabies, pediculosis, (capitis, pubis). Pigmentation – vitiligo, albinism, chloasma, ephelides, lentigo, papilloma, naevae, port wine stains. Others – basal cell carcinoma, squamous cell carcinoma, malignant melanomas. Skin: Epidermis – basal cell layer (stratum germinativum), prickle cell layer (stratum spinosum), granular layer (stratum
--	--	--

		<p>granulosum), clear layer (stratum lucidum), horny layer (stratum corneum). Dermis – blood and lymph supply, fibroblasts (collagen, elastin), hair, sebaceous glands, arrector pili muscle, dermal papilla, sweat glands (eccrine and apocrine), sensory nerve endings. Hypodermis – subcutaneous layer, adipose tissue, adipocytes.</p> <ul style="list-style-type: none"> • Functions of the skin – protection, heat regulation, absorption, secretion, elimination, sensation, formation of vitamin D, melanin production, process of keratinisation. Bones (skeletal system structure): Bone tissue types – compact, cancellous. Bone cells – osteocytes, osteoblasts, osteoclasts. Bone types – long (epiphysis, diaphysis, red bone marrow, compact and cancellous tissue, periosteum), short, flat, irregular, sesamoid. Joints – fixed, slightly moveable, freely moveable (ball and socket, hinge, pivot, gliding, condyloid/saddle). Bones (appendicular skeleton): Shoulder girdle – clavicle, scapula. Upper limb – humerus, radius, ulna, carpals (scaphoid, lunate, triquetral, pisiform, trapezium, trapezoid, capitate, hamate), metacarpals, phalanges. Pelvic girdle – ilium, ischium, pubis (innominate bones). Lower limb – femur, patella, tibia, fibula, tarsals (talus, calcaneus, navicular, medial, intermediate, and lateral cuneiform, cuboid), metatarsals, phalanges. Bones (axial skeleton): Skull – frontal, occipital, parietal, sphenoid, ethmoid, temporal, nasal, zygomatic, maxilla, mandible, lacrimal, turbinator, palatine, vomer, hyoid. Thoracic – ribs, sternum. Vertebral column – cervical, thoracic, lumbar,
--	--	--

		<p>sacrum, coccyx, intervertebral disc. Skeletal functions: Support, joints, movement, protection, attachment, mineral source, blood cell formation.</p> <ul style="list-style-type: none"> • Examples of skeletal disorders: Abnormal spinal curvatures – kyphosis, scoliosis, lordosis, cervical spondylitis. Fractures – simple, compound, comminuted, greenstick, impacted, complicated. • Examples of skeletal diseases: gout, osteoarthritis, osteoporosis, Paget’s disease, rheumatoid arthritis, rickets, scleroderma, synovitis. • Muscular system structure: Types – voluntary, involuntary, cardiac. • Muscles of the head, face, and neck: Buccinator, corrugator, depressor labii anguli, depressor labii inferioris, frontalis, levator anguli oris, levator labii superioris, levator palpebrae, levator scapula, masseter, mentalis, nasalis, occipitalis, orbicularis oculi, orbicularis oris, platysma, procerus, pterygoids, risorius, sterno-cleido mastoid, temporalis, zygomaticus. • Muscles of the anterior trunk: Iliopsoas (iliacus and psoas), internal and external intercostals, internal and external obliques, pectoralis major/minor, rectus abdominus, serratus anterior, transversalis abdominus. • Muscles of the posterior trunk: Deltoid, erector spinae, gluteal group (maximus, medius, minimus), infraspinatus, latissimus dorsi, quadratus lumborum, rhomboids, splenius capitis, subscapularis, supraspinatus, teres major, teres minor, trapezius.
--	--	---

		<ul style="list-style-type: none"> • Muscles of the upper limb: Biceps, brachialis, brachioradialis, coracobrachialis, deltoid, extensor carpi digitorum, extensor carpi radialis, extensor carpi ulnaris, flexor carpi digitorum, flexor carpi radialis, flexor carpi ulnaris, pronator teres, supinator radii brevis, triceps. • Muscles of the lower limb: Adductors (longus, magnus, brevis), extensor digitorum longus, fibularis (peroneus) longus, flexor digitorum longus, flexor digitorum longus, flexor hallucis longus, gastrocnemius, gracilis, hamstrings (biceps femoris, semitendinosus, semimembranosus), piriformis, quadriceps (rectus femoris, vastus lateralis, vastus medialis, vastus intermedius), sartorius, soleus, tensor fascia latae, tibialis anterior, tibialis posterior. • Muscle functions: Contraction, relaxation, attachment, heat production, movement (flexion, extension, abduction, adduction, supination, pronation, rotation, circumduction, inversion, eversion, plantarflexion, dorsiflexion), posture, tone. • Examples of muscular diseases and disorders: Adhesions, atony, atrophy, bursitis, cramp, fatigue, fibromyalgia, fibrositis, frozen shoulder, lumbago, muscular dystrophy, myositis, RSI, rupture, shin splints, spasm, sprain, strain, tendonitis, tetanus, torticollitis, whiplash. • Cardiovascular system structure: Heart – wall (endocardium, myocardium, pericardium), aorta, atria, bicuspid (mitral) valve, chordae tendineae, inferior and superior vena cava, papillary muscles, pulmonary artery, pulmonary
--	--	--

		<p>vein, semilunar valves (aortic and pulmonary), septum, tricuspid valve, ventricles. Blood vessels – arteries, arterioles, veins, venules, capillaries. Circuits – pulmonary circulation, portal circulation, coronary circulation, systemic circulation. Major arteries of the head and neck – carotid, facial, occipital, temporal. Major veins of the head and neck – jugular, occipital, temporal, maxillary, facial. Major arteries of the body – aorta, descending aorta, subclavian, carotid, pulmonary, hepatic, splenic, renal, mesenteric, iliac, vertebral, axillary, brachial, ulnar, radial, palmar arch, femoral, popliteal, anterior tibial, plantar arch. Major veins of the body – vena cava (inferior and superior), pulmonary, hepatic, splenic, renal, iliac, axillary, brachial, basilica, cephalic, subclavian, saphenous (long and short), venous arch, femoral, popliteal, posterior tibial, anterior tibial. Blood – plasma, leucocytes (granulocytes and agranulocytes), erythrocytes, thrombocytes.</p> <ul style="list-style-type: none"> • Cardiovascular functions: Transport, defence, clotting, regulation and homeostasis. • Examples of cardiovascular disorders and diseases: Anaemia, aneurysm, angina, arrhythmias, arteriosclerosis, atherosclerosis, congenital heart disease, deep vein thrombosis, gangrene, haemophilia, hematoma, HIV/AIDS, high cholesterol, hepatitis, hypertension, hypotension, leukemia, myocardial infarction, palpitations, phlebitis, pulmonary embolism, raynauds syndrome, septicaemia, sickle cell anaemia, stroke, thrombosis, varicose veins.
--	--	---

		<ul style="list-style-type: none"> • Lymphatic system structure: Lymph, lymph capillaries, lymphatic vessels, lymph nodes, lymphatic trunks, lymphatic ducts (thoracic and right lymphatic duct), subclavian veins, nodes (axillary, cervical – superficial and deep, inguinal, intestinal, occipital, popliteal, post-auricular, parotid, supratrochlear), appendix, peyers patches, spleen, tonsils, thymus. • Lymphatic functions: Subsidiary circulation (lymph formation), immunity, return of lost plasma proteins to the blood, transport dietary lipids. • Examples of lymphatic disorders and diseases: Oedema, Hodgkin’s disease, non-Hodgkin’s lymphoma, lupus, cellulite, glandular fever, • lymphadenitis <p>Nervous system structure:</p> <p>Central Nervous System (CNS) – brain, spinal cord, white matter, grey matter, meninges (pia mater, arachanoid mater, subarachanoid space, dura mater), cerebrospinal fluid, blood brain barrier, cerebrum, cerebellum, thalamus, hypothalamus, pituitary, pineal. Brain stem – midbrain, pons varoli, medulla oblongata.</p> <p>Peripheral Nervous System (PNS) – spinal nerves (31 pairs), spinal nerve plexus (cervical, brachial, lumbar, sacral, coccygeal), cranial nerves (12 pairs). Autonomic Nervous System (ANS) – sympathetic and parasympathetic divisions. Cells – neuroglia (schwann cells, oligodendrocytes, astrocytes, microglia), neurones (sensory, motor, interneuron, dendrite, cell body, axon, axon end terminals, neurotransmitters, myelin sheath, nodes of ranvier, neurolemma). Reflex arc, synapse, motor point.</p> <p>Nervous functions – sense</p>
--	--	--

		<p>internal/ external stimuli, interpret and respond to stimuli, maintain homeostasis, programming, instinctual behaviour, assimilation, memory, learning, intelligence. Nervous disorders and diseases: Bell’s palsy, carpal tunnel syndrome, cerebral palsy, depression, epilepsy, meningitis, migraine, multiple sclerosis, neuritis, Parkinson’s disease, sciatica.</p> <ul style="list-style-type: none"> • Digestive system structure: Tract – alimentary canal (inner mucosa, submucosa, muscle layer, serous membrane), mouth, salivary glands, tongue, teeth, pharynx, oesophagus, stomach, small intestine (duodenum, jejunum, ileum), large intestine (caecum, ascending colon, transverse colon, descending colon, sigmoid colon, rectum, anus), liver, gall bladder, pancreas. Secretions – saliva, gastric juice, bile, pancreatic juice, intestinal juice, enzymes (salivary amylase, pepsin, trypsin, pancreatic amylase, pancreatic lipase, intestinal amylase, intestinal lipase, intestinal peptidases, maltase, sucrase, lactase), hormones (gastrin). • Digestive functions: Ingestion, digestion (carbohydrates, proteins, fats, vitamins, minerals, fibre, water), absorption, assimilation, elimination, peristalsis. Examples of digestive disorders and diseases: Anorexia nervosa, appendicitis, bulimia nervosa, Crohn’s disease, cirrhosis, colorectal cancer, constipation, diarrhoea, diverticulitis, gall stones, haemorrhoids, heartburn, hepatitis, hernia, inflammatory bowel disease, irritable bowel syndrome, jaundice, ulcer.
--	--	--

		<ul style="list-style-type: none"> • Urinary system structure: Kidneys (cortex, medulla, renal pyramids, calyx, nephron, hilus, renal artery, renal vein), ureters, bladder, urethra. Urinary functions: Blood filtration, urine formation, waste elimination, fluid balance regulation. • Examples of urinary disorders and diseases: Urinary tract infections, cystitis, nephritis, kidney stones (renal calculi), renal colic. • Endocrine system structure: Glands and hormones – hypothalamus, pituitary (oxytocin, vasopressin, growth hormone, adrenocorticotrophic hormone, luteinising hormone, follicle stimulating hormone, prolactin, melanin stimulating hormone), pineal (melatonin/serotonin), thyroid (tri-iodothyronine, thyroxine, calcitonin), parathyroids (parathormone), thymus (thymosin), pancreas – islets of langerhans (insulin, glucagon), adrenal cortex (glucocorticoids, mineralcorticoids, androgens), adrenal medulla (adrenalin, noradrenalin), ovaries (oestrogen, progesterone), testes (testosterone). • Endocrine functions: Hormone secretion, communication, maintaining homeostasis. • Examples of endocrine disorders and diseases: Acromegaly, addisons, amenorrhoea, cretinism, cushings syndrome, diabetes insipidus, diabetes mellitus, dwarfism, gigantism, goitre, graves, gynaeomastia, hirsutism, myxedema, polycystic ovarian syndrome, seasonal affective disorders (SAD), stunted growth, virilism. • Possible contra-actions: Erythema, aching/tenderness (pressure, technique)
--	--	---

		<p>adaptation), headache (drink water, rest, fresh air), dizziness (rest, deep breathing), nausea (rest, deep breathing), flu like symptoms (rest), changed sleep patterns, fatigue (rest, fresh air), thirst (drink water), heightened emotions (rest, relaxation, referral), increased urination (toxin release, drink water). Action – treatment adaptation, discussion/advice, first aid responses.</p> <ul style="list-style-type: none"> • Concluding the treatment in appropriate manner to meet client’s needs, concluding the treatment in an appropriate and safe manner to meet the client’s needs. • Evaluation and client satisfaction: Agree result verbally and written through client feedback on record card, client objective, results of treatment, future treatments, record adjustments for next treatment, record and store in line with current data protection regulations and professional codes of conduct. • 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 why how skin care routines can affect and improve the effectiveness of treatment. • Aftercare advice should be provided based upon consultation, skin analysis and relevant test ie recommendations for ongoing or further treatments and, frequency, home care and aftercare advice, Healthy eating, Fluid/water
--	--	--

		<p>intake, Smoking habits, Hobbies, Interests, Rest, Relaxation, Stress levels, Sleep</p> <ul style="list-style-type: none"> • Avoidance of activities that could cause contra-actions
<p>5 Be able to perform Mechanical massage treatments.</p>	<p>5.1 Demonstrate how to communicate and behave in a professional manner.</p> <p>5.2 Adhere and follow health and safety working practices.</p> <p>5.3 Discuss and explain the treatment stages and procedures to the client.</p> <p>5.4 Demonstrate the correct treatment setting in accordance with manufacturer’s instructions.</p> <p>5.5 Identify and adjust the intensity and duration to suit the client skin condition.</p> <p>5.6 Manage the sequence, depth, and pressure of massage movements to meet treatment objectives.</p> <p>5.7 Identify and take prompt action if the client experiences any discomfort or contra-action.</p> <p>5.8 Describe the methods of evaluating the effectiveness of the treatment.</p> <p>5.9 Discuss and provide the client with suitable aftercare advice.</p> <p>5.10 Manage and ensure client records are completed and signed by you and 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 body electrotherapy 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 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

		<p>all safety precautions and manufacturers' instructions.</p> <ul style="list-style-type: none"> • Examples of legislation and regulations relating to massage: UK only – London Local Authorities Act requires practitioners of massage to hold a 'Special Treatments' the Medicines Act and the Consumer Protection Act may also be relevant to therapists providing massage services. UK and Europe – the EU Cosmetics Directive may also be applicable, depending on the massage mediums used. General – this list is not exhaustive, and learners and therapists are advised to seek advice from a professional association (such as FHT) with regard to regulatory requirements relating to massage. • Knowledge and understanding of the benefits and effects of • G5 (Gyratory Mechanical Massage): Increased circulation, increased lymph circulation, softening of fatty tissue, stimulation of sensory nerve endings, stimulation of skin function, desquamation, improve areas of cellulite, improved dry skin. • Knowledge and understanding of the benefits and uses of pre-heat treatments: Heat pads, electric blanket, infra-red lamp, hot mitts, relaxation of muscle, muscle primed for massage, improves effectiveness of treatment. • Treatment adaptations: Products, pressure, techniques, speed, order, direction, coverage, timing, frequency. • Treatment evaluation: Feedback, expectations fulfilled, effective treatment, contra-actions,
--	--	---

		<p>realistic time, satisfied client, treatment options, treatment plan review.</p> <ul style="list-style-type: none"> • Aftercare advice: Rest, postural exercises, deep breathing exercises, mobility exercises, drink water, healthy diet, stress management, treatment options, lifestyle changes, contra-actions, suitable home care products and their use. • Possible contra-actions: Erythema, aching/tenderness (pressure, technique adaptation), headache (drink water, rest, fresh air), dizziness (rest, deep breathing), nausea (rest, deep breathing), flu like symptoms (rest), changed sleep patterns, fatigue (rest, fresh air), thirst (drink water), heightened emotions (rest, relaxation, referral), increased urination (toxin release, drink water). Action – treatment adaptation, discussion/advice, first aid responses. • Possible benefits of massage: Physiological – improved circulation and lymph drainage, improved skin tone/ elasticity, improved muscle tone, reduced muscle fatigue, balance nervous system, improved sleep, aids digestion, boosts immunity. Psychological – relaxation, stress relief, improved sense of wellbeing, increased energy. • Massage movements: Effleurage, petrissage, tapotement, vibrations, frictions. • Examples of skin diseases and disorders: Congenital – eczema, psoriasis. Bacterial – acne vulgaris, acne rosacea, folliculitis, boils (furuncles), impetigo. Viral – warts, verruca, herpes simplex (HSV), herpes zoster. Fungal – tinea (pedis, corporis, ungium).
--	--	--

		<ul style="list-style-type: none"> • Concluding the treatment in appropriate manner to meet client’s needs, concluding the electrical treatment in an appropriate and safe manner to meet the client’s needs. • Evaluation and client satisfaction: Agree result verbally and written through client feedback on record card, client objective, results of treatment, future treatments, record adjustments for next treatment, record and store in line with current data protection regulations and professional codes of conduct. • 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 why how skin care routines can affect and improve the effectiveness of treatment. • Aftercare advice should be provided based upon consultation, skin analysis and relevant test ie 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 • Avoidance of activities that could cause contra-actions
--	--	---

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	Assessment parameters
LO1 LO2 LO3 LO4 LO5	All	<p>Practical Activity – carry out 3 Manual Body Massages. Your assessor will observe your performance on at least 3 occasions, each involving a different client.</p> <p>Practical Activity – carry out 3 Mechanical Body Massages. Your assessor will observe your performance on at least 3 occasions, each involving a different client.</p> <p>Essay/Report</p>	<p>Assessor observation record: A formal record of an assessor's observation of a learners practice and technique. Learner Logbook: References all body massages carried out by the learner which are observed and supervised. Learner logbook to include learner reflections using images, forms, contemporaneous notes etc. Include reflective account of what was done, why and when, include what went well, not so well, what you would do differently in similar future circumstances.</p> <p>Health and Safety and Legal Requirements Assignment After care Assignment Contra Indications Assignment How to work safely and effectively when providing treatments Assignment Client Consultation Assignment A&P Pack</p>

UNIT 6: HOT STONE THERAPY

Unit Reference Number	M/650/7538
Unit Title	Hot Stone Therapy
Unit Level	3
Number of Credits	8
Total Qualification Time (TQT)	80 hours
Guided Learning Hours (GLH)	60 hours
Mandatory / Optional	Optional
Sector Subject Area (SSA)	7.3 - Service enterprises
Unit Grading Type	Pass / Fail

Unit Aims

This unit will give learners the knowledge, understanding and skills required to prepare for and provide stone therapy massage treatments. You will learn to maintain effective health, safety and hygiene throughout your work and how to maintain your personal appearance and demonstrate effective communication and consultation skills.

Learners should undertake this unit after having completed the Body Massage unit.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative content
1. Understand the structure and function of body systems in relation to carrying out hot stone treatments.	1.1 Describe the structure, function, position and action of the muscles of the body. 1.2 Describe the location, function and structure of the bones of the body. 1.3 Describe the structure and function of the circulatory and lymphatic systems for the body. 1.4 Describe the physical and psychological effects of hot and cold stone therapy.	<ul style="list-style-type: none"> Anatomy and physiology: structure, function, position and action of muscles of body; Location, function and structure of bones of body; structure and function of circulatory system; Structure and function of lymphatic system; Physical and psychological effects of hot and cold stone therapy e.g., relaxing, balancing,

		<p>uplifting, sense of wellbeing, local decongestion, relief from muscular tension</p>
<p>2. Be able to maintain safe and effective methods of working when providing hot stone therapy.</p>	<p>2.1 Demonstrate how to set up a treatment area that meets legal, hygiene and service requirements.</p> <p>2.2 Explain the importance of maintaining personal hygiene, protection and appearance.</p> <p>2.3 Identify the types of stones, their properties and uses.</p> <p>2.4 Adhere to workplace and manufacturers' instructions for the safe use of the stones before, during and after treatment.</p> <p>2.5 Demonstrate the correct positioning of the stones needed for the treatment.</p> <p>2.6 Demonstrate how to position the client and yourself to minimise fatigue.</p> <p>2.7 Demonstrate how to protect the clients skin against extremes of temperature.</p> <p>2.8 Examine the clients wellbeing at regular intervals.</p> <p>2.9 Demonstrate and perform the treatment within a commercially viable time.</p> <p>2.10 Demonstrate that the treatment area is clean and tidy and ready for future treatments.</p> <p>2.11 Explain the importance of completing treatment records.</p>	<ul style="list-style-type: none"> • Preparation of working area <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 • Personal hygiene • Protection (PPE) • Professional appearance: Clean professional uniform, minimal jewellery, minimal piercings, hair neatly tied back, fringe secured, closed in footwear, make-up (light day make-up), personal hygiene and cleanliness (shower/bath, cover cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained). 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. • Products: massage oils and creams; hand

		<p>sanitiser</p> <ul style="list-style-type: none"> • Tools and equipment: professional stone heater; range of different size stones; accessories; cooling systems; towels; massage couch/chair; storage of stones • Stones: Basalt stone, marble stone, energetic and vibrational properties, geological origins, formation process, hardness, smoothness, shape, size, weight, orientation, conversion to massage strokes, density, temperature deliverance and transference. • Cultural origins of stone massage: Cultural use of stones, historical use of stones, stones for healing, stones for worship, Inyan Pejuta – Native American Indian practice, seven sister ceremony, Mary Nelson, current day. • Treatment techniques (process of collection, delivery and return of stones to heater/cooler): Placement and removal of stones to and from water heater during treatment, selection of stones, shapes, placement and removal of stones to and from the cooler during treatment, selection of stones, shapes, use of spoon, safe handling of warm stones, delivery of fresh warm stones to client, delivery of fresh cool stones to client, technique of moving stones over body, delivering treatment requirements with stones, deep work, light work • Environmental conditions lighting, Heating, Ventilation, Noise levels , Available space, Music, General hygiene. Waste disposal, Décor, Equipment, Privacy, Reception areas, General use/treatment areas, Safety aspects • Management of health and safety at work: Clean up spillages, report slippery surfaces,
--	--	--

		<p>remove/report obstacles, ensure good all-round access to trolleys and equipment, sterilise/disinfect tools, equipment and work surfaces, wear personal protective equipment.</p> <ul style="list-style-type: none"> • Electricity at work: Checking/visual check of equipment, no trailing wires, portable appliance testing (PAT). Manual handling: Moving stock, lifting, working heights, unpacking, posture, deportment, balance weight, preserve back, prevent slouching. • Towels: Wash regularly, clean for every client, dirty towels in covered bin. Liability insurance: Employers, public, professional indemnity. • Reporting of injuries, diseases and dangerous occurrences regulations: Accident book, reporting diseases, local byelaws, code of conduct, risk assessment. • 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 manufacturers' instructions, no smoking, eating or drinking. Health and safety legislation: • Data protection, electricity at work, employers' liability (compulsory insurance), fire precautions, first aid at work, health and safety at work, local government miscellaneous provisions, occupiers' liability, local byelaws. • Regulations: Control of substances hazardous to health regulations, management of health and safety at work regulations, manual handling,
--	--	---

		<p>personal protective equipment, reporting of injuries, diseases and dangerous occurrences regulations, workplace (health and welfare) regulations. Hazards and risks: A hazard is something that has the potential to cause harm. A risk is the likelihood of a hazard happening.</p> <ul style="list-style-type: none"> • Employer responsibility: Current and valid liability insurance, display health and safety rules (covering staff, employees, clients, and fire evacuation), provide regular training, accurate record keeping, monitoring. Hazards: Something with potential to cause harm, requiring immediate attention, level of responsibility, report, nominated personnel, duty to recognise and deal with hazards. • 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. Security (cash): Staff training, point of sale, regular banking, in transit. • 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.
--	--	--

		<ul style="list-style-type: none"> • Disposal of waste – single use items, pedal bin with a liner, spillages and unused chemicals, contaminated waste, hazardous waste, environmental protection. • 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 positioning delivers appropriate techniques, appropriate space between client and technician, prevent injury, optimum results, allow for visual checks. • Work area: Clean and hygienic, height adjustable chair, correct posture, correct couch height, lighting, ventilation, noise, music, temperature, ambience, no trailing wires, no obstructions, tools and equipment in a safe working position for therapist. • Client preparation: Protect client clothing, client comfort, privacy, modesty, client positioned correctly. 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>3. Be able to consult, plan and prepare for the treatment.</p>	<p>3.1 Undertake client consultation to determine the clients treatment needs in line with legal requirements and informed consent.</p> <p>3.2 Discuss and consult with client for medical history, life style pattern, contra-indications and record responses.</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 with the

	<p>3.3 Produce accurate and meaningful written treatment records by explaining and discussing the treatment stages and procedures to the client.</p> <p>3.4 Discuss and agree the clients need, expectations and treatment objective.</p> <p>3.5 Discuss and explain cost, duration, frequency and types of treatment needs.</p> <p>3.6 Perform a skin sensitivity test and thermal test patch on relevant skin areas.</p> <p>3.7 Identify and select the correct stones to suit the treatment objectives and client's skin types and skin condition.</p>	<p>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 and written • Agree Treatment plan • Advise prior to treatment: cost, duration frequency and types of treatment needs • Treatment objectives: Relaxation, stress and tension relief, lymphatic drainage, postural improvement, sense of wellbeing, health management. • Recommendations to client: Treatment process, expected sensations, contra-actions, outcomes, further treatments, treatment options, aftercare advice, lifestyle changes. • Massage mediums: Cream, oil, powder, gel, wax • Seek clarification of the client's understanding • Provide 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 • Contra-actions: lethargy, headache, muscle ache, nausea, emotional, frequent urination, bruising, allergy to massage medium. • Contraindications • Prevent treatment: fungal infection, bacterial infection, viral infection, infestations, severe
--	---	--

		<p>eczema, severe psoriasis, severe skin conditions, dysfunction of the muscular system, dysfunction of the nervous system, eye infections, deep vein thrombosis, during chemotherapy, during radiotherapy.</p> <ul style="list-style-type: none"> • Restrict treatment: broken bones, recent fractures and sprains, cuts and abrasions, recent scar tissue, skin disorders, skin allergies, product allergies, epilepsy, diabetes, high/low blood pressure, undiagnosed lumps and swelling • Client preparation: Protect client clothing, client comfort, privacy, modesty, client positioned correctly. • Professional appearance: Clean professional uniform, discreet jewellery, no piercings, hair neatly tied back (fringe secured), closed in footwear, make-up (light day make-up), personal hygiene and cleanliness (shower/bath, cover cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained). • 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, pride in work, punctuality, employer and client loyalty • Body analysis: Muscle tone, overweight/ normal weight, height, cellulite, oedema, postural analysis, excessive hair. Body shapes – ectomorph, mesomorph, endomorph.
--	--	---

		<ul style="list-style-type: none"> • Difference related to gender: hairiness, muscle bulk, fat distribution Difference related to age: thinness of skin, elasticity, poor muscle tone, brittle bones • Distinction between non-medical treatable skin conditions and those which should be referred • Professional appearance: Clean professional uniform, closed in footwear, discreet jewellery, no piercings, hair (neatly tied back, fringe secured), light day make-up, personal hygiene and cleanliness (shower/ bath, cover cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained). • 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. • Consultation techniques: Client requirements, client satisfaction, client expectations and aftercare, signatures, visual, listen, client card reference. • Body analysis: Muscle tone, overweight/ normal weight, height, cellulite, oedema, postural analysis, excessive hair, temperature sensitivity. • Types of stones and their benefits • Volcanic rock, e.g. basalt/jade (warm) • Marine stone, e.g. marble/sardonyx (cold) • Semi-precious stones • Preparation and care of the stones • Hygiene • Hot • Layout of the stones in the heater • Heating temperature • Chilled (not all used in every
--	--	---

		<p>treatment)</p> <ul style="list-style-type: none"> • Methods of cooling the stones • Methods of re-charging the stones to include – natural sea salt, sage, energy, circles (mandalas), sunshine, moonlight • Compiling a set of stones – type, size, shape and quality
<p>4. Be able to perform a hot stone therapy treatment.</p>	<p>4.1 Demonstrate how to communicate and behave in a professional manner</p> <p>4.2 Adhere and follow to health and safety working practices.</p> <p>4.3 Explain and discuss the treatment stages and procedures to the client.</p> <p>4.4 Explain and demonstrate stone therapy massage movements and techniques.</p> <p>4.5 Adapt and manage the stone therapy massage techniques to meet the client's physical characteristics, treatment area(s) and treatment objectives.</p> <p>4.6 Identify and take prompt action if the client experiences any discomfort or contra-action.</p> <p>4.7 Discuss and propose suitable post-treatment products with the client.</p> <p>4.8 Evaluate the results with the client to meet the agreed treatment objectives.</p> <p>4.9 Discuss and provide the client with suitable aftercare advice.</p> <p>4.10 Manage and ensure client records are completed and signed by you and 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 body electrotherapy 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 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

		<p>all safety precautions and manufacturers' instructions.</p> <ul style="list-style-type: none"> • Explain and discuss the treatment procedures to the client: noise and sensation <ul style="list-style-type: none"> ○ When to use hot and/or cold stones ○ Use of oil as a medium ○ Correct handling and holding of the stones by the therapist ○ Correct positioning of the stones above and below the client when used within the treatment • Movements/techniques to include: <ul style="list-style-type: none"> ○ Effleurage ○ Petrissage (kneading/frictions) ○ Trigger point work ○ Frictions e.g. cross fibre ○ Holding ○ Tapping (piezoelectric effect) ○ Vibrations ○ Tucking ○ Placement ○ Opening, balancing and closing of chakras ○ Treatment should be adapted to suit the client's needs ○ Full body, facial or a part of the body ○ Hot or cold ○ Pressure should be alternated accordingly • Thermotherapy: Alternate use of heated and cooled stones, therapeutic values of both temperatures, muscle conditions, therapeutic value of oils used, effects of cool and warm temperatures on the body/ vascular system/main body systems, physical effect of temperature on
--	--	---

		<p>the body, sensitivity to temperature/reaction to temperature, response to oils, energy of temperature, physical response to heat, physical response to cold temperatures on the body, emotional response of temperature, Ying Yang of temperature, Ying Yang of basalt/marble, duration of response short term/long term response, duration of treatment, process of treatment/ treatment sequence, distribution of temperature, stone technique, increase/ decrease temperature both hot and cold, length and duration, isolated/specific work, related/antagonistic, injury/healing.</p> <ul style="list-style-type: none"> • Contra-indications: Examples of contra-indications that may prevent treatment – contagious skin disorders – bacterial (impetigo), viral (herpes simplex, herpes zoster), fungal (tinea corporis), allergies (skin), during chemotherapy or radiotherapy, cardiovascular conditions (hypertension, hypotension, deep vein thrombosis), pregnancy, diabetes (loss of skin sensitivity), severe varicose veins, clinical obesity. • Examples of contra-indications that may restrict treatment – cuts/abrasions, diabetes, epilepsy, menstruation, hernia, heavy meal, neck problems, varicose veins, asthma, sunburn, migraine, excessive erythema. • Examples of possible contra-actions: Reaction to extremes of temperature, erythema, swelling, allergic reaction, temperature sensitivity, (adverse response – remove all stones, maintain records, client to seek medical advice if required). • Treatment area: Towels, sheets, pillowcases,
--	--	--

		<p>pillows, linens, room temperature (heating)/lighting, positioning of massage couch, dressing of towels, pillow support for client, quiet room, ventilation, and privacy.</p> <ul style="list-style-type: none"> • Stones: Basalt stone, marble stone, energetic and vibrational properties, geological origins, formation process, hardness, smoothness, shape, size, weight, orientation, conversion to massage strokes, density, temperature deliverance and transference. • Cultural origins of stone massage: Cultural use of stones, historical use of stones, stones for healing, stones for worship, Inyan Pejuta – Native American Indian practice, seven sister ceremony, Mary Nelson, current day. • Treatment techniques (process of collection, delivery and return of stones to heater/cooler): Placement and removal of stones to and from water heater during treatment, selection of stones, shapes, placement and removal of stones to and from the cooler during treatment, selection of stones, shapes, use of spoon, safe handling of warm stones, delivery of fresh warm stones to client, delivery of fresh cool stones to client, technique of moving stones over body, delivering treatment requirements with stones, deep work, light work. • Treatment techniques (stone massage therapy): Effleurage, petrissage, deep tissue, muscle stripping, placement, kneading, friction, facial work, speed and pressure, tucking, removal, storage, stone selection. • Treatment techniques (client communication during treatment): Balance of position on couch, safety of position on couch, ergonomics of body,
--	--	--

		<p>posture, sitting up and lying down whilst supporting body in process, turning over mid-treatment, protection of physical body through posture/handling, temperature, pressure request, feedback, response, immediate, delayed, skin, muscle response, relaxation, invigoration.</p> <ul style="list-style-type: none"> • Treatment evaluation: Feedback, expectations fulfilled, effective treatment, contra-actions, realistic time, satisfied client, treatment options, treatment plan review. • Aftercare advice: Rest, postural exercises, deep breathing exercises, mobility exercises, products, drink water, healthy diet, stress management, treatments options, lifestyle changes, contra-actions. • Physiological effects of stone therapy massage: Increased circulation, warm tissues, stimulation of skin increasing cellular function, desquamation, increased sebaceous secretions, increased lymphatic flow, stimulate nerve endings, breakdown of fatty tissue, relax tense muscles. • Psychological effects of stone therapy massage: Relaxation, relief from tension and stress, sense of wellbeing, invigorating. • Bones: Skeletal system structure; Bone tissue types – compact, cancellous. Bone cells – osteocytes, osteoblasts, osteoclasts. Bone types – long (epiphysis, diaphysis, red bone marrow, compact and cancellous tissue, periosteum), short, flat, irregular, sesamoid. Joints – fixed, slightly moveable, freely moveable (ball and socket, hinge, pivot, gliding, condyloid/saddle). • Appendicular skeleton; Shoulder girdle – clavicle, scapula. Upper limb – humerus, radius, ulna,
--	--	--

		<p>carpals (scaphoid, lunate, triquetral, pisiform, trapezium, trapezoid, capitate, hamate), metacarpals, phalanges. Pelvic girdle – ilium, ischium, pubis (innominate bones). Lower limb – femur, patella, tibia, fibula, tarsals (talus, calcaneus, navicular, medial, intermediate and lateral cuneiform, cuboid), metatarsals, phalanges.</p> <ul style="list-style-type: none"> • Axial skeleton; Skull – frontal, occipital, parietal, sphenoid, ethmoid, temporal, nasal, zygomatic, maxilla, mandible, lacrimal, turbinator, palatine, vomer, hyoid. Thoracic – ribs, sternum. Vertebral column – cervical, thoracic, lumbar, sacrum, coccyx, intervertebral disc. • Skeletal functions: Support, joints, movement, protection, attachment, mineral source, blood cell formation. • Examples of skeletal disorders: Abnormal spinal curvatures – kyphosis, scoliosis, lordosis, cervical spondylitis. Fractures – simple, compound, comminuted, greenstick, impacted, complicated. Examples of skeletal diseases: Gout, osteoarthritis, osteoporosis, Paget’s disease, rheumatoid arthritis, rickets, scleroderma, synovitis. • Muscular system structure: Types – voluntary, involuntary, cardiac. Muscles of the head, face, neck: Buccinator, corrugator, depressor labii anguli, depressor labii inferioris, frontalis, levator anguli oris, levator labii superioris, levator palpebrae, levator scapula, masseter, mentalis, nasalis, occipitalis, orbicularis oculi, orbicularis oris, platysma, procerus, pterygoids, risorius, sterno-cleido mastoid, temporalis, zygomaticus. • Muscles of the anterior trunk: Iliopsoas (iliacus and psoas), internal and external intercostals,
--	--	--

		<p>internal and external obliques, pectoralis major/minor, rectus abdominus, serratus anterior, transversalis abdominus.</p> <ul style="list-style-type: none"> • Muscles of the posterior trunk: Deltoid, erector spinae, gluteal group (maximus, medius, minimus), infraspinatus, latissimus dorsi, quadratus lumborum, rhomboids, splenius capitus, subscapularis, supraspinatus, teres major, teres minor, trapezius. • Muscles of the upper limb: Biceps, brachialis, brachioradialis, coracobrachialis, deltoid, extensor carpi digitorum, extensor carpi radialis, extensor carpi ulnaris, flexor carpi digitorum, flexor carpi radialis, flexor carpi ulnaris, pronator teres, supinator radii brevis, triceps. • Muscles of the lower limb: Adductors (longus, magnus, brevis), extensor digitorum longus, fibularis (peroneus) longus, flexor digitorum longus, flexor digitorum longus, flexor hallucis longus, gastrocnemius, gracilis, hamstrings (biceps femoris, semitendinosus, semimembranosus), piriformis, quadriceps (rectus femoris, vastus lateralis, vastus medialis, vastus intermedius), sartorius, soleus, tensor fascia latae, tibialis anterior, tibialis posterior. • Muscle functions: Contraction, relaxation, attachment, heat production, movement (flexion, extension, abduction, adduction, supination, pronation, rotation, circumduction, inversion, eversion, plantarflexion, dorsiflexion), posture, tone. • Examples of muscular diseases and disorders: Adhesions, atony, atrophy, burisitis, cramp, fatigue, fibromyalgia, fibrositis, frozen shoulder, lumbago, muscular dystrophy, myositis, RSI,
--	--	--

		<p>rupture, shin splints, spasm, sprain, strain, tendonitis, torticollitis, whiplash.</p> <ul style="list-style-type: none"> • Cardiovascular system structure: Heart – wall (endocardium, myocardium, pericardium), aorta, atria, bicuspid (mitral) valve, chordae tendineae, inferior/superior vena cava, papillary muscles, pulmonary artery, pulmonary vein, semilunar valves (aortic and pulmonary), septum, tricuspid valve, ventricles. Blood vessels – arteries, arterioles, veins, venules, capillaries. Circuits – pulmonary circulation, portal circulation, coronary circulation, systemic circulation. Major arteries of the head and neck – carotid, facial, occipital, temporal. Major veins of the head and neck – jugular, occipital, temporal, maxillary, facial. Major arteries of the body – aorta, descending aorta, subclavian, carotid, pulmonary, hepatic, splenic, renal, mesenteric, iliac, vertebral, axillary, brachial, ulnar, radial, palmar arch, femoral, popliteal, anterior tibial, plantar arch. Major veins of the body – vena cava (inferior and superior), pulmonary, hepatic, splenic, renal, iliac, axillary, brachial, basilica, cephalic, subclavian, saphenous (long and short), venous arch, femoral, popliteal, posterior tibial, anterior tibial. Blood – plasma, leucocytes (granulocytes and agranulocytes), erythrocytes, thrombocytes. • Cardiovascular functions: Transport, defence, clotting, regulation and homeostasis. • Examples of cardiovascular disorders and diseases: Anaemia, aneurysm, angina, arrhythmias, arteriosclerosis, atherosclerosis, congenital heart disease, deep vein thrombosis gangrene, haemophilia, hematoma, HIV/AIDS, high cholesterol, hepatitis, hypertension,
--	--	--

		<p>hypotension, leukemia, myocardial infarction, palpitations, phlebitis, pulmonary embolism, raynauds syndrome, septicaemia, sickle cell anaemia, stroke, thrombosis, varicose veins.</p> <ul style="list-style-type: none"> • Lymphatic system structure: Lymph, lymph capillaries, lymphatic vessels, lymph nodes, lymphatic trunks, lymphatic ducts (thoracic and right lymphatic duct), subclavian veins, nodes (axillary, cervical – superficial and deep, inguinal, intestinal, occipital, popliteal, post-auricular, parotid, supratrochlear), appendix, peyers patches, spleen, tonsils, thymus. • Lymphatic functions: Subsidiary circulation (lymph formation), immunity, return of lost plasma proteins to the blood, transport dietary lipids. Examples of • Lymphatic disorders and diseases: Oedema, Hodgkin’s disease, non-Hodgkin’s lymphoma, lupus, cellulite, glandular fever, lymphadenitis. • Concluding the treatment in appropriate manner to meet client’s needs, concluding the treatment in an appropriate and safe manner to meet the client’s needs • Evaluation and client satisfaction: Agree result verbally and written through client feedback on record card, client objective, results of treatment, future treatments, record adjustments for next treatment, record and store in line with current data protection regulations and professional codes of conduct • 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-
--	--	--

		<p>treatment restrictions and future treatment needs, products for home use that will benefit and protect the client and those to avoid and why how skin care routines can affect and improve the effectiveness of treatment</p> <ul style="list-style-type: none"> • Aftercare advice should be provided based upon consultation, skin analysis and relevant test ie 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 • Avoidance of activities that could cause contra-actions
--	--	--

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	Assessment parameters
LO1 LO2 LO3 LO4	All	<p>Practical Activity – carry out 3 Treatments. Your assessor will observe your performance on at least 3 occasions, each involving a different client.</p> <p>Essay/Report</p>	<p>Assessor observation record: A formal record of an assessor’s observation of a learners practice and technique. Learner Logbook: References all treatments carried out by the learner which are observed and supervised. Learner logbook to include learner reflections using images, forms, contemporaneous notes etc. Include reflective account of what was done, why and when, include what went well, not so well, what you would do differently in similar future circumstances. Health and Safety and Legal Requirements Assignment Origins and Benefits of Stone Therapy Assignment After care Assignment</p>

			Contra Indications Assignment How to work safely and effectively when providing treatments Assignment Client Consultation Assignment A&P Pack
--	--	--	--

UNIT 7. DERMAPLANING TREATMENTS

Unit Reference Number	R/650/7539
Unit Title	Dermaplaning Treatments
Unit Level	3
Number of Credits	8
Total Qualification Time (TQT)	80
Guided Learning Hours (GLH)	60
Mandatory / Optional	Optional
Sector Subject Area (SSA)	7.3 - Service enterprises
Unit Grading Type	Pass / Fail

Unit Aims

This unit will give learners the knowledge and skills required to prepare for and provide Dermaplaning procedures. You will learn how to carry out the procedure with the use of a surgical blade to remove the dead skin from the epidermis as well as vellus hair.

The unit also covers the skills involved in providing a thorough consultation with the client to formulate and deliver a specific course of treatment tailored to suit individual client's needs.

You will learn to maintain effective health, safety and hygiene throughout your work and how to maintain your personal appearance and demonstrate effective communication and consultation skills. The ability to provide relevant aftercare advice is also required.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative contents
1. Understand what dermaplaning is and the effect that it has on the skin.	1.1 Describe and explain what a dermaplaning treatment is. 1.2 Describe and explain the effects of dermaplaning on the skin. 1.3 Identify the hair growth stages. 1.4 Describe the structure of the skin.	<ul style="list-style-type: none"> Dermaplaning is a safe (provided the person performing it is properly trained) and highly effective physical exfoliation procedure. It requires the use of a sterile, surgical scalpel to gently "shave" the skin's surface, removing the top-most layer of dead skin along with fine, vellus hair (aka peach fuzz).

	<p>1.5 Identify which layer of the skin is predominantly worked on when carrying out a dermaplaning treatment.</p> <p>1.6 Explain how to identify:</p> <ul style="list-style-type: none"> • dry skin • sensitive skin • mature skin • oily skin <p>1.7 Identify two abnormal vellus hair conditions.</p> <p>1.8 Explain why dermaplaning might not be suitable for all skin types.</p>	<ul style="list-style-type: none"> • The three stages of hair growth are the anagen, catagen, and telogen phases. Each strand of hair on the human body is at its own stage of development. • Skin characteristics: Sensitive - often pale skins, dry, colour easily, redness, react to products. Dehydrated - normal sebaceous secretions but still flaky, tight. Mature - loss of elasticity, loose muscle tone, wrinkles. Normal - fine texture, no visible pores, smooth, supple, flexible. Oily - shiny, slight thickening, sallow, coarse texture, enlarged pores, congestion, comedones. Combination - combination of two or more skin types, usually oily T zone, normal or dry on cheeks. Dry - lacks moisture, dry to touch, flakiness, fine texture, thin, tight, small pores, broken capillaries, ageing. Viral Skin Infections. Molluscum Contagiosum Molluscum contagiosum is a viral skin infection that causes either single or multiple raised, pearl-like bumps (papules) on the skin. Shingles (herpes zoster) results from a reactivation of the virus that also causes chickenpox. • Several common childhood viral infections cause widespread exanthems (rashes): • Measles (morbilli) • German measles (rubella) • Chickenpox (varicella) • Erythema infectiosum and papular purpuric gloves and socks syndrome (parvovirus) • Roseola (erythema subitum, due to herpes virus 6 and 7) • Infectious mononucleosis or glandular fever (Exstein Barr virus) • Enterovirus infections • Other viral syndromes include: • Pityriasis rosacea, at present of unknown cause • Hand foot and mouth disease (enteroviral vesicular stomatitis), due to coxsackie infection. More widespread vesicular eruptions can also be due to enterovirus. • Infantile papular acrodermatitis (Gianotti-Crosti syndrome) is
--	--	--

		<p>most often caused by infectious mononucleosis (Epstein Barr Virus) or hepatitis B. • Laterothoracic exanthem (asymmetric periflexural exanthem of childhood or APEC), cause uncertain</p> <ul style="list-style-type: none"> • Haemorrhagic fevers caused by togavirus, bunyavirus and arenavirus are potentially fatal, with bleeding into the skin • Smallpox, a deadly disease hopefully now eradicated by widespread vaccination • Cowpox • Monkeypox, a newly emerged pox virus present in the Congo • Chikungunya fever, dengue and dengue haemorrhagic fever and zika fever (due to arboviruses). • Other haemorrhagic fevers include Crimean-Congo haemorrhagic fever (nairovirus), Lassa fever (arenavirus), Ebola haemorrhagic fever and Marburg haemorrhagic fever(filovirus). • Epidermodysplasia verruciformis is a genetic disorder in which there are numerous viral warts and predisposition to skin cancer • Various skin complaints are more common with Human Immunodeficiency Virus (HIV) infections (AIDS) including acute human immunodeficiency virus infection syndrome and Kaposi sarcoma (which is due to infection with herpes virus 8) • Rickettsial diseases are due to organisms classified between bacteria and viruses. • Yellow fever is a serious flavivirus infection, which is characterised by yellow skin and eyes due to jaundice. • Localised skin conditions caused by viral infections include: • Herpes simplex (cold sores and genital herpes), eczema herpeticum • Herpes zoster (shingles), including Ramsay Hunt syndrome • Herpangina / vesicular stomatitis (oral ulcers) • Molluscum contagiosum • Viral warts (verrucae,
--	--	---

		<p>genital warts or condylomas and squamous cell papillomas) • Orf • Milker's nodules</p> <ul style="list-style-type: none"> • Treatments perform at 45 degree angle.
<p>2. Be able to consult, plan and prepare for a dermaplaning procedure.</p>	<p>2.1 Undertake client consultation to determine the clients treatment needs in line with legal requirements and informed consent.</p> <p>2.2 Discuss and consult with client for medical history, lifestyle pattern, contra-indications and record responses.</p> <p>2.3 Discuss and agree the clients need, expectations and treatment objective.</p> <p>2.4 Discuss and explain cost, duration, frequency and types of treatment needs.</p> <p>2.5 Produce accurate and meaningful written treatment records by explaining and discussing the treatment stages and procedures to the client</p> <p>2.6 Perform a pre-treatment test(s) to determine skin sensitivity.</p> <p>2.7 Identify the client's skin type and skin condition.</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 with the correct products to use and treatment to perform • 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 • Treatment objectives: Relaxation, stress and tension relief, lymphatic drainage, postural improvement, sense of wellbeing, health management. • Recommendations to client: Treatment process, expected sensations, contra-actions, outcomes, further treatments, treatment options, aftercare advice, lifestyle changes. • Seek clarification of the client's understanding • Provide opportunities for clients to ask questions • Signed consent • Medical History, Life style, contra-indications – take necessary action: modification of the treatment,

		<p>explaining why the treatment cannot be carried out, encouraging the client to seek medical advice</p> <ul style="list-style-type: none"> • Contra-actions: lethargy, headache, muscle ache, nausea, emotional, frequent urination, bruising, allergy to massage medium. • Contraindications • Prevent treatment: fungal infection, bacterial infection, viral infection, infestations, severe eczema, severe psoriasis, severe skin conditions, during chemotherapy, during radiotherapy • Restrict treatment: cuts and abrasions, recent scar tissue, skin disorders, skin allergies, product allergies, epilepsy, diabetes, high/low blood pressure, undiagnosed lumps and swelling • Client preparation: Protect client clothing, client comfort, privacy, modesty, client positioned correctly. • Skin analysis: • Difference related to gender: • Difference related to age: thinness of skin, elasticity, poor skin tone • Distinction between non-medical treatable skin conditions and those which should be referred • Professional appearance: Clean professional uniform, closed in footwear, discreet jewellery, no piercings, hair (neatly tied back, fringe secured), light day make-up, personal hygiene and cleanliness (shower/ bath, cover cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained). • Professional ethical conduct: Polite, cheerful and friendly manner (friendly facial expressions, positive
--	--	---

		<p>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>3. Be able to perform a full dermaplaning procedure.</p>	<p>3.1 Demonstrate how to communicate and behave in a professional manner.</p> <p>3.2 Adhere and follow health and safety working practices.</p> <p>3.3 Perform how to clean and prepare the skin to suit the type of equipment used.</p> <p>3.4 Identify and select the correct blade to suit the treatment objectives and client's skin types and skin condition.</p> <p>3.5 Demonstrate and describe what angle the blade should be held at when dermaplaning.</p> <p>3.6 Perform the treatment without leaving any marks on the skin.</p> <p>3.7 Demonstrate how to remove the blade correctly after completing the procedure.</p> <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>	<ul style="list-style-type: none"> • Double cleanse - ensure that all makeup is removed, and then double cleanse the skin using a natural and organic cleanser. The cleanser will be massaged into the face using circular motions to remove the remaining makeup and dirt. This process is repeated in order to perform a double cleanse which ensures that the face is dirt and oil free before the main event – the Dermaplaning exfoliation treatment. It is best to use cleanser that are rich in antioxidants, as they help to delay skin ageing and are highly moisturising. • The most popular shapes for Dermaplaning are the <u>No. 10R</u> and <u>No.14 Surgical</u> scalpel blades. • Hygiene: General - sterilise and sanitise tools, disinfect work surfaces, cover cuts and abrasions, sanitise therapist hands before and after treatments, sanitise with sprays and gels, clean towels between client, dirty towels in covered bin, disposable towels, dispense products with a spatula, pump or spray, disposables used wherever possible, no smoking, personal hygiene, replace loose lids, uncapped bottle 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. • Aftercare: 4-6 weeks between treatments. Avoid direct sun exposure for 3 days. Avoid extreme heat

for 3 days. Do not use scrubs or other exfoliators for 1 week. Avoid chlorine for 1 week. Apply serums and moisturizers. Use sunscreen.

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	Assessment parameters
LO1 LO2 LO3	All	Practical Activity – carry out 3 Procedures. 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 treatments carried out by the learner which are observed and supervised.</p> <p>Learner logbook to include learner reflections using images, forms, contemporaneous notes etc.</p> <p>Include reflective account of what was done, why and when, include what went well, not so well, what you would do differently in similar future circumstances.</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> <p>A&P Pack</p>

UNIT 8. INDIAN HEAD MASSAGE

Unit Reference Number	A/650/7540
Unit Title	Indian Head Massage
Unit Level	3
Number of Credits	8
Total Qualification Time (TQT)	80 hours
Guided Learning Hours (GLH)	60 hours
Mandatory / Optional	Optional
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. The knowledge gained in this unit includes preparing for and providing Indian head massage.

You will learn to maintain effective health, safety and hygiene throughout your work, how to maintain your personal appearance and demonstrate effective communication and consultation skills.

This unit could be co-delivered with other massage units, including Unit 4 Provide Body Massage and Unit 10 Aromatherapy Massage.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative contents
1. Understand the structure and function of the skin and body systems in relation to carrying out Indian head massage treatments.	1.1 Describe the structure and function of the skin and hair. 1.2 Describe skin types, conditions, diseases and disorders relevant to head massage. 1.3 Describe the structure of the neck, upper back and arms. 1.4 Explain the position and action of the muscles in the upper back, neck and arms.	<ul style="list-style-type: none"> Anatomy and physiology: structure and function of skin Skin: Epidermis - basal cell layer (stratum germinativum), prickle cell layer (stratum spinosum), granular layer (stratum granulosum), clear layer (stratum lucidum), horny layer (stratum corneum) Dermis - blood and lymph supply,

	<p>1.5 Describe the structure, function and supply of the blood and lymph to the head.</p>	<p>fibroblasts - collagen, elastin, hair, sebaceous glands, arrector pili muscle, dermal papilla, sweat glands-eccrine and apocrine, sensory nerve endings Hypodermis - subcutaneous layer, adipose tissue, adipocytes.</p> <ul style="list-style-type: none"> • Functions of the skin - protection, heat regulation, absorption, secretion, elimination, sensation, formation of Vitamin D, melanin production, process of keratinisation. • Structure and function of hair; • Conditions, diseases and disorders; • Structure of neck, upper back and arms; position and action of muscles in upper back, neck and arms; • Structure and function and supply of blood and lymph to head
<p>2. Be able to prepare for Indian head massage</p>	<p>2.1 Demonstrate how to set up a treatment area that meets legal, hygiene and service requirements.</p> <p>2.2 Explain the importance of maintaining personal hygiene, protection and appearance.</p> <p>2.3 Discuss and consult with client for medical history, life style pattern, contra-indications and record responses.</p> <p>2.4 Discuss and agree the clients need, expectations and treatment objective.</p> <p>2.5 Identify and select products, tools and equipment to suit client treatment needs.</p> <p>2.6 Demonstrate how to position the client and yourself to minimise fatigue.</p>	<ul style="list-style-type: none"> • Therapist posture and deportment: • Correct posture when sitting, correct posture with lifting, correct posture when 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 therapist positioning delivers appropriate techniques, appropriate space between client and therapist, prevent injury, optimum results, allow for visual checks. • Client preparation: Protect client clothing, client comfort, privacy, modesty, client positioned correctly. • Communication: Verbal - speaking manner and tone, professional, supportive, respectful, sensitive to client, open questioning related to treatment.

		<ul style="list-style-type: none"> • Nonverbal - eye contact, body language, listening. Record keeping: Accurate appointment systems, stationery, loyalty, rewards, acknowledgement of occasions, consultation record keeping, contraindications, signatures, refer to existing records, information clear and accurate, logical order, name, address, contact numbers, age range, reason for treatment, occupation, sport/hobbies, medical history, allergies/hypersensitivity, contact lenses, contractions, contra-indications, skin sensitivity tests, adaptations and modifications, recommendations, requirement, treatment plan, update record at the end of the end of the treatment, update at each visit, records maintained electronically, paper records. • Professional appearance: clean professional uniform, no jewellery, hair neatly tied back fringe secured, closed in footwear, make-up - light day make-up, personal • hygiene and cleanliness – shower bath, cover cuts and abrasions, deodorant or antiperspirant, oral hygiene, clean teeth, fresh breath, nails – good condition and maintained, no piercings. 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, pride in work, punctuality, employer and client loyalty. • Consultation techniques: Client expectations and aftercare, client and therapist signatures, visual, manual, question, listen, client card reference. Use a range of related terminology linked to
--	--	--

		<p>Indian head massage treatments. Products, tools and equipment: Skin care products, couch, chair or stool, hair clip, comb, towels, massage oil and cream.</p> <ul style="list-style-type: none"> • Environmental conditions: Lighting, heating, adequate ventilation, atmosphere. • Examples of contra-indications that may prevent treatment: During chemotherapy or radiotherapy, skin diseases and disorders, inflammation or swelling of the skin, hypersensitive skin, severe bruising, cuts and abrasions, broken skin. • Examples of contra-indications that may restrict treatment: Diabetes, epilepsy, high and low blood pressure, product allergies, sebaceous cysts, eczema, acne, medical conditions, minor bruising, minor eczema, minor psoriasis.
<p>3. Be able to provide Indian head massage</p>	<p>3.1 Demonstrate how to communicate and behave in a professional manner.</p> <p>3.2 Adhere and follow health and safety working practices.</p> <p>3.3 Select and identify products, tools, equipment and techniques to suit client treatment needs.</p> <p>3.4 Undertake client consultations with a professional communications and in line with legal requirements and informed consent.</p> <p>3.5 Produce accurate and meaningful written treatment records by explaining and discussing the treatment stages and procedures to the client</p> <p>3.6 Evaluate the results with the client to meet the agreed treatment objectives .</p> <p>3.7 Discuss and provide the client with suitable aftercare advice .</p>	<ul style="list-style-type: none"> • Massage mediums: Oil (organic-sesame, coconut, almond, olive, mustard), cream. • Tools: Hair clip/band, hair comb (brush client's hair before and after, use for detangling). • Equipment: Towels (protect client clothing), consumables, bin, bin liner, trolley, stool/chair, bowl, couch, head band, magnifying lamp, cotton wool, tissues, cotton buds, mirror, spatula. • Treatment techniques: Effleurage, petrissage, tapotement, frictions, vibrations, marma pressure points, chakras balancing. • Client treatment needs: Over-clothing, clients clothing removed, relaxation, uplifting, tension and stress relief, sense of wellbeing, improved hair and scalp condition. • Aftercare advice: Restrictions after treatment, balanced diet, water intake, future treatment recommendations, product recommendations, relaxation methods, frequency of treatment,

		<p>stimulants (alcohol, smoking), hair and scalp care, rest period, contra-actions. Possible benefits: Relaxation, uplifting, wellbeing, sleep patterns, improved circulation (blood and lymph), skin and hair condition improved, joint mobility, eases aches and pains, tension, headaches, chakras, energy levels.</p> <ul style="list-style-type: none"> • Possible physiological effects: Improved muscle tone and cellular regeneration, increased joint mobility, improved circulation, improved lymphatic circulation, stimulation of sensory nerve endings, sebaceous and sudoriferous glands stimulated, stimulation of hair growth, improved scalp and hair condition. • Possible psychological effects: Relaxation, stress relief, anxiety relief, relieves tension, improved concentration by stimulation of blood flow to the brain, increased energy levels. • Adaptations to treatment: Female/ male clients, firmer, long hair/short hair/bald clients, young/mature client. • Treatment modification: Massage mediums (selected to suit skin or scalp condition), slack muscles (stimulating massage movements), excess weight (stimulating movements over adipose tissue), relaxation (slow, lots of effleurage movements), tight muscles (slow rhythmical stretching movements, oil chosen dependant on client's needs). • Examples of possible contra-actions: Headache, tiredness, light headedness, glass of water, first aid treatment if required. • Allergic reaction: Remove product, apply cold compress, seek medical advice if persists. • Skin: Epidermis - basal cell layer (stratum
--	--	---

		<p>germinativum), prickle cell layer (stratum spinosum), granular layer (stratum granulosum), clear layer (stratum lucidum), horny layer (stratum corneum) Dermis - blood and lymph supply, fibroblasts - collagen, elastin, hair, sebaceous glands, arrector pili muscle, dermal papilla, sweat glands-eccrine and apocrine, sensory nerve endings Hypodermis - subcutaneous layer, adipose tissue, adipocytes.</p> <ul style="list-style-type: none"> • Functions of the skin - protection, heat regulation, absorption, secretion, elimination, sensation, formation of Vitamin D, melanin production, process of keratinisation. • Skin types: Normal, oily, dry. Skin conditions: Mature, sensitive, dehydrated. • Circulatory system (functions): Transport, regulation, protection. Circulatory system (structure): Arteries (internal and external carotid – occipital, temporal, facial), veins (internal and external jugular – occipital, temporal, subclavian), capillaries, heart, blood composition (erythrocytes, leucocytes, thrombocytes, plasma), pulmonary circulation, general/systemic circulation. • Lymphatic system: Functions - Fluid distribution, fighting infection, transport of fat. Lymph node (filters toxins, clean lymphatic fluid, antibodies and anti-toxins, produce lymphocytes). Structure - Occipital, mastoid, superficial cervical, deep cervical, parotid, buccal, submental, submandibular.
--	--	---

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	Assessment parameters
LO1 LO2 LO3	All	<p>Practical Activity – carry out 3 Treatments. Your assessor will observe your performance on at least 3 occasions, each involving a different client.</p> <p>Essay/Report</p>	<p>Assessor observation record: A formal record of an assessor’s observation of a learners practice and technique. Learner Logbook: References all treatments carried out by the learner which are observed and supervised. Learner logbook to include learner reflections using images, forms, contemporaneous notes etc. Include reflective account of what was done, why and when, include what went well, not so well, what you would do differently in similar future circumstances. Health and Safety and Legal Requirements Assignment After care Assignment Contra Indications Assignment How to work safely and effectively when providing treatments Assignment Client Consultation Assignment A&P Pack</p>

UNIT 9. AROMATHERAPY MASSAGE

Unit Reference Number	D/650/7541
Unit Title	Aromatherapy Massage
Unit Level	3
Number of Credits	8
Total Qualification Time (TQT)	80
Guided Learning Hours (GLH)	60
Mandatory / Optional	Optional
Sector Subject Area (SSA)	7.3 - Service enterprises
Unit Grading Type	Pass / Fail

Unit Aims

This unit is about the skills involved in preparing clients for and delivery of massage using pre-blended aromatherapy oils. The ability to adapt the use of pre-blended oils and massage techniques to suit individual client needs are crucial requirements. To carry out this unit you will need to maintain effective health, safety and hygiene throughout your work. You will also need to maintain your personal appearance and good communication with the client.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative contents
1. Understand the structure and function of body systems in relation to carrying out aromatherapy massage treatments.	1.1 Describe the structure and the main functions of the following body systems in relation to body massage: <ul style="list-style-type: none"> • skin • skeletal • muscular • cardio-vascular • lymphatic • nervous 	<ul style="list-style-type: none"> • Structure and function of body systems (skin, skeletal system, muscular system, cardio-vascular system, lymphatic system, nervous system, digestive system, urinary system, endocrine system) • Diseases and disorders of body systems eg skin diseases, cancer, osteoporosis, arthritis, sprain, fibrositis, lumbago, repetitive strain injury (RSI), hypertension, allergy, diabetes, epilepsy;

	<ul style="list-style-type: none"> • digestive • urinary • endocrine <p>1.2 Describe the main diseases and disorders of body systems.</p> <p>1.3 Describe the effects of massage on the body.</p>	<ul style="list-style-type: none"> • Effects of massage on body (increase circulation and so improve nutrition, remove waste more effectively, increase cell regeneration, improved skin condition, soothed nervous system, increase metabolism and absorption of adipose tissue, ease muscular tension, stretch tight/contracted muscles)
<p>2. Understand the therapeutic use of essential and carrier oils used in beauty therapy.</p>	<p>2.1 Describe methods of excretion and entry into the body of essential oils with reference to their therapeutic use.</p> <p>2.2 Explain the therapeutic use of essential and carrier oils, with reference to their contraindications, contractions, Latin names and botanical names.</p>	<ul style="list-style-type: none"> • Methods of entry and excretion into the body: entry (skin, lungs, olfactory system); excretion (skin, kidneys, lungs, digestive system); methods of essential oil application (massage, inhalation, vapourisation, compress, bathing, cosmetics/perfumery) Product knowledge: essential and carrier oils (therapeutic uses, contraindications, contra-actions, Latin names, botanical names)
<p>3. Be able to consult, plan and prepare to provide aromatherapy body massage.</p>	<p>3.1 Undertake client consultation to determine the clients treatment needs in line with legal requirements and informed consent.</p> <p>3.2 Discuss and consult with client for medical history, lifestyle pattern, contra-indications and record responses.</p> <p>3.3 Discuss and agree the clients need, expectations and treatment objective.</p> <p>3.4 Identify the client's skin type and skin condition.</p> <p>3.5 Perform a pre-treatment test(s) to determine skin sensitivity.</p> <p>3.6 Demonstrate how to clean and prepare the skin to suit the type of equipment used.</p> <p>3.7 Identify and select tools, equipment and products to suit the treatment objectives and client's skin types and skin condition.</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 with the correct products to use and treatment to perform • 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 • Treatment objectives: Relaxation, stress and tension relief, lymphatic drainage, postural improvement, sense of wellbeing, health

		<p>management.</p> <ul style="list-style-type: none"> • Recommendations to client: Treatment process, expected sensations, contra-actions, outcomes, further treatments, treatment options, aftercare advice, lifestyle changes. • Massage mediums: Cream, oil, powder, gel, wax • Seek clarification of the client's understanding • Provide 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 • Contra-actions : lethargy, headache, muscle ache, nausea, emotional, frequent urination, bruising, allergy to massage medium. • Contra-indications Prevent treatment: fungal infection, bacterial infection, viral infection, infestations, severe eczema, severe psoriasis, severe skin conditions, dysfunction of the muscular system, dysfunction of the nervous system, eye infections, deep vein thrombosis, during chemotherapy, during radiotherapy Restrict treatment: broken bones, recent fractures and sprains, cuts and abrasions, recent scar tissue, skin disorders, skin allergies, product allergies, epilepsy, diabetes, high/low blood pressure, undiagnosed lumps and swelling • Client preparation: Protect client clothing, client comfort, privacy, modesty, client positioned correctly. • Professional appearance: Clean professional uniform, discreet jewellery, no piercings, hair
--	--	--

		<p>neatly tied back (fringe secured), closed in footwear, make-up (light day make-up), personal hygiene and cleanliness (shower/bath, cover cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained).</p> <ul style="list-style-type: none"> • 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, pride in work, punctuality, employer and client loyalty • Body analysis: Muscle tone, overweight/ normal weight, height, cellulite, oedema, postural analysis, excessive hair. Body shapes – ectomorph, mesomorph, endomorph. • Difference related to gender: hairiness, muscle bulk, fat distribution Difference related to age: thinness of skin, elasticity, poor muscle tone, brittle bones • Distinction between non-medical treatable skin conditions and those which should be referred • 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
--	--	--

		<p>at each visit, maintained electronically, paper records.</p>
<p>4. Be able to safely carry out aromatherapy Massage treatments for clients.</p>	<p>4.1 Demonstrate how to communicate and behave in a professional manner.</p> <p>4.2 Follow and adhere to health and safety working practices</p> <p>4.3 Demonstrate massage techniques, sequence and massage mediums to meet the client's physical characteristics and treatment areas.</p> <p>4.4 Demonstrate and manage how to vary the depth, rhythm and pressure of massage techniques to meet treatment objectives and the client's physical characteristics and preferences.</p> <p>4.5 Identify and take prompt action if the client experiences any discomfort or contra-action.</p> <p>4.6 Discuss and propose suitable post-treatment products with the client.</p> <p>4.7 Evaluate the results with the client to meet the agreed treatment objectives.</p> <p>4.8 Discuss and provide the client with suitable aftercare advice .</p> <p>4.9 Manage and ensure client records are completed and signed by you and the client.</p>	<ul style="list-style-type: none"> • Preparation: of therapist (personal hygiene/presentation, protective attire); of client (protective attire, secure hair, removal of jewellery, skin preparation); sterilisation and sanitisation • Preparation of work area: environmental conditions eg heating, lighting, ventilation, atmosphere; salon and client requirements • Products: carrier oils; essential oils; hand sanitiser • Tools and equipment: massage couch/chair; towels; bowls • Client consultation: communication (verbal and non-verbal); sensitivity testing; treatment planning eg order and frequency of treatments; treatment objectives; skin and body analysis; specialist client groups (children, convalescents, pregnancy, elderly); contraindications eg deep vein thrombosis, chemotherapy, radiotherapy, contagious skin diseases, loss of skin sensation, clinical obesity, very thin clients, diabetes, epilepsy, heart disease, pregnancy, varicose veins, postural deformities, cancer, phlebitis, certain medication, high and low blood pressure, undiagnosed lumps or swelling, medical oedema, product allergies, recent operations, recent scar tissue; clear recommendations; client confidentiality • Health and safety working practices: sterilisation and sanitation methods; safe use of tools and equipment; Health and Safety at Work Act (HASAWA) 1974; The Personal Protective Equipment (PPE) at Work Regulations 1992;

		<p>Control of Substances Hazardous to Health (COSHH) Regulations 2002; waste disposal; professional behaviour (GP referral, relationship with medical profession and other complementary therapists, codes of conduct associated with professional bodies)</p> <ul style="list-style-type: none"> • Aromatherapy treatment: positioning of therapist and client; ways of adapting treatments to suit client; choice of essential oil (flower, herb, fruit, resin, wood) and carrier oil (vegetable, nut, seed and flower); blending techniques; completion of record card; safety (procedures, storage and handling of essential oils, banned oils, toxic oils, hazards, risks, oil safety, oil purity; complete treatment to client's satisfaction; contra-actions and response; record and evaluate results (methods of evaluation eg measurements before and after treatments, asking for client feedback) • Aftercare advice: homecare; (ways of avoiding contra-actions, maintaining treatment benefits); retail opportunities (products, future services including repeat treatments)
--	--	---

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	Assessment parameters
LO1 LO2 LO3 LO4	All	<p>Practical Activity – carry out 3 Procedures. Your assessor will observe your performance on at least 3 occasions, each involving a different client.</p> <p>Essay/Report</p>	<p>Assessor observation record: A formal record of an assessor’s observation of a learners practice and technique. Learner Logbook: References all treatments carried out by the learner which are observed and supervised. Learner logbook to include learner reflections using images, forms, contemporaneous notes etc. Include reflective account of what was done, why and when, include what went well, not so well, what you would do differently in similar future circumstances. Health and Safety and Legal Requirements Assignment Aromatherapy assignment After care Assignment Contra Indications Assignment How to work safely and effectively when providing treatments Assignment Client Consultation Assignment A&P Pack</p>

UNIT 10. EYELASH EXTENSION TREATMENTS

Unit Reference Number	F/650/7542
Unit Title	Eyelash Extension Treatments
Unit Level	3
Number of Credits	6
Total Qualification Time (TQT)	60
Guided Learning Hours (GLH)	40
Mandatory / Optional	Optional
Sector Subject Area (SSA)	7.3 Service enterprises
Unit Grading Type	Pass / Fail

Unit Aims

The aim of this unit is to enable learners to gain the necessary practical and theoretical skills in order to provide eyelash extensions treatments. You will learn to maintain effective health, safety and hygiene throughout your work and how to maintain your personal appearance and demonstrate effective communication and consultation skills.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative contents
1. Be able to prepare and consult for individual permanent lash treatments	1.1 Undertake a client consultation to determine the clients treatment needs in line with legal requirements and informed consent 1.2 Explain the importance of a maintaining personal hygiene, protection and appearance 1.3 Discuss and consult with client for medical history, contra-indications and record responses of tests carried out prior to treatments	<ul style="list-style-type: none"> Professional appearance: 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 cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained). Professional ethical conduct: Polite, cheerful and friendly manner (friendly facial expressions, positive attitude, eye contact, open body language), client relations,

	<p>1.4 Discuss and agree the clients need, expectations and treatment objective</p> <p>1.5 Produce accurate and meaningful written treatment records by explaining and discussing the treatment stages and procedures to the client</p> <p>1.6 Identify and select products, tools and equipment to suit client treatment needs</p>	<p>confidentiality, respect for colleagues and competitors, avoid gossip, take pride in work, punctuality, employer and client loyalty.</p> <ul style="list-style-type: none"> • Consultation techniques: Client requirements, client satisfaction, client expectations and aftercare, signatures, visual, manual, listen, client card reference. • Eye and skin analysis: Make accurate recommendations for treatment or referral to GP, gather information, avoid cross-infection and making an eye or skin condition worse, cleanse and sanitise hands, refer to previous records, cleanse eye area, visual check for contra-indications, natural lash length (short, medium, long), density of eyelashes, eyelash damage or loss, curvature of natural lash, thickness of natural lash, colour of natural lash, direction of hair growth, eye shape, face shape. • Possible negative physical effects of the eyelash extension process on the eye: Cornea thickening, meibomian gland dysfunction. • Examples of contra-indications that may prevent treatment: Severe skin conditions, eye infections, conjunctivitis, bacterial infections, inflammation or swelling of the skin around the eye, undiagnosed lumps or swellings, eye diseases and disorders, positive patch test, styes, blepharitis, watery eye, hypersensitive skin, severe bruising, cuts and abrasions, nervous client. • Examples of contra-indications that may restrict treatment: Minor bruising, recent scar tissue, minor eczema, minor psoriasis, minor inflammation of the skin, facial piercing. • Skin sensitivity tests: Adhesive, conditioning (collagen) lotion, 24-48 hours before treatment,
--	---	---

		<p>record results of patch test, record all products and where on the body they are placed for the patch test, client signature and date.</p> <ul style="list-style-type: none"> • Interpret results of skin sensitivity test: Positive – red, itchy, irritated, swelling, sore. Negative – no change to skin. Patch test techniques: Cleanse area (either crook of elbows or behind ears), apply each product to the area with a brush, allow to dry, leave on minimum of 24 hours, explain positive and negative reactions, remove product with damp cotton wool, if positive reaction is experienced record products used, and where placed, on the record card with date. • Importance of patch test: To prevent allergic reaction on eye area – invalidation of insurance policy if not carried out, always follow manufacturer’s instructions. • Types of eyelash treatments available: Strip lashes, flares, semi-permanent lashes, eyelash extension, eyelash infill and maintenance procedures, eyelash extension removal, eyelash tinting, eyelash perming. • Importance of assessing facial characteristics: Face shape, eye shape, size and position, distance between eyes, length and condition of natural lashes, identify appropriate lashes and adhesives.
<p>2. Be able to provide individual permanent lash treatments</p>	<p>2.1 Demonstrate how to communicate and behave in a professional manner. 2.2 Adhere and follow health and safety working practices. 2.3 Demonstrate how to position the client and yourself to minimise fatigue</p>	<ul style="list-style-type: none"> • Products: Non-oily eye cleanser, pre-lash primer, adhesives, eyelash extensions (various lengths, curvature, colour, thickness), adhesive remover, eye gel patches, eye wash solution, antiseptic swabs, hand sanitiser. • Tools: Micropore tape, air blower, x-type tweezers, straight tweezers with fine point, disposable micro brushes, disposable sponge

	<p>2.4 Identify and select products, tools, equipment and techniques to suit client treatment needs.</p> <p>2.5 Perform the treatment to the satisfaction of the client.</p> <p>2.6 Identify and take prompt action if the client experiences any discomfort or contra-action</p> <p>2.7 Evaluate and record the results with the client to meet the agreed treatment objectives.</p> <p>2.8 Discuss and provide the client with suitable aftercare advice .</p>	<p>applicators, disposable mascara brushes, lash extension holder, lash mat.</p> <ul style="list-style-type: none"> • Equipment: Overhead lamp, towels, disposable paper roll, tissue, cotton wool, pillow, headband. • Client treatment needs: Single lash systems (of suitable colour, suitable curvature, custom blended, suitable length, suitable thickness, suit client's face and eye shape), factors (thickness, length, curvature, colour of natural lashes, lifestyle, age, direction of growth of natural lashes, previous eyelash perming, density of natural eyelashes, eyelash damage). • Desired appearance of eyelashes: Client preference, face and eye shape (round, almond, deep set eyes). Natural = 30-50 lashes per eye. Enhanced = 50-70 lashes per eye. Thick and full = 80 plus lashes per eye. Tools and equipment (selection process): Overhead lamp, towels, disposable paper roll, tissue, cotton wool, thickness of lash (0.10mm, 0.15mm, 0.20mm, 0.25mm), curvature of lash (J, C, Y, D, B), curl, length of lash (6/7/8/9/10/11/12/13/14/15mm), choices based on specific client needs, observed condition and density of natural eyelash. • Treatment techniques (positioning): Work from one eye to the other, ergonomic posture, anchor points (index finger, thumb, wrist, elbow, hold like a pencil). Treatment techniques (application): Work evenly across each eye, working alternative eye sequence, application of extension at 90° angle to the eyelid, light pressure, bonded to natural lash 1-2mm from eyelid, avoid gapping, lashes (clean, tangle free, free of product build-up and debris), regular combing, releasing lashes and eye pads, removal of excess adhesive and
--	--	--

		<p>debris, minimise discomfort to client.</p> <ul style="list-style-type: none"> • Treatment techniques (infill): Importance of correct preparation, length of time between appointments, removal of product build-up and debris. • Treatment techniques (finishing): Combing lashes, client to view sitting up, avoid crossing over of lashes, lashes clean and tangle free, free of residue of product. • Structure of the hair: Arrector pili muscle, hair follicle, inner root sheath (Henle's layer, Huxley's layer, cuticle layer), outer root sheath, vitreous membrane, connective tissue sheath, root (bulb/matrix, dermal papilla), sebaceous gland, shaft (medulla, cortex, cuticle). • Hair growth cycle: Anagen, catagen, telogen, formation rate, factors affecting growth, eyelash thickness. • Possible contra-actions: Adhesive entering eye, sensitivity or burning sensation, allergic reaction, erythema, eye irritations (remove all products immediately, use eye bath to flush eye, client to seek medical advice if condition persists), maintain records. • Aftercare advice: Avoidance of activities which may cause contra-actions (heat, steam, water for first 24 hours), oily products, ineffective home care maintenance routines, client internal factors, reduce length, follow manufacturer's instructions, application techniques, maintenance appointment, professional removal only, avoidance of physical eyelash damage. Main diseases and disorders of the hair: pediculosis, in-growing hairs, blepharitis.
--	--	--

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	Assessment parameters
LO1 LO2	All	<p>Practical Activity – carry out 3 Treatments. Your assessor will observe your performance on at least 3 occasions, each involving a different client.</p> <p>Essay/Report</p>	<p>Assessor observation record: A formal record of an assessor's observation of a learners practice and technique. Learner Logbook: References all treatments carried out by the learner which are observed and supervised. Learner logbook to include learner reflections using images, forms, contemporaneous notes etc. Include reflective account of what was done, why and when, include what went well, not so well, what you would do differently in similar future circumstances. Health and Safety and Legal Requirements Assignment After care Assignment Contra Indications Assignment How to work safely and effectively when providing treatments Assignment Client Consultation Assignment A&P Pack</p>

UNIT 11. SELF-TANNING SERVICES

Unit Reference Number	H/650/7543
Unit Title	Self-Tanning Services
Unit Level	3
Number of Credits	6
Total Qualification Time (TQT)	60
Guided Learning Hours (GLH)	40
Mandatory / Optional	Optional
Sector Subject Area	7.3 Service enterprises
Unit Grading Type	Pass / Fail

Unit Aims

This unit is about the application of a variety of self-tanning products. To complete this unit, you will need to maintain effective health, safety and hygiene throughout your work. You will also need to maintain your personal appearance and good communication with the client.

Essential Requirements

Learners will need access to a salon environment that meets the requirements of a Realistic Learning Environment. Learners will also require access to products, tools and equipment suitable for providing facial electrical treatments.

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 of this unit 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.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criterion – The learner can:	Indicative contents
<p>1.Be able to maintain safe and effective techniques of working when offering self-tanning treatments</p>	<p>1.1 Be able to set up and maintain the treatment area to meet legal, hygiene and service requirements and wear suitable personal protective equipment. 1.2 Maintain personal hygiene, protection and appearance that meets industry and organisational requirements and clean all tools and equipment using the correct methods. 1.3 Complete the treatment within a commercially viable time</p>	<p>Understand organisational and legal requirements in relation to:</p> <ul style="list-style-type: none"> • Responsibilities under relevant health and safety legislation, standards, and guidance • The importance of not discriminating against clients with illnesses and disabilities and why • Age at which an individual is classed as a minor and how this differs nationally. • Parental and guardian consent when treating minors including legal requirements. • Manufacturers and organisational requirements for waste disposal • Correct storage of client information and records in relation to GDPR and data protection • Your responsibilities and reasons for maintaining personal hygiene, protection and appearance according to accepted industry and organisational requirements • Provide the client with personal protective equipment as required. • Position equipment and products for safety and ease of use. • Use accepted industry hygiene and safety practices throughout the treatment.

		<ul style="list-style-type: none"> • Maintain the client’s modesty, privacy, and comfort throughout. • Check in with the client’s at regular intervals throughout the treatment. • Keep records up to date, accurate, easy to read and signed by the client and therapist. • Leave the treatment area in a suitable condition for future use.
<p>2. Be able to Consult, plan and prepare for Self- Tanning treatments</p>	<p>2.1 Demonstrate how to communicate and behave in a professional manner.</p> <p>2.2 Adhere and follow health and safety working practices.</p> <p>2.3 Demonstrate how to position the client and yourself to minimise fatigue</p> <p>2.4 Identify and select products, tools, equipment and techniques to suit client treatment needs.</p> <p>2.5 Perform the treatment to the satisfaction of the client.</p> <p>2.6 Identify and take prompt action if the client experiences any discomfort or contra-action</p> <p>2.7 Evaluate and record the results with the client to meet the agreed treatment objectives.</p> <p>2.8 Discuss and provide the client with suitable aftercare advice .</p>	<p>Understand how to work safely and effectively when providing self-tanning services</p> <ul style="list-style-type: none"> • Set up the work area and equipment for self-tanning services • Environmental conditions for self-tanning services (including lighting, heating, ventilation, sound and general comfort) and why these are important • Personal protective equipment • Hygiene • Disinfecting and sterilising equipment • How to prepare and position the client for self-tanning services • Maintaining client modesty, privacy and comfort during the treatment • Minimise and dispose of waste treatments, including hazardous waste • Maintain standards of hygiene and the principles of avoiding cross-infection • Use effective consultation techniques when communicating with clients from different cultural and religious backgrounds, ages, disabilities and genders for this treatment

		<ul style="list-style-type: none"> • Clean and prepare the client's skin to suit the type of product and select suitable equipment and products for the treatment <p>The importance of questioning clients to establish any contra-indications to self-tanning services. Evaluate the types of alternative tanning services which could be recommended in the event of contra-indications</p>
<p>3.Be able to apply self-tanning products</p>	<p>3.1 Demonstrate how to communicate and behave in a professional manner. 3.2 Follow and adhere to health and safety working practices. 3.3 Understand contra-indications and contra-actions that affect or restrict self-tanning services. 3.4 Identify and select products, tools, equipment and techniques to suit client treatment needs. 3.5 Perform the treatment to the satisfaction of the client. 3.6 Use spray tanning techniques in a controlled way and at a correct distance from the body to achieve the desired effect 3.7 Correct any problems occurring during the application process 3.8 Provide aftercare advice specific to the client's individual needs</p>	<p>Products: Tanning creams, Tanning gels, Spray tan liquid, Barrier cream, Exfoliators and Moisturisers Tools: Spray gun, Compressor, Buffing mitt</p> <p>Contra-indications which would prevent, restrict, and occur in treatment and why.</p> <p>Understand self-tanning products and equipment. Compare the types of self-tanning products available, how and when to use them.</p> <p>Apply moisturisers and barrier creams over development of tanning products.</p> <p>Carry out exfoliation prior to the treatment.</p> <p>Explain how to match product selection and use to skin type and client preference.</p> <ul style="list-style-type: none"> • Structure of the skin • Protect the hair and eyes during self-tanning treatments. • Pre- and post-treatment advice • The ingredients of tanning products, exfoliators, and moisturisers

		<ul style="list-style-type: none"> • The Carry out a skin sensitivity test prior to self-tanning • Effects of self-tanning products on the skin • Hypo- and hyper-pigmentation disorders and how they may affect the self-tan • Effects of tanning enhancers • How and when to use tanning correctors <p>Summarise the type of problems that can occur with spray tanning equipment and how to correct them.</p> <p>Understand the meaning of psi in relation to self-tanning services.</p> <p>Consider the risks associated with the use of pressurised spray tanning equipment.</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	Type of assessment
LO1 LO2 LO3	All	Essay/Report	Health and Safety and Legal Requirements Assignment After care Assignment Contra Indications Assignment How to work safely and effectively when providing treatments Assignment Client Consultation Assignment A&P Pack

		<p>Practical Activity – carry out 3 Treatments. Your assessor will observe your performance on at least 3 occasions, each involving a different client.</p>	<p>Assessor observation record: A formal record of an assessor’s observation of a learners practice and technique. Learner Logbook: References all self-tanning treatments carried out by the learner which are observed and supervised. Marked and authenticated by the assessor. Learner logbook to include learner reflections using images, forms, reports, including consultation and treatment outcome records, contemporaneous notes etc. Include reflective account of what was done, why and when, include what went well, not so well, what you would do differently in similar future circumstances.</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

An Introductory Guide to Massage by Louise Tucker

Advanced Technical Diploma in Beauty and Spa Therapy (Level 3) by Helen Beckmann and Claire Davi

Anatomy and Physiology for Therapists by Jeanine Connor, Kathy Morgan, et al.

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