DATE OF

TREATMENT

\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT REFERENCE

\_\_\_\_\_\_\_\_\_\_

The CIBTAC / SALLY DURANT

Level 4 Qualifications in Advanced Skin Studies and Aesthetics Practice

COMPETENCY ASSESSMENT

CHEMICAL SKIN PEELING

Student Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEVEL 4 QUALFICATIONS IN ADVANCED SKIN STUDIES AND**

**AESTHETICS PRACTICE**

**RANGE STATEMENTS PRACTICAL UNITS**

**SDP01: PROVIDE CHEMICAL SKIN PEELING TREATMENT**

**Range Statements Relating to Peel Formulation:**

|  |  |
| --- | --- |
| **Range Statement** | **Tick as Applicable** |
| Water Soluble Alpha Hydroxy Acids |  |
| Lipid Soluble Alpha Hydroxy Acids |  |
| Beta Hydroxy Acids |  |
| Single Agent Peels |  |
| Combination Peels |  |
| Liquid Peels |  |
| Gel Peels |  |
| Neutralised Peels |  |
| Non-Neutralised peels |  |
| Starter Peels |  |
| Progressive Peels |  |
| AHAs of 20- 25% |  |
| AHAs of 30 - £35% |  |
| BHA of 20% |  |
| pH Variants - Over 2.5 |  |
| pH Variants - 2.5 and below |  |

**Range Statements Relating to Skin Condition**

|  |  |
| --- | --- |
| **Range Statement** | **Tick as Applicable** |
| Early Ageing Skin – 25-35 age group |  |
| Moderate Ageing Skin - 35 – 50 age group |  |
| Advanced Ageing Skin - 50 + age group |  |
| Sun-damaged skin / Hyperpigmentation |  |
| Oily/Congested Skin |  |
| Acne - Grades 1- 3 |  |
| Acne Scarring – PIH / Pitted |  |
| Fitzpatrick Skin Type 1 – 3 |  |
| Fitzpatrick Skin Type 4 - 6 |  |
| Fine/Sensitive Skin |  |
| Dehydrated Skin |  |
| Open Pores/Coarse Textured Skin |  |
| General Revitalisation and Refinement |  |

**CLIENT SKIN HEALTH ASSESSMENT**

**CLIENT REF ………………. DATE OF BIRTH ……………... DATE OF ASSESSMENT …………**

**PRACTITIONER NAME……………………………………………………………………………….**

**1. INVESTIGATIVE CONSULTATION - INFORMATION UPDATE**

**Update and Sign Consultation Form as Appropriate**

|  |  |
| --- | --- |
| Has your health or medication changed since your last visit to us?  Give details. | ✔✗ |
| Any lifestyle, environment or dietary changes since your last visit?  Give details. | ✔✗ |
| Any changes to your stress level/sleep pattern since your last visit?  Give details. | ✔✗ |
| Have you changed your skin care regime since you last visit?  Give details. | ✔✗ |
| Have noticed any recent changes to your skin/skin lesions?  Give details. | ✔✗ |
| Have you been in strong sunlight within the last 4 weeks? | ✔✗ |
| Are you going into strong sunlight in the following 4 weeks? | ✔✗ |
| Have you had any of the following treatments within the last 6 weeks?   * waxing in the area to be treated * electrolysis * a chemical peel * Laser/IPL hair removal * Laser/IPL skin regeneration or other laser treatment * permanent makeup/tattooing * dermal roller * microdermabrasion * botulinum toxin injections * dermal filler injections * hair colouring * other – please state | |

**2. ASSESSMENT OF INFLUENCES ON SKIN HEALTH**

|  |
| --- |
| **ENVIRONMENT INFLUENCES AND THEIR IMPLICATIONS TO SKIN HEALTH** |
|  |
| **LEFESTYLE INFLUENCES** |
|  |
| **DIETARY INFLUENCES AND THEIR IMPLICATIONS** |
|  |
| **MEDICAL HISTORY/HEALTH AND MEDICATION INFLUENCES** |
|  |
| **INFLUENCES OF EXISITNG SKIN CARE REGIME** |
|  |

**3. PREVAILING SKIN HEALTH ISSUES AND SKIN HEALING CAPACITY**

|  |  |
| --- | --- |
| **CONSEQUENTIAL**  **CONDITIONS** | **DESCRIPTION/EXPLANATION** |
| **DEHYDRATION** |  |
| **POOR LIPIDITY** |  |
| **POOR BARRIER FUNCTION**  **(Chemical/Physical)** |  |
| **SENSITISED/EASILY IRRITATED SKIN/VASCULAR DAMAGE** |  |
| **POOR DESQUAMATION/HYPERKERATOSIS** |  |
| **OXIDATIVE STRESS** |  |
| **PREMATURE AGEING**  **Mild/Moderate/Advanced** |  |
| **COMPROMISED HEALING CAPACITY** |  |
| **GLYCATION**  **Collagen/Elastin** |  |
| **PIGMENTATION IRREGULARITY** |  |
| **OTHER** |  |

**4. VISUAL SKIN ANALYSIS**

**CLIENT REF ………………… DATE ………………… PRACTTIONER NAME……………………………………**

|  |  |
| --- | --- |
| **PRIMARY SKIN TYPE** | **SECONDARY SKIN TYPE** |
| Normal / Balanced  Oily  Lipid Dry  Combination T Zone  Sensitive  Acne - Grade 1 2 3 4 5  Rosacea | Early Ageing  Moderate Ageing  Advanced Ageing  Dehydrated  Photo-damaged  Sensitised / Reactive |
| **LIFE STAGE - Women** | **LIFE STAGE - Men** |
| Puberty  Menstruation / Child Bearing  Pregnant / Brest Feeding  Peri-Menopausal  Post-Menopausal | Under 18  18 - 30  30 - 55  Over 55 |
| **FIZPATRICK SCALE** | **GLOCAU SCALE OF PHOTOAGEING** |
| 1  2  3  4  5 | 1 - Mild  2 - Moderate  3 - Advanced  4 - Severe |

|  |  |  |
| --- | --- | --- |
| **GENERAL OBSERVATIONS** | | |
| Skin Texture |  | |
| Skin Tone/Firmness |  | |
| Skin Colour (Vascular) |  | |
| Skin Density |  | |
| **SKIN CONDITION** | **DESCRIPTION** | **AFFECTED AREAS** |
| Loss of Dermal Support -Collagen |  |  |
| Loss of Dermal Tension - Elastin |  |  |
| Loss of Dermal Volume – Hyaluronic Acid |  |  |
| Lines / Winkles / Folds |  |  |

|  |  |  |
| --- | --- | --- |
| **SKIN CONDITION** | **DESCRIPTION** | **AFFECTED AREAS** |
| Dropped Facial Contours |  |  |
| DEJ Adhesion |  |  |
| Glycation |  |  |
| Muscle Tone |  |  |
| Epidermal Hydration |  |  |
| Epidermal Lipidity |  |  |
| Sebaceous Secretions |  |  |
| Congestion |  |  |
| Sebaceous Lesions/Localised Inflammation or sepsis |  |  |
| Hyperkeratosis |  |  |
| Hyperkeratotic Lesions |  |  |
| General Skin Colour/Tan (Melanin) |  |  |
| Pigmentation Irregularities |  |  |
| Pigmented Lesions |  |  |
| Skin Colour (Vascular) |  |  |
| Vascular Damage/Lesions |  |  |
| Oedema/Swelling |  |  |
| Discolouration |  |  |
| Scarring |  |  |
| Skin Infections |  |  |
| Superfluous Hair |  |  |
| Other Anomalies |  |  |

**5. PRINCIPLE SKIN ISSUES AND TREAMENT RECOMMENDATIONS**

|  |  |  |
| --- | --- | --- |
| **SKIN CONDITION** | **RECOMMENDED TREATMENT** | **FREQUENCY** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**6. RECOMMENDED HOME CARE REGIMEN**

|  |  |
| --- | --- |
| **RECOMMENDED HOME CARE REGIMEN** | |
| CLEANSE |  |
| EXFOLIIATION |  |
| ANTIOXIDANT |  |
| HYDRATION |  |
| LIPIDITY/  NOURISHMENT |  |
| CONDITON –SPECIFIC CARE |  |
| SUNSCREEN |  |
| OTHER |  |

**7. TREATMENT RECORD AND FORWARD PLANNING**

**CHEMICAL SKIN PEEL - CLIENT REF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| AREA TREATED |  |
| DEGREASE PROCEDURE |  |
| PEEL BRAND |  |
| PEEL TYPE - LIQUID/GEL |  |
| PEEL AGENTS |  |
| PEEL AGENT PERCENTAGES |  |
| FORMULATION pH |  |
| APPLICATION METHOD |  |
| LAYERING |  |
| TREATMENT TIMING |  |
| NEUTRALISATION METHOD |  |
| SKIN REACTION |  |
| ADVERSE EVENTS |  |
| POST TREATMENT PROCEDURES/ PRODUCTS |  |
| COMMENTS |  |

|  |  |
| --- | --- |
| **TREATMENT PLAN** | |
| TREATMENT REVIEW DATE |  |
| FOLLOW UP TREATMENT PLAN |  |

**TREATMENT REFLECTION AND EVALUATION**

A vital element of working compliantly within a healthcare environment is reflective practice. This requirement applies to the aesthetics sector. It ensures that every practitioner examines their own practice, looks for indications of successful or non-successful outcomes and considers areas for improvement.

In the space below, reflect on the treatment you have carried out. Discuss the following:

* any issues arising from the consultation
* the details of the treatment carried out and **why** **you made the decisions you did** in respect of
* client and skin preparation
* the reasons for the peel choice
* the peel formulation – peel agent/percentage and pH
* method of application
* timing
* whether neutralisation was carried out and how it was carried out
* method of skin cooling/post treatment mask
* client reactions
* skin reactions/adverse events
* details of any adaptations
* the treatment results
* post treatment products selected
* details of further treatment and any other important information related to what you have learned

* You must also outline any aspects of the skill you feel need to be improved. What might you do differently next time?

|  |
| --- |
| **Treatment Reflection and Evaluation** |
|  |
| **Treatment Reflection and Evaluation** |
|  |
| **Practitioner Signature ………………………………………………………………..…………… date ………………………………………..** |
| **Client Feedback** |
| **Were you happy with treatment you received today? Can you suggest any change to your treatment procedure or general experience that might be helpful to the practitioner who has treated you today?** |
| **Tutor Comment** |
|  |
| **Tutor Signature ………………………………………………………………..…………… date ………………………………………..** |

**NOTES**

**UNIT SDP01 PROVIDE CHEMICAL SKIN PEELING - ASSESSMENT OF COMPETENCY**

|  |  |  |
| --- | --- | --- |
| **Tutor Name** | **Date** | |
| **ASSESSMENT CRITERIA** | | **TICK / CROSS** |
| 1. ensured professional and appropriate presentation of self | |  |
| 1. ensured the treatment area was prepared effectively, hygienically and safely | |  |
| 1. completed the consultation procedure and established that the client had no contraindications to treatment | |  |
| 1. explained the treatment fully and established that a realistic outcome for the treatment was recognised by the client | |  |
| 1. gained ‘consent to and request for’ treatment documentation | |  |
| 1. prepared the client appropriately and made adaptations where needed to ensure client comfort and modesty | |  |
| 1. accurately prepared the skin for the procedure and accurately assessed the client’s skin condition | |  |
| 1. selected the peeling product in accordance with professional sector boundaries, skin needs and established agreement with the client | |  |
| 1. effectively and professionally explained the procedure to the client | |  |
| 1. efficiently and safely applied the peel product | |  |
| 1. ensured accurate timing of the treatment in accordance with supplier protocol to achieve the required depth of peeling | |  |
| 1. monitored the skin and client responses throughout the treatment and responded quickly and effectively | |  |
| 1. demonstrated good posture and working position throughout | |  |

|  |  |
| --- | --- |
| 1. accurately and efficiently followed supplier protocol for neutralisation (where required) and removal of the peel |  |
| 1. addressed adverse events correctly |  |
| 1. selected and hygienically applied appropriate aftercare products |  |
| 1. discussed aftercare instructions and recommendations for product purchases and   further treatment with the client |  |
| 1. accurately recorded all treatment details in accordance with centre requirements |  |
| 1. ensured that both pre and post treatment photographs were obtained following accepted protocols |  |
| 1. followed all protocols throughout the treatment for tidiness, hygiene and safety, including the use of PPE |  |
| 1. maintained professional and appropriate communication with the client throughout the treatment |  |
| 1. ensured cost effective use of products and sundry items throughout the treatment |  |
| 1. carried out the treatment within commercially accepted time constraints |  |
| 1. ensured all risks and hazards were eliminated |  |
| 1. correctly answered all oral questions |  |
| 26. satisfactorily evidenced reflective practice and highlighted focal areas |  |

|  |  |  |
| --- | --- | --- |
| **ASSESSMENT OUTCOME** | | |
| **TUTOR COMMENTS** | | |
| **PASS** | **REFERRAL** | **TUTOR SIGNATURE** |
| **LEARNER ENDORSEMENT Are you happy with the assessment outcome?** | | |
| **Are you happy with the assessment outcome?** | | |
| **YES** | **NO** | **LEARNER SIGNATURE** |
| **If the answer is no - please detail below.** | | |