



CIBTAC LEVEL 5 CERTIFICATE IN LASER TATTOO REMOVAL

CLC03

QAN – 610/2376/0

Qualification Syllabus

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The CIBTAC Level 5 Certificate in Laser Tattoo Removal is aimed at equipping practitioners with skills required for work as a laser practitioner specialising in tattoo removal.

1. Structure of the CIBTAC Level 5 Certificate in Laser Tattoo Removal

1.1 The structure of the CIBTAC Level 5 Certificate in Laser Tattoo Removal is made up of one mandatory unit to achieve the qualification.

1.2 The Mandatory unit is the following:

PA156: Remove or Fade Tattoos using Q-Switched Laser Systems

2. Strategy for Delivery

2.1 The strategy for the delivery of the unit that makes up the CIBTAC Level 5 Certificate in Laser Tattoo Removal is built upon the concept of a competence based training programme supported by additional learning time.

2.2 The delivery of the programme may vary according to the centre and may be delivered in any format that supports the Guided Learning Hours (GLH) for each unit. Guided Learning is ‘the activity of a Learner in being taught or instructed by – or otherwise participating in education or training under the immediate guidance or supervision of – a Lecturer, Supervisor, Tutor or other appropriate provider of education or training’. This includes ‘the activity of being assessed if the assessment takes place under the immediate guidance or supervision of a Lecturer, Supervisor, Tutor or other appropriate provider of education or training’

2.3 The unit within the CIBTAC Level 5 Certificate in Laser Tattoo Removal is made up of the following GLH:

Qualification title	QAN number	Qualification code	Level	Pre-requisites	
CIBTAC Level 5 Certificate in Laser Tattoo Removal	610/2376/0	CLC03	5	Evidence of Core of Knowledge certification , a regulated Level 3 Beauty Therapy Qualification and a regulated Level 4 Laser Qualification	
Mandatory units	UAN number	Unit code	Level	Credit value	GLH
Remove or Fade Tattoos using Q-Switched Laser Systems	H/650/6553	PA156	5	13	71
Minimum credit/hours				13	71
Minimum TQT				130	

- 2.4 The CIBTAC Level 5 Certificate in Laser Tattoo Removal is made up of 71 mandatory GLH.
- 2.5 The unit within the CIBTAC Level 5 Award in Laser Tattoo Removal is a preparation for work unit which is based on capability and knowledge.
- 2.6 To carry out this unit the Learner will need to monitor and maintain effective health, safety and hygiene procedures throughout their work.

3. Assessment Strategy

- 3.1 CIBTAC qualifications are assessed externally by practical examinations and Multiple Choice Theory papers.
- 3.2 The assessment methodology consists of 2 parts, namely:
 - Part 1** will consist of a Multiple Choice Theory examination paper. The features of the MCQ test are:
 - a. the formats of MCQs will be determined by the domain of learning (knowledge, understanding, and application) on which the Learner is to be assessed
 - b. the MCQ paper will consist of 50 questions covering the mandatory units
 - c. each MCQ paper will be composed of MCQs with 1 correct answer and 3 distractors
 - d. results of the MCQ assessment will be made available to Centres within 6 weeks following the exam date
 - e. Learners will be required to gain a minimum of 60% in each unit to pass
 - Part 2** the practical is a synoptic assessment carried out by a CIBTAC examiner. The features of the practical examination are:
 - a. the mandatory unit of this qualification has a practical exam time of 1 hour 5 minutes
 - b. within the practical observation the examiner will observe the consultation, Client care, health and safety and appearance and marks will be awarded for all these areas
 - c. some areas require minimum marks to be achieved. Failure to achieve the minimum will result in failure of the unit and this may need to be retaken at another date
 - d. the pass mark for the practical is 60% for each unit
- 3.3 The Learner will need to pass all MCQ papers and practical examination to achieve the full CIBTAC Level 5 Certificate in Laser Tattoo Removal.
- 3.4 In preparation for this exam Learners must successfully complete range sheets for this unit. These are internally assessed. The evidence of these assessments must be captured within portfolios.
 - i. Portfolio:
 - a. the Learner will be expected to complete a portfolio containing the unit of the Award
 - b. each portfolio will require the completion of a number of treatments. The number of treatments required for achievement of the portfolio is outlined in each unit in the syllabus. Each treatment will cover the minimum delivery of specific treatments within the unit

- c. each treatment plan must contain information which is outlined in the assessment methodology section of the unit

ii. Assignment:

- a. Centre devised assignments should be used to cover knowledge learning outcomes and assessment criteria. It is recommended that several assignments are used to fulfil the unit, up to as many as the Centre feels is appropriate to cover all the material.
- b. Assignments tasks must identify the criteria being assessed to meet unit coverage. Tasks should be challenging rather than easily achievable
- c. All Centre devised assignment briefs must be internally quality assured prior to issue
- d. All Centre devised assignment briefs must show clear evidence of mapping Learning outcomes and assessment criteria. These may be inspected by CIBTAC Head Office or the CIBTAC visiting examiner as part of course approval or ongoing quality assurance.
- e. Assignments will be marked by the tutor, and externally moderated by CIBTAC

3.5 Retake policy

Learners are permitted to sit 2 re-sits in unsuccessful units in the 2 years following the initial exam. If they are still unsuccessful after that, the Learner must re-register for these units and complete the course of study again, before sitting the complete examination. This applies to both practical and theory aspects. A unit Certificate will be provided for all successfully completed units.

3.6 The grading schemes are as follows:

- i. **CIBTAC operates the following grading scheme for Multiple Choice Theory examinations**

Grade	Mark range	Description
Distinction	Marks of 85% and above	Extensive/detailed knowledge of subject
Merit	Marks of 75% - 84%	Adequate understanding of subject
Pass	Marks of 60% - 74%	Basic understanding of subject
Fail	Marks of 59% and below	Poor understanding of subject

ii. CIBTAC operates the following grading scheme for the final synoptic practical assessment

Grade	Mark range	Description
Distinction	Marks of 85% and above	<ul style="list-style-type: none"> Exemplary application of practical treatments Excellent consultation with detailed explanation of treatment plan adapted to meet the Client's needs Outstanding Client care
Merit	Marks of 75% - 84%	<ul style="list-style-type: none"> Good application of practical treatments Good consultation identifying the some of the Client's requirements Good Client care throughout the treatment
Pass	Marks of 60% - 74%	<ul style="list-style-type: none"> Basic application of practical treatments Brief consultation and treatment plan provided Satisfactory Client care
Fail	Marks of 59% and below	<ul style="list-style-type: none"> Poor application of practical treatments Unsafe working practices Not meeting commercial standards Poor consultation with limited understanding of Client's needs Poor Client care

To gain a qualification all units must be passed or achieved. Portfolio only units will be designated "achieved" or "not achieved". Externally assessed units will be graded, the grades given will encompass both written and practical examinations and will be awarded as shown below. The overall grade for the qualification will be determined by the grades achieved for all units carrying an external assessment. The qualification grade is the lowest unit grade. The unit grade is the lowest of the theory and practical grade (where both forms of assessment take place). To receive a pass, all portfolio-only units must be achieved and all externally examined units must receive a pass score. To receive a merit all externally examined units must have received at least a merit score. To receive a distinction, all externally examined units must have received at least a distinction score.

3.7 The above grade descriptors give a general description of responses the Examiner expects to see throughout practical examinations. Marks will be allocated according to the mark scheme within the overview document which can be downloaded from cibtac.com. Grade thresholds may be subject to change.

3.8 Equipment and product requirements are specified in the unit.

UNIT TITLE:	Remove or fade tattoos using Q-switched laser systems
UNIT CODE:	PA156
Ofqual URN:	610/2376/0
TYPE OF UNIT:	Mandatory
LEVEL:	5
CREDIT:	13
GUIDED LEARNING HOURS:	71

UNIT AIM & PURPOSE

The aim of the CIBTAC Level 5 Certificate in Laser Tattoo Removal is to provide learners with the knowledge, understanding and skills to safely and effectively remove or fade professional, amateur, traumatic, cosmetic and medical inks and tattoos.

UNIT INTRODUCTION

This unit covers the principles and practice of laser tattoo removal. It stresses the importance of safe working practice and places emphasis on identifying and controlling hazards in the workplace. Learners will develop their knowledge and understanding of relevant anatomy and physiology and health and safety and also develop the knowledge, understanding and skills to consult with and analyse clients whilst providing laser tattoo removal treatments. Learners will further develop their communication skills and will also understand how to evaluate and record outcomes of treatments and the provision of effective and detailed aftercare and homecare advice.

LEARNING OUTCOME 1: Know and understand the requirements for providing laser treatments for tattoo fading or removal

ASSESSMENT CRITERIA – The Learner can

1.1 Explain the required legislation for laser treatments and the importance of compliance with regulations

Taught content

Legislation, regulation and guidance

- Responsibilities for health and safety as defined by any specific legislation covering job role
 - Health and Safety at Work Act associated regulations and directives (including the importance of having up to date, suitable risk assessments which are easily accessible for staff)
 - Local Authority Legislation or licensing scheme

- Local Government Miscellaneous Act
- Environmental Protection Act
- Control of Artificial Optical Radiation at Work Regulations
- Cosmetic Products Enforcement Regulations
- How the Equality Act sets out the rights of the Client and Practitioner
- Requirements for managing clients with disabilities – Disability Discrimination act
- Data Protection – management and storage of client's personal information
- management and policies regarding treatment of minors under 16 -18 years, (by medical practitioners only)
- Responsibilities under local authority licensing regulations for self and premises and the importance of following local rules, where applicable
- The legal requirements for waste disposal
- The Essential Standards' developed by the BMLA (British Medical Laser Association)
- MHRA (Medicines and Health Care Products Regulatory Agency) document (Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices
- The legislative requirements with regards to optical radiation, causes and hazards of accidental exposure; characteristics of optical radiation and how it interacts with the hair , skin, tattoo colours and pigment
- The importance of undertaking core of knowledge to meet with insurance guidelines
- Specific health and safety regulations pertaining to laser and intense pulsed light
- The role of CQC and Local authority ,when and why a laser practitioner should be regulated by the CQC, the relevant Care Quality commission core standards and policies and procedures
- The role of the Laser Protection Advisor (LPA) and laser protection supervisor (LPS) roles and responsibilities : liaising with the LPA, managing equipment inventory and equipment maintenance, understand and signing of local rules, laser operator training registers, risk assessments and annual audits, incidents must be reported to the LPA and LPS where appropriate, all legally reportable accidents, incidents or ill-health is reported to RIDDOR
- The importance of working within the realms of training

Laser safety

- The principles of light interaction with tissue dependent on wavelength and tissue type, transmitted, reflected, scattered or absorbed
- How to assess potential hazards both to the operator and client in the laser controlled area and identify the safety measures to be used to control these hazards: accidental exposure, eye and skin damage, fire, plume
- Beam hazards to the eye, skin and tissue
- Non beam hazards: electrical, mechanical, optical, fire, chemical

- The safety control measures that need to be put in place to minimise potential hazards in the laser controlled area such as engineering control measures, administrative control measures, personal control measures
- The need for an eye and skin adverse incident policy and procedure to be in place
- Maximum permissible exposure (mpe): level of radiation to which, under normal circumstances a person may be exposed without suffering adverse effects
- The importance of wearing the correct personal protective equipment (ppe): eye protection and their markings, skin protection – protective clothing and gloves, lung protection – laser masks
- How to implement safety procedures when using a laser system and how to identify the correct protocol used
- The legal requirements for tests prior to treatments taking into account
 - The purpose of tests
 - How and when to carry out tests
 - The modifications of the treatment as a result of the test outcome
 - The reasons for providing verbal and written aftercare instructions

Hygiene and working practices

- Methods of cleaning, disinfection and sterilisation
- The importance of avoiding direct and indirect cross-infection by working safely and hygienically
- The requirements of universal and standard precautions: universal hygiene precautions were developed to address the risks involved with biological pathogens within the medical field. Standard precautions identify the risk of transmission of pathogens from a biological source and ways to reduce bio hazard infections
- The different types of working methods that promote environmental and sustainable working practices: environmental waste management, energy use, environmental core practice, working to commercial times
- Responsibilities for following organisational procedures for the delivery of laser treatments
- General hygiene procedures and correct disposal of razors and soiled soft waste
- The importance and reasons for adhering to organisational and treatment protocols, clinic management, client consultation, record keeping, waste management, advice and recommendations, clinic and records audit, personal protection, test outcomes, laser safety and security, aftercare procedures
- Suppliers' and manufacturers' instructions for the safe use of equipment, materials and products which must be followed
- The causes and hazards of accidental exposure to clinical waste such as razor blades
- Origin and purpose of machine and treatment protocols and why they must be adhered to
- Client post treatment signature treatment protocol for each device by either Expert Register Healthcare professional or the manufacturer to include:
 - Names and technical specification of equipment

- Contraindications
- Treatment technique – general
- Treatment technique – specific
- Client consent prior to treatment
- Cleanliness and infection control
- Pre-treatment tests
- Post-treatment care
- Client post treatment signature confirming satisfaction and understanding of treatment carried out
- Recognition of treatment-related problems
- Emergency procedures
- Permitted variation on machine variables
- Procedure in the event of equipment failure
- The insurance requirements for practice - adequate practitioner indemnity is required, professional indemnity mandatory, all practitioners providing laser and light treatments need appropriate insurance for each practitioner, device and modality being undertaken, supervisors must be insured to supervise
- The reasons for complying with the safe purchase of equipment and products
 - Safety of devices - laser devices need to be assessed against BS EN 60825-1:2014 safety of laser products, equipment classification and requirements
 - All laser devices must be assessed against the following:
 - Aperture label
 - Class/max power
 - Wavelength label
 - Hazard warning and precautions label
 - Mains on indicator
 - System on indicator
 - Standby mode indicator
 - Emergency off switch
 - Capture key operation
 - Optical safety filters/shutters
 - Personal Protective Equipment (PPE) must be assessed against the following:
 - BS EN 207:2017 [2] Personal eye-protection equipment. Filters and eye-protectors against laser radiation (laser eye-protectors).
 - BS EN 208:2009 [3]
 - BS 1509-1:2013 [4]
 - BS 1509-2:2013 [5]
 - PPE must be checked audited and checked for the following:
 - Quantity
 - Make

- Use by date
- Filter colour
- Condition/cleanliness
- Storage
- CE mark
- Eyewear covers full wavelength range required
- Cooling off period - patch test on the day of consultation, subject to informed consent for treatment and photography, with a cooling off period dictated by current government recommendations, insurance providers or manufacturer's protocols before returning to commence treatment, subject to patch test having produced no adverse skin reactions/events

1.2 Explain the environmental conditions suitable for laser treatment for tattoo removal

Taught content

- The necessary environmental conditions for treatments and why these are important
- Controlled area : locking of doors and windows enclosed area, lockable entry and exit points, signage which conforms with safety and signs and signals regulations 1996 [2], minimum reflective surfaces, suitable window coverage, adequate fire precautions and suitable service, adequate ventilation, sink and hand washing facility
- General control of the environment to consider: lighting, heating, ventilation, noise levels, available space, music, general hygiene, waste disposal, décor, aroma, privacy, reception areas, general use and treatment areas

1.3 Explain the principles of electrical current and basic electricity

Taught content

- Electrical science to include: protons, neutrons, electrons, nucleus, volts, watts and amperes, ohms and ohms law and their relevance, insulator, conductor, transformer, rectifier, fuses, direct, alternating, interferential, modified direct current, voltage, circuit, atom, electrode, polarity, insulation, oscillation explain basic electrical safety to cover: regular checking of electrical appliances, checking cables, loose wires, plugs etc., safety of where electrical appliances are positioned in use and when store, not placing water near electrical appliances, electrical shock

1.4 Explain how laser systems work and the effect on the area treated

Taught content

- Light amplification of stimulated emission of radiation, wavelength, laser beam size/area, fluence and power density, pulse repetition frequency, pulse duration/width, pulse delay, pulse trains, hertz (Hz)
- The interaction between tissues and light: reflected, transmitted, scattered, absorbed
- The effect of light on tissues: mechanical, photochemical, thermal, ablative

- Photo acoustic shock wave
- The theory of selective photothermolysis: specific absorption of light by a target tissue in order to damage the target without affecting the surrounding tissue, absorption of selected chromophores by different wavelengths of light
- The link between pulse duration and thermal relaxation time (TRT): time it takes for an object to cool to 50% of the temperature achieved immediately after light exposure

1.5 Explain the different classifications of tattoos

- The differences between professional, amateur, cosmetic, medical and traumatic tattoos
- Why the results of some treatments may be more successful than others
- The suitability of tattoos, inks and pigments for removal or fading using laser

1.6 Identify different forms of tattoo removal or fading

- The interaction of various laser wavelengths on tattoo inks: immediate effects, medium effects, effects on hair
- Absorption of light by coloured pigment
- Suitability of wavelengths on different pigments
- The pigments which cannot be removed or faded: fluorescent, yellow, light blue, turquoise, white, silver
- Removal and precautions for treating cosmetic (semi-permanent) make-up
- The treatment protocols for extensive tattoos using staged approach to prevent challenging the immune system

1.7 Identify the range of equipment used for laser tattoo removal

Taught content

- The specifications, variables and terminology of lasers in relation to treatment practice
- The range of equipment used for laser tattoo removal, the 'electromagnetic spectrum' (EMR) and characteristics of light and how it interacts with skin, hair and other chromophores to include: photons, types of light emitted by light systems, the optical spectrum including UV, visible and infrared wavelengths, depth of penetration and target chromophore, importance of spot / laser beam size
- The different types of lasers used for tattoo removal, to include but not limited to: Q- switched, Nd:YAG , frequency doubled Nd:YAG, Q-Switched ruby, Q-switched alexandrite, their advantages, disadvantages and restrictions
- Active versus passive Q-Switch
- The classifications and labelling of lasers: laser class 1, 2, 3a, 3b, 4, labelling of laser specifications and laser apertures, accessible emission limit (maximum level of laser light emitted by a laser)

- The differences between laser to include: coherent, non-coherent, polychromatic, monochromatic, pulsing, divergent, non-divergent
- Skin cooling methods and the effects, advantages and disadvantages: ice packs, cryogen spray, cooling air device, simultaneous contact cooling, when and how to use them
- Timings and techniques for treatments: head, face and neck, torso, limbs, hands, feet
- How to interpret the warning labelling on laser equipment

1.8 Explain the different consultation techniques used to identify treatment objectives

Taught content

- The need for face to face consultation by a suitably qualified practitioner
- The importance of communicating with clients in a professional manner
- How to complete a consultation taking into account client's diverse needs cultural, religious, age, disability, gender
- The reasons why laser treatments must not be carried out on minors under 18 years of age
- The importance of agreeing the service that meets the client's needs
- The legal significance of gaining signed, informed client consent to receive the service: mandatory signed written consent for every client prior to every treatment/visit consent must be re-confirmed, informed consent for the client including adverse events and alternatives, new consent required for each treatment, copy of consent must be offered to the client every time
- The legislative requirements for storing, protecting and retaining client data
- The purpose and importance of consultations with consideration of relevant local legislation: the methods used to gain and record information, the relevance of medical history, the importance of client confidentiality
- The types of questions to ask to gain information upon which to base relevant treatment outcomes (open ended versus closed questions), good body language, eye to eye contact, relevant terminology used
- Good communication skills, verbal and non-verbal communication to include questioning, listening, visual, manual, written, compare and contrast communication techniques and their appropriateness to different situations, the benefits of using visual aids
- How to analyse and document information from the client, to include all the standard consultation information and specifically: client history, previous treatment history, current medical status, emotional and physical condition, treatment restrictions and contra-indications, sun tanning history, skin classification, skin condition and sensitivity, client signature, practitioner's signature
- How to use a practitioner logbook - practitioners should keep individual record of activity, must be contemporaneous, either digital or paper, additional information to be contained:
 - Date
 - Time

- Non-identifiable client ID number
- Practitioner name
- Practitioner ID
- Indication
- Diagnosis
- Device used
- Treatment course
- Anatomical location
- Complications/adverse results/outcomes
- Pre and post procedure photographs
- How to ensure the client is fully informed and aware of the treatment procedure: effectiveness and limitations of treatment, laser being used, how treatment may feel, how the treatment works, what to expect immediately after treatment, possible side effects, aftercare procedures, management of skin pre-treatment to include where shaving may be required and also when required between treatments, invite the client to ask questions
- How to assess the treatment plan for the client including: frequency of appointments, duration of appointments, cost of treatments
- How treatment fees can determine treatment objectives
- Referral procedures and how to carry them out, to cover: referring the client to a medical professional, referring the client to a different practitioner, accepting a client who has been referred
- The legal significance of informed consent before a patch test and treatments can be carried out: voluntary consent given by a person for participation in a treatment regime after being informed of the purpose, procedures and risks, client has the comprehension and knowledge, consent is freely given without undue influence, obtain written signed consent from client prior to test patch or treatment, right of withdrawal is communicated to the client, assessment of Client to determine if valid consent is appropriate i.e. Learning disabilities, language problems, referral procedures for under 18's
- Treatment settings for patch test and recognise an acceptable end point
- How to describe the physical sensation of the treatment to the client
- How to communicate findings to the client: explanation of treatment, limitations and co-operation required, post treatment care, client commitment, frequency, cost implications, management of realistic expectations

1.9 Explain the psychosocial and emotional support needs for clients seeking cosmetic procedures and psychological factors which may impact on Client satisfaction

Taught content

- Awareness of the psychology of appearance including the drivers for treatment requests
- The psychosocial impact of presenting complaint and potential impact of specific treatment
- Understanding of the evidence for the effectiveness of treatments in achieving psychological wellbeing

- The impact of mood, personality, body image on decision making
- Cultural considerations
- How the practitioner's personal likes and dislikes may influence treatment decisions and the importance of maintaining objectivity
- The availability and suitability of appropriate screening tools and questions to identify and provide appropriate support to high risk groups including those with mental health conditions, body dysmorphic disorder (BDD), obsessive compulsive disorder (OCD), adolescents and children
- Relevant NICE (or local equivalent) guidelines appropriate to this area including Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD)
- How to recognise BDD and other mental health issues
- The pathways for providing psychological and emotional support, including onward referral when necessary, consideration that doctor approval may be required before treatment for a BDD sufferer
- How to manage psychological issues post treatment, e.g. Heightened emotional arousal, unmet expectations, post decisional regret
- The emotional support and referral options as part of the consent process
- The ethical responsibility to guide vulnerable clients away from treatments that may be inappropriate for them

1.10 Explain how to carry out relevant tests

Taught content

- Fitzpatrick and Kirby-Desai scale
- How to identify client skin condition and suitability for treatment
- How to identify levels of pigmentation in the skin
- How pain threshold and sensitivity varies from client to client
- Why it is important to carry out a test patch
- The legal significance of taking before and after photographs of the treated area and their importance in evaluating the effectiveness of the treatment: skin reaction, client's memory of the area, progression of treatment, client re-assurance
- The procedures for taking clinical photographs with consideration to:
 - Suitability of device for taking accurate photos
 - Positioning of client
 - Positioning of camera
 - Lighting
 - Storage of and recording of photographs - legislative requirements, client consent
 - Frequency of photographic records for effective assessment of treatment plan
 - Consent attained at first treatment and then verified at each stage, including separate photography consent form

- If a client declines to have photograph taken then practitioner has right to decline treatment and this is at the practitioner's discretion, this must be documented in the notes

1.11 Explain the contraindications that prevent or restrict laser tattoo removal

Taught content

A preventative contraindication is defined as a condition that dictates a treatment is not allowed to be performed at all, without first gaining the client's specialist or Dr's permission to treat, in writing.

Contraindications that restrict are defined as conditions that mean the treatment can be performed if it is adapted or restricted in some way but in some instances, it may also be necessary to gain permission from the consulting physician.

In many cases the signs and symptoms of contraindications that prevent or restrict a treatment are not always obvious to distinguish between. When consulting on contraindications with a client, the practitioner should always strive to combine their knowledge and experience with caution and the guidance provided on when to treat, by their individual insurer.

Signing a disclaimer in the absence of official Dr's permission is never an option to take as it offers no legal protection in court. If in doubt contact your insurers.

- Contra-indications that prohibit treatment and know how to act accordingly:
Suntanned skin in the treated area, cosmetic tan in the treated area, tanning injections, tanning nasal sprays, photo-sensitive medication or drugs, photo-sensitive herbal remedies e.g.: St John's wort, skin pigmentation conditions i.e.: melasma or vitiligo, auto-immune problems (e.g.: Lupus, Reynaud's), keloid scars, bruises, pregnancy, breastfeeding, dermatitis/eczema/psoriasis in the proposed treatment site, epilepsy (If seizures have occurred in the last 12 months) , cuts and abrasions in the treatment area, viral infections: e.g.: herpes simplex in the proposed treatment site, bacterial infections e.g. impetigo, fungal infections e.g. tinea, loss of skin sensation, moles, history of skin cancer or currently undergoing chemotherapy/radiotherapy, previous allergic reaction when tattoo was initially created, previous allergic reaction to tattoo removal treatment, connective tissue disorders e.g. scleroderma, porphyria, gold salt injections or arthritis treatments, use of roaccutane, recent treatments such as botox, fillers, skin peeling, in the area, anticoagulant medication
- Conditions which may need medical approval before treatment can commence:
cardio-vascular disorders e.g.: thrombosis, phlebitis, hypertension, hypotension, age – under 18, medication (unsure of), Hepatitis, HIV and AIDS, poorly controlled diabetes,
- Areas that should not be exposed to laser : within the orbital rim of the eye socket, inside the nasal passage, inside the oral cavity, inside the ear canal (ear opening to be covered when treating lobes or tragus), over pigmented areolas, genital mucosa

- the necessary action to take in relation to specific contraindications when referring clients, the importance of and reasons for not naming specific contraindications when referring clients

1.12 Explain the contra-actions that may occur during and following treatments

Taught content

- Acceptable contra- actions, (end points, expected skin reactions) during and after treatment: erythema, mild swelling, whitening and blistering of treatment area, pin prick blood spots tolerated discomfort of the Client
- Excessive skin responses that could occur during treatment (unacceptable contra- actions): excessive oedema starting to form, excessive blistering, excessive skin greying or whitening, bleeding, allergic reaction; excessive discomfort expressed by the client
- Late emerging adverse side effects: allergic reaction, blisters (vesicles), crusts/scabbing, superficial burns, hyper or hypo pigmentation, purpura (bruising), textural change, scarring
- Additional contra-actions to consider – eye injuries requiring medical referral, dizziness, fainting, reduction in hair growth in the area of treatment, lesion colour changes
- What to do in the event of an adverse event: immediate first aid, documentation, inform associated authorities

1.13 Explain clinic requirements for preparing themselves, the Client and work area

Taught content

- The legal and organisational requirements for the practitioner's own personal hygiene, protection and appearance
- The legal and organisational requirements for Client protection, preparation, dignity and privacy

1.14 Explain how to position self and the Client correctly throughout treatment

Taught content

- How safe positioning techniques can prevent work related injuries and ill health: physical injuries, diseases, injuries related to equipment use
- The areas of the body that may require support and cushioning during the treatment

1.15 Explain how to select and use products, tools, equipment and techniques to suit Clients treatment needs, skin types and conditions

Taught content

- The importance of using the correct consultation diagnostic tools to help select products, tools, equipment and techniques to suit client's treatment needs, skin types and conditions
- The importance of good lighting in the controlled area and illuminating the area to be treated
- How the preparation of the treatment area can vary according to manufacturer's instructions
- The correct marking out tool and techniques to be used

- How to match treatment specifications and variables to suit skin classifications and treatment aims
- How to position the Client during treatment
- The reasons for following manufacturer's instructions to position the hand piece at the correct angle and pressure
- How to work systematically, avoiding treatment overlap across the areas to be treated
- How to work on different treatment areas
- How treatments can be adapted to suit Client treatment needs and skin conditions
- Monitoring procedures for checking the Client and the treatment area

1.16 Summarise the aftercare advice that should be provided to prevent post-treatment damage

Taught content

- The client and practitioner's legal rights and responsibilities
- The legal significance of providing written aftercare instructions immediately after a test patch, written information must contain explicit information of risks, complications and relevant to treatment to clarify when in an emergency to go to seek emergency care e.g. all Clients must be given emergency practitioner contact details for in and out of hours, may be necessary to refer to local hospital accident and emergency department
- Additional services and products
- The lifestyle factors and changes that may be required to improve the effectiveness of the treatment
- The future treatment needs to retain optimum results
- Visual skin changes and recovery time
- Management of skin condition in between treatments
- The use of recommended skin care products during the healing process such cooling agents,
- Post-treatment adverse reactions and how to deal with them
- How to explain to the Client what to expect after each treatment and what they must do to include: care should be taken to prevent trauma to the treated area for up to 14 days following treatment, skin may feel warm and tender to touch, cold compresses can be applied if treated area feels hot to the touch, avoid touching the area treated, slight swelling may be present and will subside within a short period of time
- How to explain care of the area treated to the Client including: Area treated should be kept clean and dry, heat treatments should be avoided for up to 14 days, not to immerse treated area in very hot water for up to 14 days, aerobic exercise and swimming should be avoided for 24 hours,
- Not to apply perfumed products to the area, to avoid sun beds for the duration of the course of treatments, sun exposure is to be avoided throughout the course of treatment, self-tanning products should not be used 2 weeks prior to treatment and 7 days after treatment, Loose clothing should be worn on body areas to avoid friction

1.17 Explain the methods of evaluating the effectiveness of the treatment

- The purpose of evaluation activities
- How to collate, analyse, summarise and record evaluation feedback in a clear and concise way
- How to evaluate the Client's treatment plan to include: oral or written questioning of Client and visual/manual assessment by the practitioner as appropriate, review of initial treatment plan to establish if outcomes were met, effectiveness of treatment, reassessing choice of products used, treatment techniques, changes in Client requirements, Client expectations, reviewing outcomes and progress to inform recommendations for further treatments, identifying longer term needs, projecting future commitment and costs, practitioner self-reflection in relation to Client and treatment performed, the importance of evaluation to the practitioner

LEARNER OUTCOME 2: Know and understand the systems of the body, their interdependence on each other and how they can affect laser treatments

ASSESSMENT CRITERIA – The Learner can

2.1 Know the structure and function of the cell and tissues

Taught content

- The structures of the cell: cell wall, phospholipid bi-layer, receptor, cytoplasm, endoplasmic reticulum (rough and smooth), vacuole, golgi body, centromere, mitochondria, nucleus, nucleolus, nucleoplasm, peroxisome, lysosome
- The terms relating to processes and activity of the cell: processes by which substances enter and leave the cell (diffusion, osmosis, active transport), phagocytosis, pinocytosis, active endocytosis, exocytosis, chemotaxis
- The terms relating to enzymatic physiological processes: the catabolism of a substrate into product, the characteristics of enzymes (specificity, group specificity, remaining unchanged throughout reaction), protein, co-factor, co-enzyme, amino acid, equilibrium, rate / velocity, denaturation, factors affecting the reaction (heat, pH, concentration), examples of enzymatic processes within the body
- The terms relating to and organelles of the cell involved in mitosis: stages of mitosis, DNA, RNA, tRNA, mRNA, translation, transcription, helix, nucleotide, nucleic acid, amino acid, telomere, adenine, guanine, cytosine, RNA polymerase, mitosis to include all multistage processes within the distinct phases interphase, prophase, metaphase stages 1 and 2, anaphase, telophase, production of two identical daughter cells - stem cells and transient amplifying (TA) cells
- The terms relating to and organelles of the cell involved in energy production, mitochondria, electron transport chain, citric acid (Krebs) cycle, ATP, ADP, essential micronutrients required for the cellular production of ATP, the catabolism of glucose

- The definition of tissue types and their location in the body, the active compounds within tissues (e.g. histamine, heparin, neurotransmitters), the location of immune system cells within tissue types, the extra-cellular matrix (ECM), tissue fluid exchange, vasoconstriction and dilation, vascular damage
- The role of the cell in the physiological processes of non-medical aesthetic treatment: wound healing, repair and regeneration, renewal, interaction with products, the specialised cells and substances in the skin - The T and B cells, cytokines, interleukins, mast cells, Langerhans cells, stem cells, growth factors, the biochemical processes relevant to non-medical aesthetic treatments and product use (for example: enzyme activity in the skin, the movement of substances in tissues, in and out of cells, proteins relevant to the care of the skin)

2.2 Explain the structure and function of the skin

Taught content

- As a physical protective barrier tissue, a hydrophobic and lipophilic organ, as a chemical protective barrier tissue, triple layer structure – epidermis, dermis, subcutaneous layers, principle tissue types – epithelial, areolar and adipose tissues, cell types and appendages
- The epidermal layers, the DEJ (dermo-epithelial junction, the papillary layer, papillary rete pegs, the reticular layer of the dermis, fibroblast cells, the ECM – collagen, elastin, hyaluronic acid, the pilosebaceous unit incorporating the hair follicle, hair and sebaceous gland, the eccrine and apocrine sweat glands, the sensory nerve endings for heat, cold, touch, pain and pressure, arrector pili muscle, arterial and venous vascular vessels, lymphatic vessels
- The functions of the skin:
 - Sensation – heat, cold pain, touch, pressure
 - Heat regulation – vasodilation, vasoconstriction, sweating and arrector pili response
 - Absorption – implications of hydrophobia and hydrophilia in relation to transdermal penetration
 - Protection – physical (epidermis, dermis and subcutis), chemical (epidermis), melanin, immunology (epidermal inflammatory and immune reactions / dermal inflammatory and immune reactions)
 - Excretion – eccrine and apocrine sweat
 - Secretion – sebum and extracellular epidermal lipids
 - Vitamin D production – UV trigger, conversion of dehydrocholesterol, vitamin D synthesis, dietary sources

2.3 Explain the development, structure, histology and function of the epidermis

Taught content

- The characteristics of keratinised, stratified squamous epithelial tissue in contrast to other tissue types

- The development, histology and function of the stratum germinativum, the location of the melanocyte cells, langerhans cells and merkel cells
- The development, histology and function of the stratum spinosum – the process of cell differentiation, shrinking of microfilaments
- The development, histology and function of the stratum granulosum - the transitional zone, bilayer formation
- The development, histology and function of the stratum lucidum - formation of the cornified cell 'envelope', thickness of stratum lucidum according to location on the body, function of the stratum lucidum
- The development, histology and function of the stratum corneum - final stages of keratinisation
- The natural moisturising factor (NMF) as the hydration mechanism of the epidermis
- The natural barrier function of the epidermis and its importance to skin health, the acid mantle

2.4 Explain the development, structure, histology and function of the dermis

Taught content

- Characteristics of areolar connective tissue and the extra cellular matrix - types, locations, functions, background matrix
- Characteristics of the papillary layer - location and composition, the dermal epidermal junction - location, collagen types, function of the papilla
- The characteristics of the reticular layer - location, collagen and elastin types and formation
- The process of dermal regeneration and the defence cells of the dermis - fibroblast cells, mast cells, phagocytes, leucocytes, lymphocytes
- The histology, development and function of dermal collagen

2.5 Explain the structure and function of the dermal appendages

Taught content

- The pilo-sebaceous unit- structure, infundibulum, hair bulge, dermal papilla, arrector pili muscle, sebaceous gland, sebum, the hair and follicle structure, the hair growth cycle, the link between endocrine system and hair growth
- sudoriferous glands- eccrine, apocrine
- Sensory nerves - Merkle cells, sensory perception

2.6 Explain the process of melanogenesis

Taught content

- Skin colour determinants - haemoglobin, carotene, melanin
- Function and types of melanin - biopolymer molecule, eumelanin and pheomelanin,
- The electromagnetic spectrum and ultra violet radiation, wavelengths, visible light, infrared, x rays, UVA focus, UVB focus, photo-ageing overview
- The melanocyte cell, and melanin stimulating hormone, tyrosine and tyrosinase, melanin distribution, epidermal melanin transfer and distribution, melanin in the dermis

2.7 Know and understand benign skin conditions

Taught content

- The signs, symptoms and pathophysiology of the following:
 - Infections: abscess, cellulitis
 - Benign tumours: cysts, lipomata, seborrheic keratosis
 - Other skin conditions: eczema, psoriasis, rosacea
- The implications of these on potential non-medical aesthetic treatment: ability to treat using various modalities, implications on likely outcomes

2.8 Explain skin cancers

Taught content

- The three main types of skin cancers: basal cell carcinoma, melanoma, squamous cell carcinoma to include the following:
 - Likely appearance
 - Causes and development of skin cancers
 - Usual clinical approach, prognosis

2.9 Know the physiological changes associated with skin ageing

Taught content

- Changes to – elastin, collagen, hyaluronic acid levels, epidermal cell turnover, skin adhesion, the effects of oestrogen post menopause, skin density, pore texture, muscle tone, the healing capacity, pigmentation, sebum production, hydration levels, barrier function, vascular network, collagen glycation, hair growth

2.10 Know the signs and symptoms of an ageing skin

Taught content

- Changes to the dermis, loss of dermal integrity, loss of elasticity, loss of hyaluronic acid and the effects of the menopause, skin density
- Vascular damage
- Skin adhesion
- Changes to sebaceous gland activity, pore texture, enlargement of sebaceous glands
- Hyperkeratosis
- Loss of muscle tone and dropped contours
- Collagen glycation
- Lines and wrinkles
- Pigmentation change
- Understanding of relevant dermatological conditions/diseases, e.g. cherry angioma, spider naevus, actinic lentigo, melasma, benign dyschromias related to sun damage, acne, hirsutism, rosacea

2.11 Know the intrinsic and extrinsic environmental effects on the skin which contribute to the ageing process

Taught content

- The definition of the terms “intrinsic” and “extrinsic” and the impact these types of factors may have on the health and appearance of the skin
 - Intrinsic: factors arising within the body, may be linked to long term health conditions or systemic imbalance, may be more difficult and time consuming to affect through aesthetic treatment, may require medical intervention to assist resolution, if this is possible
 - Extrinsic: factors arising from outside the body, may be difficult for the client to change if due to circumstances beyond their control or linked to deeply embedded behaviours
- Intrinsic factors to include: heredity factors, chronologic age, glycation, free radicals (reactive oxygen species), MMP activation, hormones (level and balance), reduced collagen and elastin production, decrease in rate skin renewal, poor desquamation
- Extrinsic factors to include: environment, temperature changes, UV light (artificial and sun exposure), pollution, diet and nutrition, hydration, smoking, medication, alcohol, lifestyle, occupation, exercise, sleep, stress, relaxation, illness, medication, current skin care regime, dermal thickness in relation to excessive UV-radiation
- The effects of UV light on skin ageing
 - Light spectrum, UVA, UVB, UVC, melanocytes, melanin production and function, abnormal elastin production, accelerated ageing, Langerhan cell migration, actinic keratosis, free radical generation, affected DNA repair, altered cell death, bruising, collagen and elastin breakdown, increase in MMP's, effects on vitamin A & C, hyper/hypo-pigmentation, lowered immunity, photosensitivity, seborrheic keratosis, solar keratosis, mole changes, tumours/cancers basal cell carcinoma, squamous cell carcinoma, malignant melanoma
 - Acute and chronic sun damage
 - Knowledge of the risk factors for skin cancer
- The formation of free radicals, free radical damage in the skin and the effects of antioxidants
- The effects of sun exposure past and present on;
 - Levels of free radical activity, resultant changes to skin function, reduction in repair and regeneration capacity

2.12 Explain how ageing affects the skin healing response and skin regenerative treatments

- Slower, less effective, more potential for adverse reactions and poor results
- Regenerative treatment depends upon the ability of the skin to heal well - more time required for results, more need for pre-and post and treatment topicals - topicals essential, Vitamins A & C, HA, etc.

2.13 Explain wound healing as it relates to the skin

Taught content

- The basic principles of the inflammatory and healing mechanisms of the skin
- The basic principles of controlled wounding
- Influential factors in the efficiency of the wound healing responses
- The three principle stages of wound healing – inflammation, proliferation and tissue remodelling / maturation, the arachidonic acid cascade, initial inflammation relating to the Merkle and Langerhans cells and blood components
- The function of the red blood cells and white blood cells in the inflammatory and healing processes
- The blood clotting process, platelets, clotting factors and the formation of the fibrin clots
- The types and role of growth factors in the healing response, initial re-epithelialisation, rebuilding the basement membrane, proliferation via mitosis leading to epidermal regeneration, rebuilding the extra cellular matrix and early collagen formation
- The characteristics of type III collagen, stage three – collagen remodelling and the conversion of collagen from type III to type I, the characteristics of collagen type I, the implications of wound healing to the clinical aesthetic practitioner

2.14 Know the structure and functions of the skeletal system

Taught content

- Bone tissue – compact and cancellous
- Types of bone - long bones, short bones, flat bones, irregular bones, sesamoid bones
- The synovial capsule
- Types of joints and their movement- synovial joints (freely moveable), cartilaginous (partially moveable), fibrous (no movement);
 - Synovial joints - ball & socket- hip, shoulder, hinge – elbow , knee - flexion and extension, pivot- neck, saddle - thumb, condyloid - wrist, gliding- intercarpal joints
 - Movement at synovial joints- flexion, extension, abduction, adduction, rotation- internal and external
- Main bones of the face, head and shoulder girdle;
 - Cranial bones – 8 - frontal x1, temporal x2, occipital x1, parietal x2, sphenoid x 1, ethmoid x1
 - Facial bones – 14 - nasal x2, inferior nasal conchae x2, vomer x1, lacrimal x2, zygomatic x2, maxilla x2, mandible x1, palatine bones x2
 - Shoulder girdle - clavicle, scapula, humerus
 - Neck, cervical vertebrae
 - Bones of the upper and lower limbs
 - Bones of the thorax
 - Bones of the pelvis

- Common pathologies of the skeletal system
- Link the skeletal system to non-medical aesthetic treatment: bony landmarks, application of equipment over bony structures, attachment of muscles to skeletal system

2.15 Know the structure and function of the muscular system

Taught content

- Muscle tissue types - cardiac, smooth and skeletal
- Muscle articulation with joints - origin and insertion - the principle of muscle contraction - insertion moves towards the fixed origin
- Muscles of the face, head and shoulder girdle - location and names;
 - Face - frontalis, temporalis, procerus, corrugator, orbicularis oculi, masseter, zygomaticus, major and minor, levators, depressors, buccinator, risorius, orbicularis oris, mentalis, levator palpebrae
 - Neck - platysma, sternocleidomastoid, splenius capitis and cervicis, trapezius
 - Shoulder girdle - pectorals, rotator cuff muscles, deltoid
 - Major muscles of the upper and lower limb
 - Muscles of the abdomen and trunk
- Common pathologies of the muscular system
- Link muscular system to non-medical aesthetic treatment: role of muscles in the appearance of ageing, muscle tone, attachment of skin to muscles

2.16 Know the structure and function of the lymphatic system

Taught content

- Overview of the functions of the lymphatic system - immunity, absorption of fats and fat-soluble vitamins, removal of excess fluid and waste, unidirectional flow via muscular movement, supported by valves preventing backward flow
- Lymph nodes, lymphatic fluid and lymphatic circulation - the origin of lymphatic fluid, the lymphocytes – their structure and function, the structure of lymph nodes – efferent and afferent vessels, filtration of lymph fluid – removal of debris and pathogens, drainage back to the blood system via the lymphatic duct and right subclavian vein, overview of the main lymphatic vessels and the position of lymph nodes in the head neck and the rest of the body.
- Lymphatic circulation to the face and neck
- Common pathologies of the lymphatic system
- Relevance of the lymphatic circulation to non-medical aesthetic treatment - effects to skin conditions, compromise and immunity, treatment responses and swellings, necessary treatment adaptations, recognition of abnormal oedema to contra-indicate treatment, the role of the immune system in the physiological response to non-medical aesthetic treatments

2.17 Know the structure and functions of the cardio-vascular system

Taught content

- Blood composition – plasma, erythrocytes, leucocytes, thrombocytes / platelets

- Structure and function of blood vessels - arteries, arterioles and arterial capillaries, veins, venules and venous capillaries, gaseous exchange mechanisms
- The terms applied to the circulation of blood in the body: pulse, blood pressure, systolic, diastolic,
- Structure of the heart and the circulation of the blood - atria and ventricles, the tricuspid and bicuspid valves, pulmonary valve, the aortic valve, the pulmonary artery and vein, the aorta , superior and inferior vena cava, the pulmonary circulation, the coronary circulation, the systemic circulation, the cardiac cycle
- Blood supply to the face and head
- Major blood vessels of the upper and lower limbs, thorax and abdomen
- Common pathologies of the cardiovascular system
- Relevance of the cardiovascular system to the non-medical aesthetic practitioner - the control of bleeding and aseptic treatment, the treatment of vascular lesions by non-medical aesthetic modalities (e.g. advanced electrology or laser / IPL), understanding the role of the blood in the inflammatory response in the skin

2.18 Know the structure and functions of the nervous system

Taught content

- The central nervous system - the brain and spinal cord
- The peripheral nervous system - nerves that connect the central nervous system, blood vessels and glands
- The autonomic nervous system – the sympathetic and parasympathetic branches
- The somatic nervous system – sensory nerves and motor nerves
- Nerves specific to the face and neck- trigeminal - facial nerve and the branches
- The nerve cell or neuron - cell body, axon, dendrites
- Nerve signals and the transmission from cell to cell, neurotransmitters and the synaptic gap
- Sensory nerves, mixed nerves and motor nerves, sensory nerve endings to the skin
- Common pathologies of the nervous system
- Relevance of the nervous system to the non-medical aesthetic practitioner - treatment sensation and adaptation, treatment protocols, local anaesthesia, nerve fatigue and numbing, Client care

2.19 Know the structure and functions of the endocrine system

Taught content

- Location, structure and function of the individual endocrine glands, the hormones produced and their effects - the pituitary gland, the hypothalamus control mechanism, the pineal gland, the thyroid gland, the parathyroid glands, the thymus gland, the adrenal glands, the islets of langerhans, ovaries and testes
- The terms used in relation to the endocrine system and its hormones: receptor, agonist, antagonist, feedback mechanism

- The hormones produced by the endocrine glands and their effects, the other hormones involved in the regulation of their levels in the body
- Common pathologies of the endocrine system
- Relevance of the endocrine system to skin condition and treatment- effects on skin health, condition and behaviour, compromise of the barrier function and its impact on healing

2.20 Know the structure and functions of the respiratory system

Taught content

- Structure and function of the respiratory system
- The terms relating to the supply of oxygen and the removal of carbon-dioxide to and from the body: inspiration, expiration, internal and external respiration
- Common pathologies of the respiratory system
- Link between the respiratory system and non-medical aesthetic treatments: supply of oxygen to the cells and tissues, removal of carbon dioxide, role in aerobic and anaerobic respiration

2.21 Know the structure and function of the Urinary system

Taught content

- Structure and function of the urinary system
- Common pathologies of the urinary system
- Link between the urinary system and the other systems of the body in maintaining health: efficient removal of waste, balance of electrolytes, fluid retention

2.22 Know the structure and function of the digestive system

Taught content

- Structure and function of the digestive system
- The route, site and enzymes involved in the absorption of macro and micro-nutrients
- Essential micronutrients (vitamins and minerals) and their role in essential physiological processes
- Common pathologies of the digestive system

2.23 Know the interdependence of the body systems

Taught content

- The interdependence of the body systems on one another in the maintenance of homeostasis and the impact of dysfunction within one system upon the functioning of another
- The effects of the body systems on the indications for and likely outcome of non-medical aesthetic treatment, showing awareness of the relationship between the body systems not directly involved in non-medical aesthetic treatment on the health and appearance of the Client and the response to treatment.

LEARNING OUTCOME 3: Be able to prepare for laser tattoo removal

ASSESSMENT CRITERIA – The Learner can

The following equipment is required: couch, trolley, stool, consultation and record cards, disposable towels, additional support if appropriate, headband, bedroll, tissues, cotton wool, spatulas, disinfecting fluid/medicated wipes, bowls, laser equipment, razors, sharps box, white marking out pencil, pencil sharpener, cleaning fluid/equipment for machine aperture, protective eyewear, nitrile gloves, coupling gel (if required), aftercare/skin cleaning lotion, sunscreen for post care SPF 30/50 waste disposal Client seat

3.1 Prepare themselves, Client and work area for treatment

- Prepare Client and self to meet legal and organisational requirements
- Presentation of self to include attention to personal hygiene, the wearing of freshly laundered appropriate salon wear, with fully supportive and protective flat or slightly raised (1 inch) non slip shoes. Hair must be clean and prepared. Where hair is long it must be secured back from the face. Where make-up is worn, it should be well applied. No jewellery should be worn. A fob-watch can be worn, if it is out of the way and securely attached, -nails to be of appropriate length for treatment to be performed, clean, well-manicured and free of varnish
- All products and equipment to be placed in an ergonomic manner
- Be fully aware of the need to conduct oneself in an appropriate manner at all times
- Ensure environmental conditions are suitable for the client and the treatment: check of laser controlled area and restricted access of laser area, ensuring the observing of local rules regarding removal of shiny surfaces, suitable window coverage is available, there is a lockable entry and exit points, adequate fire precautions and suitable services, signage is not reflective
- Check and calibrate machine (where applicable) prior to use

3.2 Use suitable consultation techniques to identify treatment objective

- Consult in a suitable area, positioning the Client appropriately
- Use consultation techniques to determine the Client's treatment plan to include: questioning, listening, visual, manual, written
- Demonstrate good communication skills to include: positive body language, verbal and non-verbal styles, knowledge of the types of questions to ask to gain information upon which to base relevant treatment decisions (open and closed questions, as appropriate)
- Complete an appropriate consultation form to gain all of the necessary information for a safe and effective treatment to include
 - Identification of previous treatments
 - Declared medical history and current medical status
 - Skin condition and sensitivity
 - Declared relative and absolute contraindications and restrictions

- Emotional and physical condition
- Sun tanning history
- Fitzpatrick scale/Kirby-Desai scale
- Client expectations
- Treatment objectives
- Area to be treated
- Treatment fees
- Date of original tattoo
- Type of tattoo
- Is it a cover up tattoo
- Why is removal/reduction being requested?
- Recognise any contraindications and take the necessary action, encouraging the Client to seek medical advice, explaining why the treatment cannot be carried out, modification of treatment
- Explain the treatment to the Client including physical sensation
- Assess the clients physical and emotional suitability for treatment
- Discuss pain management options to meet legal requirements and organisation protocol
- Ensure understanding and consent from the Client is obtained with the Client signature prior to patch test and treatment
- Ensure correct referral procedures for Client's under the age of 18

3.3 Carry out skin analysis and any relevant tests to identify any influencing factors

- Identify the client's medical history, previous treatment history, skin classification, skin type, area to be treated, skin condition and sensitivity
- Skin classification: Fitzpatrick scale 1- 6, Kirby-Desai scale
- Treatment areas:
 - Head, face and neck
 - torso
 - limbs
 - Hands and feet
- Preparation, marking the treatment area and application of gel (when required) after effectively cleaning the skin, shaving and drying skin pre- treatment as required
- Take pre-treatment photographs of the area to be treated following organisational practices
- Carry out a patch test in the area to be treated, with special attention to hygiene, health and safety of the practitioner and Client

3.4 Provide clear recommendations to the Client

- Provide verbal and written advice and recommendations to client based upon the consultation questions and Client requirements

- Thorough and informative explanation of treatment to the client
- Confirm client's expectations for treatment and capabilities of the laser treatment
- Explain the treatment benefits, limitations, co-operation required
- Explain the expectations of treatment frequency, cost implications and management of realistic expectations
- Identify and agree achievable outcomes of the treatment for the client's skin condition and classification

3.5 Select products, tools and equipment to suit Client treatment needs, skin types and conditions

- Appropriate selection of products, tools and equipment to suit the treatment outcome
- Selection of personal protective equipment that should be worn by client and practitioner during laser treatments
- Selection of products, tools and equipment to suit the treatment outcome

Learning Outcome 4: Be able to provide laser tattoo removal

ASSESSMENT CRITERIA – The Learner can

4.1 Communicate and behave in a professional manner

Explanation of treatment, benefits, limitations and co-operation required, Client care, modesty and support, communication, correct posture, hygiene and a professional approach to the Client throughout treatment, expectations of treatment frequency, cost implications, management of realistic expectations

4.2 Follow health, safety and environmental working practices

- Maintain responsibilities for health and safety throughout the treatment
- Implement risk reduction controls to minimise hazards and risks
- Follow universal hygiene standards and precautions
- Use working practices which minimise fatigue and risk of injury and minimise the risk of cross-infection
- Use environmental and sustainable working practices
- Follow workplace procedures and suppliers' or manufacturers' instructions for the safe use of equipment, materials and products
- Dispose of waste materials to meet legal requirements

4.3 Position self and Client correctly throughout the treatment

- The practitioner must maintain correct working posture throughout the treatment
- Position the client correctly throughout treatment ensuring comfort and correct support is provided
- Protect the client's modesty at all times

- Ensure the Client does not stand on floor with bare feet

4.4 Perform treatment using products, tools, equipment and techniques to suit Clients treatment needs, skin types and conditions

- Treatment areas:
 - Head, face and neck
 - torso
 - limbs
 - Hands/feet
- Carry out the first treatment after patch test , allowing suitable time in line with government recommendations, insurance requirements and manufacturer's instructions , treat using parameters recommended by manufacturer
- Observe local rules and medical protocols
- Set parameters according to protocols and manufacturers' guidance and leave in standby mode: wavelength(s), fluence, pulse duration or width, pulse delay, pulse repetition rate, spot size
- Wash hands
- Ensure client is in comfortable position for treatment
- Put disposable gloves on
- Ensure the area to be treated is clean, oil free and dry prior to treatment
- Illuminate the area to be treated to ensure maximum visibility
- Shave and dry the treatment area
- Mark out the treatment area using white laser marking pencil
- Correct use of protective eye wear and protective clothing: give Client protective eyewear , put on protective eyewear
- Apply clear gel to area with a spatula (if applicable for the machine)
- Take laser machine out of standby mode
- Apply pre-cooling as per manufacturer recommendation
- Perform test shots to the area prior to continuing at the same setting with full treatment following manufacturer's instructions throughout
- Position the laser hand-piece perpendicular to the tattoo evidencing contact of the spacer bar without pressure or as dictated by the manufacturer's guidelines
- Perform treatment using patch test parameters as per manufacturers' instructions
- Adjust parameters based on ,skin reaction and end points with consideration to client's discomfort
- Position client for correct application as necessary
- Perform the treatment systematically using side by side shots
- Check client wellbeing, skin reaction and tolerance throughout the treatment
- Discontinue treatment where adverse reactions occur

- Complete the treatment within a commercially viable time
- Post treatment : Clean gloves with sanitising solution, Make the equipment safe take photos prior to post procedure, cool, apply suitable postcare cooling product, apply suitable dressing if required
- Remove gloves
- Document settings prior to switching off machine
- ensure the Clients records are completed, updated and signed by practitioner and the Client

4.5 Perform the treatment to the satisfaction of the Client

- Conclude treatment in an appropriate manner to meet Client's needs and manufacturers' instruction
- Check treatment reaction with Client
- Client response to treatment and feedback

4.6 Provide suitable aftercare advice

- Information and advice to be based on knowledge gained for consultation and treatment outcomes
- Ensure Client signs for receipt of written aftercare instructions
- Information given to include:
 - Additional services and products
 - The lifestyle factors and changes that are required to improve the effectiveness of the treatment
 - The future treatment needs
 - Visual skin changes and recovery time
 - The use of recommended cooling products during the healing process, high factor sun protection
 - Post-treatment adverse reactions and how to deal with them

4.7 Record and evaluate the results of the treatment

- Update treatment records
 - Record the results of the treatment including endpoints (contra-actions), any possible adverse reactions that occur
 - Client response to treatment and feedback, note benefits of the treatment, product advice, homecare advice, understand the storage of records, demonstrating knowledge of confidentiality requirements
 - Signing and dating treatment records

ASSESSMENT METHODOLOGY

Portfolio

A range of assessment methods may be used by the Centre to check the Learner's understanding of the subject.

Portfolios to include supplementary evidence of the following

- All consultation and Client record sheets to correspond with the range sheet.
- All before and after photographs
- Range Sheet / Log book

Evidence of a minimum of 10 competent supervised treatments on a range of tattoos, skin types and body areas.

Assessment guidance

Where possible Client should be external to the members of the course group.

Areas to be treated are;

Treatment areas:

- Head, face and neck
- Torso
- Limbs
- Hands/feet

Evidence of a minimum of THREE different tattoo types:

- Professional
- Cosmetic
- Amateur
- Medical
- Traumatic

External Examinations

LO3 and LO4 will be externally examined during a practical examination.

Practical examination

Whilst the knowledge and understanding content underpinning LO1 and LO2 may be naturally assessed in the practical examination, it will be tested by external theory paper at the end of the qualification.

External examinations will test knowledge and understanding from across the whole qualification.

For examination purposes CIBTAC Examiners will also orally question Learners during the practical examination.

Practical	Theory	Portfolio
LO3 LO4	LO1 LO2	Completed portfolio to be presented to the Examiner showing evidence of range and case studies