













- (iv) are diabetic
- (v) have recently suffered haemorrhage or swellings
- (vi) have recently had an operation
- (vii) are receiving medical treatment or have a condition that might be affected by **Treatment**

**23 Thermo Auricular Therapy (Ear Candles)**

the ear candles used incorporate a safety filter

**24 Sports Massage**

must be carried out by a person who holds Level 3 of the National Qualifications Framework or equivalent qualification and a pre-treatment questionnaire must be completed by the client prior to treatment being given

**25 Hair Extensions**

Cover for the application of Hair Extensions will only be provided to fully qualified Hairdressers and Hair Stylists and cover will not be extended to include the extensions themselves only the application of

**26 Sauna/Steam Room Treatments**

**You** will ensure that

- (a) All floors that are likely to become damp or wet have non-slip surfaces
- (b) Instructions are given to all customers as to the method of safe use of the facilities
- (c) **You** supervise the use of equipment at all times and will remain in the salon continuously while the equipment is in use

**27 Sharps Disposal**

**You** will ensure that all clinical waste is disposed of into a sharps container immediately after use and further disposed of by an appropriately qualified waste contractor or other approved method according to the currently recognised professional standard

**28 Patch Testing**

**You** will carry out relevant patch testing in accordance with training and manufacturer's instructions and

- (a) Before the provision of the clients first treatment
- (b) After a change in their medical history
- (c) When **You** change any preparations used in tinting treatments or change the manufacturer of the tinting preparations
- (d) At intervals of not more than 12 months
- (e) In accordance with those terms already specified previously

**You** will carry out patch testing in respect of the following treatments:

- (a) Laser Treatments
- (b) Intense Pulsed Light (IPL)
- (c) Tinting/Colouring (including semi-permanent mascara)
- (d) Micropigmentation
- (e) TCA Peels

**You** will not provide treatment following any allergic reaction to a skin test.

**29 Record Keeping**

- (a) **You** will adequately record each treatment given to each client
- (b) The record will include full details of the consultation process, the treatment, the result of the treatment and any aftercare instructions given where appropriate
- (c) **You** will keep the record for at least 7 years following the last occasion on which treatment was given. In the case of treatment to minors, **You** will keep records for at least 7 years after they reach the age of 18.
- (d) In the case of trial or demonstration sessions undertaken at shows, seminars, talks, conferences, course and exhibitions instead of a) b) or c) above, the name and brief details of the person, date of session, condition and treatment provided will be recorded
- (e) The record must include evidence of patch testing where applicable

**30 Aftercare**

For all treatments where the client is required to perform aftercare, written instructions describing that care will be given to each client by **You** on each occasion that the treatment is given

**31 Compliance with Local Authority Registration Requirements and Government Legislation**

**You** will maintain a valid registration with **Your** local authority where this is a requirement of **Your** local authority and comply with all legislation relating to the Treatment **You** perform

**32 Hair Straightening Treatments**

**You** will not use any product containing more than 0.2% formaldehyde

**Warranties applicable to Advanced Treatments (Your Certificate of Insurance will state which of the following Additional Treatments are operative)**

**You** warrant that all the Additional **Treatments** will be carried out by a trained and qualified person and in respect of

**1 Low Power Laser Therapy for Dermatological and Chiropody Treatments Only** the treatments must be carried out within a **Salon**

- (a) which retains the services of a qualified Laser Protection Adviser
- (b) where **You** provide and adhere to appropriate treatment protocols

**2 (a) Red Vein Treatment Skin Tags, Warts, Milia and Spider Naevi By Advanced Electrolysis Shortwave Diathermy, Thermo-Coagulation, Veinwave, Thermavein and V Beauty, And Red Vein Treatment And Spider Naevi By The Sterex Blend Method and Cryopen Treatment**

**You** will check that approval has been given by the client's own General Practitioner In respect of the removal of warts or moles before commencing the **Treatments**

In respect of the **Treatment** of Blood Spots and Dermatitis Papulosa Nigra **You** must hold a Sterex Advanced Certificate or British Institute And Association of Electrolysis qualification or equivalent agreed by us

- (b) **Red Vein Treatment, Skin Tags, Warts, Milia and Spider Naevi by Laser System or Intense Pulsed Light or Cryopen Treatment**  
must be carried out within a **Salon**
- (i) which retains the services of a qualified Laser Protection Adviser
  - (ii) where **You** provide and adhere to appropriate treatment protocols
  - (iii) in relation to Cryopen treatments all operatives will have trained with Cryosthetics or a trainer that has been specifically agreed by **Us**
  - (iv) Cryopen must only be used for the treatment of Skin Tags, Milia, Warts, Moles, Solar Lentigo and Cherry Angiomas

- 3 Sclerotherapy by Hypodermic Injection, Mesotherapy by Use of Injection,**  
Sclerotherapy for the treatment of Thread Veins and Spider Naevi by hypodermic injection treatment will be performed in accordance with advice from the clients General Practitioner and **You** have completed an approved training course in Sclerotherapy delivered by an appropriate practitioner.  
In respect of Mesotherapy **You** must be fully trained and qualified to carry out the treatment

**You** will use a new sterile needle which must be disposed of immediately into a sharps container once treatment is completed for each client

**You** warrant that treatment will not be carried out on any person under the age of 18

**We** will not be liable for any **Injury** caused by the treatment of varicose veins

- 4 (a) Intense Pulsed Light (IPL) Intense Flash Light (IFL) Variable Pulsed Light (VPL) or Light Heat Energy (LHE) and Laser Hair Removal for Fitzpatrick Skin Types I to VI**  
**You** warrant that **Treatments** are carried out within a **Salon**
- (i) which retains the services of a qualified Laser Protection Adviser
  - (ii) where **You** provide and adhere to appropriate treatment protocols
- You** warrant that **You** have completed and attained a qualification in respect of
- (i) Core of Knowledge training in respect of the use of Lasers and IPL and;
  - (ii) An Artificial Optical Radiation Safety Course and;
  - (iii) an Operational Training Course from the manufacturer or supplier of the equipment or an Operational Training Course provided by a professional training company designed for Laser and IPL treatments; and
  - (iv) Level 3 NVQ or equivalent qualification in beauty treatments
- (b) **Low Power Laser Therapy for Dermatological and Chiropody Treatments Only** treatments must be carried out within a **Salon**
- (i) which retains the services of a qualified Laser Protection Adviser
  - (ii) where **You** provide and adhere to appropriate treatment protocols
- (c) **Red Vein Treatment Skin Tags, Warts, Milia and Spider Naevi By Advanced Electrolysis Shortwave Diathermy, Thermo-Coagulation, Veinwave, Thermavein and V Beauty, And Red Vein Treatment and Spider Naevi By The Sterex Blend Method and Cryopen Treatment**  
**You** will check that approval has been given by the client's own General Practitioner In respect of the removal of warts or moles before commencing the **Treatments**

In respect of the **Treatment** of Blood Spots and Dermatitis Papulosa Nigra **You** must hold a Sterex Advanced Certificate or British Institute And Association of Electrolysis qualification or equivalent agreed by us

- (d) **Red Vein Treatment, Skin Tags, Warts, Milia and Spider Naevi by Laser System or Intense Pulsed Light or Cryopen Treatment**  
must be carried out within a **Salon**
- (i) which retains the services of a qualified Laser Protection Adviser
  - (ii) where **You** provide and adhere to appropriate treatment protocols
  - (iii) in relation to Cryopen treatments all operatives will have trained with Cryosthetics or a trainer that has been specifically agreed by **Us**
  - (iv) Cryopen must only be used for the treatment of Skin Tags, Milia, Warts, Moles, Solar Lentigo and Cherry Angiomas
- (e) **Micro Epidermal Skin Technology, Micro Dermabrasion, Skin Rejuvenation, Photo Rejuvenation and Acne Clearance by Intense Pulsed Light, Variable Pulsed Light, Light Heat Energy and Laser Systems, Inch Loss by Laser Lipo**  
must be carried out within a **Salon**
- (i) which retains the services of a qualified Laser Protection Adviser
  - (ii) where **You** provide and adhere to appropriate treatment protocols

**We** will not be liable for liability in respect of Smart Lipo and Tattoo Removal

## **5 Micropigmentation, Dermatude, Dermapen and Meso Vytal**

**Basic Micropigmentation** treatments are defined as: Eyeliner, Eyebrow Lengthening, Eyebrow Creation & Filling, Lip Liner and Full Lip Colour, Microblading

**Advanced Micropigmentation** treatments are defined as: Areola Re-pigmentation, Scar Disfigurement, Stretch Mark Camouflage, Re-pigmentation of Vitiligo, Cleft Palate, Hair Replacement on the Hairline or Scalp

- (a) **Basic Micropigmentation Procedures**
- (i) **You** have been fully trained by an authorised teacher who has issued the relevant certification to **You** to perform Eyeliner, Eyebrow Liner and Lip Liner



- (ii) **You** perform a sensitivity patch test on the client using the exact substance that is to be applied during the Micropigmentation treatment at least 24 hours before the proposed Micropigmentation treatment and will not proceed with the treatment if the results of the test are not satisfactory
  - (iii) if there is an allergic reaction then **We** will not be liable for any **Treatment** carried out subsequently
  - (iv) a consent form is completed and signed by the client prior to the **Treatment**
  - (v) **You** will use a new sterile needle for each new **Treatment** which will be disposed of immediately afterwards into a sharps container
  - (vi) **You** will not carry out treatment on any person under the age of 18
- (b) **Advanced Micropigmentation Procedures**
- (i) **You** will perform a sensitivity patch test on the client using the exact substance that is to be applied during the Micropigmentation treatment at least 24 hours before the proposed Micropigmentation treatment and will not proceed with the treatment if the results of the test are not satisfactory
  - (ii) if there is an allergic reaction then **We** will not be liable for any **Treatment** carried out subsequently
  - (iii) a consent form is completed and signed by the client prior to the treatment
  - (iv) **You** will use a new sterile needle for each new **Treatment** which will be disposed of immediately afterwards into a sharps container
  - (v) **You** have been trained for Advanced Procedures by one of the following approved trainers/training schools:
    - Dawn Cragg (London)
    - Nouveau Contour Ltd
    - Specialist Make-Up Services Ltd
    - Natural Enhancements Ltd
    - Finishing Touches (SPMU) Ltd
  - (vi) **You** will not carry out treatment on any person under the age of 18
- (c) **Dermatude Procedures**
- You** will ensure that
- (i) a consent form is completed and signed by the client prior to the treatment
  - (ii) **You** have been trained by one of the following approved trainers/training schools:
    - Dawn Cragg (London)
    - Finishing Touches (SPMU) Ltd
  - (iii) **You** will not carry out treatment on any person under the age of 18

**We** will only be liable for Basic Micropigmentation **Treatments** if **You** are a trained operative in accordance with part (v) of the **Advanced Micropigmentation Procedures** warranty whereby **We** will cover **You** in respect of both Basic and Advanced Micropigmentation Treatments

The following Micropigmentation procedures are excluded:

- (a) Tattoo Removal and All other procedures

- 6 **Micro Epidermal Skin Technology, Micro Dermabrasion, Skin Rejuvenation, Photo Rejuvenation and Acne Clearance by Intense Pulsed Light, Variable Pulsed Light, Light Heat Energy and Laser Systems, Inch Loss by Laser Lipo** must be carried out within a **Salon**
- (a) which retains the services of a qualified Laser Protection Adviser
  - (b) where **You** provide and adhere to appropriate treatment protocols

**We** will not be liable for liability in respect of Smart Lipo and Tattoo Removal

- 7 **Ear Piercing of the Cartilaginous Part of the Ear**  
Treatment is carried out using one of the following systems: Blomdahl Medical Ear Piercing System, Caress 2000, Coren, Inverness, Medisept, New Calfon Disposable, Perfex, Studex Ear Piercing System, Trips Sterile Guard

- 8 **Trichloroacetic Acid (TCA) Peels Maximum 7% TCA and 2% Salicylic Acid**  
TCA (Trichloroacetic Acid) Peel treatments;
- (a) **You** will provide the client with a full and thorough consultation and obtain a signed consent form from the client
  - (b) **You** will provide the client with written before and after care instructions and ensure the client signs a record card confirming that they will comply with the before and after care instructions
  - (c) **You** will perform a sensitivity patch test on the client using the exact substance that is to be applied during the TCA treatment in accordance with the manufacturer's instructions 24 hours before the proposed treatment and will not proceed with the treatment if the results of the test are not satisfactory
  - (d) **You** will not carry out this treatment on any person who is pregnant
  - (e) **You** will not carry out this treatment on any person with sores or open cuts or wounds
  - (f) **You** will not carry out this treatment on any person who has an allergy to Aspirin or anyone who is using Retinoic Acid or Retin A
  - (g) the maximum concentration of Trichloroacetic Acid will not exceed 7% and Salicylic Acid will not exceed 2%
  - (h) **You** will not carry out treatment on any person under the age of 18

**We** will not be liable for any **Injury** where the concentration of TCA (Trichloroacetic Acid 7% combined with Salicylic Acid 2%) exceeds these respective percentages unless otherwise agreed in writing by **Us**

- 9 **Cryotherapy Induced Lipolysis (Cryolipolysis) and Ultrasonic Lipo Cavitation and High Intensity Focussed Ultrasound (HiFu)**

Cryotherapy Induced Lipolysis (Cryolipolysis) **You** warrant that;

- (a) **You** have completed Level 3 NVQ or Equivalent for Beauty and Electrical treatments; and
- (b) **You** hold a minimum Level 3 Anatomy and Physiology Qualification; and
- (c) **You** have completed a training course provided by the Academy of Advanced Beauty for the specific treatment being provided or a training provider approved by **Us**
- (d) This Advanced **Treatment** will not be carried out on any person who has any condition which is a contra-indication to treatment
- (e) This Advanced Treatment will not be carried out on any person under the age of 18
- (f) A consent form will be completed and signed by the client prior to Treatment

Ultrasonic Lipo Cavitation **You** warrant that;

- (a) **You** have completed Level 3 NVQ or Equivalent for Beauty and Electrical treatments; and

- (b) **You** hold a minimum Level 3 Anatomy and Physiology Qualification; and
- (c) **You** have completed a manufacturers or professional training course for this treatment and are fully qualified to provide this specific treatment
- (d) this Advanced **Treatment** will not be carried out on any person who has any condition which is a contra-indication to treatment
- (e) this Advanced **Treatment** will not be carried out on any person under the age of 18
- (f) a consent form is completed and signed by the client prior to **Treatment**

High Intensity Focused Ultrasound (HiFu)

**You** will ensure that;

- (a) **You** have completed a Level 3 NVQ beauty qualification and have completed an approved training course in HiFu delivered by an appropriate practitioner approved by **Us**; and
- (b) This Advanced **Treatment** will not be carried out on any person who has any condition which is a contra-indication to treatment
- (c) This Advanced **treatment** will not be carried out on any person under the age of 18
- (d) A consent form will be completed and signed by the client prior to **Treatment**
- (e) After care advice must be provided in writing

#### 10 **Micro-Needling, Dermalroller and Collagen Induction Therapy**

- (a) A local anaesthetic cream is used that is not based on nanosomes
- (b) Rollers with needles longer than 1.5mm will not be used
- (c) Each medical roller will
  - (i) only be used for one customer
  - (ii) be sterilised prior to each use
  - (iii) be discarded after 6 uses
  - (iv) sterilisation fluids used to sterilise medical rollers are replaced daily

#### 11 **Dermaplaning**

**You** will ensure that

- (a) a consent form is completed and signed by the client prior to the treatment
- (b) **You** will use a new sterile scalpel (which will be disposed of immediately into a sharps container once treatment is completed) for each client
- (c) **You** hold a level 2 beauty qualification and have completed an approved training course in Dermaplaning delivered by an appropriate practitioner
- (d) **You** will not carry out treatment on any person under the age of 18
- (e) After care advice must be provided in writing

#### 12 **Fibroblast, Plasma Pen/Shower/Non-surgical treatments using plasma technology** for the treatment of fine lines, hooded eyes, Removal of Skin Tags, Warts, Scarring including Stretch Marks and Acne Scars, skin tightening/Lifting and rejuvenation.

**You** will ensure that

- (a) **You** will provide the client with a full and thorough consultation and obtain a signed consent form from the client prior to each **Treatment**
- (b) **You** will provide the client with written before and after care instructions and ensure the client signs a record card confirming that they will comply with the before and after care instructions
- (c) **You** will perform a sensitivity patch test on the client in accordance with the manufacturer's instructions 24 hours before the proposed **Treatment** and will not proceed with the **Treatment** if the results of the test are not satisfactory
- (d) **You** will not carry out this **Treatment** on any person who is pregnant
- (e) **You** will not carry out this **Treatment** on any person with sores or open cuts or wounds
- (f) **You** will not carry out this **Treatment** on any person under the age of 18
- (g) In respect of the **Treatment** of warts You will obtain approval from the clients own General Practitioner before commencing the treatment
- (h) **You** have completed Level 3 NVQ or Equivalent for Beauty and Electrical treatments;
- (i) **You** have completed a training course provided by a training provider approved by **Us**;
- (j) This Advanced **Treatment** will not be carried out on any person who has any condition which is a contra-indication to the treatment;
- (k) **Treatment** is carried out using a fully licensed and recognised system approved by **Us**
- (l) This **treatment** must be carried out in a salon environment or suitably approved premises where the machine is kept stable at all times.

The following Plasma Technology procedures are excluded:  
Tattoo Removal using Plasma Technology.