
Unit Specification

UIP7 – Infection prevention (COVID-19) for clinical aesthetics

Unit reference number: L/618/3061

Level: 2

Guided Learning (GL) hours: 4

Overview

The aim of this unit is to develop the learner's knowledge and understanding of how to prevent the spread of COVID-19 and how to work safely. Learners will develop knowledge on the importance of social responsibility, the causes, transmission and effects of COVID-19, and the methods used to control transmission such as correct hand hygiene and the use of Personal Protective Equipment (PPE). They will also gain an understanding of the safe working practices required in the clinic to protect themselves and their patients.

Learning outcomes

On completion of this unit, learners will:

LO1 Understand the causes, transmission and effects of COVID-19

LO2 Understand social responsibility for the clinical aesthetics sector in relation to COVID-19

LO3 Understand the controls necessary to prevent the spread of COVID-19

LO4 Understand the importance of Personal Protective Equipment (PPE), Hand Hygiene and Personal Hygiene in the prevention of COVID-19

LO5 Understand potential hazards and risks and the workplace procedures necessary to prevent the spread of COVID-19 in the clinical aesthetic environment

LO6 Understand decontamination and waste management processes relevant to clinical aesthetic treatments

Unit content

LO1 Understand the causes, transmission and effects of COVID-19

How infection can spread

Taught content

- Conditions required for the spread of infection
- Sources of infection, for example, body fluids, excretions, secretions
- Definition of 'cross-infection'
- Routes of transmission
 - Direct – person-to person transmission
 - Indirect – for example, airborne, fomites, blood borne
- Routes of infection
 - Respiratory tract
 - Skin
 - Digestive tract
 - Urinary/reproductive tract
 - COVID-19 – respiratory tract, eyes, mouth and nose

Chain of infection

Taught content

- Definition of the chain of infection
- Definition of pathogen
- Infection occurs when pathogenic microorganisms enter the body, increase in number and damage body tissues
- Stages in the chain of infection
 - Infectious agent – the pathogen which causes the disease
 - 'Reservoir' – environment where the pathogen survives, for example, people, equipment, work surfaces, water, food, animals
 - Portal of exit – way the pathogen leaves the reservoir for example, coughing, sneezing
 - Mode of transmission/transfer – how the pathogen is passed on, for example, direct contact, inhalation
 - Portal of entry – the way the pathogen enters a new host for example, respiratory tract, mucous membranes
 - Suitable/susceptible host – individual at risk of infection
- Chain of infection in relation to clinical aesthetic treatments/procedures

COVID-19

Taught content

- Definition of Coronaviruses (CoV)
 - SARS (Severe Acute Respiratory Syndrome)
 - MERS (Middle East Respiratory Syndrome)
 - Novel coronavirus (SARS-CoV-2) causes the disease Coronavirus Disease 2019 (COVID-19)
- Signs and symptoms of COVID-19, for example:
 - Estimated incubation period 1-14 days
 - Main symptoms
 - High temperature
 - New, continuous cough
 - Loss or change to sense of smell or taste
 - Less common symptoms
 - Sore throat
 - Nasal congestion
 - Headache
 - Conjunctivitis
 - Skin rash
 - Diarrhoea
 - Aches and pains
- Spread through respiratory droplets
 - Direct contact from infected person
 - Indirect contact via surfaces and objects
- Who can spread it
 - Anyone
 - Pre-symptomatic – those who have contracted the disease but who are not yet exhibiting any symptoms
 - Symptomatic – those exhibiting signs of the disease
 - Asymptomatic – those who have contracted the disease but who are showing no signs
- Who can catch it
 - General population
 - Higher risk population
 - Moderate risk (clinically vulnerable) for example, those aged 70 or over, those with underlying health conditions such as diabetes, chronic heart disease such as heart failure, chronic liver disease such as hepatitis, chronic kidney disease, chronic (long-term) respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD), bronchitis or emphysema, weakened immunity due to chemotherapy or the use of medicines such as steroids, those seriously overweight (BMI of 40 or above), those who are pregnant, chronic neurological conditions such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy, indigenous populations
 - High risk (clinically extremely vulnerable) for example, solid organ transplant recipients, people with specific cancers: people with cancer

undergoing active chemotherapy, lung cancer undergoing radical radiotherapy, cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma at any stage of treatment, people having immunotherapy or other continuing antibody treatments for cancer, those having targeted cancer treatments which can affect the immune system, people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs, those with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD), those on immunosuppression therapies sufficient to significantly increase the risk of infection, pregnant women with significant heart disease (congenital or acquired), people with rare diseases and inborn errors of metabolism that significantly increase risk of infections, such as Severe combined immunodeficiency (SCID), homozygous sickle cell

- Other factors may also increase risk, such as living in a care home, coming from a minority ethnic background or being a frontline worker
- Infection can occur due to:
 - Close contact with infected individual
 - Fomites – touching an object contaminated by respiratory droplets, for example from a cough or sneeze then touching the eyes, nose or mouth
- COVID-19 can survive for:
 - Up to 72 hours on plastic or stainless steel
 - Less than 4 hours on copper
 - Less than 24 hours on cardboard

LO2 Understand social responsibility for the clinical aesthetics sector in relation to COVID-19

Social responsibility and the provision of clinical aesthetic treatments in relation to COVID-19

Taught content

- Definition of social responsibility
 - The practice of producing/supplying goods or services in a way that is not harmful to society or the environment
- Key principals of social responsibility
 - Business behaviours/values
 - Behave ethically, for example, establishing protocols/working practices to protect the health of staff, patients and visitors, working accordance with regulatory requirements, staying up to date with changes in business regulations and practices
 - Be accountable, for example, having a clear mission statement and COVID-19 infection control policies and procedures and risk assessment in respect of upholding high standards of hygiene to increase patient confidence and prevent the spread of infection, identification of business practices and values, duty of care, undertaking regular review of policies and procedures
 - Be transparent, for example, providing staff, patients and suppliers/visitors with clear guidelines on clinic COVID-19 protocols such as premises layout, operating procedures, social distancing, deliveries, for example signage, email communications
 - Respect the interests of all stakeholders such as patients, staff, suppliers/visitors, the local community, for example considering the implications of changes to working practices such as trading hours
 - Take into consideration local and society norms of behaviour, for example social distancing, the use of face coverings, etc.
 - Demonstrate respect for human rights, for example, considering all patients equally, being non-discriminatory, inclusive staffing
 - Comply with legislation/law, for example, COVID-19 trading restrictions, instructions from authorities in the event of new local restrictions etc.
 - Promote sustainable working practices, for example, low energy equipment, recycling
- The benefits of social responsibility for clinical aesthetics practice, for example:
 - Patient confidence
 - Positive impact on preventing the spread of COVID-19
 - Protection of vulnerable members of society from the spread of COVID-19
 - Increased employee loyalty
 - Local community confidence
 - Local/national economy
- Staff social responsibility
- Patient social responsibility
- Community social responsibility

Social responsibility in own role

Taught content

- Awareness of local and national Government legislation relating to COVID-19 of the country therein, for example:
 - The Control of Substances Hazardous to Health (COSHH) 2002
 - The Health and Safety at Work Act 1974
 - Health and Safety (Offences) Act 2008
 - The Personal Protective Equipment at Work Regulations 1992
 - Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2013
 - The Public Health (Control of Diseases) Act 1984
 - The Health Protection (Coronavirus Restrictions) (No. 2) (England) Regulations 2020
 - Health Protection (Coronavirus, Business Closure) (England) Regulations 2020
 - Equality Act 2010
- Responsibilities to include:
 - Awareness and understanding of clinic policies and procedures in relation to COVID-19
 - Adherence to any workplace timings for example, staggered start and finish times, staggered break times
 - Compliance with social distancing guidelines of the country therein
 - Adherence to 'no contact' greeting regulations with patients, other staff or visitors
 - Ensuring contract/delivery staff are made aware of protocols
 - Management of shared areas for example, reception, staff room, clinic offices
 - Management of workflow in relation to available space and equipment
 - Cleanliness of the clinic to prevent cross-infections via direct or indirect contact
 - Increased frequency of hand washing/hand sanitising
 - Use of workplace equipment – individual workstations/areas, trolleys, products, tools and equipment in appropriate manner
 - Use of personal protective equipment (PPE), for example, using protective face coverings, single-use items, for example disposable gloves, plastic apron, etc. and correct hand hygiene methods
 - Work area decontamination/preparation – treatment/procedure times to include work area decontamination time between patients for example, approximately 30 minutes between patients
 - Disposal of waste in the correct manner
 - Ensuring manufacturers' instructions are always followed when using products and equipment, for example cleaning agents, sterilising fluids, autoclaves
 - Reporting of hazards, work-related incidents or accidents, diseases and dangerous occurrences to the appointed health and safety representative/senior staff member
 - Follow protocols for emergencies, for example incidents or accidents requiring first-aid treatment, adverse effects
 - Ensuring that all personal patient data records remain safe and confidential in accordance with current data protection legislation of the country therein, for

example, COVID-19 related screening questions, health declaration forms, temperature check details

- Maintenance of contact logs in accordance with current data protection legislation and COVID-19 contact tracing regulations of the country therein, for example, details of patients' visit, date, time, name, address, contact details and practitioner details which are kept for a period of time and then destroyed
- Updating patient records following treatment

Health and wellbeing of staff and patients

Taught content

- Staff
 - Identification of staff especially vulnerable to COVID-19 and implications for work role, for example, possible role adaptation
 - Provide support around mental health and wellbeing
 - Confirm that they are free from illness and have had no contact with any confirmed cases of COVID-19 or those ill and quarantined in the last 14 days
 - Confirm that they have not had a continuous cough, cold, difficulty in breathing, temperature over 37.8° C or 100.04 °F, loss or change to sense of smell or taste, been ill or quarantined in the last 14 days
 - Confirm they have not travelled to another country in the last 15 days
 - Health Declaration Forms to be signed according to guidance of the country therein
 - Instruct staff who are ill to stay at home or to go home if they become ill whilst at work. Require them to remain in self-isolation at home for the recommended time and to return to work only when they are well and showing no signs or symptoms of the disease. Staff to follow sickness absence reporting regulations of the country therein for period of illness and return to work. Advise staff to obtain test if available – in accordance with guidelines of the country therein
 - Use of sign-in/out sheet for monitoring contacts/contact tracing purposes
 - Training for staff on COVID-19 health, safety and hygiene protocols, for example social distancing, correct hand hygiene methods and use of PPE, mental health and wellbeing
 - Ensure staff training is updated should COVID-19 guidelines change
- Patients
 - Triage should be performed before booking any patient for a face to face appointment
 - Pre-screen patients prior to appointments – issue health/wellness questionnaire via online social media platforms/applications, messaging, email, telephone calls, completed and returned electronically
 - Pre-consultation – medical questionnaire forms to be forwarded, completed and returned electronically
 - Identification of patients especially vulnerable to COVID-19 and the implications for treatment/procedure delivery, for example adaptation of working practices or treatment/procedure timings, postponement of the treatment delivery

- Confirm that they are free from illness and have had no contact with any confirmed cases of COVID-19 or those ill and quarantined in the last 14 days
- Confirm that they have not had a continuous cough, cold, difficulty in breathing, temperature over 37.8° C or 100.04°F, loss or change to sense of smell or taste, been ill or quarantined in the last 14 days
- Confirm they have not travelled to another country in the last 15 days
- Health Declaration Forms to be signed
- Decline treatment/procedure for those who report feeling unwell or with any symptoms of COVID-19 or have had recent contact with anyone showing symptoms or with a diagnosis of COVID-19
- Use sign-in/out sheets to monitor contact if applicable – follow contact tracing guidelines of the country therein
- Update patients on new hygiene and treatment/procedure protocols via email, text messaging etc.
- Advise patients of information posters/signage in clinic, for example, contact tracing QR code posters
- Advise the patient on how to don and doff the required PPE safely
- Advise patients that failure to observe safety measures will result in treatments being withheld
- General
 - The purpose and use of contact tracing applications of the country therein

LO3 Understand the controls necessary to prevent the spread of COVID-19

Breaking the chain of infection

Taught content

- Stop spread of infection – break at least one link within the chain
- Standard infection control precautions (SICPs)
 - Risk assessment
 - Regular hand washing
 - Use of hand sanitisers
 - Use of Personal Protective Equipment (PPE) – FFP2, FRSM, disposable gloves, plastic aprons, visors etc.
 - Safe management of linen
 - Respiratory hygiene and cough etiquette
 - Safe management of equipment
 - Safe management of treatment environment
 - Safe management of blood and body fluids
 - Safe disposal of waste (including sharps)
 - Occupational safety/managing the prevention of exposure (including sharps)
- Additional precautions
 - Social distancing measures
 - Contact tracing
 - Immunisation/vaccination (where possible)
 - Temperature checking
 - Anyone entering the premises is required to undergo temperature checks in accordance with local and national guidelines of the country therein

Workplace standard infection control procedures

Taught content

- Risk assessment
 - Premises
 - Treatments/procedures
 - Staff, patients
 - All work activities, for example, reception duties, treatment/procedure protocols
- Infection prevention and control (IPC)
 - Health and safety protocols, for example social distancing
 - Hygiene protocols
 - Roles and responsibilities – employer, employees, patients, visitors
 - Protocol for managing those patients, staff or visitors with suspected COVID-19, for example, seek government health advice relevant to the country therein (National Coronavirus Helpline or similar), emergency procedures to manage the unwell patient, staff member or visitor to return home/to a location they can self-isolate, or

to a medical facility if necessary, decontamination and waste management processes necessary following suspected contact

- Provision of Personal Protective Equipment (PPE)
 - PPE appropriate for each treatment/procedure for example, fluid repellent gowns, disposable gloves, visors etc.
 - Clean, re-useable PPE, for example visors
- Hand hygiene
 - Hand washing facilities
 - Hand sanitisation points
- Promotion of safe work spacing
 - Demarcation of premises/working areas in accordance with national social distancing guidelines of the country therein, for example taped zones or physical barriers e.g. acrylic screens on reception desks
- Provision of a clean environment
 - Deep clean of clinic premises prior to re-opening
 - Frequent cleaning/decontamination, particularly of high touch areas, for example, door handles, light switches, toilet facilities, taps, touch screens
 - Cleaning work areas/treatment rooms between every patient
 - Clean linen/disposable linen for every patient for example, robes/gowns, towels
- Waste management
 - Management, storage and disposal of waste (including sharps)
- Education
 - Training for staff, for example, COVID-19 infection prevention, risk assessment, new treatment protocols
 - Updates on new treatment protocols for patients – for example, via email, text messages
 - Signage/visual aids in the clinic for staff, patients and visitors for example, risk assessment, social distancing, use of PPE, hand hygiene techniques, respiratory etiquette, contact tracing QR code posters
 - Managing prevention of exposure of staff, patients and other visitors, for example during deliveries

The role of risk assessment in the prevention of COVID-19

Taught content

- Definition of risk assessment
- Legislation governing risk assessment of the country therein
- Identification of potential risks within the clinic environment in relation to COVID-19
- Importance of risk assessment in the clinic relating to COVID-19
- Risk assessment for
 - Staff
 - Patients
 - Workplace
 - Treatments/procedures
- Processes involved in risk assessment
- Employer and employee collaboration on risk assessment process
- Methods of minimising risk in the clinic, for example establishing and documenting new workplace procedures/protocols, clear and defined roles and responsibility for managing infection control, single point of contact (SPOC)
- Risk assessment notification – clinic signage, publication on website
- Implications for insurance

Social distancing

Taught content

- Definition of social distancing
- Purpose of social distancing
- Social distancing guidance relating to COVID-19 of the country therein
- Social distancing standards for business premises, for example, communal staff areas, communal patient areas such as toilet facilities, work stations/areas, the demarcation of working areas using tape or physical barriers, etc.
- Management of staff, patients and visitors for example, deliveries, adjusting shift patterns, appointment scheduling etc.

Respiratory hygiene and cough etiquette

Taught content

- Reduces spread of microorganisms
- Turn head – sneeze/cough away from others
- Cover mouth and nose with tissue when coughing, sneezing or blowing the nose
- Discard used tissues immediately in a lined, enclosed, foot pedal controlled waste bin
- Cough/sneeze into inner elbow, not the hand, if no tissues available
- Ensure correct hand hygiene is performed immediately after coughing or sneezing
- Tissues, hand hygiene facilities and lined, enclosed, foot pedal controlled waste bins must be available at appropriate points throughout the clinic for staff, patients and visitors
- Signage – posters on respiratory hygiene/cough etiquette displayed in the clinic

LO4 Understand the importance of Personal Protective Equipment (PPE), Hand Hygiene and Personal Hygiene in the prevention of COVID-19

Recommended Personal Protective Equipment		
Treatment/procedure (Restrictions according to the country therein)	Practitioner (Adhere to restrictions of the country therein)	Patient (Adhere to the restrictions of the country therein)
Clinical Aesthetic Treatments		
Lower risk treatments/ procedures for example, injectables on extra facial sites, sclerotherapy, chemical peels, PRP on scalp	Surgical cap, eye protection, mask as appropriate to treatment/procedure for example, FRSM, face shield/visor/goggles, disposable gloves, plastic apron, shoe covers.	Face covering as appropriate to treatment, disposable hair coverings/caps/gowns
Medium risk treatments/ procedures for example, Soft-tissue fillers in the lips, micro needling on the face/extra-facial sites, PRP on the face	Surgical cap, eye protection, mask as appropriate to treatment/procedure for example FRSM, face shield/visor/goggles, disposable gloves, plastic apron, shoe covers.	Face covering as appropriate to treatment, disposable hair coverings/caps/gowns
Higher risk treatments/ procedures for example, plume producing procedures Q-switched Nd:YAG, Alexandrite, Ruby lasers, microdermabrasion, jet infusion facials, other treatments which may produce airborne particles	Surgical cap, eye protection, mask as appropriate to treatment/procedure for example FFP2/N95 non-valve respirators, face shield/visor/goggles, disposable gloves, plastic apron, fluid repellent gown, shoe covers.	Face covering as appropriate to treatment, disposable hair coverings/caps/gowns

Personal protective equipment (PPE)
Taught content
<ul style="list-style-type: none"> • Definition of Personal Protective Equipment (PPE) • The role of PPE in infection prevention and control • Employer responsibilities in relation to the provision and use of PPE – risk assessment, Health and Safety at Work Act, Control of Substances Hazardous to Health (COSHH) • Employee responsibilities in relation to the use of PPE • Patient responsibilities in relation to the use of PPE • Types of PPE <ul style="list-style-type: none"> - Single use/disposable - Multiple use/re-useable – require decontamination between uses - Type of PPE – face masks, for example Fluid Resistant surgical mask (FRSM), disposable gloves, for example, latex-free; plastic aprons, fluid repellent gowns, face shields/visors/goggles

- Use in accordance with manufacturer’s instructions and local/national policies/procedures relating to the use of PPE of the country therein
- PPE must be replaced if it becomes damaged, soiled, wet or compromised at any time during the treatment/procedure
- Personal protective equipment for staff
 - Disposable/single-use disposable gloves – new gloves for each patient or after tasks such as waste disposal
 - Disposable/single-use plastic apron/fluid repellent gown – as appropriate to treatment/procedure, one for each new treatment
 - Disposable/single-use face covering – changed for each patient as appropriate to the treatment/procedure, for example 3-ply surgical masks. Ensure these are close fitting, avoid touching face covering once in place, dispose of once damp
 - Face shield/visor/goggles, to be worn when working in close proximity with patients – may be re-usable, cleaned and disinfected before and after each use
 - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
 - Disposable/single-use shoe coverings (as appropriate if outdoor shoes not changed/disinfected)
- Personal protective equipment for the patient
 - Disposable/single-use face covering – applied on entry to the clinic and hygienically removed and disposed of by the patient as appropriate to the treatment, for example prior to treatment, after exiting the clinic
 - Disposable/single-use or appropriately laundered robe/gown provided for treatment/procedure as appropriate
 - Disposable/single-use shoe coverings (as appropriate if outdoor shoes not disinfected)
 - Patients must not be barefoot
 - Advise the patient on the correct PPE removal procedures in accordance with guidelines of the country therein, taking into account the possibility of cross-contamination
- Risks associated with incorrect use of PPE, for example, spread of infection, loss of professional reputation, loss of business, liabilities e.g. fines

The use of personal protective equipment (PPE)

Taught content

- Donning and doffing PPE
- Select appropriate size PPE to ensure correct fit, for example face coverings/masks should be close fitting, disposable gloves should be the correct size
- Select appropriate PPE according to risk of the treatment/procedure
- Sequence for donning PPE
- These guidelines are based upon updated evidence in relation to the wearing of PPE
However, the sequence of steps may differ between countries
 - Wash/sanitise hands
 - Check PPE is clean and undamaged
 - Fluid repellent gown as appropriate to treatment/procedure

- Plastic apron
- Face mask – where applicable, metal piece at top, mould to fit face, coloured side out, avoid touching once in place, as appropriate to treatment/procedure
- Face shield/visor/goggles
- Disposable gloves
- Sequence for doffing PPE
- Patient PPE – advise the patient on removal of robe/gown as applicable, avoiding contact with potentially contaminated PPE, dispose of immediately in a lined, enclosed, foot pedal controlled waste bin (patient will remove and dispose of their face covering as appropriate to the treatment, for example, before treatment, after exiting the clinic)
- Practitioner PPE – remove carefully avoiding contact with potentially contaminated PPE and clothes, skin and face
- Gloves – remove gloves using the glove to glove, skin to skin technique
 - With a gloved hand, peel off the other glove so that it turns inside out and any contamination is on the inside. Be careful not to touch the skin with the gloved hand. Gather the glove which has been removed into the gloved hand then slide the ungloved index finger into the wrist of the gloved hand. Working from the inside stretch the glove out and down towards the fingers, pull the glove down and over the previously removed glove, so that one is now inside the other and both external surfaces of the glove are on the inside of the second glove. Dispose of immediately in a lined, enclosed, foot pedal controlled waste bin
 - Perform hand hygiene
- Plastic apron – tear apron at neck, let the apron fold down on itself, then break waist ties and ensure the apron is pulled away from the body and folded in on itself so that the outside is enclosed to prevent contamination of the practitioner’s clothes or work area. Dispose of immediately in a lined, enclosed, foot pedal controlled waste bin
- Gown/coverall – (if worn) remove away from the body, fold inwards so that the outside is enclosed to prevent contamination of the practitioner’s clothes or work area. Dispose of immediately in a lined, enclosed, foot pedal controlled waste bin
- Perform hand hygiene
- Remove face shield/visor/goggles by leaning forward and pulling away from face, sanitise before and after patient treatment/procedure (if reusable)
- Remove face mask – use the elasticated straps or ties to remove and pull away from face. Do not touch any surface of the face covering during this process. Dispose of immediately in a lined, enclosed, foot pedal controlled waste bin
- Perform hand hygiene
- https://www.youtube.com/watch?v=-GncQ_ed-9w
- <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>
- https://www.who.int/csr/resources/publications/ppe_en.pdf?ua=1

The use of respiratory protective equipment (RPE)

Taught content

- Aerosol – liquid or solid suspended in the air
- Definition of Aerosol Generating Procedures (AGPs)
- Identification of higher risk treatments considered Aerosol Generating Procedures in the clinic, for example CO2 laser treatments, Platelet Rich Plasma (PRP), microdermabrasion
- Employer responsibilities – Health and Safety at Work Act, COSHH
- Fit testing for Respiratory Protective Equipment (RPE)
- The role of the fit tester
- Types of mask suitable for AGPs, for example FFP2 non-valve respirators, compliance with European standard EN 149: 2001 etc.
- Sequence for donning and doffing RPE
- <https://www.hse.gov.uk/respiratory-protective-equipment/fit-testing-basics.htm>
- <https://www.hse.gov.uk/pubns/indg479.pdf>
- <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

Hand hygiene

Taught content

- Methods of hand hygiene – hand washing, hand sanitisers
- Techniques in accordance with local and national policies/procedures
- The role of hand hygiene in infection prevention and control
- Hand washing
- Importance of following correct hand washing methods
 - Reduce surface contamination
 - Prevent the transmission of infection
 - Reduce the risk of contagion
- Resources required for correct hand washing
 - Water
 - Liquid soap
 - Disposable/paper towels
 - Lined, enclosed foot pedal controlled waste bin
- Recommended procedure for washing hands
 - Duration of full procedure a minimum of 40-60 seconds, hand washing for a minimum of 20 seconds, the forearms should also be included
 - Remove all hand and wrist jewellery
 - Remove wristwatch as required
 - If wearing a single plain band ring, move it during the process to reach all microorganisms
 - Roll up sleeves if applicable/short sleeves – practitioners should be bare below the elbows
 - Turn on tap

- Adjust water temperature and speed
- Wet hands
- Apply approximately 5ml soap
- Lather up for approximately 10 seconds
- Wash the forearms first
- Rub palms together
- Rub the back of one hand with the palm of the other and vice versa with interlaced fingers, right hand over left hand, left hand over right hand
- Rub palm to palm with fingers interlinked
- Enclose backs of fingers rubbing into opposing palm, repeat on other hand
- Wash each fingertip and nail bed separately on each hand
- Wash thumbs of each hand separately
- Rub fingertips over the palms, backward and forwards using circular motions
- Circle wrist five times with open palm of opposite hand, repeat on other wrist
- Rinse hands and arms thoroughly with water. Remove all traces of soap
- Turn of tap with elbow or paper towel
- Pat hands and forearms dry with single use/disposable towel – do not use shared towels
- Dry each finger separately in downward direction, from fingertip to wrist
- Tap palms dry in a circular rotation
- Dispose of towel in a lined, enclosed, foot pedal controlled waste bin
- https://www.youtube.com/watch?v=8rJp_S0TB1c
- <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>
- https://www.who.int/gpsc/clean_hands_protection/en/
- Advantages/disadvantages of hand washing
 - Inexpensive
 - Easy to perform
 - Removes visible and invisible contamination/surface debris
 - Hand washing facilities not always available
 - Excessive hand washing may lead to dermatitis/breakdown of skin integrity
 - Bar soap unsuitable for clinic use
- Hand sanitisers/rubs
 - Importance of following correct hand sanitising methods
 - If the hands are visibly soiled/contaminated, they must be washed before using hand sanitisers
 - Prevent the transmission of infection
 - Reduce the risk of contagion
 - Resources required for hand sanitising
 - Hand sanitising gel, foam, liquid, rubs – alcohol/non-alcohol
 - Dispensed via hand pump dispensers rather than spray
 - Follow manufacturers' instructions for use
 - Must be used for intended purpose only for example, not for cleaning
 - Storage – (<1 litre) must be stored more than 1m from sources of ignition

- Larger quantities must be stored in an appropriate location (flammables cupboard)
- Dispose of used containers appropriately to reduce the risk of fire
- Recommended procedure for sanitising hands
 - Duration of procedure: 20-30 seconds
 - Apply a plentiful amount of product to cover all surfaces
 - If wearing rings, move them during the process to reach all microorganisms
 - Rub palms together
 - Rub the back of one hand with the palm of the other and vice versa, interlacing fingers
 - Rub palm to palm with fingers interlinked
 - Rub backs of fingers to palms, with interlocked fingers
 - Rotationally rub thumbs
 - Rotationally rub palms backward and forwards with fingertips
 - Leave hands to air dry fully
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877529/Best_Practice_hand_rub.pdf
- https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?ua=1
- Advantages/disadvantages of hand sanitising
 - Products easily accessible/transportable – point of use or on person
 - Can be used where no water is available
 - Quick and easy to apply/use
 - Can be used in addition to hand washing
 - Can protect skin integrity when the skin is sensitised due to excessive hand washing
 - Unsuitable for dirty hands
 - Do not remove visible contamination/surface debris
 - Can be ineffective – recommend formulations contain a minimum of 60% ethanol or 70% isopropyl alcohol and must fully cover all areas
 - Ineffective against spore forming pathogens for example, *C. difficile*
 - Some brands take a long time to dry/remains sticky
- When to wash/sanitise hands for example
 - On entering or exiting the clinic
 - After handling patient's belongings
 - Before touching a patient
 - Before starting a treatment procedure
 - After exposure to body fluids
 - After touching a patient
 - During delivery of the treatment as required
 - After completing a treatment
 - After using the telephone, or dealing with treatment/product sales
 - After touching the working area
 - After changing the laundry
 - After cleaning the working area
 - Before putting on and after removing PPE
 - Before eating food
 - Before, during and after food preparation
 - After using the toilet

- After touching the face or nose, coughing or sneezing
- After handling waste materials and bags
- On removing clothes and/or shoes worn outside
- Assess hands regularly for cuts and abrasions – may harbour microorganisms
- Assess skin health regularly for dermatitis – may result from excessive hand washing/continual glove wearing
- Cover any cuts and abrasions with waterproof dressing and change as required
- Use suitable moisturiser to maintain skin health – avoid petroleum-based products which may degrade some disposable gloves
- Report any skin problems to the member of staff responsible for occupational health

Personal hygiene

Taught content

- Definition of personal hygiene
- Role of personal hygiene in infection prevention and control
- Workplace standards for personal hygiene, for example clean uniforms/work wear daily, showering, regular hand washing etc.
- Personal hygiene requirements for staff
 - Tie hair back/up if necessary
 - Remove or wear minimal jewellery – one plain band only
 - Short, clean nails with no nail enamel or extensions
 - No breath or body odour
 - Disposable/single-use shoe coverings (as appropriate if outdoor shoes not changed/disinfected)
 - Staff must not work barefoot
 - It is recommended that practitioners do not wear work wear at home or carry out treatments/procedures in the clothing worn when traveling to work in close proximity to other people, for example, clothing worn on the commute to work/public transport
 - Change into uniform or 'work wear' on arrival and place outdoor clothing into bag, then into a sealed locker or box
 - Work wear must have short sleeves, or sleeves which may be rolled up securely to the elbow
- Personal hygiene recommendations for the patient
 - Patients must not be barefoot
 - Patient coats and bags to be stored in a secure and well-ventilated storage area or placed in a sanitised, sealed container
- Risks associated with poor personal hygiene for example, spread of infection, loss of business/reputation

LO5 Understand potential hazards and risks and the workplace procedures necessary to prevent the spread of COVID-19 in the clinical aesthetic environment

The potential hazards and possible risks in relation to COVID-19

Taught content

- Hazards – anything that has the potential to cause harm, for example inadequately maintained toilet facilities
- Risks – a chance, high or low, that harm caused by the hazard may occur, for example cross-infection from poor hygiene controls
- Hazards and risks, for example:
 - Inadequate or poor COVID-19 staff training – allow for appropriate training to fully inform staff of new requirements
 - Staff and patient levels – ensuring the workplace rotas and staffing and patient levels comply with social distancing guidelines
 - Patient booking/re-booking – online, messaging, email
 - Clinic layout – social distancing guidelines
 - Clinically vulnerable staff – possible role adaptations, changes to staff rota
 - Clinically vulnerable patients – possible postponement of treatments/procedures, designated treatment times
 - Patient consultation – online/telephone
 - Clinic testers – self-selected product testers removed/replaced by sealed, individual testers/sample products or controlled testers managed by trained staff
 - Suitability of treatment and appropriate PPE as informed by risk assessment and current government guidance of the country therein, for example, proximity to patients during treatment/procedure, timing/length of treatment/procedure, type of treatment/procedure, treatment area etc.
 - Hand hygiene – hand washing, hand sanitising, avoid touching face
 - Working safely throughout the treatment, for example ensuring appropriate use of PPE
 - Avoid the use of fans which re-circulate the air
 - Ventilation – open windows where possible to allow the flow of fresh air, keep treatment rooms/areas well ventilated for example, operating ventilation system 24 hours per day
 - The need to ensure personal protective equipment (PPE) requirements are adhered to for staff and patients
 - Correct handling and storage of all products, tools and equipment as applicable to the country therein in order to minimise the risk of cross-infection
 - Correct decontamination processes appropriate to products, tools, equipment and treatment/working areas and storage of clean and contaminated tools and equipment
 - Disposing of waste appropriately to minimise risk of cross-infection and ensure there is no unnecessary risk to staff, patients or the environment
 - The handling of cash – encourage contactless payment methods where possible for example, cards, telephone banking apps

Safe and hygienic working practices to be followed throughout clinical aesthetic treatments/procedures

Taught content

- Creation of a COVID-19 safe checklist – details of internal policies and procedures established by the business following risk assessment to prevent and control the spread of infection within the workplace, created in accordance with government guidelines; for example, distancing between workers, numbers of staff permitted in the clinic, numbers of patients permitted, working hours etc. These should be regularly reviewed in accordance with national government/public health guidelines of the country therein
- Display of risk assessment notification in accordance with COVID-19 secure guidance of the country therein
- Creation of a table of treatments/procedures available whereby the clinic details relevant PPE requirements for staff and patients – posters/e-shots
- Prevent walk-in patients – appointment-only system, promote an online ordering system for product sales
- Signage – place signs at clinic entry points instructing patients not to enter if they are ill or have COVID-19 symptoms which states the right to refuse treatment if required, contact tracing QR code posters etc.
- Where practicable, set up and use separate entry and exit doors to avoid queuing and possible contact taking into account reasonable adjustments for those who need them
- Where possible staff to open and close entrance/exit doors or doors to remain open with provision of suitable barrier to control physical access
- Temperature checks prior to entering the premises in accordance with the local and national guidelines of the country therein
- Use of contact logs in accordance with current data protection legislation and COVID-19 contact tracing regulations of the country therein
- Restrict the number of staff, patients and visitors dependent on the size of the premises and social distancing guidelines of the country therein – for example, schedule deliveries outside of patient appointment times, re-stocking outside of clinic opening times, workplace rota of staff, working shift patterns, amendment to working hours; may require review and update of job descriptions and contracts
- Maintain adequate ventilation for example, open windows, use of extractor fans, HEPA filtration systems
- Indicate social distancing requirements on the floor and walls, for example, floor marks/tape or physical barriers/screens for working and communal areas, signage
- Remove waiting/reception area seating or allocate seating in accordance with social distancing guidelines of the country therein
- Request that patients do not arrive until allotted appointment time
- Request that patients attend the appointment alone where possible (except in the case of a minor and/or disability requiring a support worker; request that guardians/support workers adhere to COVID-19 guidelines)
- Request that patients bring minimal personal items into the clinic for example, coats, bags etc.
- Introduce 'no touch' greeting policy
- Pre-treatment
 - Provide online/email/telephone appointment booking facilities

- Pre-screen patients online or via telephone prior to appointment to ensure they are free from symptoms and have not had any contact with confirmed cases within the previous 14 days
- Medical questionnaires to be issued to the patient, completed and returned electronically
- Triage – practitioners to assess the patient request and need for treatment, making further contact where necessary
- Patients who meet triage/pre-screening/consultation requirements – message or email patients to inform them of updated clinic procedures – staying home if they feel unwell, requirement to sign a Declaration of Health document/consent form, using own pen or sanitised/disposable clinic pen, following hand hygiene procedures on entering the clinic, use of PPE throughout treatment, attending their appointment unaccompanied by relatives or friends, awareness that product testers are available on request/use of sealed individual sachets for testers, the need to follow respiratory etiquette etc.
- Schedule patients to prevent or minimise waiting time and possible overlap, have appropriately distanced chairs in waiting area
- Use signage at entry points to inform of new COVID-19 health, safety and hygiene policies
- Remove books, magazines, tablets/screens, marketing material from reception area
- Remove self-selected testers/samples from the reception area
- Use physical barrier/screen at reception desk, reception staff PPE as appropriate
- Use of background music in accordance with the guidelines of the country therein
- Fully prepare individual treatment rooms/areas/workstations and trolleys with tools and equipment and individual supply of products as applicable
- The need to be organised and ready for the patient’s arrival
- Ensure all treatment rooms, working surfaces, products, tools and equipment have been cleaned and disinfected/sterilised as appropriate, for example, treatment couch/bed disinfected, use of disposable roll in place of fabric couch/bed cover
- Clinic treatment rooms should be equipped with minimal amounts of furniture/products/tools and equipment as possible to carry out treatment/procedure
- Provision of hand hygiene facilities are entrance and exit points
- Provision of hand sanitiser and tissues at each workstation
- Practitioner to don appropriate PPE in correct manner
- Patient arrival
 - Temperature checks prior to entering the premises in accordance with local and national guidelines of the country therein
 - Completion of the contact log in accordance with current data protection legislation and COVID-19 contact tracing regulations of the country therein
 - Patient coats and bags must be stored in a secure and well-ventilated storage area or placed inside a sanitised, sealed container
 - Patients to use hand sanitiser or wash hands on arrival
 - Escort patient to the treatment area
 - Digital patient consultation/assessment/health declaration/consent forms, if paper forms used, patients to use own or sanitised/disposable pen provided

- Provide patient with disposable robe/gown and appropriate PPE, for example face/hair covering and instruct them how to use as appropriate to treatment/procedure
- Advise them on the required positioning for treatment and ensure patient comfort
- During treatment
 - Treatment room door to remain closed during treatment/procedure
 - Patients to wash/sanitise hands before and following treatment/procedure
 - Conversations during consultation and treatment/procedure should be kept to a minimum
 - The use of clean towels and robes/gowns for all patients – use of disposables as appropriate
 - The use of clean and sterile tools and equipment for all patients – open packs in front of patient
 - Practitioner to wash/sanitise hands before, during (if appropriate) and after treatment in accordance with local and national guidelines of the country therein
 - Practitioner to wear disposable gloves throughout the treatment and decant products for use, in accordance with the requirements of the country therein
 - Cover open cuts or abrasions
 - High use areas to be appropriately disinfected
 - Dispose of porous, single-use items throughout the treatment for example, gauze, cotton wool, in the correct manner
 - Place used/contaminated tools and equipment in designated area/labelled box
 - Hot and cold drinks may be provided - use disposable cups only. Clients should be encouraged to only remove their face covering to consume the drink, staff to maintain appropriate social distance/social distance with mitigation
- Post treatment/procedure
 - On completion of the treatment/procedure, advise the patient on the correct removal and disposal of their PPE, patient to remove and dispose of own face covering after exiting the clinic. Practitioner must continue to wear own PPE whilst disposing of patient PPE and treatment/procedure waste and during decontamination of work area
 - Roll re-useable items for laundry such as towels, robes/gowns inwards so that the used side is inside, then place in closed, clearly labelled container or laundry bag. Ensure that used laundry is not carried across the clinic floor
 - Single use linen items such as disposable towels should be removed and rolled inwards, then disposed of in a lined, enclosed, foot pedal controlled waste bin
 - Encourage contactless payment where possible
 - Provide aftercare via email/text messaging where applicable
 - Re-booking – online service, telephone
 - Patients should avoid contact with products they are not purchasing
- Decontamination following treatment
 - Clean and disinfect entire workstation/working area after each patient including all surfaces used by the patient – approximately 30 minutes dependant on treatment/procedure

- Dispose of contaminated PPE after treatment/procedure in correct manner
- Store used/contaminated tools and equipment in designated area in clearly marked box(es) with lids if unable to clean and sterilise immediately
- Clean and sterilise tools and equipment between patients in appropriate manner in designated area whilst wearing suitable PPE
- Store clean/sterilised tools and equipment in clearly labelled cabinets or boxes with lids
- Prepare treatment/work area for next patient, for example, trolley, stool, couch/treatment bed, tools and equipment cleaned and disinfected
- The safe working practices to include
 - Adherence to hand hygiene guidelines – increased frequency of hand washing/sanitising
 - Adherence to clinic requirements for use of PPE
 - Adherence to procedures for social distancing in accordance with the government guidelines of the country therein
 - Adherence to respiratory hygiene/etiquette guidelines
 - Prevention of cross-infection, for example, sterilisation of tools and equipment, designated area(s) for processing and storage of clean and contaminated tools and equipment
 - Regular cleaning of work areas, toilet facilities and high touch areas/surfaces such as door handles, light switches and sinks with detergent/disinfectant at least hourly
 - Toilet facilities – signage on safe use, provision of hand sanitiser on entry, hand washing facilities with running water, soap, paper towels/hand drier, and lined, enclosed, foot pedal controlled waste bin
 - Correct removal and disposal of PPE for example, not touching face covering during removal, not shaking gowns or towels
 - Disposal of contaminated waste in lined, enclosed, foot pedal controlled waste bins
 - Staff room/area
 - Avoid sharing cups, cutlery, etc. at break times – bring own tea, coffee, milk, food, crockery, cutlery if possible
 - Use dishwasher to clean cups, crockery, etc. or wash with hot water and detergent in designated area and dry with disposable towels immediately
 - Ensure refillable water bottles and cups do not touch tap spouts
 - Use personalised lockers/allocated areas for storage of own belongings if possible

LO6 Understand decontamination and waste management processes relevant to clinical aesthetic treatments

Decontamination of the clinic

Taught content

- Definition of contamination and decontamination
- The importance of environmental decontamination and when to perform
- The importance of safe working practices to minimise risk
- The three stages of environmental decontamination in relation to the clinic
 - Cleaning/sanitising
 - Disinfection
 - Sterilisation
- The types of chemicals, equipment and processes necessary for the management of hygiene and infection prevention and control in the clinic for
 - Products/stock
 - Tools
 - Equipment
 - Reception area
 - Patient waiting area
 - Clinic treatment rooms/workstation/work areas
 - Rest rooms/toilet facilities
 - Staff room(s)
 - Clinic office(s)
 - Training room(s)
 - Entrance/exit/stairs/corridors, etc.
 - High touch surfaces/areas
 - For example, heat or chemical methods, bactericides, fungicides, viricides, autoclave, chemical immersion, UV cabinet etc.
- Management of contaminated, clean and sterile items
- Appropriate PPE for staff performing cleaning
- Sanitisers and disinfectants to meet relevant national standards of country therein, for example, BS EN1276/BS EN 13697
- Cleaning and disinfection chemicals – contact times, dilution rates, safe preparation of solutions in a ventilated area
- 2 step cleaning process
- Clean all work surfaces, including seating with detergent, followed by appropriate disinfectant for example, 70% alcohol or a chlorine-based prepared in accordance with manufacturer's instructions
- Use of disposable cleaning equipment, for example, paper rolls, cloths
- Reusable cleaning equipment, for example, buckets, must be decontaminated after use
- Environmentally safe disposal of unused solutions in accordance with manufacturer's instructions
- The reasons for working in accordance with regulations of the country therein, for example COSHH and following manufacturers' instructions in relation to chemicals and their use in decontamination, safety data sheets (SDS)
- Clinic cleaning schedules – clearly visible

Management of clinic linen

Taught content

- Linen – must be handled, transported and processed in a manner that prevents contamination of self, clothing and the working environment
- PPE must be worn when handling linen
- Do not place on floor or other surfaces
- Do not shake
- Single-use linen – remove after treatment/procedure, fold inwards away from clothing to prevent contamination, dispose of in foot pedal controlled waste bin
- Re-useable towels – remove after treatment/procedure, fold inwards to prevent contamination, place in labelled laundry bag which is kept as close as possible to the point of use. Used linen must not be carried across the clinic floor
- Ensure linen bags are clearly labelled
- Do not re-handle used linen
- Washing re-useable linen at correct temperatures – 60° C or 140°F with appropriate detergent
- Dry linen fully
- Store clean linen in designated area(s)

Waste management procedures

Taught content

- The importance of waste management
- Disposal of waste materials in accordance with local and national regulations and current guidance of the country therein
- Waste management procedures
 - Procedures for waste management clearly displayed for all staff
 - Types of waste, for example, non-hazardous, hazardous, sharps
 - Colour coding for waste in accordance of the country therein
 - Storage, removal and destruction of waste
- Disposal of contaminated/hazardous waste
 - In accordance with local and national regulations and current guidance of the country therein
 - Use of lined, enclosed, foot pedal controlled waste bins, sharps containers etc.
 - Double-bag as appropriate
 - Colour-coding/labelling
 - Professional removal/destruction as appropriate
 - The risks associated with waste management, for example the spread of infection due to inadequate staff training on environmentally safe waste disposal
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/893320/COVID-19_infection_prevention_and_control_guidance_complete.pdf
- <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings#left-area>

Guide to taught content

The content contained within the unit specification is not prescriptive or exhaustive but is intended to provide helpful guidance to teachers and learners with the key areas that will be covered within the unit and relating to the kinds of evidence that should be provided for each assessment objective specific to the unit learning outcomes. Unit content accurate at the time of publication. **Centres and learners must refer to current government guidelines of the country therein relating to COVID-19.**

Resources

For example:

- <https://www.gov.uk/coronavirus>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/>
- <https://digital.nhs.uk/coronavirus/shielded-patient-list>
- https://www.who.int/health-topics/coronavirus#tab=tab_1
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- <https://www.who.int/publications/i/item/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>
- <https://www.hse.gov.uk/coronavirus/index.htm>
- <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/close-contact-services>
- <https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy/the-next-chapter-in-our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy--2#continuing-our-plan-to-rebuild>
- <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>
- <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- <https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>
- <https://www.hse.gov.uk/coronavirus/working-safely/risk-assessment.htm>
- <https://www.hse.gov.uk/coshh/basics/ppe.htm>
- <https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own>
- <https://www.gov.uk/guidance/regulatory-status-of-equipment-being-used-to-help-prevent-coronavirus-covid-19>
- <https://www.hse.gov.uk/coronavirus/ppe-face-masks/index.htm>
- <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>
- <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>
- <https://www.bmla.co.uk/category/standards-and-guidance/>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
- <https://www.hse.gov.uk/pubns/books/hsg53.htm>
- <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>
- https://www.who.int/gpsc/clean_hands_protection/en/
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf
- <https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>
- https://www.who.int/gpsc/5may/Hand_Hygiene_When_and_How_Leaflet.pdf?ua=1
- <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>
- <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings#left-area>
- <https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19>
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/893320/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

Assessment requirements

1. Theory examination

Learners must complete a theory examination for this unit. This will consist of a multiple choice question paper which is mapped to the relevant assessment criteria stated below.

The theory examination will test the knowledge and understanding from across learning outcomes 1, 2, 3, 4, 5 and 6. Learners should use the unit content sections of this unit to aid revision since exam questions will test the full breadth of content over time.

Learning Outcome	Assessment Criteria
LO1 Understand the causes, transmission and effects of COVID-19	1.1 Outline how infection can spread
	1.2 Explain the chain of infection
	1.3 Describe the symptoms, transmission and effects of COVID-19

Learning Outcome	Assessment Criteria
LO2 Understand social responsibility for the clinical aesthetics sector in relation to COVID-19	2.1 Outline social responsibility for the clinical aesthetics sector
	2.2 Outline own social responsibilities
	2.3 Outline how to maintain the health and wellbeing of staff and patients

Learning Outcome	Assessment Criteria
LO3 Understand the controls necessary to prevent the spread of COVID-19	3.1 Explain how to break the chain of infection
	3.2 Explain workplace standard infection control procedures
	3.3 Explain the role of risk assessment in the prevention of COVID-19
	3.4 Describe social distancing
	3.5 Outline respiratory hygiene and cough etiquette

Learning Outcome	Assessment Criteria
LO4 Understand the importance of Personal Protective Equipment (PPE), Hand Hygiene and Personal Hygiene in the prevention of COVID-19	4.1 Outline the types of PPE available in the workplace for the prevention of COVID-19
	4.2 Outline the correct methods of using items of PPE
	4.3 Outline the use of RPE in the clinical aesthetic environment
	4.4 Explain the methods of hand hygiene recommended for the prevention of COVID-19
	4.5 Describe the role of personal hygiene in prevention of COVID-19

Learning Outcome	Assessment Criteria
LO5 Understand potential hazards and risks and the workplace procedures necessary to prevent the spread of COVID-19 in the clinical aesthetic environment	5.1 Explain potential hazards and risks in relation to COVID-19
	5.2 Explain safe and hygienic working practices to be followed throughout clinical aesthetic treatments/procedures

Learning Outcome	Assessment Criteria
LO6 Understand decontamination and waste management processes relevant to clinical aesthetic treatments	6.1 Outline the decontamination processes relevant to the clinic
	6.2 Outline the management of linen relevant to the prevention of COVID-19 in the clinic
	6.3 Explain waste management procedures relevant to the prevention of COVID-19 in the clinic

Document History

Version	Issue Date	Changes	Role
v1.0	31/07/2020	First published	Product and Regulation Manager
v2.0	25/09/2020	Republished indicative content following updates to government guidelines – 10/09/2020	Product and Regulation Manager