

<b>JCCPWS 006 Work Standards for conferences, exhibitions and mobile working</b>	
<b>Scope</b>	
The Joint Council of Cosmetic Practitioners (JCCP) recommends that these audit guidelines are used where any of the five modalities are performed at a conference or exhibition.	<b>The five modalities are:</b> Botulinum Toxins (BTs), Dermal Fillers (DFs), Chemical Peels and Skin Rejuvenation (CPSR), Laser, Intense Pulsed Light and Light Emitting Diode. (LIPLLED)*, Hair Restoration Surgery (HRS)*
<b>*Laser and HRS procedures should not be performed at conferences or exhibitions.</b>	
The tool includes:	
<ul style="list-style-type: none"> <li>• a data collection sheet for minimum work standard requirements and modality specific requirements.</li> <li>• an action plan template and log to support improvement plans.</li> </ul>	
<b>Information to help carry out the audit</b>	
<b>Services</b>	The audit should be carried out in all premises where any of the five modalities are performed.
<b>Stakeholders</b>	The audit should involve clinical and non-clinical stakeholders.
<b>How to use the self certification tool</b>	
<b>Minimum requirements</b>	The minimum requirements set out the standards expected for all treatment modalities delivered. This section should be completed where the following is delivered: Botulinum Toxins (BTs), Dermal Fillers (DFs), Chemical Peels and Skin Rejuvenation (CPSR), Laser, Intense Pulsed Light and Light Emitting Diode. (LIPLLED), Hair Restoration Surgery (HRS) *
<b>Action plan</b>	The action plan template can be used to develop and implement an action plan to take forward any areas of non-compliance.
<b>Frequency</b>	
<b>* HRS includes Follicular Unit Extraction (FUE) and Follicular Unit Transplant (FUT). FUT procedures are mandated to be performed in CQC regulated premises as a surgical procedure.</b>	

**Cosmetic injectable procedures** should be performed in clinical environments given that it is known that biofilm can develop after inoculation of 40 bacteria. Therefore, injections in carpeted environments are not appropriate.

Procedures should be performed in a clinical environment with minimal essential personnel to reduce the risk of cross contamination. If presentations are for large groups then pre-recorded procedures live or video link from a clinical room are more appropriate.



Picture 1. courtesy of Skin Tech Pharma Group

Appropriate emergency medicines should be available to treat the patient immediately in the event of an adverse reaction.

The issue of confidentiality and consent was also debated as many attendees of conferences use social media such as Twitter and send photographs of volunteers having treatment performed.

### **Mobile Working**

Health Improvement Scotland have produced guidance for independent clinics where services are provided in a service users home.

[https://www.google.co.uk/#q=health+improvement+scotland+mobile+work&\\*&spf=845](https://www.google.co.uk/#q=health+improvement+scotland+mobile+work&*&spf=845)

### **Recommendations**

- If the practitioner is working from their home address and meet the audit guidelines this would be acceptable practise.
- If the practitioner (registrant) is moving between houses/premises they take the responsibility to ensure every premises meets the audit guidelines.
- Any other mobile working would not be permitted.

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[https://www.google.co.uk/#q=health+improvement+scotland+mobile+work&\\*&spf=845](https://www.google.co.uk/#q=health+improvement+scotland+mobile+work&*&spf=845)

## Minimum Requirements for Conferences, Exhibition and Mobile Working

<b>Name:</b>		<b>Company:</b>	
<b>Modalities performed in this environment:</b>			
<b>Workplace address:</b>		<b>Main contact: (Name &amp; Tel No)</b>	

### Health and Safety Standard:

1	Health and Safety	Yes/No	Evidence / comments				
A	Is there a named person responsible for health and safety at the venue? State who						
B	Is indemnity insurance current and other insurance in place as appropriate to the business undertaking?						
<b>Assessment of Standard 1:</b>		<b>Met</b>	<input type="checkbox"/>	<b>Part met</b>	<input type="checkbox"/>	<b>Not met</b>	<input type="checkbox"/>

2	Risk assessment and control	Yes/No	Evidence / comments				
A	Have risk assessments been carried out and significant risks identified?						
B	How are the risks and control measures explained to employees and others?						
C	Are risk assessments reviewed e.g. in light of the findings from monitoring activities?						
<b>Assessment of Standard 2:</b>		<b>Met</b>	<input type="checkbox"/>	<b>Part met</b>	<input type="checkbox"/>	<b>Not met</b>	<input type="checkbox"/>

3	Accident, incidents and first aid	Yes/No	Evidence / comments		
A	Have adequate arrangements for first aid materials been made?				
B	Have adequate arrangements for trained first aid persons been made?				

C	Are or will all legally reportable accidents, incidents and ill-health be reported to the enforcing authority and will they be investigated to enable suitable remedial action to be taken?		
<b>Assessment of Standard 3:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/> <b>Not met</b> <input type="checkbox"/>

<b>4</b>	<b>Infection Control</b>	<b>Yes/No</b>	<b>Evidence / comments</b>
A	refer to relevant standard with regards procedure being undertaken e.g. Dermal Fillers		
<b>Assessment of Standard 4:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/> <b>Not met</b> <input type="checkbox"/>

<b>5</b>	<b>Consent</b>	<b>Yes/No</b>	<b>Evidence / comments</b>
A	Are demonstration volunteers given adequate consent and time for reflection?		
B	Are written fact sheets available detailing the risks and benefit of the procedure?		
<b>Assessment of Standard 5:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/> <b>Not met</b> <input type="checkbox"/>

<b>6</b>	<b>Management of Medicines</b>	<b>Yes/No</b>	<b>Evidence / comments</b>
A	refer to relevant standard with regards procedure being undertaken e.g. Dermal Fillers		
<b>Assessment of Standard 6:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/> <b>Not met</b> <input type="checkbox"/>

<b>7</b>	<b>Waste Management</b>	<b>Yes/No</b>	<b>Evidence / comments</b>
A	refer to relevant standard with regards procedure being undertaken e.g. Dermal Fillers		
<b>Assessment of Standard 7:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/> <b>Not met</b> <input type="checkbox"/>

<b>8</b>	<b>Safe and healthy working environment</b>	<b>Yes/No</b>	<b>Evidence / comments</b>
A	Are premises (structure, fabric, fixtures and fittings) safe and healthy (suitable, maintained and kept clean)?		
B	Is the working environment (temperature, lighting, space, ventilation, noise) an appropriate safe and healthy one?		
C	Are welfare facilities (toilets, washing, drinking, eating, changing) provided?		

D	Is there access to a dedicated hand wash sink that must be for hand washing only. The sink must not be dual purpose e.g. A kitchen or bathroom sink.		
E	Is multiple use equipment and devices cleaned or decontaminated between use? Single use and single person devices must not be re-used or shared.		
F	Are substances which fall under the Control of Substances Hazardous to Health Regulations 2001 kept in a suitable storage with safety data sheet?		
G	How is exposure to hazards from physical, chemical and biological agents adequately controlled?		
<b>Assessment of Standard 8:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/> <b>Not met</b> <input type="checkbox"/>

<b>9</b>	<b>Aftercare</b>	<b>Yes/No</b>	<b>Evidence / comments</b>
A	refer to relevant standard with regards procedure being undertaken e.g. Dermal Fillers		
<b>Assessment of Standard 9:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/> <b>Not met</b> <input type="checkbox"/>

**Assessment Outcome:**

Recommendation:	Accept <input type="checkbox"/>	Accept with action plan <input type="checkbox"/>	Reject <input type="checkbox"/>
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Risk category:	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
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**Assessment undertaken by:**

Name:	Job title:	Date:
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**Quality assured by:**

Name:	Job title:	Date:
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Action Plan				
Ref	Action required	By who	Target date	Completed (signed of)

Action plan prepared by:  Agreed by:

Signed:  Date:

Action plan review dates: