Work Standards for Botulinum Toxins (BTx) Document JCCPWS 001 Minimum Requirements must be completed prior to using these audit guidelines.	
Scope	
The Joint Council of Cosmetic Practitioners (JCCP) requires its members to self certificate any premises or areas where any of the five modalities are performed.	**The five modalities are**: Botulinum Toxins (BTx), Dermal Fillers (DFs), Chemical Peels and Skin Rejuvenation (CPSR), Laser, Intense Pulsed Light and Light Emitting Diode. (LIPLED), Hair Restoration Surgery (HRS).
The tool includes:	
• a data collection sheet for BTx requirements. • an action plan to support improvement plans.	
Information to help carry out the audit	
Services	The audit should be carried out in all premises and areas of work where BTx is performed.
Stakeholders	The audit should involve clinical and non-clinical stakeholders.
How to use the self-certification tool	
Minimum requirements	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 (BTx).
Modality Specific	Complete this section in addition to the minimum requirements, in premises where a specific modality is performed.
Action plan	The action plan template can be used to develop and implement an action plan to take forward any areas of non-compliance.
Frequency	A self-assessment should be performed every 12 months.

Requirements for Botulinum Toxins

Name:		**Date:**	
Modalities performed in this environment:			
Premise address:		**Main contact: (Name & Tel No)**	

1	Management of Medicines	Yes/No	Evidence / comments
A	Is there a designated refrigerator for the storage of temperature-controlled medicines?		
	Is the refrigerator lockable or kept in a locked room that is only accessible by authorised personnel?		
C	Is there a thermometer connected to a designated electricity outlet which records minimum and maximum temperatures?		
D	Are records kept for temperature readings which include actions taken if temperature out of range?		
E	Is there an audit trail for the ordering, receipt, supply, administration and disposal of medication?		
F	Is there a sufficient procedure in place for maintenance of the cold chain and records that indicate the process is in place?		
G	Is there evidence of maintenance contracts and certificates for medical equipment?		
H	Is there evidence that only licensed, approved products are used which have been sourced from official pharmaceutical outlets or product manufacturers?		
I	Is there a medicines management policy in place detailing the process for storing, prescribing, handling, administering and disposing of medicines?		
J	Is there a procedure log book in place to record all medicines administered, including serial, batch numbers and expiry dates of medicines?		

K	Are emergency medications readily available with a list maintained regularly?				
L	Is there evidence of an audit trail of medicines received?				
M	If gas cylinders are present for the use in an emergency they are stored and handled in a safe manner in accordance with current regulation?				
N	Are Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS) readily available?				
O	Is there a system in place to report suspected problems using the Yellow Card system?				
P	Has a safer sharps risk assessment been completed and control measures in place?				
	Assessment of Standard 1:	**Met** ☐	**Part met** ☐	**Not met** ☐	

2	**Infection Control**	**Yes/No**	**Evidence / comments**
A	Is there a designated clinical area where the modality is performed?		
B	Are floors of a material impervious and easy to clean. If individual floor tiles are used are tiles sealed? Is the floor free from carpet?		
C	Are all ceilings, fixtures and fittings free from damage, with a smooth impermeable surface that is easy to clean?		
D	Is there a dedicated clinical hand wash sink in the clinical area which is not for dual purpose?		
E	Premises and equipment is kept clean and cleaning must be done in line with current legislation and guidance.		
F	Premises and equipment should be visibly clean and free from odours that are offensive or unpleasant.		
G	Are all cleaning materials and equipment, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves colour coded? The method used to colour code items should be clear, permanent and in accordance with existing local practice.		

H	Are needles for single use only?				
I	Is there evidence of a cleaning schedule including disinfection between patients?				
J	Are liquid soap dispensers available with single use liquid soap cartridges or bottles?				
K	Are there wall-mounted disposable paper towels next to the hand basin?				
L	Is there a foot operated pedal bin placed near to the wash basin for the disposal of used paper towels?				
M	Is there suitable cleaning materials or spill kits for the cleaning of blood or bodily fluid spillages?				
N	Is the door to the clinical area lockable?				
	Assessment of Standard 2:	**Met** ☐		**Part met** ☐	**Not met** ☐

3	**Waste Management**	**Yes/No**	**Evidence / comments**		
A	Do sharps containers comply with the British Standard BS7320 and UN3291 and carry the 'kitemark.'				
B	Are sharps containers sited above floor level and below shoulder level?				
C	Are separate containers available for the safe disposal of Botulinum toxin?				
D	Are needles and clinical waste collected by licensed contractors with transfer documents available?				
E	Is there a foot operated pedal bin for clinical waste?				
F	Is there a Waste Management policy detailing how waste is disposed of.				
	Assessment of Standard 3:	**Met** ☐		**Part met** ☐	**Not met** ☐

4	**Personal protective equipment (PPE)**	**Yes/No**	**Evidence / comments**		
A	Is PPE located close to the point of use?				
B	Is PPE stored to prevent contamination in a clean/dry area until required for use and expiry dates adhered to?				
C	Are only single use PPE used?				
D	Is PPE disposed of after use into the correct waste stream?				
	Assessment of Standard 4:	**Met** ☐		**Part met** ☐	**Not met** ☐

5	Data Protection	Yes/No	Evidence / comments		
A	Is there a documented privacy policy available for patients to view?				
B	Are clinical records kept in lockable rooms or cabinets?				
C	Is access to lockable rooms or cabinets where clinical records are kept restricted to authorised staff?				
D	If private prescriptions are used are they kept locked away with sufficient control measures in place?				
E	Are there adequate processes in place for the safe disposal of confidential information?				
	Assessment of Standard 5:	**Met** ☐	**Part met** ☐	**Not met** ☐	

6	Advertising and Marketing	Yes/No	Evidence / comments		
A	There is no advertising of BT directly on the premises or on any websites associated with the premises? There are no POMs in its core URL (e.g. ww.wesellbotox®.co.uk).				
B	Do adverts allow sufficient time between consultation and treatment in order for the client to consider consent?				
C	Is factual information about BT given in a balanced and factual manner?				
D	If images are used on the premises and/or the associated website are claims realistic about treatments outcomes?				
E	There are no promotional tactics, such as 'two-for-one' offers to encourage patients to make ill-considered decisions.				
F	Is advertising aimed at adults only and not targeted at teenagers below the age of eighteen.				
	Assessment of Standard 6 :	**Met** ☐	**Part met** ☐	**Not met** ☐	

Self-assessment outcome:

Outcome:	Accept ☐	Accept with action plan ☐	Reject ☐

Risk category:	High ☐	Medium ☐	Low ☐

Assessment undertaken by:

Name:	Job title:	Date:

Quality assured by:

Name:	Job title:	Date:

Action Plan				
Ref	**Action required**	**By who**	**Target date**	**Completed (signed of)**

Action plan prepared by:		**Agreed by:**	
Signed:		**Date:**	
Action plan review dates:			