Joint Council for Cosmetic Practitioners

KOL Review and Guidance for a Standard Operating Procedure

Non-Surgical Cosmetic Injectable Treatments

Effective Date: August 2025
Review Date:
Scope: Practitioners performing non-surgical cosmetic injectable treatments (botulinum toxin and dermal fillers)
Author: Mr Dalvi Humzah

The following Standard Operating Procedure is not a JCCP-endorsed standard. It provides guidance based on nationally recognised standards relating to infection prevention and control, which the JCCP would encourage registrants to consider. It also provides additional guidance based on a range of international standards, which may be relevant to some practitioners and not to others, but is not intended to override currently accepted UK standards. These standards, particularly those relating to medicines, generate valuable critical debate but are not proposed by the JCCP and are not to be viewed as a practice requirement.

1. Purpose and scope

This Standard Operating Procedure (SOP) establishes best practice protocols for safe practice in non-surgical cosmetic injectable treatments. It integrates emergency response protocols, infection prevention and control measures, facility requirements, and professional standards to ensure patient safety and regulatory requirements.

This SOP should be read alongside the overarching and modality specific practice standards set out by the Cosmetic Practice Standards Authority.

1.1 Applicable Treatments

- Botulinum toxin injections
- Hyaluronic acid dermal fillers
- Other injectable dermal fillers (temporary and longer-term)
- Combination treatments

1.2 Regulatory Framework

This SOP aligns with:

- GMC Guidance for Doctors Who Offer Cosmetic Interventions
- National Infection Prevention and Control Manual for England
- Health Building Note 00-10 (facility design requirements)
- Updated Filler Emergency Kit (UFEK) protocols

2. Pre-treatment requirements

2.1 Consultation Protocol

- Active infection at injection site
- Known hypersensitivity to treatment components
- Neurological disorders (myasthenia gravis, Lambert-Eaton syndrome)
- Blood coagulation disorders
- Unrealistic expectations or body dysmorphic disorder

2.2 Relative Contraindications

- Recent COVID-19 vaccination (consider timing)
- Current anticoagulant therapy
- History of severe allergic reactions
- Recent dental work or facial surgery

- Autoimmune conditions

Consider discussion with specialist in relation to any specific medical condition

3. Facility and environmental requirements

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3.1 Clinical Environment Standards

Based on Health Building Note 00-10 and infection control requirements:

Physical Environment

- Clean, clinical setting with appropriate lighting
- Smooth, non-porous surfaces (no carpets in treatment areas)
- Easy-to-clean flooring, doors and wall surfaces
- Adequate ventilation systems
- Temperature control (18-24°C)
- Emergency lighting and power backup

Essential Equipment

- Treatment couch with adjustable positioning
- Hand washing facilities with elbow/sensor-operated taps
- Hand sanitizer dispensers
- Paper towel dispensers
- Clinical waste safe storage and disposal systems
- Suitable refrigerator and monitoring if required
- Emergency resuscitation equipment
- Updated Filler Emergency Kit (UFEK)

3.2 Infection Prevention and Control

Hand Hygiene

- Wash hands before and after each patient contact
- Use disinfection hand rub between procedures

- Maintain bare below elbows policy
- No jewellery, watches, nail extensions or nail polish

Personal Protective Equipment

- Disposable gloves (including nitril where appropriate) for all injectable procedures
- Disposable aprons
- Hair control (tied back/covered)
- Clinical uniform / Scrubs- Eye protection if risk of splash/splatter
- Disposable face covering where appropriate

Aseptic Technique

- Use single-use, sterile needles and cannulae
- Never re-enter same vial with used needle
- Prepare injection sites with appropriate antiseptic
- Large area antiseptic cleaning (not "baby wipes")
- Maintain sterile field throughout procedure

4. Emergency preparedness

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4.1 Updated Filler Emergency Kit (UFEK) Components

Core Emergency Medications

Hyaluronidase Management:

- Hyaluronidase vials 1500 units (minimum 4 vials)
- 0.9% NaCl 250ml for dilution
- Prepare as 300 units per ml (1500U in 5ml = 30U per 0.1ml)

Vascular Support:

- Aspirin tablets 100mg
- Dexamethasone 8mg IM

- Prednisolone 20mg tablets
- Hydrocortisone 100mg IV
- Ibuprofen 600mg

Specialized Medications:

- Timolol 0.5% drops (for ocular complications)
- Brimonidine 0.2% drops
- Brinzolamide drops
- Diltiazem 30mg (vasodilator for late occlusion)
- Pentoxifylline 400mg
- Mannitol 20% 250ml
- Acetazolamide 250mg
- Clostridiopeptidase ointment (collagenase) if available

Anaphylaxis Treatment:

- Adrenaline 1mg/ml (1:1000)
- Promethazine 25mg/ml 2ml IV
- Salbutamol 100mcg/dose

Equipment and Supplies

- Ultrasound scanner for guided injection
- Pulse oximeter
- Various syringes (1cc, 3cc, 5cc - 2 of each)
- Angiocath 22G x 25mm
- Cannulae 25G x 38mm and 25G x 50mm
- Needles: 33G x 9mm, 23G x 25mm, 18G x 38mm (2 of each)
- Sterile swabs and gloves
- Antiseptic prep pads
- Lidocaine 2% 50ml
- Connectors for IV access

4.2 Emergency Response Protocols

Acute Vascular Occlusion (0-6 hours)

Immediate Actions:

1. Stop injection immediately upon recognition of symptoms (pain, pallor, blanching)
2. Assess circulation using pinprick test / capillary refill and perfusion under pressure.

3. Prepare hyaluronidase: dilute 1500U in 5ml NaCl (30U per 0.1ml)
4. Inject 500U hyaluronidase subcutaneously per affected area under ultrasound guidance
5. Administer aspirin 300mg sublingual, then 100mg daily
6. Give dexamethasone 8mg IM
7. Provide ibuprofen 600mg every 8 hours
8. Monitor continuously for 24-48 hours
9. Reevaluate hourly and reinject hyaluronidase until perfusion normalizes

Late Vascular Occlusion (>6 hours)

Extended Protocol:

1. Follow acute protocol steps 1-7
2. Add prednisolone 20mg daily
3. Prescribe amoxicillin-clavulanate 875mg/125mg every 12 hours on clinical sign of infection
4. Once embolus dilution confirmed: add diltiazem 30mg and pentoxifylline 400mg
5. Apply collagenase ointment daily to necrotic areas
6. Consider hyperbaric oxygen therapy (2-3 atm, 1.5 hours/day for 7-10 days)
7. Daily wound care and revision

Blindness Protocol

Critical 90-minute window:

1.Immediate ophthalmology referral
2. Gentle ocular massage to decrease intraocular pressure
3.Induce hypercapnia (rebreathe through paper bag)
4.Immediate ocular hypotensive therapy:
- Mannitol IV 250ml over 1 hour
- Acetazolamide orally
- Triple topical therapy: timolol, brimonidine, brinzolamide drops
5. Administer aspirin 300mg sublingual
6. Consider retrobulbar hyaluronidase 800U (experienced practitioners only) / SupraorbitalFlooding
7. Give dexamethasone 8mg IM
8. Provide ibuprofen 600mg every 8 hours

Anaphylaxis Protocol

Life-threatening emergency:

1. Call emergency services immediately
2. Administer adrenaline 1mg/ml (1:1000) IM
3. Give dexamethasone 8mg IM
4. Administer hydrocortisone 100mg IV
5. Provide salbutamol inhaler and promethazine 2ml IV
6. Monitor airway, breathing, circulation
7. Prepare for emergency transfer

Appropriate Emergency / Specialist referral for complications

5. Treatment protocols

5.1 Patient Preparation

- Obtain written informed consent
- Take standardized pre-treatment photographs
- Position patient appropriately
- Perform large-area antiseptic skin preparation
- Establish sterile field
- Consider topical or local anaesthesia as appropriate

5.2 Injection Technique Standards

- Use appropriate needle/cannula selection
- Inject slowly with continuous assessment
- Monitor for immediate adverse reactions
- Document injection sites, volumes, and products used

5.3 Product Management

- Use only licensed, CE-marked products from a legitimate UK source
- Check expiry dates and storage conditions
- Maintain cold chain for temperature-sensitive products
- Never mix different product batches
- Document product batch numbers and lot details

6. Post-treatment care

6.1 Immediate Post-Treatment

- Monitor patient for minimum 15-30 minutes
- Assess injection sites for immediate complications
- Provide written post-treatment instructions
- Apply cold compress if appropriate
- Document treatment details and patient response
- Written information to GP

6.2 Post-Treatment Instructions

Patient Education:

- Avoid touching/massaging treated areas for 24 hours
- No strenuous exercise for 24-48 hours
- Avoid extreme heat/cold for 48 hours
- Signs and symptoms requiring immediate contact

Follow-Up Care:

- 24-hour emergency contact details
- Scheduled follow-up appointment (typically 2-4 weeks)
- Clear instructions for managing expected side effects
- When to seek immediate medical attention

6.3 Complication Monitoring

Expected Side Effects:

- Mild swelling and bruising (7-10 days)
- Injection site tenderness
- Temporary redness

Concerning Signs Requiring Immediate Attention:

- Severe or increasing pain
- Skin pallor or colour changes
- Vision disturbances
- Signs of infection
- Severe allergic reactions
- Progressive swelling or asymmetry

7. Documentation and record keeping

7.1 Essential Documentation

- Comprehensive medical history
- Consultation notes and treatment plans
- Informed consent forms
- Pre and post-treatment photographs
- Product details (type, batch, volume, injection sites)
- Any complications or adverse events
- Follow-up assessments

7.2 Incident Reporting

- Document all adverse events immediately
- Report all adverse incidents to relevant authorities (Yellow Card – MHRA)
- Maintain incident log for quality improvement
- Review patterns and implement preventive measures

8. Competency and training requirements

8.1 Practitioner Qualifications

- Valid professional registration
- Training in injectable treatments
- Competency in emergency management
- Regular continuing professional development
- Medical Indemnity insurance coverage

8.2 Required Skills

- Advanced facial anatomy knowledge
- Product-specific training
- Emergency response capabilities
- Infection control / Aseptic Technique
- Patient assessment and counselling skills

8.3 Ongoing Education

- Annual emergency response training
- Product update seminars
- Complication management workshops
- Infection control refresher training
- Professional development activities

9. Quality assurance

9.1 Regular Audits

- Monthly equipment and emergency kit checks
- Quarterly infection control audits
- Annual patient satisfaction surveys
- Complication rate analysis
- Documentation review

9.2 Emergency Preparedness Testing

- Monthly emergency equipment checks
- Quarterly emergency response drills
- Annual emergency protocol updates
- Staff competency assessments

10. Regulatory requirements

10.1 Professional Standards

- Adherence to professional standards such as GMC/ GDC/NMC
- Compliance with local licensing requirements
- Insurance and indemnity coverage
- Regular regulatory updates and training

10.2 Facility Standards

- Health Building Note 00-10 compliance for design elements
- Clinical governance framework implementation
- Patient safety incident reporting systems
- Quality improvement programs

11. Emergency contact protocols

11.1 Emergency Services

- **Immediate life-threatening emergencies:** Call 999
- **Ophthalmology emergencies:** Direct referral to emergency ophthalmology
- **Severe complications:** Emergency department referral

11.2 Professional Support

- Maintain 24-hour practitioner contact system
- Establish relationships with specialist consultants
- Emergency equipment supplier contacts
- Professional indemnity emergency contact

12. Review and updates

This SOP must be reviewed annually or following:

- Significant adverse events
- Changes in professional guidance
- New product introductions
- Regulatory updates
- Emerging evidence in emergency management

12.1 Version Control

All updates must be documented with:

- Date of change
- Reason for update
- Approval authority
- Distribution to all relevant staff

Document

- Author: Mr Dalvi Humzah
- Approved by: [Medical Director/Lead Practitioner]
- Distribution: All clinical staff, reception staff, emergency contacts
- Next Review:

Emergency Contact Information:

- Practice Emergency Line: [24-hour number]
- Local Emergency Department: [Contact details]
- Ophthalmology Emergency: [Contact details]
- Poison Control: [If applicable]

References

Cosmetic Practice Standards Authority - Home

NHS England » Chapter 1: Standard infection control precautions (SICPs)

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CONTRIBUTORS.

Charlotte Rose. Environmental Health. Wolverhampton

Andrew Rankin. JCCP trustee. JCCP Clinical Advisory Group co-chair.