



SKIN LAB MEDICAL
— ACADEMY —

Profhilo Body

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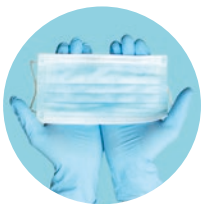
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Your Name:

Welcome to your course!

Welcome to the Skin Lab Medical Academy and this course on Profhilo Body.

The course is designed for those who already possess advanced facial specialist skills and who want to add to their portfolio and list a further treatment available to your existing and potential new clients. If you have not yet completed a Facial Course, then please consider this as it will provide the foundation for any future facial treatments that you may wish to offer.

The course will provide all the necessary elements required for being able to offer this treatment and will ensure that you are professionally trained and qualified for the procedure.

TAILORED FIRST AID

Vasovagal Reaction/Attack - also known as fainting. What causes a Vasovagal Attack?

- The heart rate slows.
- A drop in blood pressure

As a result of this the blood supply to the brain is affected which causes fainting and confusion. Sometimes there may be some difficulty in diagnosing between a Vasovagal attack and a Panic or Anaphylaxis shock. However, if the client does not show any of the following symptoms, then this helps to confirm it is a Vasovagal attack, they are:

1. There is no rash evident.
2. The client is not experiencing any breathing difficulties.
3. There is no indication of any swelling.
4. The client has a slow pulse (not rapid which is associated with Anaphylaxis shock).

Managing a Vasovagal Attack

What is the main danger to the client should they experience an attack of this nature? The immediate risk is the injuries they may incur because of falling. (Hitting their head on the floor or object when they fall because of losing consciousness). Fainting will usually lead to the client laying on the floor, raising the legs is the first thing that you will need to do to after checking the client's airways are clear and they are as comfortable as you can make them, as this will encourage blood to be sent towards the heart and brain to focus on restoring the blood flow during this episode.

What should the practitioner do with the client to restore consciousness and wellbeing to the client?

- The client will already be on the floor and they should be made comfortable.
- Ensure that their legs are raised.
- This will ensure that normal blood flow is restored to the heart and brain.
- Once this is achieved and the client is recovering the practitioner can make comfortable in a chair but should advise the client not to stand until the episode is over and a drink of water should be offered and encouraged.
- Once the client shows improvement and their colour is returning to normal then assist them to a standing position.

There are other symptoms or indicators of a Vasovagal Episode and the practitioner should be acquainted with these, they can include the following:

1. Light-headedness
2. Feeling warm and clammy (cold sweat)
3. Vision may become blurred.
4. Tunnel Vision (only being to see directly in front of you – no peripheral vision)
5. A sense of Nausea
6. Skin may become pale.

During a Vasovagal Attack, the client may also exhibit the following.

- A slow and weak pulse.
- Pupils may become dilated.
- Abnormal Movements

As a practitioner you should always remain alert and be aware of any contributing factors that may help to induce a Vasovagal Episode – these early indicators will assist the practitioner in their prompt response to the client's need.

- Room Temperature – may be too hot or warm.
- The Client exhibits signs of confusion.
- Skin becomes pale and the client may become restless.
- The client may try to sit up (which may exacerbate the condition)
- The client may experience fainting or minor convulsion (blood flow to the brain is insufficient).

Choking

The practitioner should be confident and able to recognise the signs of choking (this is when a foreign object obstructs the airways) to ensure that there is a successful outcome to the incident. The signs of choking should not be confused with other emergencies that may occur (e.g., heart attacks, respiratory conditions or distress, loss of consciousness and cyanosis). Choking may be mild or severe depending on the obstruction.

What are the signs of Mild / Severe choking?

- Choking occurs whilst consuming foods.
- The individual may grasp their throat / neck.

If conscious the individual should be able to answer the enquiry of “Are you choking” (they may be able to vocalize and if not, they will nod their head to indicate this is the case - this question may appear obvious, but it is important).

- Indication of severe obstruction to the airway
- They are unable to communicate verbally.
- Inability to breathe normally.
- Breathing appears to be wheezy.
- “Silent” coughing
- The individual has lost consciousness.

CHOKING FIRST AID

Choking First Aid:

- The individual should be encouraged in their attempt to cough.
- Give up to 5 back blows. (Support the chest with one hand and lean them forwards. Give up to five sharp blows between shoulder blades with heel of your other hand)
- If five back blows fail to relieve the airway obstruction give up to five abdominal thrusts (stand behind them and place your clenched fist between the navel and the bottom end of the breast-bone. Grasp hand with other hand and pull sharply inwards and upwards).

Anaphylactic Shock/Anaphylaxis

Practitioners should always be aware and alert if their client suffers from an Anaphylaxis attack and if they have a client who suffers from this their response should be immediate. The client must NEVER be left alone, and the practitioner should be aware that sometimes there may be some unpleasant results, but the practitioner must remain vigilant throughout and may require emergency services to respond.

Anaphylaxis is where an individual experiences a severe allergic reaction!

A practitioner should be familiar with the most common types of allergens. They are:

- Nuts
- Fish Oils
- Stings (Wasp and Bee)
- Latex
- Lidocaine

Practitioners should also be aware that if they have traces of these themselves it can trigger a reaction. There are some precautions they can take to prevent a reaction, for example only using Latex free gloves and avoid eating foods indicated so that the client is not exposed to these. What are the symptoms of Anaphylaxis? (Not necessarily limited to the following)

- Redness of the skin
- Rash or itchiness of the skin
- Swelling (isolated)
- Swelling around the mouth and throat (this restricts the clients breathing and may cause Vasovagal shock)
- Dizziness
- Nausea and Vomiting
- Diarrhoea

As previously mentioned, a practitioner may find their own experience uncomfortable and distressing but the client should NEVER be left alone.

Managing Anaphylaxis

Where a client experiences a severe allergic reaction, the practitioner should respond IMMEDIATELY but should remain CALM, this will assist the client as they will understand that you well trained confident in dealing with their situation. The client will experience discomfort and panic caused by their inability to breathe naturally therefore ensure that they are comfortable which may also help slow the reaction down affording the practitioner more time to deal with their situation. If the reaction is the result of exposure and contact with chemicals or a substance then the area treated must be washed immediately with cold water to minimise the effects.

The client may be aware that can experience anaphylaxis and they may carry an Epi Pen. (This is an adrenaline pen and contains epinephrine) if they can administer this themselves then encourage them to do so. In the event the client cannot administer themselves as they to unwell the Practitioner MUST request permission (called 911) from the service before proceeding with administering the pen.

The Practitioner should be aware of a client's medical history having completed the Consultation Process

If the client is not usually subject to Anaphylaxis, then the standard procedure (First Aid) should be followed.

- Lay the client in the recovery position.
- If the client stops breathing, then CPR should be applied.
- Dial 999 and request permission to administer an Epi Pen (One should always be available at your salon and or clinic).

Prevention of Anaphylaxis

It has been previously mentioned that exposure to certain foods and latex free gloves will assist in preventing anaphylaxis but another measure a practitioner can take is PATCH TESTING. This should be completed a minimum of 24 hours before the procedure (this will provide any indication that they may suffer a reaction too). Also ensure that the consultation process is completed correctly, and a full medical is supplied.

Conclusion and key points to remember in the event of anaphylaxis:

- The Practitioner should keep the client clam and comfortable.
- Monitor and observe any changes that may take place.
- If client exposed to chemicals or substance wash the area affected
- Call 999 emergency services (Ambulance) request permission to apply Epi Pen.
- Ensure client is placed in the recovery position (check airways are clear)
- If the client stops breathing initiate CPR

Injury to the Eye

The tissue of the eye is fragile and can be subject to being easily injured and affected by external matter (this can be foreign objects or chemicals) or processes (flashlight). Where the eye is injured, the individual will or may display the following symptoms:

- Pain behind or in the eye
- Blurred or distorted vision
- Excessive tears (eye watering)
- Spasm of the eyelid
- Possible bleeding

In the event of an injury to the eye the practitioner must be quick to respond to the situation and keep the individual calm and minimise the panic they may be experiencing resulting from pain or affected vision.

Advise the client to avoid touching or rubbing the eye and that you have the necessary skills and resources to assist them (they should be reassured and have confidence in your ability to help them). Using clean pads and not applying any pressure absorb any excess fluids from the area. Where needed wash the eye with lots of clean water (accidental spills). Spare towels should always be available for this type of situation! Ensure that the individual is in a comfortable position and advise them not to move their head. If you have detected a foreign object in the eye, you should never attempt to remove it.

When the situation indicates that you require medical assistance then place the call to request an ambulance, the individual should be advised that the situation is being appropriately dealt with and reassured that their safety and comfort is your priority.

First Aid for Eye Emergencies

- Know where each eye wash station is located and the quickest route to First Aid
- DO NOT assume that any eye injury is harmless. All eye injuries are to report to Ophthalmologist immediately.
- DO NOT press or rub an injured eye
- DO NOT remove contact lenses
- DO NOT attempt to remove a foreign body or any object that appears to be embedded in any part of the eye
- DO NOT use tweezers, or anything else on the eye itself

Summary:

- Reassure your client that you know how to help them to manage the situation.
- Ask the client not to touch or roll their eye as this could spread the problem.
- Allow the client to rest in a comfortable position with the eye closed and ask them to avoid movement of the head to prevent further damage.
- Flush the eye with clean running water.
- Protect the injured eye with a clean eye pad.
- In the instance there is a foreign body in the eye, do not attempt to remove it, pad around it to release pressure on the eye.
- In any instance of serious damage to your client's eye, call an ambulance and continue to give reassurance while you wait for it to arrive.

Review of the steps to responding to an injury to the eye.

- The individual should be reassured that you are able to respond professionally to the situation.
- The individual should be told to touch, rub, or move their eye.
- Movement of the head should be minimal, and the individual should be made comfortable to help minimise this.
- Wash the eye thoroughly when needed.
- Where a foreign object is identified in the eye no attempt should be made to remove this, place pads around the area to alleviate any pressure.
- Call emergency services when needed and continue to reassure the individual.

External Bleeding

External bleeding may sound serious, and it can be, but this is an everyday occurrence as cuts and grazing will or may lead to external bleeding and these can be swiftly dealt with simple first aid measures cleaning the wound (plasters etc) that will result in healing the affected area. The body's own healing process consists of platelets binding with exposed collagen which starts the clotting process (pro-thrombotic molecules are released aiding in natural healing). Scabbing occurs when the healing process is complete, and this will detach naturally.

Within the Aesthetics industry you will encounter puncture wounds, scratches, abrasions, and grazing. However more serious external bleeding will occur if an artery or large vein is punctured by accident – this requires an immediate and robust response. Bruising and discoloration under the skin will reveal surface bleeding. In all cases the individual may show signs of feeling cold, a paleness of the skin and feeling sweaty but these are indicators of the body healing itself.

What is the First response to External Bleeding?

- Apply pressure to the area using a clean pad.
- Where a wound may be impacted with a foreign object pressure should be applied around the wound not directly on it (do not try to move or remove the object) then secure the pads with a bandage.