Excellence

Medical Beauty Training

Lash lift and tint manual

Module list.

Lash Lift & Tint

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Introduction

It is often said that the eyes are the windows to the soul, and it is for this reason that women have paid close attention to how they are presented for centuries. Well defined eyes show them off to their full potential, whilst also balancing the face. Dating back to the ancient Egyptians, eye treatments have formed a core part of a woman's beauty regime, and so this can become a valuable element of your treatment menu. The eye treatments that this course will cover are: lash lifting and lash tinting.

Reception

Reception is the first aspect of your business that a client will encounter. Whether this is face to face, or over the phone, this is the first impression your client will get and so this should be handled professionally.

Your receptionist represents your business, so it is important that they are always professional, polite and well presented. The receptionist should take bookings, answer enquiries, greet clients and take payments. They should be trustworthy, able to talk to clients with confidence and able to listen. If you cannot afford the luxury of a receptionist it is down to you to manage the bookings.

You should always ensure that anyone working on reception or taking your bookings knows as much as possible about the treatment. It may be worthwhile letting them experience the treatment for themselves. This way, when talking to clients, they will be able to let them know what to expect and answer any questions.

Before Treatment

Some enquiries may include whether the client has to do anything themselves before treatment, such as what clothing to wear, how long the treatment lasts or whether there are any extra costs. Your receptionist may also be asked about the benefits of treatments, the aftercare that will be necessary and whether there are any restrictions for treatment.

When booking an eye treatment, the client should be advised not to wear make-up to their appointment. They should also be informed that they will have to remove any contact lenses during the treatment. Depending upon the treatment being provided it may be necessary for the client to visit the salon prior to their appointment, for example, to have a patch test prior to an eyelash tinting or lifting treatment. The client must be made aware of the importance of patch testing, as without a test the treatment should not go ahead. This is not only to protect the client, but also for insurance liability purposes.

Reception

The receptionist should also be aware of any clients with special needs or disabilities, as they may require help getting to the treatment room or hearing instructions. Your receptionist should check the age of any client to ensure that they can be treated within your insurance guidelines. Your receptionist may have to deal with sensitive or confidential information about clients. You should therefore ensure that your receptionist deals with this professionally and does not reveal it to any other parties.

Pricing Structure and Timings

Make sure that all staff and therapists are aware of the salon pricing structure for all treatments. You should always ensure that the service you offer is cost effective. Make sure that you consider all your overheads, the cost of your time, your local area and your particular clientele when setting a price for a treatment. The price you charge for your treatment should cover all overheads and include a reasonable profit margin, whilst also being affordable for your client. The eyelash lift and tint treatment should take around 45 minutes to complete.

Consultation

Before carrying out any treatment, you should always carry out a thorough consultation. The most important aspect of this is to ensure that it is safe to carry out the treatment. You should gather personal and medical information about your client, including whether they have any allergies or are taking medication. This should help you establish whether there are any contra-indications or contra-actions to treatment.Patch Testing When treating any new client you will need to perform a sensitivity test, or 'patch‘ test. Tints, solvents and adhesives contain chemicals which the client may have an adverse reaction to. This is of particular concern around the eye, as it is an extremely sensitive area of the body, and so any reaction could be very uncomfortable and potentially damaging.

A sensitivity test should help identify the possibility of this happening and therefore protect your client. A sensitivity test gives the product time to develop and will identify whether the client is likely to have any reaction to it. You will also have to perform a new test on all clients if you change any of your products.

Manufacturers Instructions

You should always follow the manufacturers instructions on how and when to perform the test. Generally this will need to be done 24-48 hours prior to the treatment. The product will need to be applied to a sensitive but discreet patch of skin, such as behind the ear or in the crease of the elbow. The test patch should be about the size ofa small coin and the product should be left on for five minutes. The excess product should then be removed with cotton wool and the client should be advised to wash off the stain or residue after 48 hours.

Allergic Reaction

When the client returns for their treatment you should ask whether they have suffered any discomfort, or noticed any visible difference to the area. You should also examine the area yourself for any signs of a reaction. A reaction will take the form of inflammation or swelling in the test area. If the client has experienced a reaction you should not treat them. You should inform them of this in a tactful manner without raising any alarm. The test product should be removed with a soothing cream, and the client should be referred to their G.P. if the reaction does not improve. You should make a note of any reaction and the product that caused this on the client's record card.

Consultation

Remember that as a beauty therapist you are not qualified to diagnose a medical condition and therefore, if you have any doubt about whether to offer your client a treatment, you must refer them to their G.P. to obtain written consent prior to the treatment going ahead.

At the consultation stage you must establish the client's suitability for treatment by discussing their needs, medical history and lifestyle. The consultation will also allow you the opportunity to explain the whole treatment process and allow the client time to ask any questions they may have.

During the consultation you must ensure that the client is happy to proceed with the treatment and knows exactly what is expected of them in relation to following the aftercare instructions that you will give them. Remember a consultation needs to be conducted for every client. This includes pamper parties, craft fairs and taster sessions. You should ensure you have an organised system of requesting clients to fill in basic details. It is not only important for the safety of your client, but also acts as an excellent tool for keeping in contact with your new clients.

Client Information

At every subsequent appointment, you should always establish if anything has changed in relation to the client's health since the last appointment, and the record card should be updated accordingly. The record card is an important document and must be kept up to date at all times.

There may be an occasion when another therapist in the salon has to treat your client and they must have all the necessary information to hand in order to treat the client safely. This information should be kept confidential at all times to comply with General Data Protection Regulations

Client Record Card

We have created a sample record card for you to use. This will be available to you once you have successfully completed the module. Where a client has an existing medical condition that requires a G.P.'s written consent prior to the treatment going ahead, you must ensure that when this is obtained it is stored safely with the record card.

The client record card becomes a vital piece of evidence in the event of a client making a claim against you for personal injury following a treatment. It would be required by your insurers and their team of investigators to prove that you had carried out the necessary checks to ensure that the treatment was suitable and safe for the client, including the use of a skin sensitivity patch test. It also shows that you had obtained the client's own written permission (and their GP's if required) for the treatment to go ahead.

Consultation Process

After you have been through each stage of your consultation, you should check to make sure your client has clearly understood what you have told them.
You must be able to empathise with your client when communicating with them. Your own body language can help you to empathise with your client. It can help your client to feel less intimidated, allowing them to feel more comfortable about answering personal questions during the consultation process.Treating Minors
In England, Wales and Northern Ireland, a minor is anyone under the age of 18 and in Scotland 16. Sometimes you will get requests for appointments from clients who are younger. If the client is under 18, you should always obtain written permission from their parent or guardian for the treatment to go ahead and they should accompany the minor to the salon for the appointment. It is also recommended that you check your insurance policy wording to see if there are any age restrictions detailed in it.You should check with your insurance company with regard to any guidelines for treating minors. Also, contact your local district or borough council and ask about any stipulations you need to follow with regard to The Miscellaneous Provisions Act, as they may vary from one council to another. The department who will be able to clarify this for you is the Licensing Department. They will also advise you about any Massage Treatment Licensing Laws.
We have created a sample Parental/Guardian Treatment Consent Letter for you to use. This will be available to you once you have successfully completed the course.

Anatomy & Physiology – The Skin

The Skin

Anatomy and Physiology is crucial to any competent beauty therapist. You must first understand how our bodies are made up and how they work in order to understand how to perform your treatment. The skin is one of the largest organs in the body and consists of tissues which are joined together to perform specific functions. It is an epithelial tissue that can be used by therapists and nail technicians to assess their client's condition, as it can show signs of stress, dehydration or poor health

Integumentary System

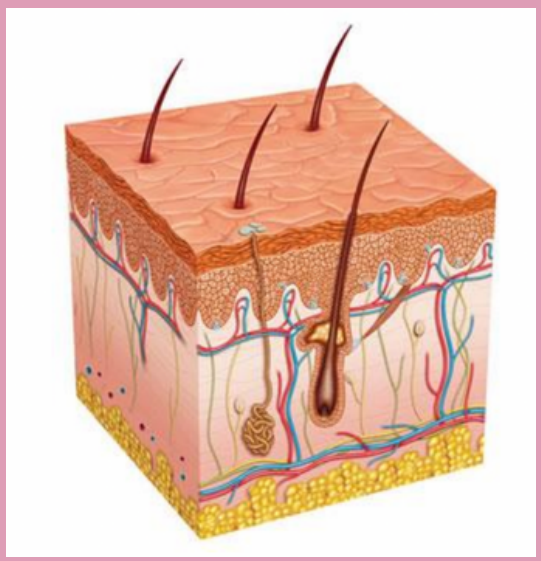
The skin has a number of appendages including hair and nails, which together are known as the integumentary system. The nail is a modification of the stratum corneum (horny) and stratum lucidum (clear) layers of the epidermis. Nails are non-living tissue which protect the fingers and are used as tools for the manipulation of objects. Hair grows from a sac-like depression in the epidermis called a hair follicle. The primary function of hair is also protection.

Functions Of The Skin

The skin offers protection, temperature regulation and waste removal as well as providing a sense of touch. The sensitivity of the skin comes from the many sensory nerve endings found just under the skin which detect heat, cold, pain and pressure. Heat regulation is achieved through a number of mechanisms. Sweating and vasodilation cools the skin whilst vasoconstriction warms it up.

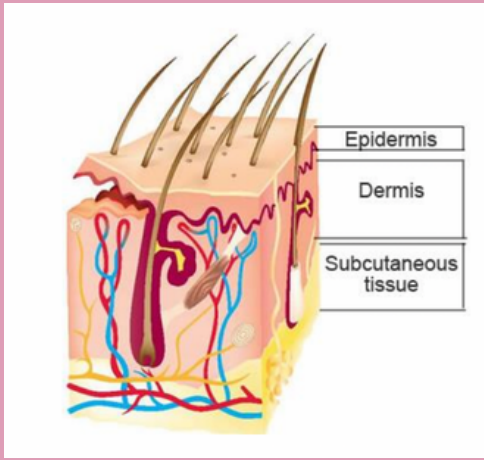
The skin also retains heat through the contraction of the erector pili muscle, causing the appearance of goose bumps. The body is protected as the skin is a waterproof layer which can also defend against physical damage, bacteria, dehydration and UV radiation.Sweating also helps to excrete waste products from the body. Urea, water and salt are removed via the sweat glands through the surface of the skin. Another function of the skin is to act as a warning system. The skin offers visible signs such as redness and irritation to show that it is intolerant to something, whether that be internal or external.

The skin also provides a form of storage for fat, an energy reserve. On top of this, it also produces significant amounts of vitamin D. This is created when sunlight comes in contact with the skin and produces a chemical reaction.



Layers of The Skin

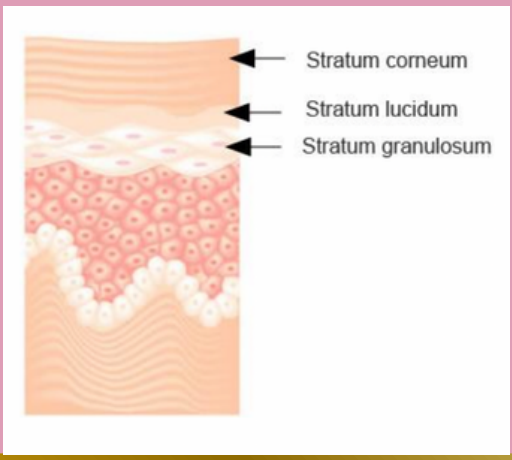
There are two main layers of the skin; the epidermis and the dermis. The epidermis is the outer, thinner layer. Whilst the dermis is the inner, thicker layer. Beneath this, the subcutaneous layer attaches to underlying organs and tissues. The epidermis is made up of layers of epithelial tissue and has no blood vessels. The dermis consists of areolar connective tissue supported by collagen and elastin. The dermis contains blood vessels, nerve endings, sweat glands, hair, hair follicles and sebaceous glands.



Layers of The Epidermis

The epidermis offers a waterproof, protective covering, consisting of five layers. The three outer layers, stratum corneum (horny), stratum lucidum (clear) and stratum granulosum (granular), consist of dead cells as a result of keratinisation. The cells in these layers are dead and scaly and are constantly being rubbed away by friction. The inner two layers, stratum spinosum (prickle-cell) and stratum germinativum (basal cell), are composed of living cells.

The stratum corneum is the top layer which forms a barrier. It is made up of dead, flat, keratinised cells, which are hardened cells which have lost their nucleus. These cells continually shed from the surface in a process called desquamation.



Layers of the Epidermis 2

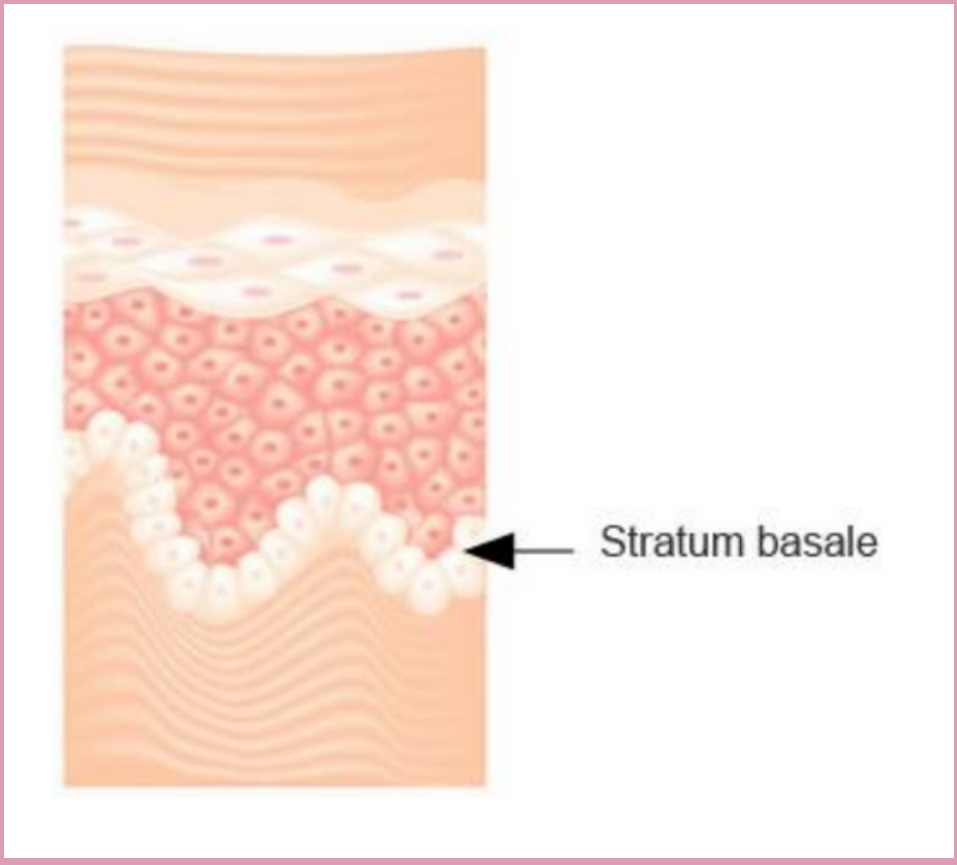
The clear cell layer, or stratum lucidum, consists of dead cells which have no nucleus. These cells are transparent to allow light to penetrate to deeper layers. This can only be found in areas of friction, such as the soles of the feet and the palms of the hands.

The stratum granulosum contains a mixture of living and dead cells as the cells are beginning to die. The cells become flatter and contain granules of keratin, starting the process of keratinisation.

Living cells are contained in the stratum spinosum. These cells have moved up from the stratum basale and interlock with fine threads. It is this area of the skin where melanin is found

Layers of the Epidermis 3

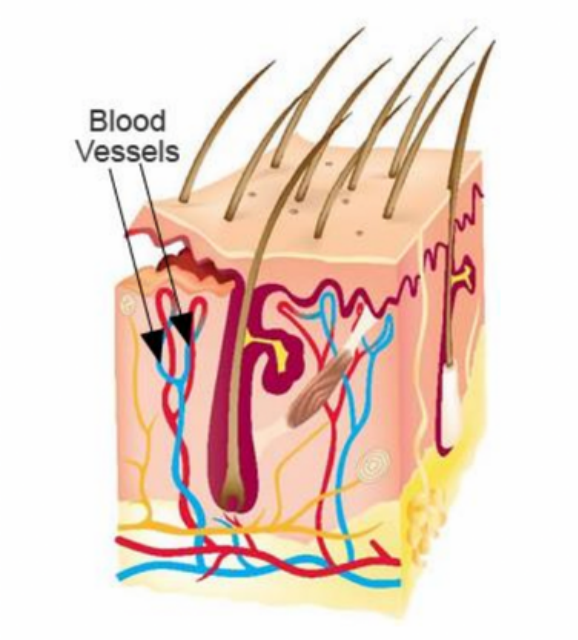
The deepest layer of the epidermis is the stratum basale, in which living cells are continually dividing in a process called mitosis.



Functions of the Dermis

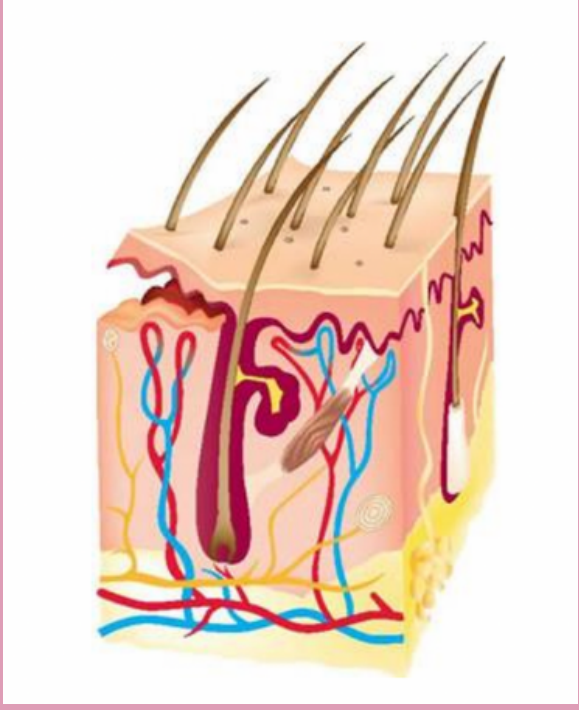
All nutrients pass to the cells in the epidermis from blood vessels to the dermis. The main functions of the dermis are to provide support, strength and elasticity. It is made up of dense connective tissue that is tough, extensible and elastic. It has a higher water content and therefore helps to provide nourishment to the skin.

The dermis has a superficial papillary layer and a deep reticular layer. The dermis has an abundant supply of blood vessels. Arteries carry oxygenated blood to the skin via arterioles and these enter the dermis from below and branch into a network of capillaries. These networks form to provide the basal cell layer or the epidermis with food and oxygen. The capillary networks drain into small veins which carry the deoxygenated blood away from
the skin and remove waste products.



Lymphatic Vessels

The lymphatic vessels form a network in the dermis, allowing the removal of waste from the skin's tissues. Lymph vessels are found around the dermal papillae, glands and hair follicles. Nerves are also widely distributed throughout the dermis. These sensory nerves send messages to the brain and are sensitive to heat, cold, pain, pressure and touch.



Skin Type	Skin Structure	Characteristics
Normal	Water and oil content is constant. Neither too oily or too dry.	Pore size is small or medium. Moisture content is good. Texture is smooth and even. Colour is healthy. Elasticity is good and skin is firm. Usually free of blemishes. Often found in the young.
Dry	Lacking in sebum, moisture or both.	Pores are small and tight. Moisture content is poor. Texture is coarse and thin, possibly flaking, it can feel papery. Tendency towards sensitivity. Possible premature ageing, particularly around the eyes. Skin pigmentation can be uneven. Little elasticity. Milia are often found around the cheek and eye.

Skin Type	Skin Structure	Characteristics
Oily	Increased levels of sebum/	Pores are enlarged. High moisture content. Texture is coarse and thick. Sallow in colour. Skin tone is good. Prone to shininess. Elasticity is good. Uneven pigmentation. Susceptible to skin disorders such as comedones, pustules, papules, milia or sebaceous cysts. Most common during puberty.
Combination	Oily around the chin, nose and forehead (T-zone). Rest of the face and neck is usually dry.	Pores in the T-zone are enlarged, and small to medium in the cheek. Moisture content is high in oily areas, and poor in dry areas. Texture is coarse and thick in the T-zone and thin in dry areas. Oily skin is sallow, whilst the dry area is sensitive, with high colour. Skin tone is good in oily areas, and poor in dry areas. Pigmentation is uneven and there may be blemishes in the oily areas. The most common skin type.

Sensitive Skin

Some people suffer from sensitive skin separately from the dry skin type. This can be recognised by high colouring, and broken capillaries in the cheek area. The skin is usually warm and there can be some flaking.
In black skin, the irritation shows as a darker patch, rather than redness. Allergic skin is irritated by external allergens, and so can react to chemicals that are applied to it.

Dehydrated Skin

Dehydrated skin has lost water, and is usually associated with dry or combination skin types. This could be due to a change in diet, or illness, in which case the client may be taking medication. It can also be caused by low humidity or air-conditioning. The skin has a slight orange-peel effect and some flaking. There are some signs of ageing and broken capillaries.

Anatomy & Physiology – The Hair & The Eye

The Hair

Hair is an appendage of the skin. It grows out of, and is part of the skin, and is made up of dead skin cells containing keratin. The palms of the hands, soles of the feet, lips and some parts of the sex organs are the only parts of the skin which are not covered in hair.Functions of Hair
The hair has a number of different functions including insulation and protection from physical damage and the sun. The eyelashes help prevent foreign particles entering the eyes, whilst nostril hair does the same for the nose. Body hair also provides a sensory function and helps to secrete sebum on the surface of the skin.

Layers of Hair

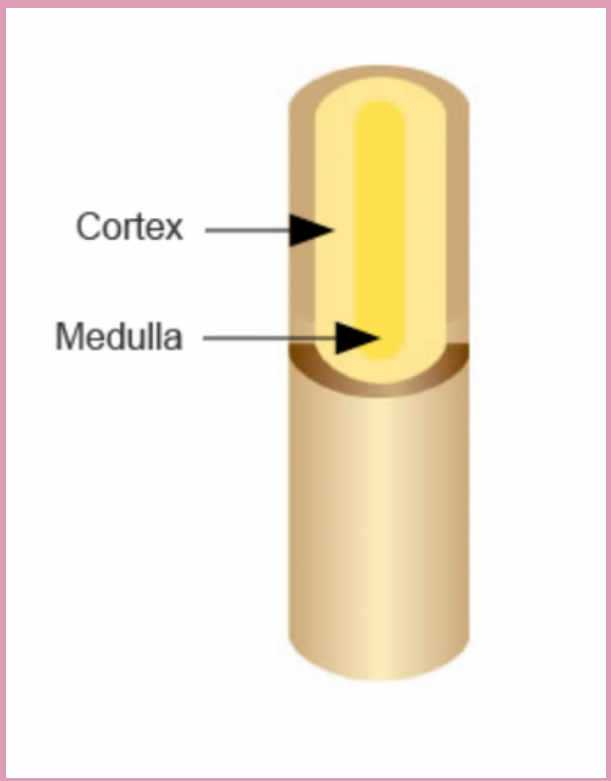
There are three types of cells in the hair, which form different layers. The medulla is the central layer and contains soft keratin. This layer only exists in coarser hair, not thinner hair.

The pigment, along with hard keratin is found in the cortex, the thickest layer of the hair. This layer is made up of dense, elongated cells. It is these cells which contain the pigment and hard keratin. The pigment is what gives the hair its colour, and once this stops being produced, the hair becomes white. Tinting products colour the melanin in the hair, which is why grey or white hair is more difficult and time consuming to treat.

The outer layer of the hair is the cuticle. The cells contained within the layer are thin and flat, and contain hard keratin.Composition of the Hair

The hair is made up of a root, the part of the hair within the follicle, the bulb, which is the base of the root, and the shaft, which can be seen above the surface of the skin.

The hair grows out of the follicle, which is a continuation of the epidermis. The movement of the hair is controlled by the arrector pili muscle, which is attached to the base of the follicle. The muscle contracts, and pulls the follicle and hair upright. The sebaceous gland produces sebum, which is secreted into the follicle. The purpose of sebum is to soften the hair and skin and protect against infection.

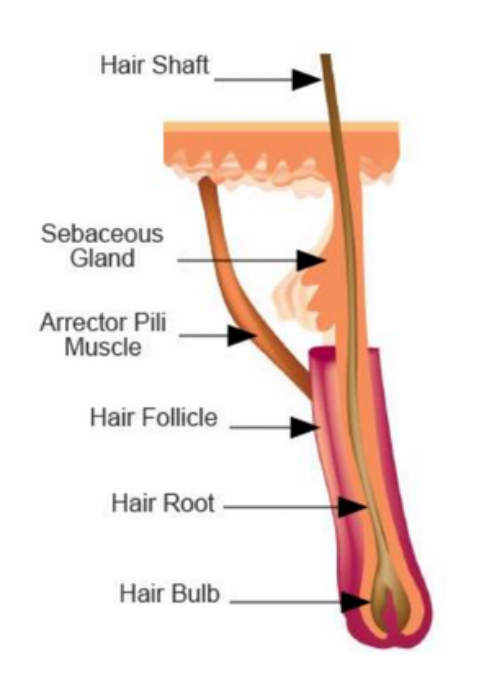


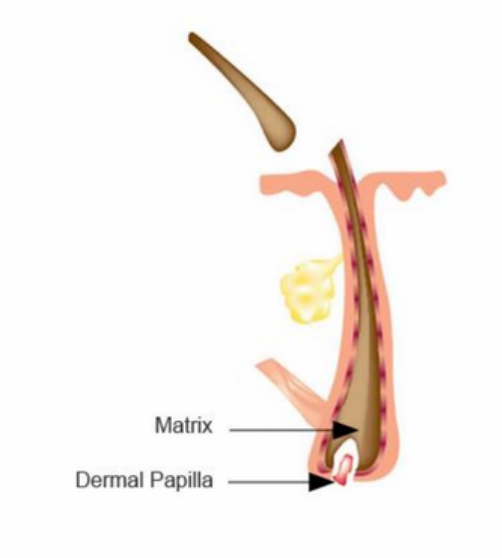
Growth of Hair

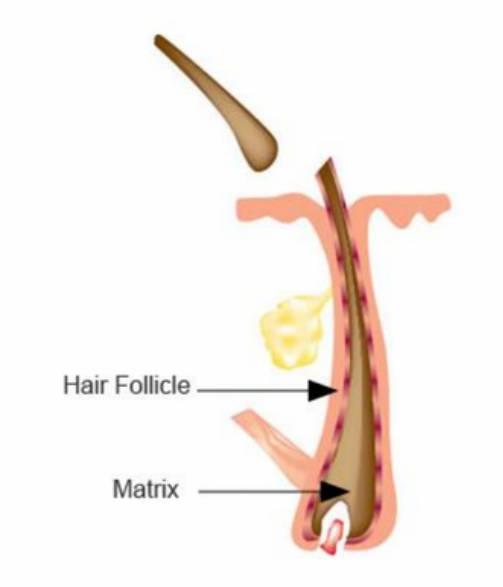
The growth of the hair comes from the dermal papilla. This has a good blood supply, and is a separate organ which serves the follicle.

The matrix is the lower part of the bulb and divides the cells from which the hair is formed.The hair follicle is made up of the inner epithelial root sheath, which is covered with cuticle cells and anchor the hair, the outer epithelial root sheath which forms the follicle wall and the connective-tissue sheath which provides a sensory and blood supply.

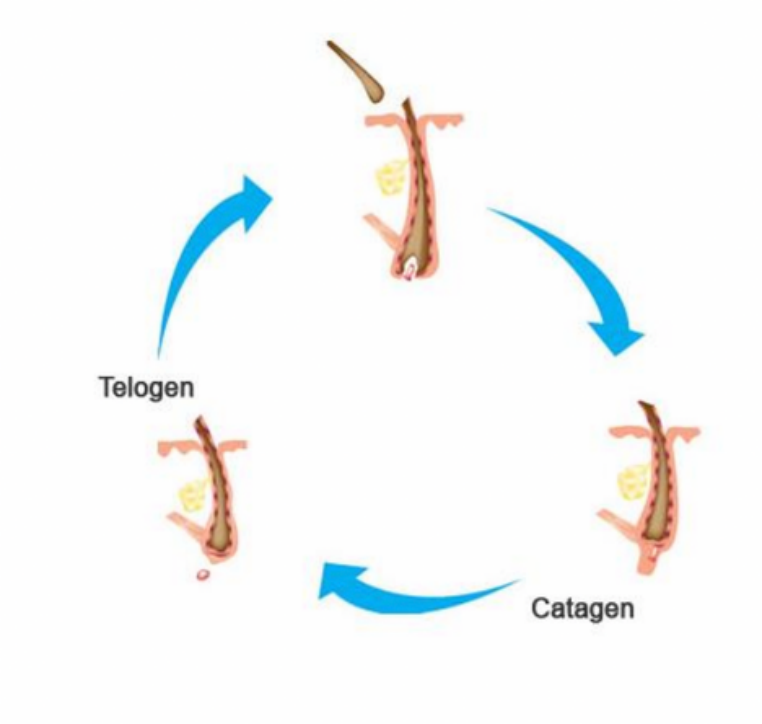
As with most functions of the body, the growth of the hair is part of a cycle. The first part of the cycle is the anagen stage, where the hair actively grows. The follicle re-forms and a new hair begins to grow from the matrix.







The hair separates from the papilla in the catagen stage. It is carried by the movement of the inner sheath to the sebaceous gland where it stays until it falls out. The telogen stage is the resting stage.



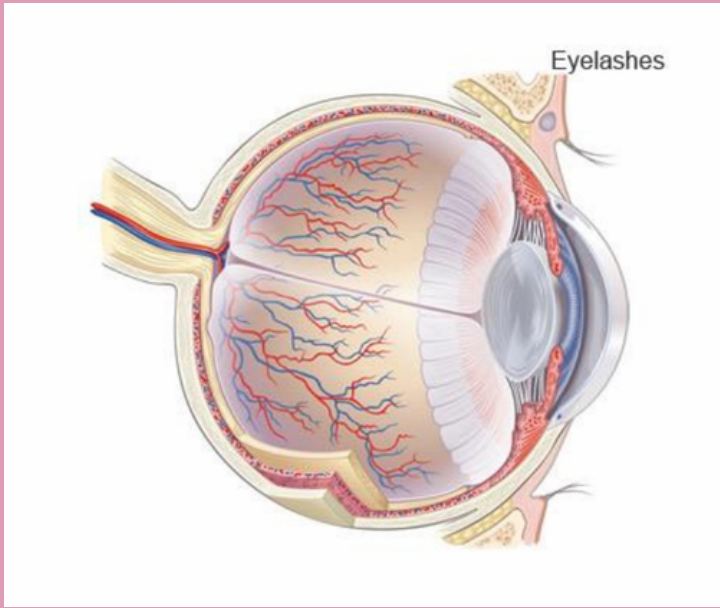
Hair Types

There are three main types of hair: lanugo, vellus and terminal. Lanugo hairs are found on the body prior to birth and are fine with no medulla and are often unpigmented.

Downy body and facial hair is vellus which usually has no pigment with no medulla or fully formed bulb. Terminal hairs are longer and coarser and carry pigment. Their appearance varies and their follicles are deeply set in the dermis with well defined bulbs. This is the hair that usually makes up eyebrows, eyelashes, the scalp, pubic and underarm areas.

The Eye

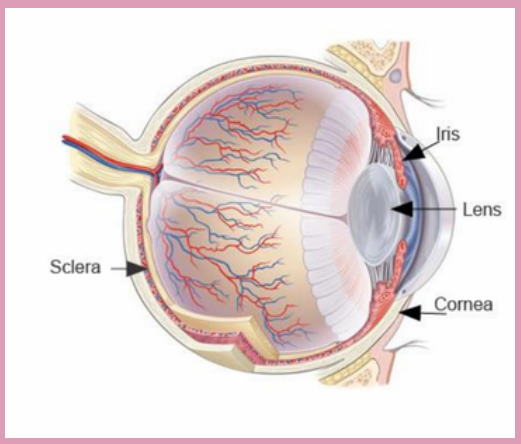
The eyes are the sense organs which enable us to see. The eyeball itself is the organ which provides sight, however, the eye also consists of the eyelids, eyebrows, eyelashes and eye muscles which help to protect the eye. They also contain lacrimal glands which release tears. These tears help to lubricate the eyeball, whilst the conjunctiva membrane helps to protect it.

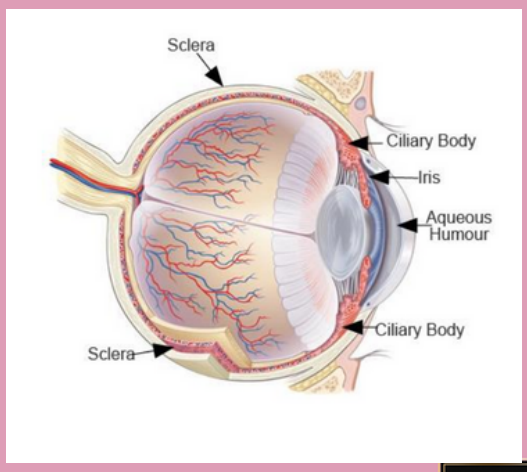


The Component Parts of the Eye

The eyeball is made up of a protective wall and a larger inner space that is divided into cavities. The wall of the eyeball is made up of an outer fibrous tunic layer which is the outermost covering. This consists of the cornea at the front - which covers the iris and help focus light and the sclera at the back, which gives the eyeball its shape. The next layer is the vascular tunic layer which is fronted by the coloured iris. This iris is suspended between the cornea and the lens, with a central hole for the light-regulating pupil.The Component Parts of the Eye

The ciliary body which surrounds the iris contains aqueous humour and muscles to alter the shape of the lens when viewing different distances. The ciliary body then becomes the choroid, which lines the internal surface of the sclera and provides nutrients to the retina.

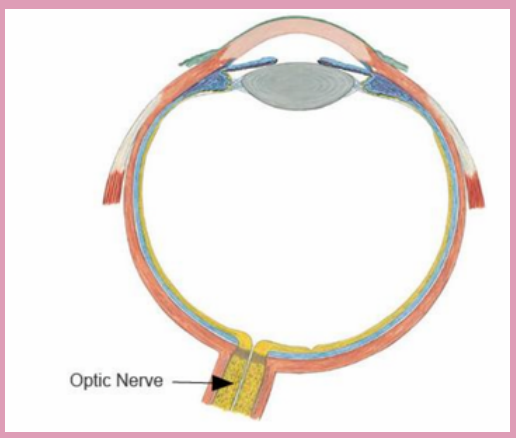


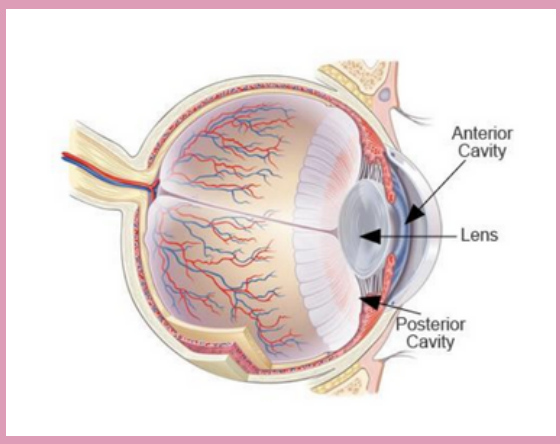


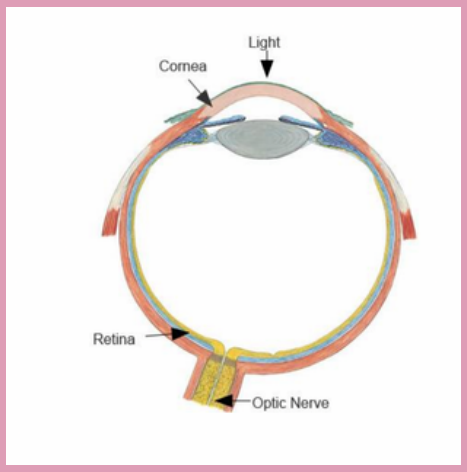
The Component Parts Of The Eye

The inner layer of the eyeball is the nervous tunic layer and has a non-visual pigmented portion and a neural portion. The pigmented portion contains melanin and absorbs stray light rays, preventing scattering and ensuring a clear image.

The neural portion has three layers of neurones that process what it is we are seeing. These layers contain photoreceptors made up of rods which only respond to shades of grey, and cones which respond to colour. Information is passed from here to the ganglion cells, the axons of which extend into the optic nerve.Inside the eyeball, the lens can be found. This is behind the iris and the pupil, and it is responsible for focusing the image. The anterior cavity is found in front of the lens and is filled with aqueous humour, which nourishes the lens and cornea. The posterior cavity lies behind the lens and contains the vitreous body, which produces intraocular pressure and helps keep the retina pressed against the choroid.Refraction takes place as light passes through the cornea, aqueous humour, lens and vitreous humour. This is because each element has a different density, and so the rays will bend
and their speed becomes affected. This reverses the image when it reaches the retina, and the image is transported through nerve impulses by the optic nerve to the visual cortex of the brain. This is the point at which they are interpreted into visual images.







Contra-indication Preventing Treatment

Contra-indications And Contra-actions

A contra-indication is a condition which can prevent a treatment proceeding or can delay it until such a time that the client has undergone medical treatment and has fully healed. You must be able to recognise a contra-indication in order to know when a treatment should or should not go ahead.

Contra-actions are problems which may occur as a result of the treatment, either during or after it. Carrying out a treatment on a client with a contra-indication can put the client at risk by causing further harm to an existing condition as well as putting yourself and other people in the salon at risk from cross infection.

Total Contra-Indications

- Fever at the time of treatment.
- Contagious or infectious diseases such as conjunctivitis.
- Under the influence of drugs or alcohol.
- Non-infectious skin diseases or conditions specific to the eye and surrounding area.
- Highly strung clients, as it will make the treatment very hard to carry out.
- Weak lashes.

Total Contra-Indications

• Dry eye syndrome occurs when not enough tears are produced or oil glands become blocked which can cause inflammation and irritation of the eye.

• Impaired Vision-any condition or disease of the eye that has resulted in impaired or full loss of vision.

• Skin allergies, or a positive reaction to a patch test of products to be used.

• Eye surgery (approximately six months).

• Contact lenses if they cant be removed and stored safely.

• PregnancyMedical Contra-Indications

If the client suffers from any of the following conditions, treatment can only take place once it has been approved by a GP:

• Any serious eye condition already being treated by a medical practitioner.

• Oedema.

• Neuritis.

• Recent operations in the area to be treated.

• Cancer or any undiagnosed lumps or bumps.

Medical Contra-indications

• Nervous or psychotic conditions.

• Alopecia

• Bell's palsy, trapped or pinched nerves.

• Undiagnosed pain or inflammation in the area to be treated.

If you are unsure whether it is safe to proceed, it is best to refer the client to their GP for advice. Beauty therapists are not trained to diagnose.

GP's Written Consent

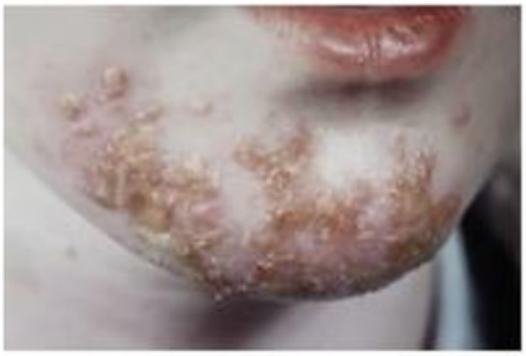
Please be aware that some GP's refuse to write letters for their patients, whilst others may charge a fee for this service. If you cannot get a GP's letter then you would not be insured to carry out the treatment and this must be made clear to the client.

Some salons ask their clients to sign a disclaimer to say they are willing to go ahead with the treatment without the GP's letter or without having taken a sensitivity patch test. However, disclaimers are not guaranteed to stand up in court if a personal injury claim is pursued.Conditions that must be successfully treated by a medical practitioner prior to offering treatment Infectious diseases - such as flu, chicken pox or measles. Treatment can be carried out once the condition has been treated and cleared completely.

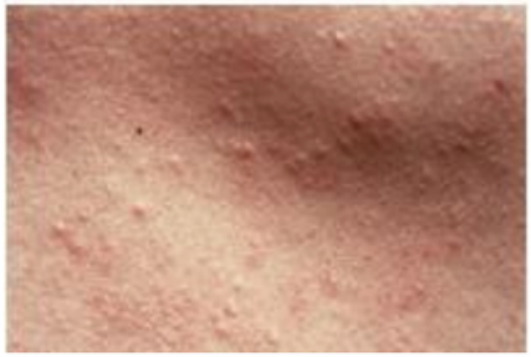
Stye (hordeolum) - inflammation of the eyelid, often the upper lid. This is caused by an infection in the hair follicle. There is swelling, redness and pain in the eyelid. Scratching or rubbing the infected area could cause the infection to spread. You should recommend that the client goes to the doctors for medication. The treatment can be carried out once the condition has been treated and cleared completely.

Conditions that must be successfully treated by a medical practitioner prior to offering treatment.

Impetigo - reddening of skin, but soon becomes a cluster of blisters or pustules. This is highly contagious, and treatment would cause cross infection. You should recommend that the client goes to see their GP for medication. The treatment can be carried out once the condition has cleared completely.

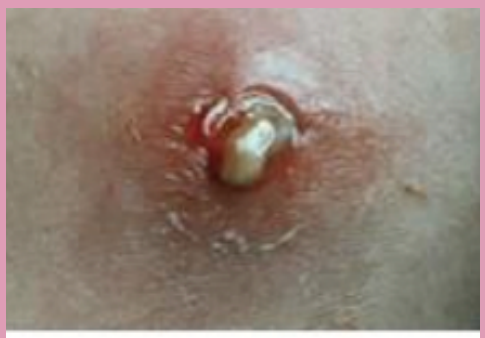


Folliculitis - infection of a hair follicle caused by the staphylococcus aureus bacteria. This is an acute inflammation which occurs with pus formation. You should recommend that the client goes to see their GP for medication. The treatment can be carried out once the condition has cleared completely.



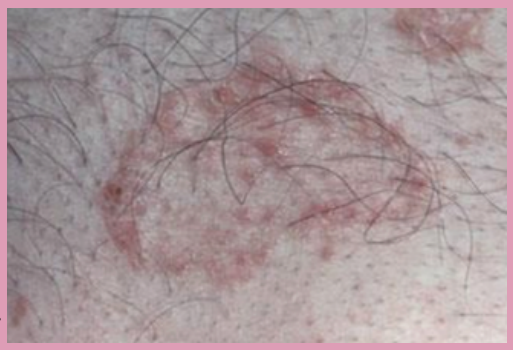
Conditions that must be successfully treated by a medical practitioner prior to offering treatment

Boils - a boil is a painful, red bump on the skin usually caused by an infected hair follicle. As white blood cells fight the infection, pus forms inside and the boil grows larger. Eventually, it will rupture and the pus will drain away. Boils usually occur on the neck, face, thighs, armpits and buttocks. You should recommend that the client goes to see their GP for medication. The treatment can be carried out once the condition has cleared completely.



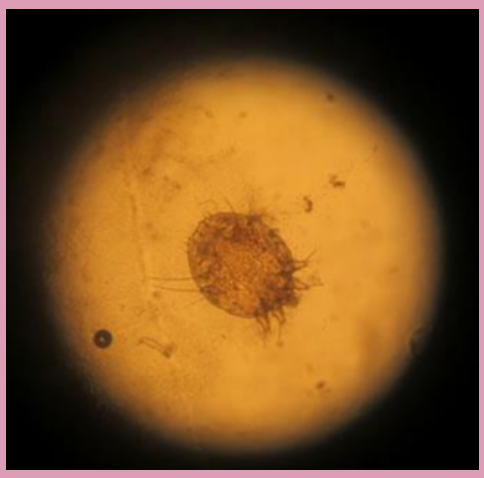
Shingles - an infection of a nerve and the area of skin around it. It is caused by the herpes zoster virus, which also causes chickenpox. Most people have chickenpox in childhood, but after the illness has gone the virus remains dormant in the nervous system. The immune system keeps the virus in check, but later in life it can be reactivated and cause shingles. Shingles usually affects a specific area on either the left or right side of the body. The main symptoms are pain and a rash which develops into itchy blisters and then scabs over. You should recommend that the client goes to see their GP for medication. The treatment can be carried out once the condition has cleared completely.Conditions that must be successfully treated by a medical practitioner prior to offering treatment

Ringworm - a general term used to refer to a skin infection caused by a fungi called dermatophytes. The condition is known as ringworm because it can leave a ring-like red rash on the skin. It does not have anything to do with worms. It can affect different parts of the body. Ringworm is highly contagious. It can be passed between people through skin contact and by sharing objects such as towels and bedding. It can also be passed on from pets such as dogs and cats. You should recommend that the client goes to see their GP for medication. The treatment can be carried out once the condition has cleared completely.



Conditions that must be successfully treated by a medical practitioner prior to offering treatment

Scabies - a contagious skin condition where the main symptom is intense itching. It is caused by tiny mites that burrow into the skin. Scabies can be spread through skin-to-skin contact for long periods of time with someone who is infected or sexual contact with someone who is infected. Scabies can also be passed on through sharing clothing, towels and bedding with someone who is infected. However, this is less likely than getting the infection through skin-to-skin contact. The incubation period for scabies is up to eight weeks.



You should recommend that the client goes to see their GP for medication. The treatment can be carried out once the condition has cleared completely.Conditions that must be successfully treated by a medical practitioner prior to offering treatment

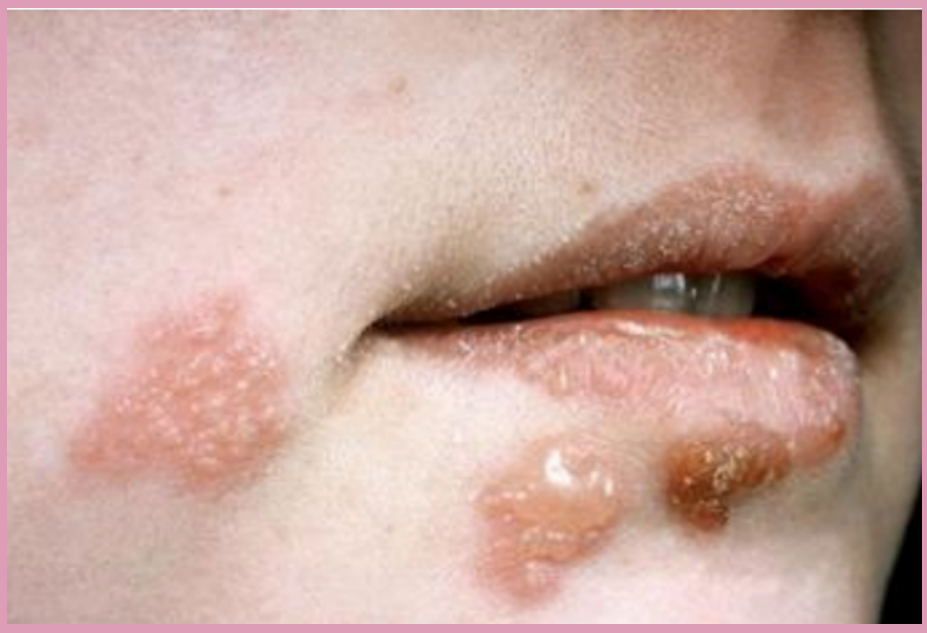
Body and Head Lice - infestation of the hair and clothes with wingless insects that cause intense irritation. As they make you itch, they can make you scratch your skin and may cause a rash. They are spread by head-to-head contact and climb from the hair of an infected person to the hair of someone else. You should recommend that the client goes to see their pharmacist for treatment. The treatment can be carried out once the condition has cleared completely.

Infective Conjunctivitis - infective conjunctivitis is caused by a virus or bacteria. The most common symptoms include reddening and watering of the eyes, and a sticky coating on the eyelashes, particularly when waking up in the morning. You should recommend that the client goes to see their GP for medication. The treatment can be carried out once the condition has cleared completely.

Conditions that must be successfully treated by a medical practitioner prior to offering treatment

Blepharitis - this is caused by poor eye hygiene. I can cause itching and inflammation of the rim of the eyelid. Treatment should not go ahead as there is a risk of worsening the condition and the client should be referred to their GP the treatment can be carried out once the condition has cleared completely.Conditions that must be successfully treated by a medical practitioner prior to offering treatment.

Herpes Simplex - this is the 'cold sore virus'. It is highly contagious and can be easily passed from person to person by close direct contact. Once someone has been exposed to the virus, it remains dormant most of the time. However, every so often the virus is activated by certain triggers, causing an outbreak of cold sores. The triggers that cause cold sores vary from person to person. Some people have frequently recurring cold sores, two to three times a year for example, while others have one cold sore and never have another. Some people never get cold sores because the virus never becomes active. The client should be recommended to go to a local pharmacy for advice. Treatment can be carried out once the condition has cleared completely.



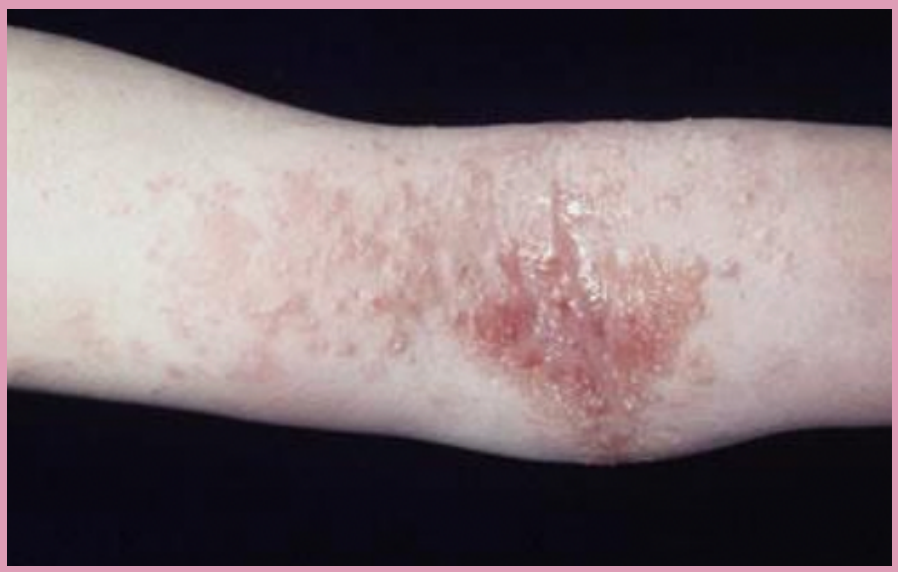
Contra-indications Restricting Treatment

Conditions That May Restrict Treatment

Contact Lenses - if the client cannot remove their lenses, the treatment must not go ahead.

Hay fever - treatment is best avoided during the hay fever season. Watery, sensitive eyes must not be treated.
Medication that may cause temporary hair loss, such as chemotherapy.Broken bones or fractures, abrasions, insect bites, broken skin, bruises and sunburn - do not offer treatment over the affected area until completely healed. You can, where it is possible to do so, treat areas that are unaffected.

Eczema – appears on the skin as a red rash that sometimes is raised and can be itchy and there may be blisters. The skin can weep and crack and scaling of the skin can occur. Do not carry out treatment over any area on the body that is affected by eczema. If the client has very severe eczema it is best for them to obtain a GP's consent prior to treating as certain products may irritate the condition further.

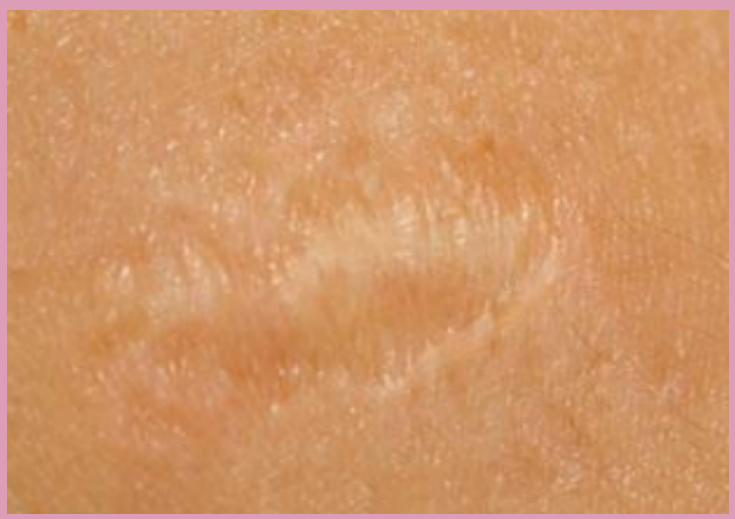


Psoriasis - dull red papules appear on the skin that are covered in silvery scales that can become infected. You can work on areas of the body that are not affected, however, if there is any sign of infection or weeping you must not offer treatment and the client should take advice from their GP. This can commonly occur around the hair line.

Raised moles and skin tags – if located in the eye area you should never work directly over them. If the moles are open or weeping refer the client to their GP for advice.Conditions That May Prevent Or Restrict Treatment

Recent semi-permanent make-up, facial piercings or tattoos - wait until the pierced or tattooed area has completely healed before offering a treatment.

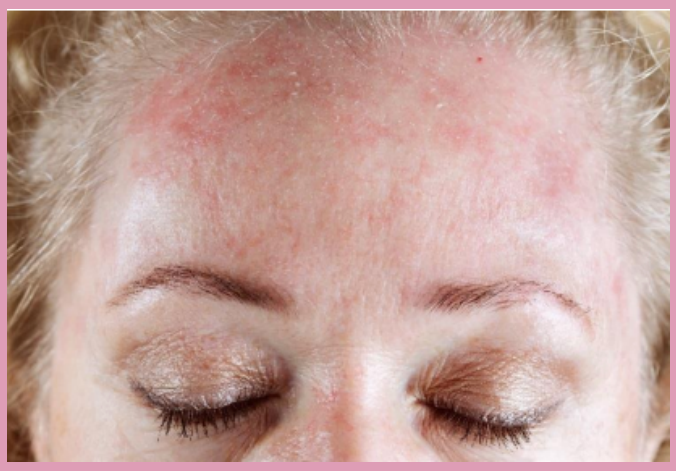
Recent scar tissue - do not work over scar tissue that is less than six months old, and only then if there is no sign of redness and the scar looks healed. If in doubt, refer the client to their GP for advice before treating.



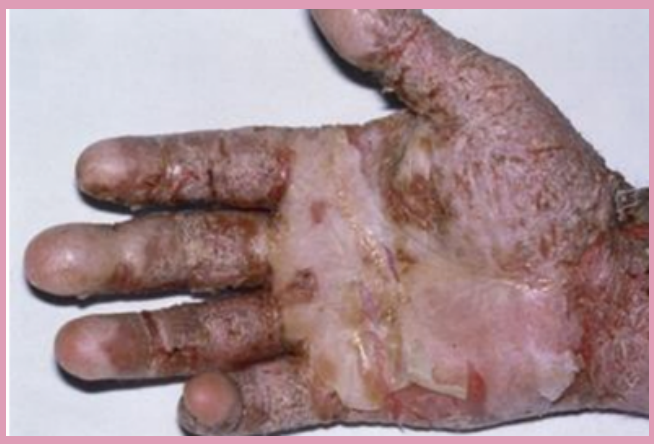
Epilepsy - when discussing this illness with your client, you have to be very careful not to offend the client and be accused of discrimination on the grounds of disability. We recommend that you ask the client if they know what brings on a seizure and how often they experience them. If they have any more concerns about whether they should go ahead with the treatment, you should recommend that they seek advice from their GP. If the client decides to go ahead with treatment you should ensure that you have a contact number for their next of kin recorded on their consultation card
and you should discuss with the client what action you should be required to take in the event that they have a seizure whilst with you.

It is for this reason that we strongly recommend that all therapists undertake a first aid training course to ensure that they are able to know how to help
someone that may have an epileptic seizure whilst visiting the salon or indeed any other medical emergency. Contact your local Red Cross or St Johns
Ambulance service for more information.Topical and oral retinoids and steroid creams - caution needs to be exercised in people using
oral retinoids. Treatment should not be performed until treatment with these
medications has been stopped for at least six months to one year. Individuals using these products should stop the medication three to four weeks prior to treatment to avoid skin injury and soreness. Prolonged use of steroid creams can also thin the skin. Refer the client to their GP for written consent prior to treating. IPL/Laser/LHE skin rejuvenation treatments - do not carry out treatment over the area that has
been recently treated.

Inflammation of the skin - if the client is suffering from inflammation of the skin anywhere near the eye, they should not be treated. The inflammation will mean the area is extremely sensitive and could therefore be more prone to an adverse reaction.



Contact dermatitis - as well as taking care of the client, you should also make sure that you think about yourself. You should be aware that as a therapist you may be vulnerable to contact dermatitis or allergies. If this is the case, follow the procedure as you would with a client, and take precautions during further treatments. Disposable gloves worn during some treatments can cause contact dermatitis in some therapists.



Guidelines For Offering Treatments To Diabetic Clients

It is possible to offer an eyelash extension treatment to a diabetic client whose condition is controlled by medication or diet, as long as written consent is obtained from their GP prior to treatment going ahead.

Contra-actions

A contra-action can occur during or after an eye treatment.

Allergic Reactions

A common contra-action associated with eye treatments is an allergic reaction. Lash lifting and tinting products can contain ingredients which may cause an adverse reaction. Before your treatment, check whether the client is aware of any allergies, or has suffered any reactions in the past. You will also be required to perform a sensitivity test before offering a treatment which should help to rule out the risk of an allergic reaction. If the client does suffer an allergic reaction after their treatment they should be referred to their GP.

Skin reactions

The skin may suffer from sensitivities which could appear on the face. Symptoms of an allergic reaction include itching, swelling, inflammation, blistering at the site of contact followed by weeping, dryness and flaking of the skin. Symptoms of an allergy are not always immediate, and may take up to 48 hours to surface.

If a client does react to any products during treatment, remove the substance immediately with water and apply a cold water compress. Make a note of the reaction and your response on the client's record card, and advise them to seek medical advice.

Tint or Lifting Product Enters Eyes

If the client gets tint or lifting product in their eyes during the treatment you should tip their head to one side and rinse the eyes immediately using a clean eye bath and water. You should advise the client to seek medical advice if they experience any continuing discomfort.

Preparation

You should always buy the best quality equipment that you can afford. Remember that if you are working mobile you will be carrying this equipment around on a daily basis and if it is heavy you could injure yourself or risk repetitive strain injuries. Buy the lightest but sturdiest equipment available and never compromise your own health.

If you visit your local wholesaler to purchase your equipment you will need to show them copies of your Guild membership insurance cover documentation to prove that you are qualified before they will issue you with a trade card.

Equipment Required:

Couch – this can be static or collapsible if you are mobile. Always ask the supplier if you can try to put up and dismantle the couch before you buy it and check that you are able to lift it. The couch must have an adjustable head rest and be covered in a washable material. Some of the more expensive couches are electric but these are more suited to salon based therapists as they are not transportable. You should make sure that the couch is adjustable to help your client get on and off, as well as making sure it is at a height where you can perform the treatment without bending or straining.

Couch cover - ensure that the couch cover is made of a material that can be washed at a high temperature.

Disposable bed roll - this is placed over the couch cover and is replaced after each use.

• Equipment trolley - a sturdy trolley is required that is large enough to hold all your equipment safely.
• Stool - this will need to be easy to clean and should be adjustable in height.
• Clean towels - must be used for every client. These can be used to drape over the client, and for use during the treatment.
• Mirror - a small hand mirror should be available for the client to use before and after their treatment.
• Headband - this will protect the client's hair from any of the products and will prevent it getting in the way during treatment. It should be either disposable or be able to be washed at high temperatures.
• Cotton wool - this can be used to remove products and should be disposed of immediately after use.
• Non-metallic dish or palette- for mixing.
• Consultation form – to be completed prior to each treatment.
• Cotton buds – to remove any excess tint immediately after application so it does not stain.
• Spatulas.
• Applicator brush.
• Eye bath and water.
• Eye shields.
• Silicone pads to suit different eye shapes and lash lengths.
• Eyelash tints in a variety of colours.
• Hydrogen peroxide to oxidise the tint.
• Oil-free eye make-up remover.
• Cleanser.
• Skin stain remover.
• Tissues.
• Sterilising fluid.
• Perming Solution/lotion.
• Fixing lotion.
• Neutraliser or setting lotion.
• Nourishing lotion.
• Lash Lift Adhesive.
• Eyelash comb.
• Waste bin - for any non-contaminated waste products.
• Written aftercare advice - an aftercare advice leaflet should be given to the client after their first appointment and you should make a note on the record card that this has been discussed and that the client has received it.

Lash Lift Products

There are a variety of brands selling the products needed to carry out a lash lift treatment. You should take the time to investigate what is on the market and to choose the best products you can within your budget to ensure your clients' requirements are met.

When lifting the lashes you can choose between three sizes of silicone pad. These are called small, medium and large and each size creates a slightly different effect. The smallest pad has the smallest protrusion to curve the eyelashes round. Therefore, the lift is the most extreme with the small silicone pads but they create less curvature to the lashes. The largest pad has less of a lifting effect but creates the most curvature of the lashes.

Eyelash Tinting Products

For tinting you should ensure that you have a variety of colours available. This can range from natural colours such as grey, brown, black, red and fair, or even more unusual, fun colours such as blue or purple. Tint colours can often be mixed to achieve the exact shade that the client requires.

Environmental Conditions

It is important to ensure that the working area is properly ventilated to minimise the escape and spread of substances that are hazardous to health. Fresh air must be allowed to circulate, using as much natural ventilation as possible, such as open windows and doors.

Ensure that the temperature of the treatment room is comfortable for both you and the client. You may choose to have some towels and blankets on the couch to cover your client and keep them comfortable. In colder months, some therapists put an electric blanket on the couch to help keep clients warm.

You should ensure that there is sufficient light to perform the treatment effectively. You should make sure that you are fully prepared for the treatment before the client arrives. This will make your treatment more efficient and prevents you from keeping your client waiting. Make sure all the products and equipment you need are close to hand, and your couch, music and lighting are all set up as you require.

Whatever brand of products you use, you should always ensure that you use them correctly and follow the manufacturer's instructions.

Ready For Treatment

When the client enters the treatment room you should advise them to remove any accessories that your products may come into contact with during the treatment, as this will prevent them from being damaged.

You should provide the client with a safe place to leave these. Advise the client how to position themselves on your couch and make sure there are towels or blankets available to protect their clothing. This will ensure that the client feels comfortable and relaxed.

Whilst the client prepares themselves, you too should prepare yourself for treatment. Make sure you have had a drink of water and that you have eaten before hand. Remember, some treatments can last for long periods of time and to give the best treatment you should be able to put your full concentration and energy into it.

Wash your hands and try not to have eaten any strong smelling food such as garlic beforehand. Make sure your hair is tied back and any jewellery is removed. When you return to the treatment room, ensure the client is comfortable and covered. You should try to make sure that the client's hair is protected with a headband or towel. Always thoroughly sanitise your hands before starting the treatment and make sure that the client's make-up is removed.

Lash Lift Technique

Client Expectations

Before starting the treatment, you should ensure that the client knows what to expect from the treatment and understands what results to expect. You should clarify what level of lift the client requires and make sure that their expectations are realistic given the length of their lashes.

The silicone pads come in 3 sizes small, medium and large. A small silicone pad produces the most lift, but if the client's lashes are very long it can make them bend back on themselves creating an odd effect. You should allow 45 minutes for the whole treatment to take place.

Prior to Treatment

The effects of an eyelash lift treatment can last for up to 8 – 10 weeks. You should ensure that your client has not had this treatment within the last 8 weeks before treating them or their lashes could become dry or even damaged.

You should also ensure that you have completed all the necessary patch testing prior to treatment and that you have followed the manufacturer's guidelines of the products you are using. Lash lift and tint treatments usually cost between £40 and £65. You should do some research on prices for this treatment in your local area to ensure you have chosen a competitive price point.

Technique

Firstly, you should use an oil-free eye make-up remover to clear any eye makeup from the clients eyes and lashes. If the client was not wearing make-up to their appointment you should still cleanse their lashes to remove any naturally occurring oils. Afterwards, dry the lashes using a clean tissue.

You should stick the eye shields over the client's lower lashes, on the skin under the eye. This will prevent the perming lotion from coating the lower lashes when you apply it to the upper eyelashes and will ensure that the lower lashes do not get in the way during treatment. Next you should carefully comb the client's lashes with a sterile eyelash comb.

Eye shields

By this stage you have already assessed whether you should choose a silicone pad with a small, medium or large protrusion to curl the lashes around. You should now stick this to the clients upper eyelid. You may need to trim the silicone pad down with sterile scissors to suit the shape and size of the client's eyes if the fit does not look perfect.

The effects of the three different types of silicone pad are explained below:

1. Small - Creates the greatest lift but the least curvature and should not be used on very long lashes as it can make them bend back on themselves.
2. Medium – Creates a medium lift and a medium level of lash curl.
3. Large – Creates a small lift and a very curled effect, best for long lashes or those wanting a more subtle look.

Silicone Pad Placement

You will need to stick the chosen silicone pad to the client's upper eyelids using a neat line of lash lift adhesive on the lower part of the silicone pad. You should then stick the pad to the eyelid, taking great care to ensure that none of the lash lift adhesive sticks to the clients lashes or the silicone pad will be difficult for you to remove and the process will be painful for your client.

Hold the silicone pad in place on the upper lid for as long as the manufacturer's guidelines of the adhesive you are using suggest, this is usually around 20 seconds.Securing the Lashes in Place.

After the adhesive has dried and the silicone pads are firmly in place on your client's eyelids you are ready to apply a line of lash lift adhesive to the top surfaces of the pads. Apply the adhesive to the silicone pads in small increments. Use a lash lifting and separating tool to ensure that all the lashes are securely stuck down in the section you have applied the adhesive to.

It usually works better to apply the adhesive to the silicone pad gradually and stick the lashes down as you go. This is because coating the whole silicone pad in adhesive at the same time can mean that the adhesive dries out before all of the lashes have set in place, leaving some lashes free of the shield.

Ensuring the Lashes are Separated

You should be careful when using the lash lifting and separating tool that you keep the lashes neat and straight when you stick them to the silicone pad, as this will affect the end result.

At this stage it may be worth asking your client to slowly open each of their eyes so that you can check their lower lashes have not bonded to their upper lashes. If this has occurred you will need to use the lash lifting and separating tool to tease the lashes apart gently. You should then tuck the lower lashes that have strayed out of place back under the under-eye shield.

Perming Lotion

Decant the perming lotion from the bottle or sachet into a sterile bowl and stir the lotion. Using a micro-brush apply the lotion in a thin strip at the root of the lashes, making sure to leave the lash tips clear of any product as it can cause damage to them.

Leave the perming lotion to take effect on the lashes for the period of time recommended by the manufacturer of the products you are using. This is often around 15 minutes, but finer lashes or lashes in a poor condition may need less time.

Fixing Lotion

Once you have removed the perming lotion from the lashes squeeze some fixing lotion from the tube or sachet and stir it. Carefully apply this in the same- sized strip at the root of the upper lashes that you applied the perming lotion to. Leave the fixing lotion on for the length of time recommended by the product manufacturer (this is often around 10 minutes) then remove.

Lash Tinting

When choosing the colour of your tint you should pay attention to the colouring characteristics of the client and the effect they wish to achieve. The standard colour characteristics are fair, red, dark and white, and tints are usually available in brown, black, blue and grey. These colours can be mixed to provide a variation in the tone.

For fair or red hair, a brown tint should be used, dark hair requires black or blue/black for the darkest shade of black (as with Asian hair) and grey hair needs a grey tint. Fun, abstract colours can also be used.

You should guide your client towards a shade that suits them, taking into account their skin and hair colouring, the colour of their regular eye make-up and their age.You should always take the client's natural colour characteristics into account when tinting as red and white hair is more resistant to tinting and so one or two extra minutes will usually be required for the tint to develop. You should always follow the manufacturer's instructions for development times and when mixing and applying the tint.

The tint is usually mixed with hydrogen peroxide which activates the tint and the colour begins to develop. The activation is part of the oxidisation process, and so the tint will not work if the hydrogen peroxide has lost its strength, which can happen if it has been left exposed to air. The tint should not be mixed until immediately before it is required. You should ensure that you measure out exact amounts for tinting to avoid any wastage.

Lash Tinting Technique

Leave the eye shields and silicone pads in place and work on one eye at a time. Apply the tint using a tint application brush, working down the lashes and making sure that you get as close to the root as possible. Hold the eye shield with one hand whilst applying pressure to the pad underneath with your tinting hand so that the tint can go down to the bottom lashes.

If any tint gets on to the skin, use a damp cotton bud to wipe it away as soon as possible. Tint on the skin should be strictly avoided as this can pre-dispose the client to skin sensitivity and cause allergic reactions at a later date.The processing time for the tint can depend on the manufacturer's instructions but is usually between five and fifteen minutes. You should always follow manufacturer's instructions as to how long the tint should be left on for and accurately time the product development to meet the colouring characteristics of the client and manufacturers instructions. If the tint is too runny or too thick due to incorrect measuring of tint to hydrogen peroxide, the tint may not work. Do not overload the lashes with tint and make sure the client keeps their eyes still without watering, as all of these factors will affect the success of the tint.

Once the processing time is complete, tell the client to keep their eyes closed. Leaving the eye shields and silicon pads in place, remove the tint, one eye at a time. Dip a cotton bud in water and roll it down the lashes, onto the cotton wool pad which you will need to hold underneath.
Once you have removed the tint from the lashes you will need to ensure the lashes are dry then apply the nourishing lotion to them.

Nourishing Lotion

Decant the nourishing lotion from the bottle or sachet into a sterile bowl and stir the lotion. Applying nourishing lotion is an important step in keeping the lashes healthy as it replaces the oils that were stripped away from the lashes in the process of the treatment. Using a micro-brush apply the lotion gently all over the lashes, from the roots to the tips.
The lashes will begin to lift away from the shield as the nourishing lotion breaks down the adhesive. It is a good idea to also apply the nourishing lotion between the silicone pad and the eyelid to help you ease the pad away from the eyelid without causing discomfort to the client.

Finishing the Treatment

The final step is to comb through the lashes. This will ensure that they are all separate and create a neater effect. It is also an important step as it will remove any remaining products which have been applied to the lashes.
You should provide your client with a hand-held mirror after the treatment so that they can make sure they are happy with the effect achieved.

Aftercare

Once the treatment has been completed you should check that the client is happy before giving them aftercare advice. This should be clear and thorough, and where possible this should be given in writing. This can include advising the client about any retail products which may be beneficial to them.
Aftercare is very important in order to prevent sensitivity or problems after the client has left your treatment room. You should make sure you give any advice and recommendations accurately and constructively. Make sure the client understands the aftercare advice, and always provide a written explanation for extra clarity. You should make sure that the aftercare advice you offer is specific to your client's needs, based on the treatment they have just had. Always ensure that the client has plenty of opportunity to ask any questions about their treatment or aftercare.

You should recommend a daily-use serum for your client to apply to their lashes and give them clear instructions on how to apply this. You should also inform them that in order to maintain the look they should comb their eyelashes upwards from root to tip every day after the treatment.
In the first 24 hours after the client has had the treatment they should not get their lashes wet, apply any creams to the eyes, or apply mascara to the lashes. They should also avoid steamy atmospheres such as saunas, facial steamers or very hot showers.
Once a tint has developed and the treatment has been completed it becomes waterproof and so is easy to look after. The tint effect will last for up to six weeks and if the client wishes to maintain the tint effect they should leave no more than a six week interval between tinting treatments.
However, the lash lift element of the treatment can last as long as eight weeks and should not be repeated more often than this. Clients should be warned that swimming in chlorinated water may reduce the life of their lash tint.

Allergic Reaction

In the case of tinting, a common contra-action is an allergic reaction. Whilst a sensitivity test should pick this up, some clients may develop an intolerance after a few treatments. If an allergic reaction does occur, the tint should be removed and the eyes rinsed with water using an eyebath . The client should contact their GP if the symptoms persist.
You should make a note of the clients thoughts on their treatment and any reactions that occur in order to offer more effective future treatments. This will ensure that any therapist in your business will be aware of the products they cannot use on that client.

Home Care Routine

After the treatment has been completed you should explain to your client what products you have used and why. You can then go on to recommend products that would be suitable for them to use at home and advise them of what their full home care routine should be. You should be sure to clearly explain how and when to use each product.

Before your client leaves, you should ensure that you update their record card thoroughly and properly.